

Annex VII



Federal Democratic Republic of Ethiopia
Ministry of Health

Maternal, Newborn and Child Health in Ethiopia

MCH directorate

Presentation to Tanzania and Lesotho delegates

August 16, 2016

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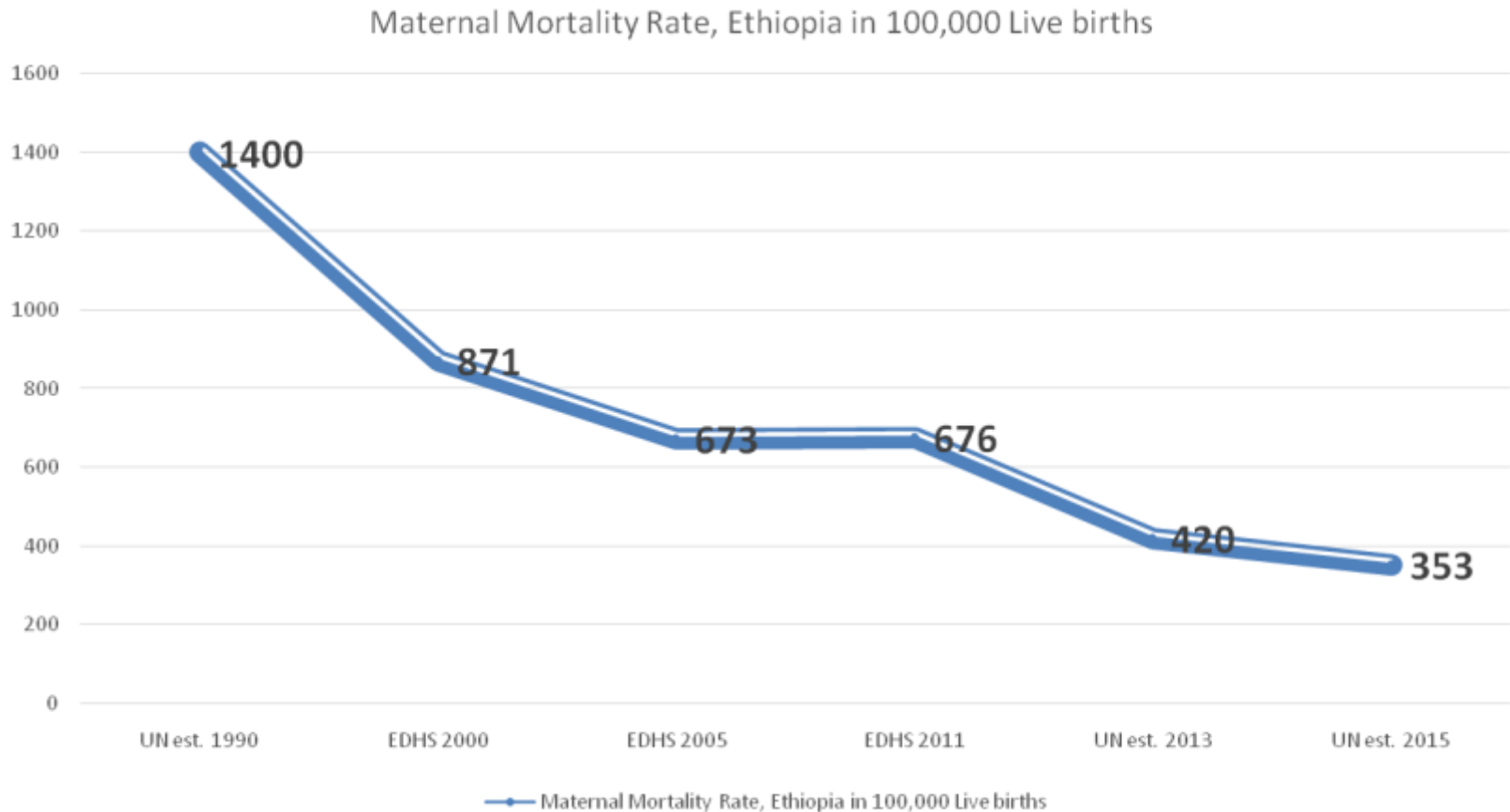
Content

- MCH Profile in Ethiopia
- Past to the Present
- What did Ethiopia do to decrease Maternal and child mortality
 - Health Extension Program and Health Development Army
 - Quality and Respectful Maternity Care
 - Expanding access to Family Planning
 - Elimination of MTCT
 - Child health, EPI and Nutrition Initiatives at community level
 - Success factors
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 - Major RMNCH targets

MCH Profile

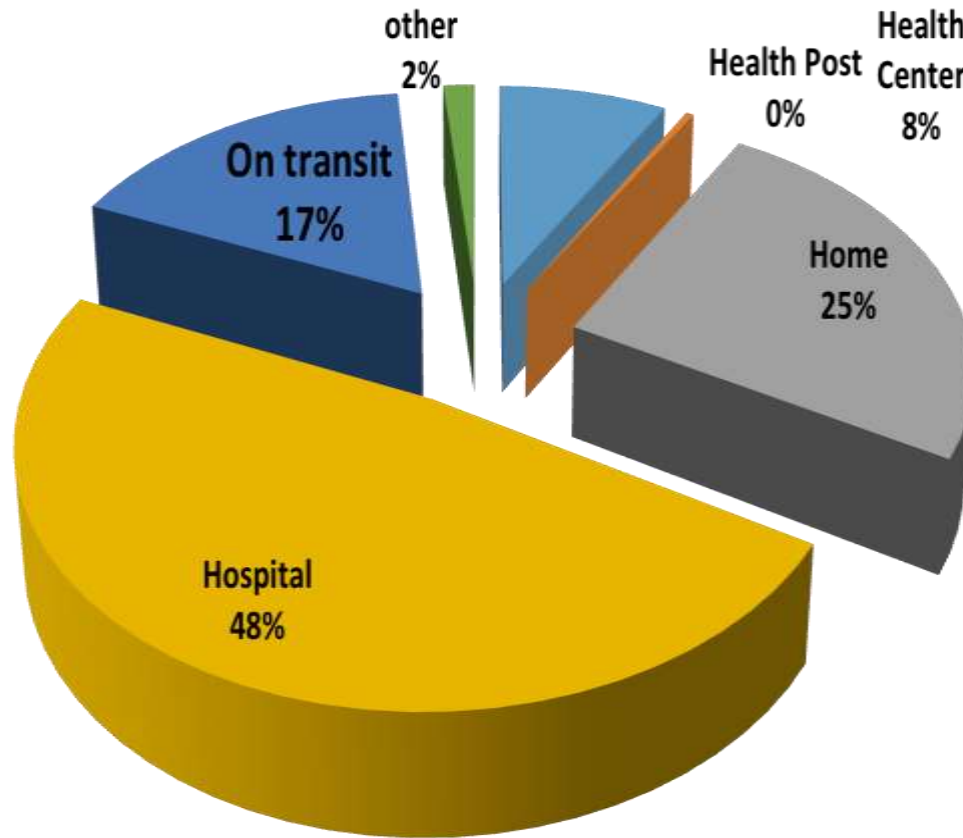
- Annually 3.1 million Births are expected in Ethiopia
- Maternal Mortality Rate in 2015; *353/100,000 live births, UN estimate*
- *According to our HMIS; until June, 2015*
 - ANC 4+ is about 68%
 - Skilled Delivery reached 60.7%
 - Postnatal care is 90%
- Contraceptive Prevalence Rate is 42%, TFR is 4.2
- Women receiving ARV to reduce MTCT IS 65%
- Under 5 child mortality: 59/1000 live births, 44% are neonatal deaths

