Progress in the Implementation of Safe Motherhood: The Ethiopia Experience

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<table>
<thead>
<tr>
<th>Maternal Health Indicators</th>
<th>2008</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td>97 million (2007 Census)</td>
<td>102 Million Estimated</td>
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<tr>
<td><strong>MMR</strong></td>
<td>673/ 100,000</td>
<td>412.100,000 live births</td>
</tr>
<tr>
<td><strong>IMR</strong></td>
<td>77 per 1,000 (2005)</td>
<td>48 per 1,000</td>
</tr>
<tr>
<td><strong>NMR</strong></td>
<td>39 per 1,000 (2005)</td>
<td>29 per 1,000</td>
</tr>
<tr>
<td><strong>ANC coverage</strong></td>
<td>28 percent</td>
<td>62 percent</td>
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<tr>
<td><strong>Skilled Birth Attendance</strong></td>
<td>6 percent (2005)</td>
<td>28 percent</td>
</tr>
<tr>
<td><strong>Contraceptive Prevalence rate</strong></td>
<td>14.7 percent</td>
<td>35 percent</td>
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<tr>
<td><strong>Unmet need for FP</strong></td>
<td>36 percent</td>
<td>22 percent</td>
</tr>
<tr>
<td><strong>Post natal care</strong></td>
<td>10 percent</td>
<td>16.5 percent (48 hours)</td>
</tr>
</tbody>
</table>
Training of Human Resources for Maternal and Newborn

Midwifery

- Expansion of midwifery training institutions, now the country has 50 institutions
- Trained over 10,000 midwives during the past 10 years
- 4,471 trained through the Accelerated Midwifery Programme with support from UNFPA and Sida
- Currently the country has 12,069 midwives.
- Strengthened the Midwives Association, now the Association has 39 staff members

Emergency Surgical Officers

- 305 Emergency officers have been trained and deployed in 101 hospital
- Access to emergency obstetric care has been increased, 2016 Studies show 40% increase in deliveries, 59% increase in C/section and 32% reduction in institutional maternal death in the deployed hospital
- Training of Emergency Surgical officers scaled to 11 universities
Training of Human Resources for Maternal and New born

- Government has trained nurse anesthetists to provide emergency obstetric care at primary health care hospitals.
- UNFPA has supported training of 220 nurse anesthetists.
- Government has trained and hired 38,000 Health Extension workers. They are deployed in 16,000 health posts.
**Expansion of Health Facilities and Emergency Obstetric care services (EmONC)**

**Hospital**
- Construction of additional 316 hospitals during the past 10 years. These are for both government and private hospitals.
- Availability of EmONC has increased from 39% in 2008 to 80% in 2016

**Health Centres**
- Construction of 3,600 health centres where the Accelerated midwives are deployed
- Availability of Basic emergency obstetric care increased from 4% in 2008 to 30% in 2016

**Health Posts**
- Construction of 16,000 health post where the Health Extension workers are based
- At community level there are volunteers, Health Delivery Army who motivate women for SBA and FP
Expansion of Family Planning services

Demand creation

• Enabling environment for expansion of FP services
• Demand for FP with special emphasis on populations rendered vulnerable by geographic dispersion, gender, and wealth.
• Demand creation using the Health Development Army and community conversations

FP Service Provision

• Family planning services are provided at community level using the HEW.
• HEW providing long term family planning (Implannon and IUCD).
• Data shows that 97% of all facilities provide FP information and services
Construction of maternity waiting homes

- Facilities with a stand alone MWH
- Facilities with a maternity waiting room

- **72%** in Amhara
- **57%** in SNNP
- **56%** in Oromia
- **53%** in National
- **36%** in Tigray
- **26%** in Dire Dawa
- **10%** in Addis Ababa
- **7%** in Somali
- **7%** in Harari
- **7%** in Afar
- **6%** in Gambella
Maternal Health Challenges

- Low coverage of EmONC at 40%.
- Poor quality of services.
- Disparities of utilization within regions.
- High staff turnover affecting the uptake of services.
- 22% of facilities with no water.

Regional Presentation of births (EmONC 2016)

<table>
<thead>
<tr>
<th>Region</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addis Ababa</td>
<td>95%</td>
</tr>
<tr>
<td>Oromia</td>
<td>77%</td>
</tr>
<tr>
<td>SNNP</td>
<td>70%</td>
</tr>
<tr>
<td>Tigray</td>
<td>69%</td>
</tr>
<tr>
<td>National</td>
<td>66%</td>
</tr>
<tr>
<td>Dire Dawa</td>
<td>58%</td>
</tr>
<tr>
<td>Amhara</td>
<td>58%</td>
</tr>
<tr>
<td>Benishangul-Gumuz</td>
<td>37%</td>
</tr>
<tr>
<td>Gambella</td>
<td>25%</td>
</tr>
<tr>
<td>Afar</td>
<td>14%</td>
</tr>
<tr>
<td>Somali</td>
<td>12%</td>
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Maternal Health

Way forward

- Focus on improving quality of care
- Strengthen community mobilization for maternal health services.
- Focus more on the developing regions with low utilization of SBA, FP and Emergency obstetric care
- Support evidence generation and advocacy at national and regional level.
Thank you!