Hailemariam & Roman FOUNDATION

BEST PRACTICE

Maternal & Child Health Program

HRF Supported Skilled Birth Attendance in South Omo Zone, Ethiopia
Good Practices & Lessons Learned

Introduction

Skilled birth attendance is one of the high impact health sector responses to eliminate preventable maternal and perinatal morbidity and mortality (UNFPA 2018). According to the World Health Organization (WHO) report of 2015, about 99% of maternal deaths occurred in developing countries, and half of these occurred in sub-Saharan Africa. The WHO indicates that a successful strategy to reduce the global maternal mortality rate has to increase the number of trained and educated individuals to help and care for the mother during pregnancy, delivery, and the postnatal period (Kassie et al., 2022)

Health services and facilities are particularly inadequate and poorly equipped in remote pastoral areas of South Omo, Afar and Somali regions of Ethiopia. The few health centers that exist are not adequately supplied with basic medicaments, equipment and supplies. Trained health workers,

especially physicians and midwives are in scarce in pastoral areas, and the distribution is skewed to cities (Mesganaw, 2010)

Since 2021, Hailemariam & Roman Foundation (HRF), has been implementing a project entitled: "Transforming Reproductive, Maternal, Newborn & Child Health (RMNCH) in Hamar and Bena Tsemay woredas of South Omo zone, Ethiopia, " with the financial support of The Center for International Reproductive Health Training (CIRHT).

As part of the project implementation, HRF has employed a comprehensive maternal, newborn and reproductive health approach to improve skilled birth attendance in the two target woredas of the zone.

The Change: Improved Skilled Birth Attendance

Data generated over the period of three years show that there is a significant improvement of skilled birth attendance in HRF's intervention areas in South Omo zone. Evidence from a joint-monitoring visit, carried out by HRF team along with representatives from Zonal Health Bureau, Woreda Health Offices and community groups from 9-16 April 2024, also strengthen the substantial progress.

In general, the proportion of birth attended by skilled health personnel increased from 34 % in 2021/22 to 52.3 % in 2024 in Hamar woreda, and from 86 % to 94.6 % in Bena Tsemay woreda during the same period. Remarkably, the percentage of skilled birth attendance in Bena Tsemay is higher than the 90% target set by the Ethiopian health sector transformation plan of 2016-2020 and the 94% expected national coverage target by 2025.

HRF's Approach & Interventions

HRF has employed a comprehensive reproductive, maternal, newborn and child health approach and context-based interventions aimed at improving skilled birth attendance in the South Omo zone.

1. Training for Health Workers & Traditional Birth Attendants

In order to improve the quality of services at the health centers, HRF has provided short- and long-term trainings for more than 140 health workers, 20 health facility managers and woreda administrators, and 23 community leaders and ethnic chiefs in the target woredas. It has also trained a total of 64 Traditional Birth Attendants (TBAs) in their respective health centers to actively engage them as promoters of skilled birth delivery.

HRF has understood the importance of integrating TBAs in the woreda's maternal and child health system from the start. One advantage of traditional birth attendants utilization is that they are already connected to the community they serve. While these women are untrained in the standards set by the formal health care system, they have already established a trusting relationship with women in need of a birth attendant.

It was learnt during the field visit that while the TBAs were actively involved in referring expectant mothers to the health facilities, the trained health workers began to practice procedures like instrumental delivery (vacuum application), resuscitation for newborns with asphyxia, and application of NASG (Non-pneumatic anti-shock garment) and postpartum hemorrhage (PPH).

2. Maternity Waiting Homes

HRF has expanded and equipped maternity waiting homes (MWHs) with the purpose of creating opportunities for pregnant women from far places to stay close to a health center during their final weeks of pregnancy so that they can easily get to maternity units upon onset of labour.

Each MWH, built with the support of the local community and health center, provides a range of services, including shared accommodation, food, traditional coffee ceremony, postnatal porridge (Genfo), and discussion with health personnel. The expectant mothers are also offered periodic health education on pregnancy, childbirth, and postnatal care to ensure the well-being of the mothers and their babies.

All health workers and community members interviewed during the joint field visit agreed that maternity waiting homes are very relevant to the needs of mothers in their respective catchment areas. The primary justifications include culture, distance, topography, inadequate road access, and limited number of ambulances.

3. Ambulance Services

HRF has donated two ambulances to the two woredas to minimize delayed transportation to and from the health centers. With continued fuel and maintenance support from HRF, the ambulance in each woreda has been providing emergency transport services to health centers and hospitals mainly for mothers during labor and delivery.