MMR: Past to the PRESENT (~75% decrement)



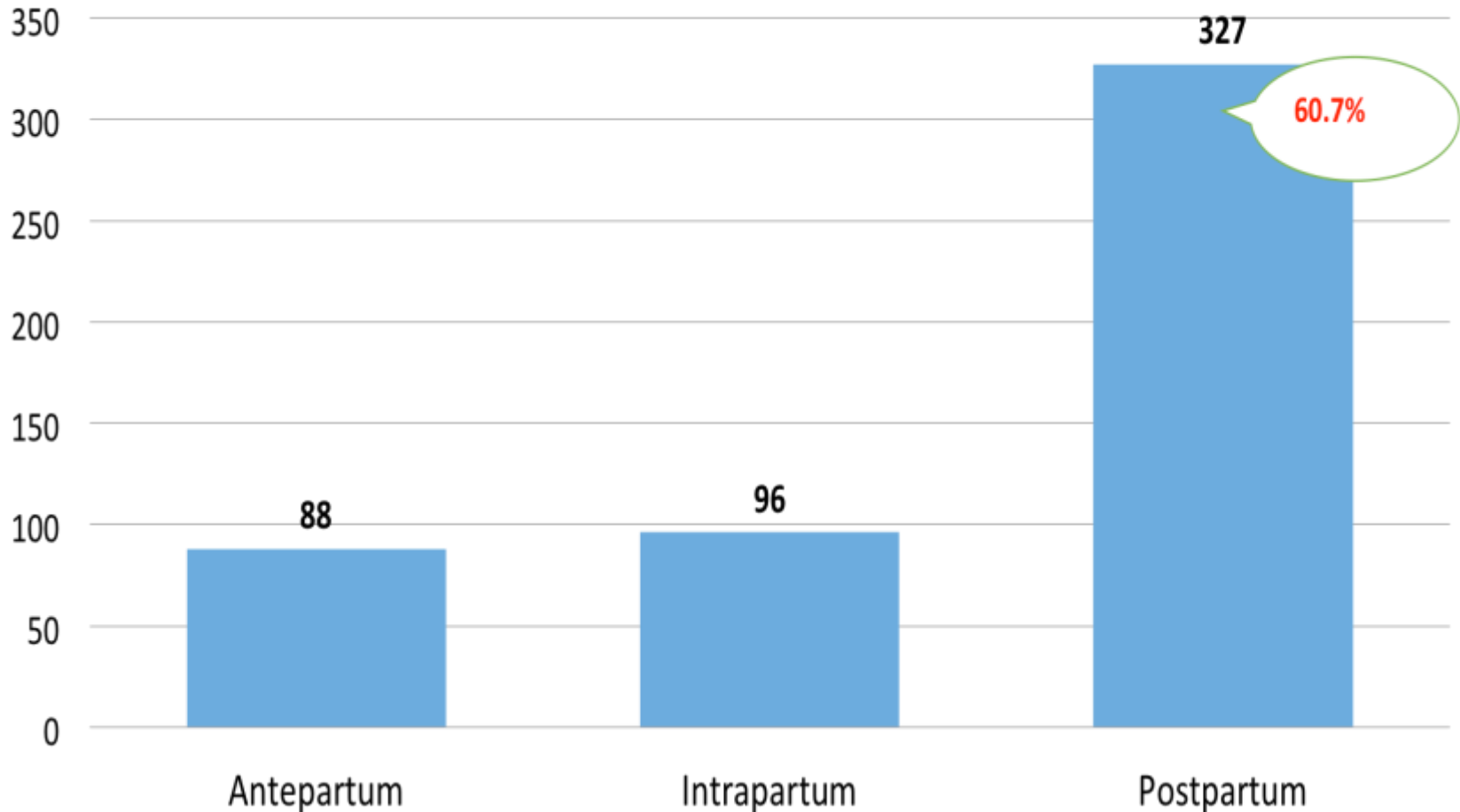
Findings of MDSR data analysis, 2016

Maternal deaths by Places of death. N=532

