

Ethiopia: Community engagement saves lives

By Zinaw Sermiso

October 2016

Maternal, newborn and child health is a major public health concern in Ethiopia. The high maternal mortality ratio (412 per 100,000 live births) and neonatal mortality rate (29 per 1,000 live births) translate into thousands of women and neonates dying each year, mostly from preventable and easily treatable causes. The 2016 Ethiopian Demographic Health Survey shows very low skilled birth attendance rate (28%) primarily due to cultural norms, distance to functioning health centers and financial barrier.



Credit: Zinaw Sermiso

To help improve these numbers, the Government of Ethiopia is scaling up Community Based Newborn Care, strengthening the Primary Health Care Unit and Health Extension Program. Save the Children's Saving Newborn Lives project is playing a catalytic role to support the government's efforts to scale up Community Based Newborn Care throughout the country in phases. The program is working to increase demand for and capacity of Health Extension Workers to provide essential drugs and supplies to health posts. The major components of the maternal neonatal and child health and Community Based Newborn Care project (MNCH/CBNC) include early identification of pregnancy, provision of focused antenatal care, promotion of institutional delivery and provision of essential newborn care. Since 2013, Save the Children has supported implementation in Gurage and Sidama Zones of SNNPR Regional State and East Shewa Zone of Oromia Regional State; despite improvements to service availability, care seeking practice remained low.

In order to address the poor care seeking practices, the Federal Ministry of Health, together with Save the Children and other partners, developed Demand Creation Strategy for MNCH/CBNC. Based on local experiences that are proven feasible, effective, and scalable, the implementation of the strategy fits into the existing government structures, such as Health Development Army, Development Team leaders and Kebele Command Posts. Starting in 2013, Save the Children supported implementation in Shelo Balela kebele in Sidama zone, an area highly affected by home delivery practices and high rates of maternal and neonatal deaths.

At the beginning of the program, the Sidama zone Health Department established 'maternity homes' and 'pregnant women forum' in all kebeles of the zone. In addition, the Health Development Army conducted a census to identify pregnant mothers in each 'Gote' (a defined administrative area within a Kebele) and advised pregnant women to attend focused ANC services and 'pregnant women forum' in health posts. The community then began to contribute in kind (such as cereals) and in cash (currently 10 birr per year household) to support expectant women and new mothers staying at 'maternity homes' near the health facilities. Furthermore, the community participated in transporting pregnant mothers with complications and laboring mothers to health facilities using a local ambulance.

Ethiopia: Community engagement saves lives

"In 2014 and 2015 we celebrated the fact that we became a home-delivery free Kebele. We have done this through enhancing the capacity of district and zonal officials and health workers on demand creation and also through intensive supportive supervision we got from Save the Children. The committed Kebele administration and every mother in the Kebele contributed for this success as well." Kebele Administration Head

Save the Children has provided technical assistance in rolling out the Demand Creation Strategy to link community social networks; engage family decision makers; support pregnant women conference; encourage active male involvement; and strengthen non-delivery role of traditional birth attendants.