4. High-Level Advocacy Conferences

In collaboration with the Federal Ministry of Health, and regional, zonal and woreda health bureaus, HRF has also carried out high-level advocacy conferences to raise awareness and call for actions. The advocacy campaigns, led by H.E. Mrs. Roman Tesfaye, the former First Lady of Ethiopia & CEO of HRF, played a decisive role in mobilizing resources around the cause and involving various stakeholders in the process.

HRF generated evidence shows that the advocacy campaigns, carried out at zonal, woreda and kebele levels, were key instruments in positively influencing community perceptions towards institutional birth delivery, ultimately resulting in improved skilled birth attendance in the zone.

The health advocacy strategy clearly worked in generating community demand for skilled birth attendance, in putting health issue high on the public agenda, and in effectively reaching the influential community groups, elected representatives, professionals, and religious leaders to act in support of maternal and child health.


5. Utilization of Functional Networks

HRF, through Health Extension Workers (HEWs), utilized the different functional networks of women, including one-to-five networks, women development armies and mothers' conference for promoting skilled birth attendance in each kebele.

While one-to-five networks of women are expected to meet weekly, women development army leaders gather monthly. HRF capacitated HEWs to raise community awareness about the benefits of skilled birth attendance using these structures.

6. Provision of Ultrasound Machines

HRF has provided four portable color Doppler ultrasound machines to enhance diagnostic capacity for improved delivery of MNCH services at the health centers in the target woredas. Evidence from the joint field visit shows that the availability of ultrasounds at the health centers is attracting expectant mothers to seek skilled birth delivery services.

A pregnant mother staying at the MWH of Dimeka Health Center described the importance of the ultrasound machine in improving skilled birth delivery attendance. She stated that the scans allowed her to learn the sex of the baby, gave her reassurance that the baby was healthy and the pregnancy was progressing well.

7. Renovation of Health Facilities

HRF has renovated 4 health posts and 2 health centers to ensure that the facilities meet all the necessary standards, including quality of care for expectant mothers.

8. Community Ownership and Sustainability

Health Centers in Ethiopia mostly run with very limited recurrent budget most of which is allocated for purchase of drugs and other medical supplies. There is very little room for most health centers to absorb the cost implications of feeding mothers without receiving additional budgets from their respective woredas (UNFPA 2018).

It was observed during the joint field visit that the management and staff of some health centers and posts in the target woredas set up nutrition gardens where they grow vegetables, fruits and crops for the consumption of the MWHs. Staff regularly participate in either directly taking care of the gardens or mobilizing volunteers from the community to do some work as needed.

In order to ensure the sustainability of the services at the health posts and centers, HRF has mobilized community contributions; both in cash and in kind (cereal grains, firewood, pajamas etc.) to MWHs. Community cash contributions in visited areas ranged from 10 to 30 birr per household per month. The approach has created a sense of community ownership to sustain the health centers for maternal and childbirth.

Shanko Health Center staff, Hamer woreda, preparing land for crop production for pregnant mothers staying at the MWH.

HRF team visiting fruit farming in Shanko Health Center's compound, Hamer woreda, for pregnant mothers staying at the MWH.

Lessons Learned

A summary of data obtained from the registers and joint field visits shows that skilled birth attendance has increased from 29 % in 2021 to 52.3 % in 2024 in Hamar woreda, and from 86 % to 94.6 % in Bena Tsemay woreda during the same period.

Some of the key lessons learned during the project implementation include:

- Capacity building trainings to woreda administrators, health program managers, and community leaders, and short-and long-term trainings to health workers contribute to significant changes in the skilled birth attendance.
- Maternity waiting homes contribute to addressing geographical disparities in access to and utilization of health facility delivery services;
- Engaging stakeholders, including community, early in the process of MWH expansion efforts facilitates resource mobilization for construction, and required inputs for the expectant mothers.
- Users of maternity waiting homes are happy with their experiences and interested to share their positive experiences with their relatives and neighbors. This in turn will increase demand for maternity waiting services;
- Community contribution is a viable and major financing mechanism to sustain maternity waiting homes as it creates a sense of ownership of services;
- Communities are willing to meaningfully contribute for health facility-based interventions if mobilized for a convincing cause;

- Appropriate utilization of existing community structures provides additional human resource to the healthcare system at the community level; and
- Appropriate advocacy and promotion can lead to high degree of community acceptance of MWHs among rural communities leading to voluntary contributions for constructing and sustaining MWHs.

Challenges

Interviews with health workers and community members revealed some challenges in relation to facility birth delivery in the intervention areas of the zone.

1. Limited finance for ambulance fuel and maintenance;
2. Data gap to monitor progress consistently;
3. Inadequate and sub-optimal quality of food at MWHs;
4. No one to take care of household chores during women's stay in MWHs; and
5. No transport service to take mothers back home after delivery.