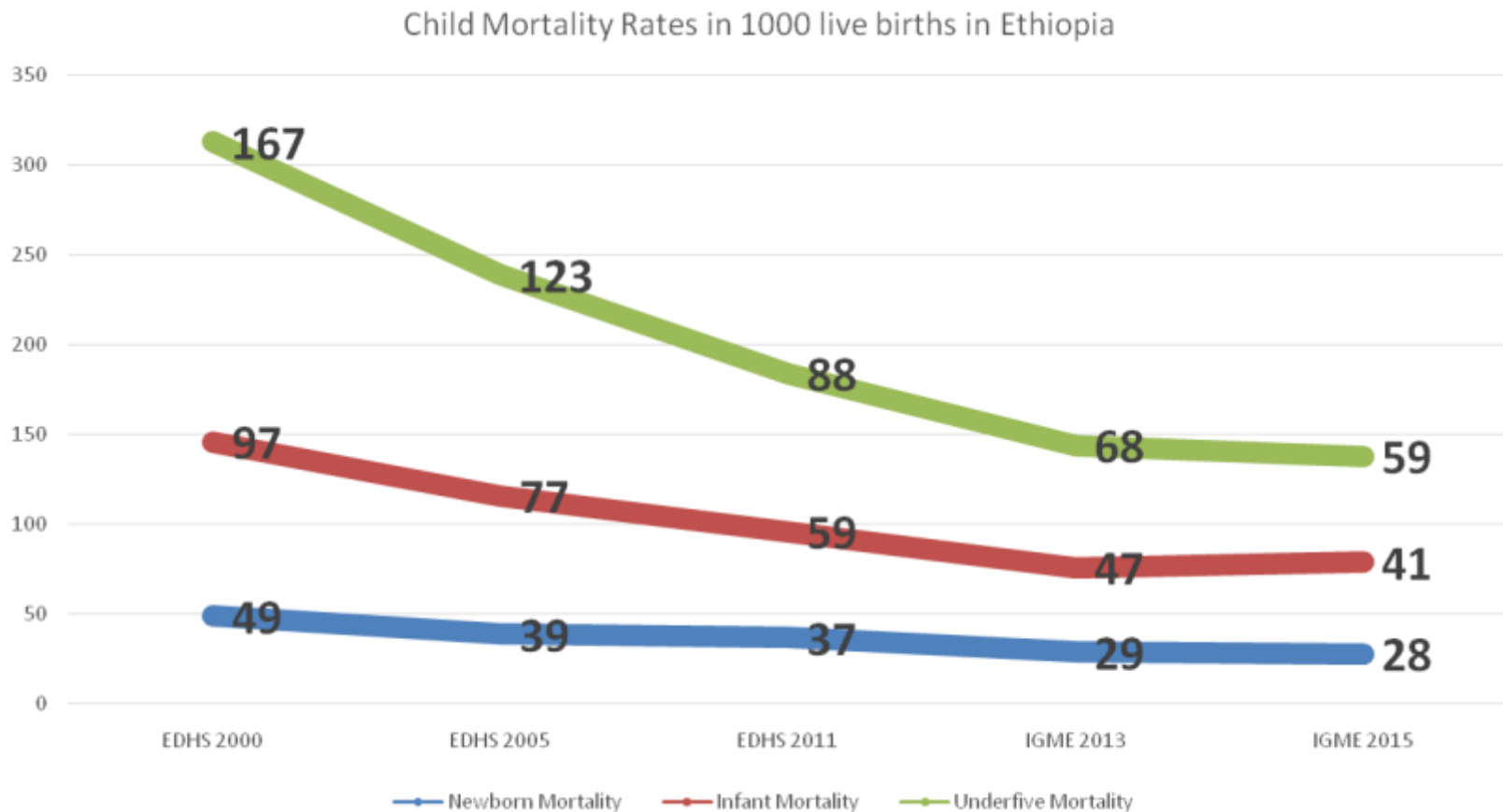


Findings of MDSR data analysis, 2016

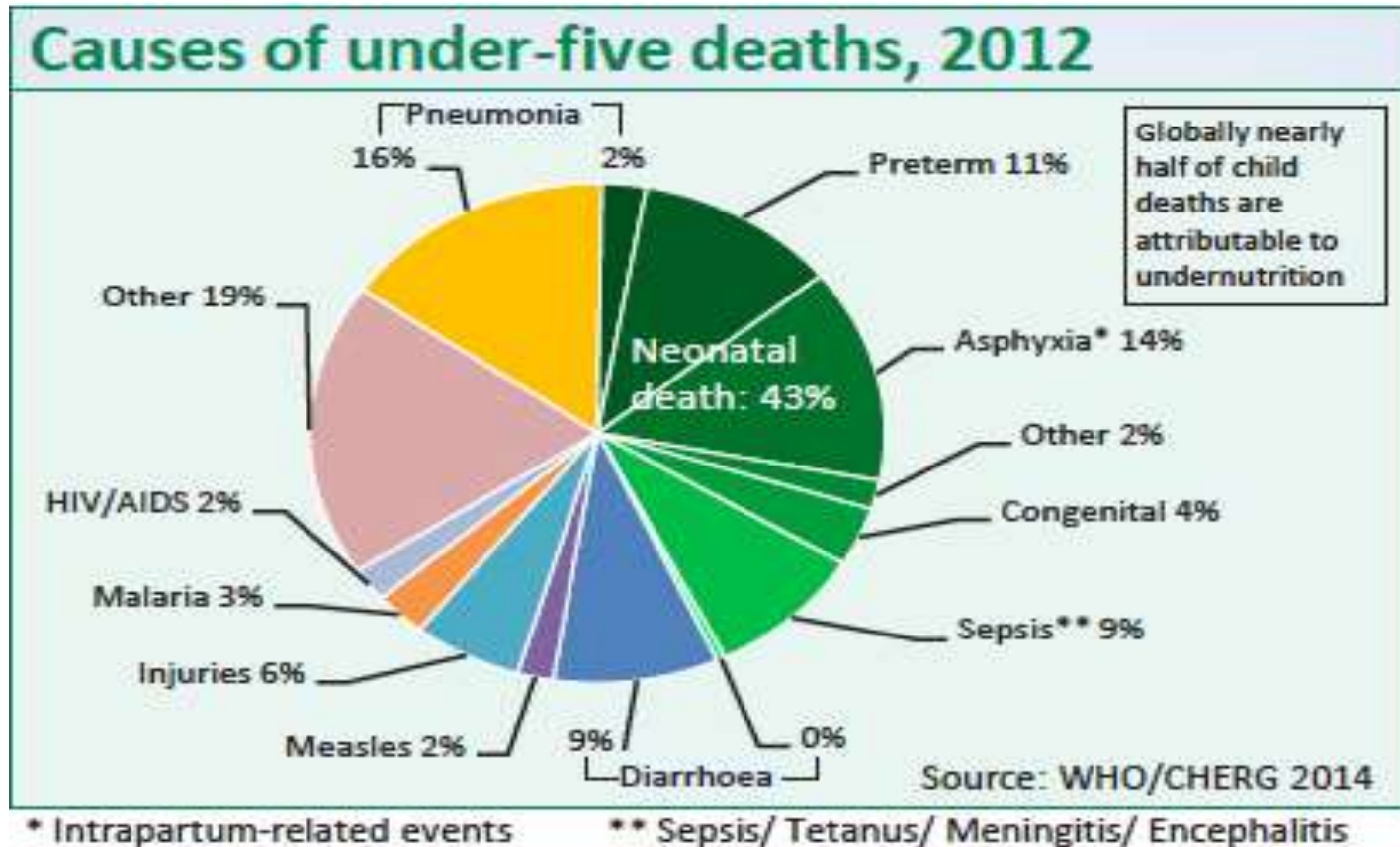
Maternal deaths by timing in relation to pregnancy, N=511



Under-five Mortality (71% decrement since 1990)



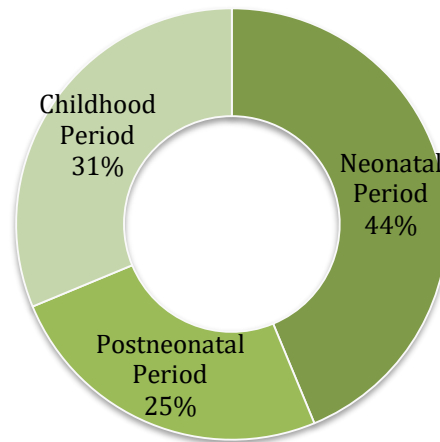
Causes of Newborn and Child Mortality



Malnutrition is a major contributor to child mortality in Ethiopia being an underlying cause for nearly 45% of under-five deaths

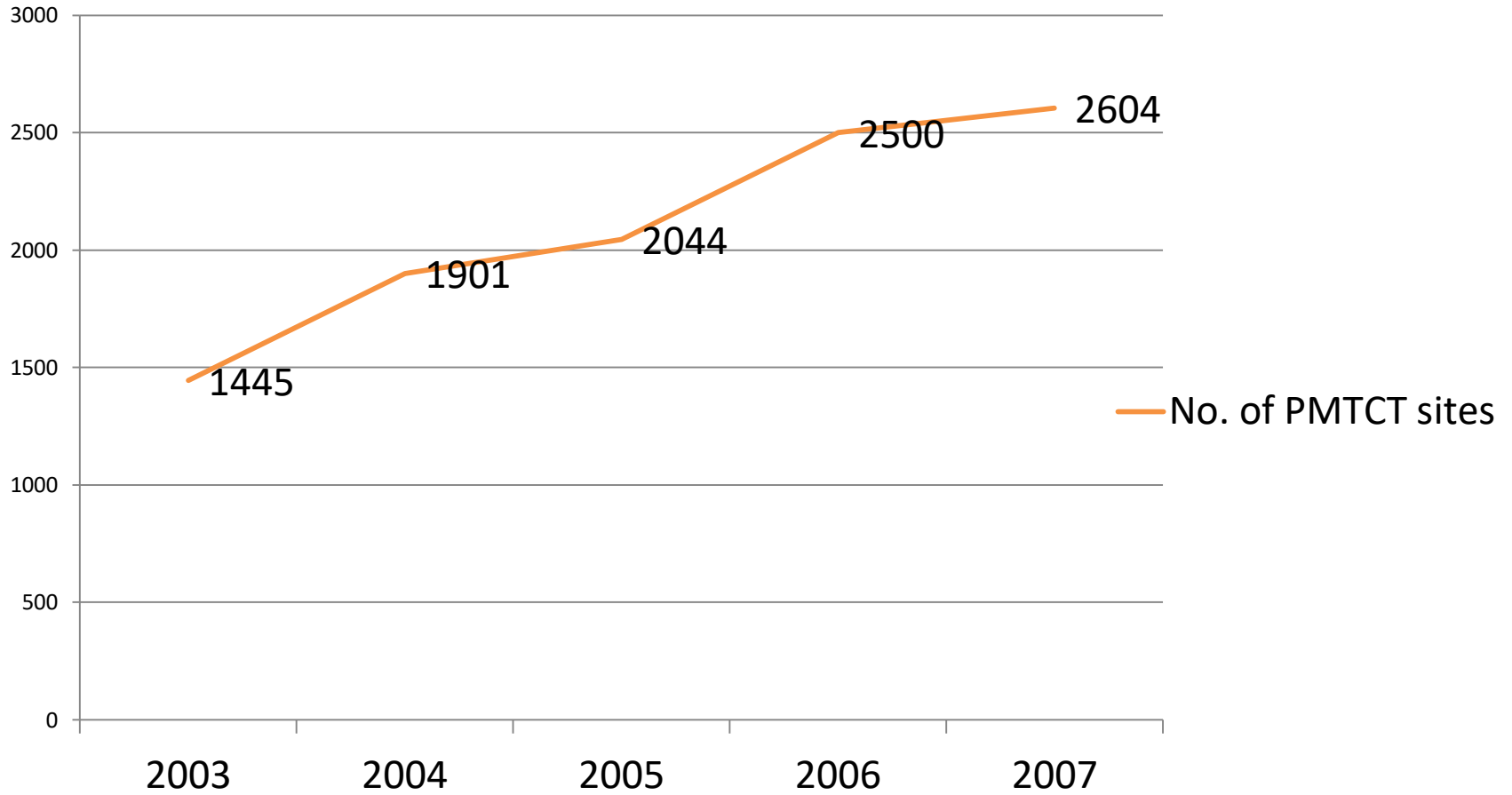
Newborn and Child Health In Ethiopia

- **When are children dying?**
 - Key Newborn and Child Survival interventions on implementation
 - Emphasis given to regional variation
 - Barriers to service utilization

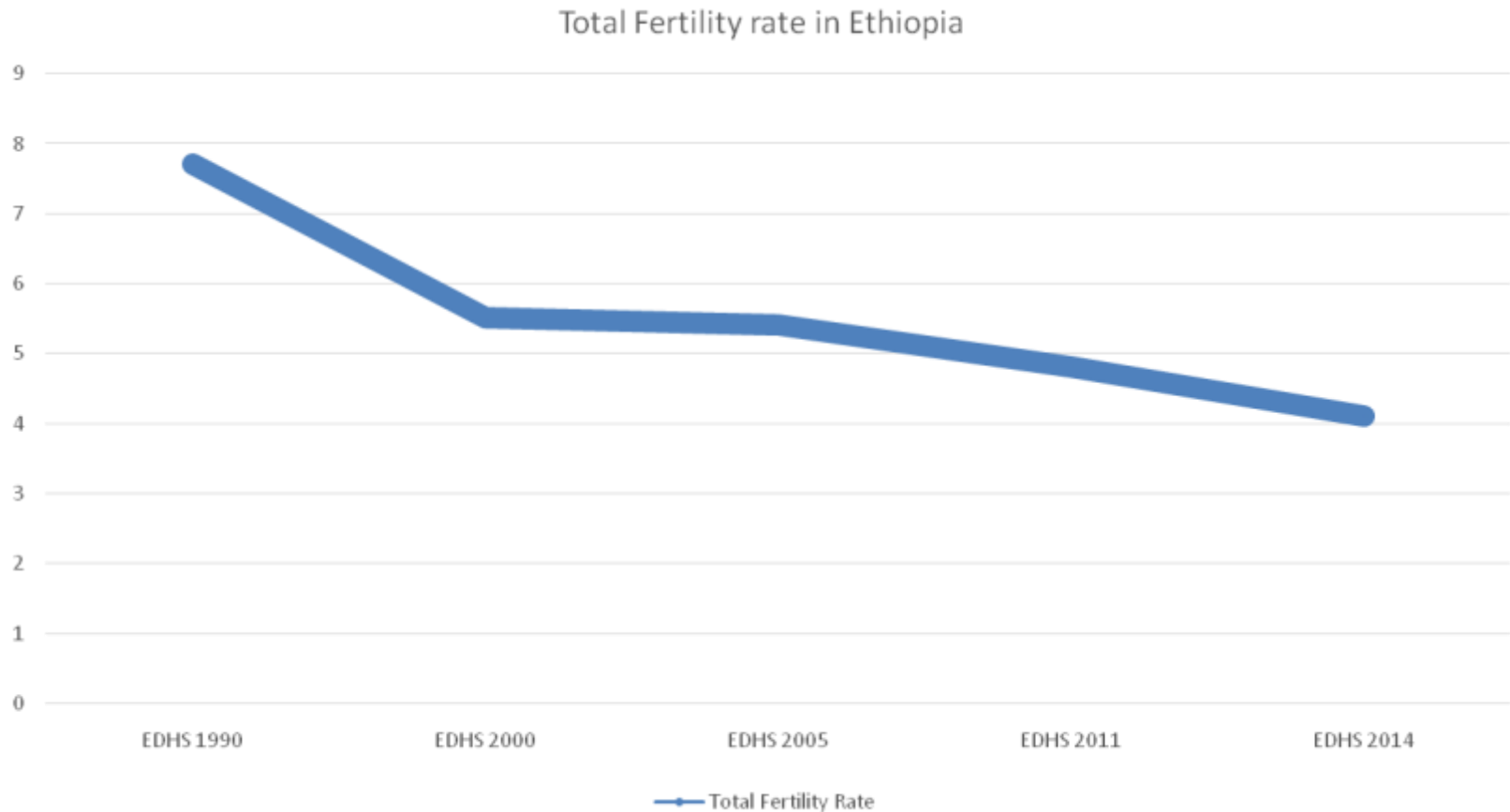


Option B+ implementation

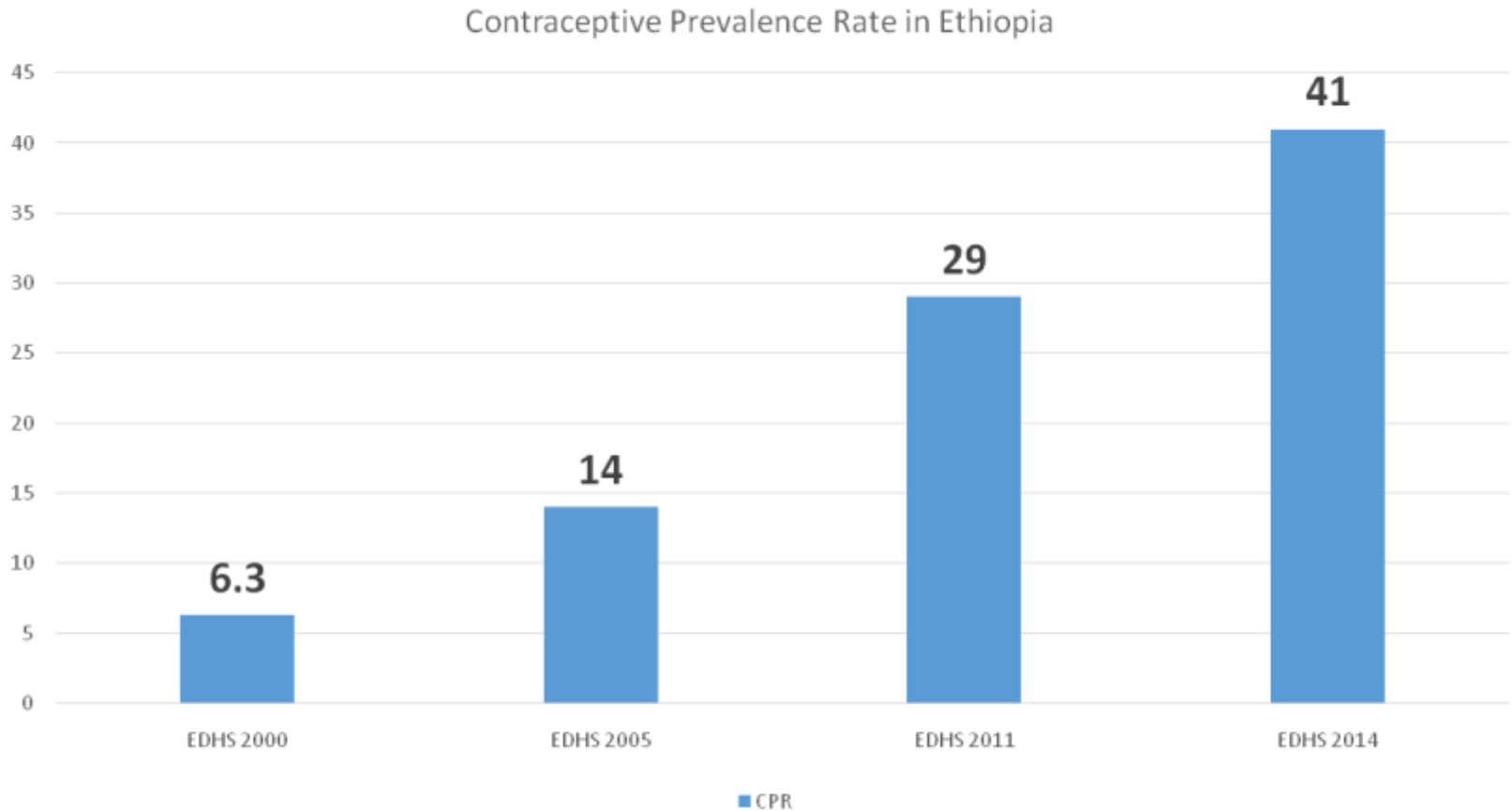
No. of PMTCT sites providing option B+ as of 2007 EFY



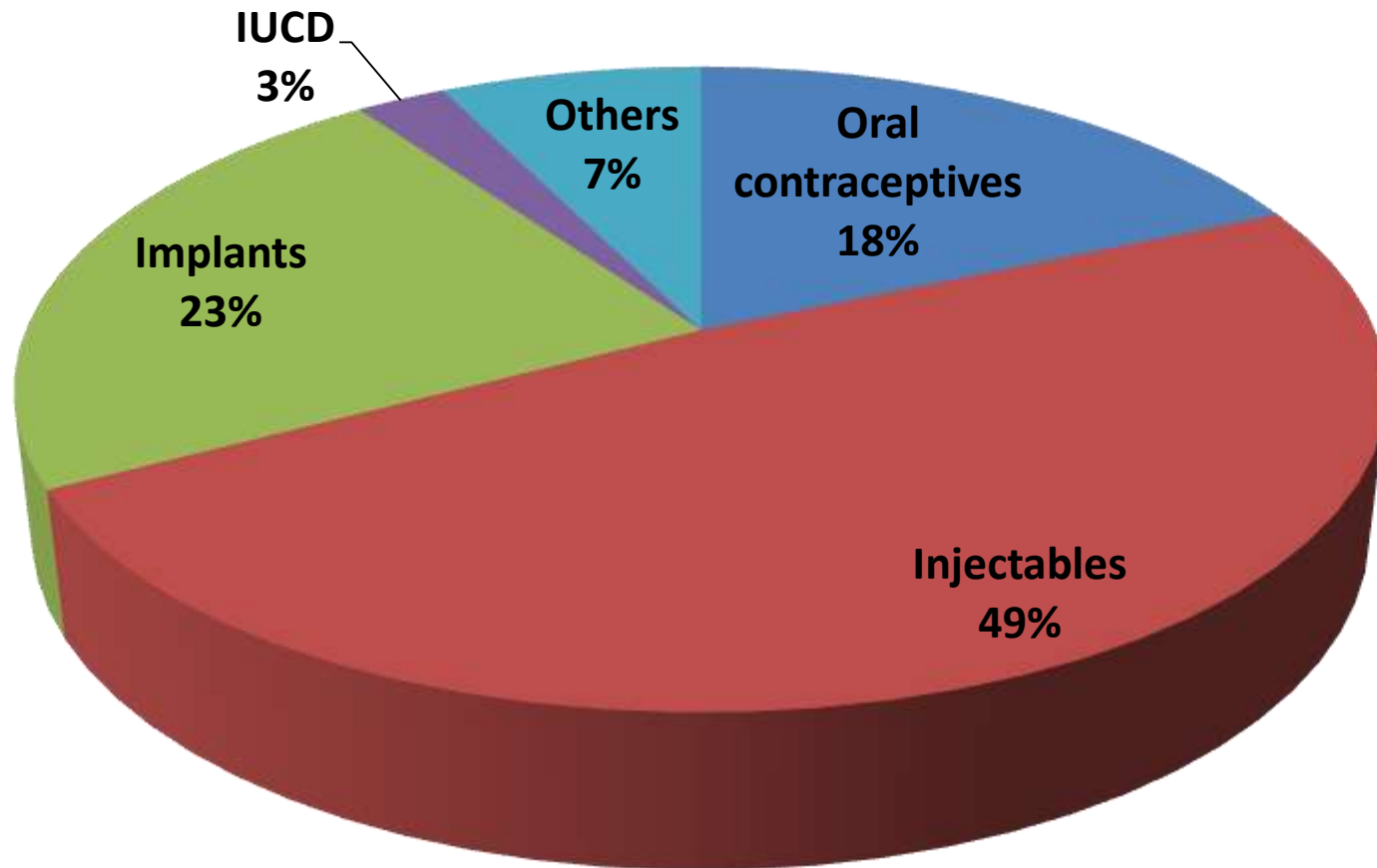
Family Planning, Close up; Total Fertility Rate



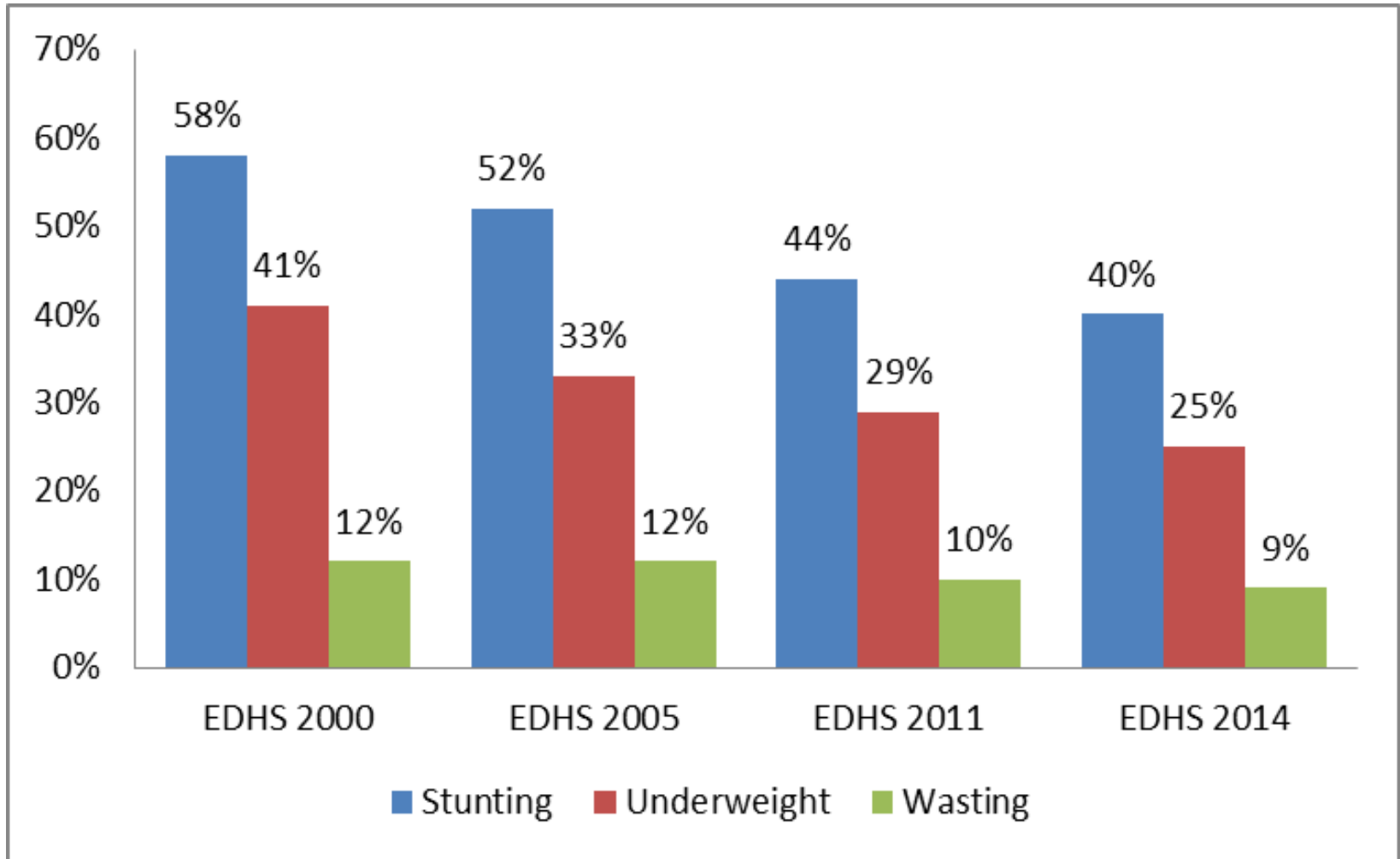
FP: Contraceptive Prevalence rate



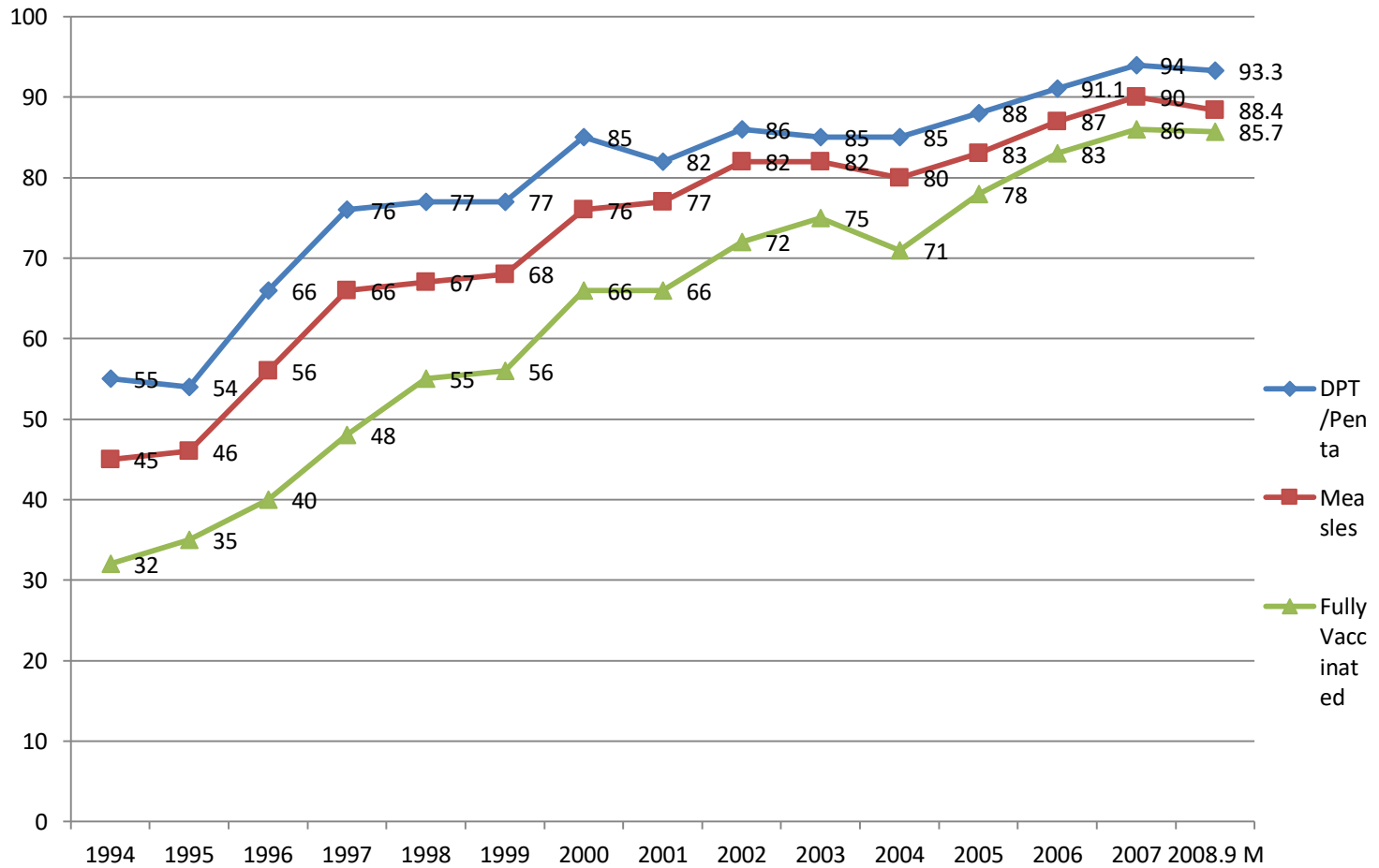
Method Mix (New and repeat acceptors by method)



Nutrition – close up



EPI Trend



**What did Ethiopia do to decrease
Maternal and child mortality**

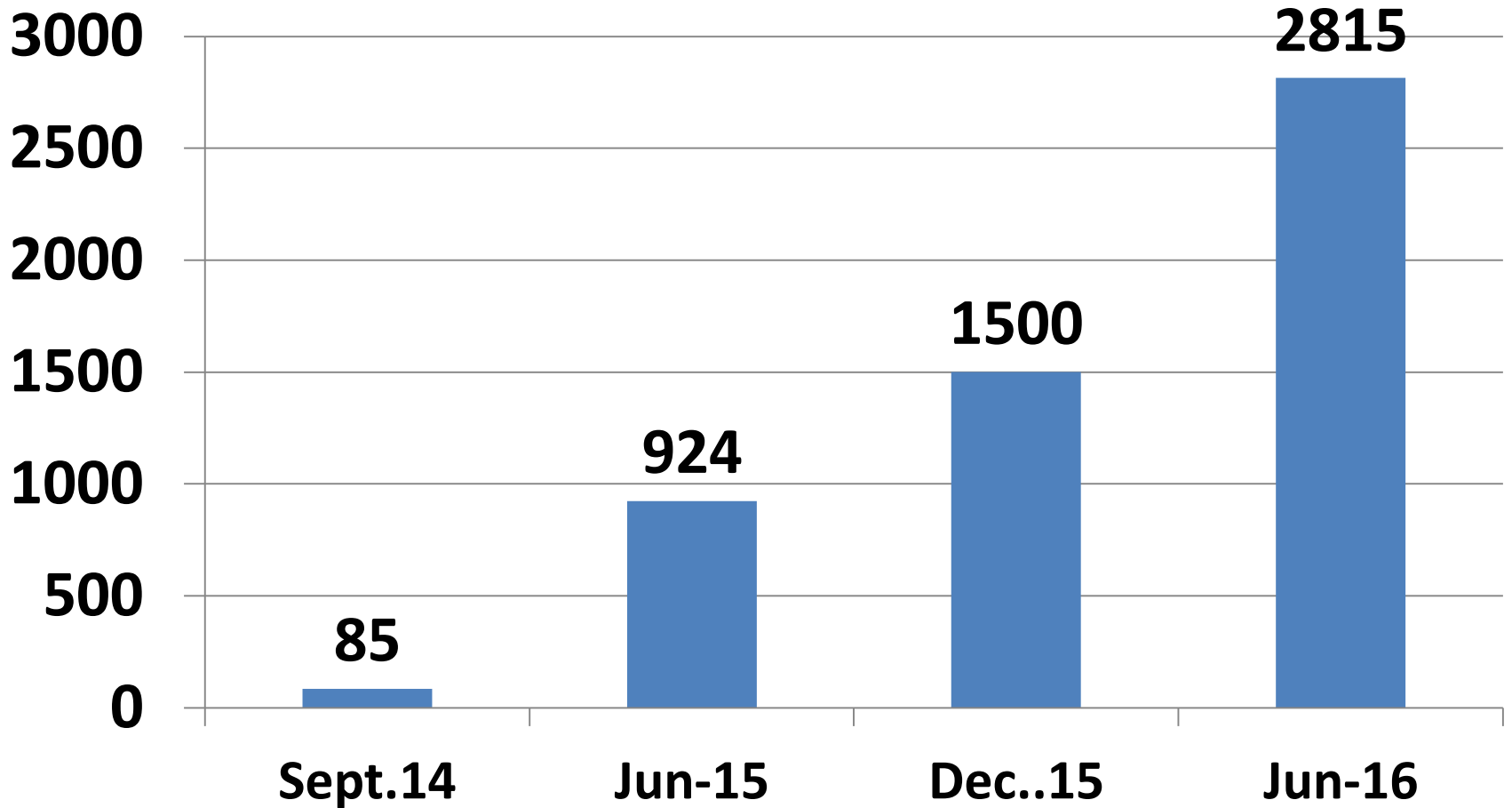
Health Extension Program

- Philosophy
 - If the right knowledge and skill is transferred to households, they can produce and maintain their own health
 - Communities are active stakeholders rather than passive service receivers
- Goal
 - Creating a healthy society and reducing morbidity and mortality of mothers and children
- Main Strategy
 - The introduction of the female **HEALTH EXTENSION WORKERS (38,000)**

Quality and Respectful Maternity Care

- Early initiation of ANC
- Building skilled and quality task force
- BEmONC and CEmONC availability at health facility level
- Increase deliveries attended by skilled health personnel
- Maternal death surveillance and response
- Post natal care 24-48 hours stay in the health facility
- Obstetric Fistula and Pelvic Organ Prolapse Reduction

Expansion (MBPC) Register 2014 to 2016



Expanding access to Family Planning

- Increasing all FP services availability and commodity security
- Implant service and availability scale up by training Health Extension workers
 - 24,000 + trained so far
- Training of health service providers in health centers and hospitals
 - Midwives, nurses, health officers and medical doctors in-service training
- IUCD service availability scale up at health center and health post level
- Postpartum Family Planning
- IUCD insertion by HEWs (learning phase)

Community based child health EPI and Nutrition interventions

Rationale

- Provided at Health post and house hold level by HEWs
- Easily accessible
- Provided with low cost
- Facilitates early identification and service utilization for sick children and mothers
- Involves the community in service provision (community centered)– improves community empowerment & ownership

On Building the blocks: health system strengthening

- Human Resource: speedy production of health professionals at scale
- Health Infrastructure: scale x5 in 10 year period; central purchasing
- Health Information: HIMS country-wide; moving toward electronic
- Health Service Delivery: improving quality and referral linkages
- Health Financing: facility retains revenue; community-based health insurance
- Leadership and management: One plan, one budget and one report but decentralized planning, budgeting and implementation

Success Factors

- National Prioritization of and Commitment to Women's and Children's Health
- National focus on sectoral Alignment and Coordination of all partners
- Outcomes monitored using evidence: Score Card
- Political prioritization of essential health interventions
- Focus on addressing Health Workforce Shortages:

Success Factors

- Legal and financial entitlements, especially for underserved populations
- National Focus and Leadership to Address Malnutrition
- Non – Health
 - Education
 - Infrastructure, water supply and sanitation

Challenges/Opportunities

- Lack of open discussion about SRH
- Harmful Traditional practices (FGM, early marriage)
- Health service provision not ready for AYH
- One million women delivered at home
- Inter community disparities
- Significant cascade loss in PMTCT
- Third delay contributes for 37% of maternal death
- Quality of service especially in components of skilled delivery

Challenges/Opportunities

- Low utilization (iCCM/CBNC)
- Cultural norms (Understanding newborn as a full human being)
- Highly implementing partner dependant
- High turnover (attrition and rotation)
- High drop out rate in immunization
- Missed opportunities for EPI
- Data quality and reliability
- Challenge in coordination and leading of nutrition, EPI and child health activities

Health Sector Transformation Plan

Major RMNCH Indicators

- CPR of 55% by 2020; Our Costed Implementation Plan
- MMR of 199/100,000 live births
- Under five mortality to 29/1,000 live births
- Skilled delivery attendance to 90%
- Obstetric Fistula to <1600, Capacity detection and Management POP
- MTCT to less 2%, Syphilis
- Addressing unmet need particularly of adolescent and youth
- Choice based increment of service availability for LAC methods

Thank you!

