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ETHIOPIAN MIDWIVES ASSOCIATION

Gateway to Increasing Institutional Delivery: A Best Practice Approach

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Acknowledgements

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- UNFPA
- Swedish International Development Agency
- SNNP Regional Health Bureau
- Tigray Regional Health Bureau
- Wolkayit Woreda Health Centre
- Konta Speacial Wored Health Centre
- May Gaba Health Centre
- Kirara Health Centre
- SNNP EMwA Chapter Office
- Tigray EMwA Chapter Office

Acronyms

ANC ..... Antenatal Care

EMwA ..... The Ethiopian Midwives Association

CBO ..... Community Based Organization

CC ..... Community Consultation

FBO ..... Faith Based Organization

HEW ..... Health Extension Worker

HC ..... Heath Centre

PNC ..... Postnatal Care

SIDA ..... Swedish International Development Agency

TBA ..... Traditional Birth Attendants

UNFPA ..... United Nations Population Fund

WDG ..... Women Development Groups

WHDAs ..... Women Health Development Armies

1. Executive Summary

Maternal mortality is a global problem. In 2013, 289,000 women died from childbirth complications and nearly 3 million newborns died in the first month of life [1]. Many of these deaths can be overcome with access to quality midwifery services that encompass the full package of maternal health care. These midwifery services include access to a setting with qualified health professionals (institutional delivery and care), rapid access to emergency care, family planning with adequate spacing between children, good nutrition and screening for potential complications [2-4] Research has shown that implementing quality midwifery services could prevent about two thirds of women and newborn deaths globally [1]. However, despite these findings, the majority of deliveries in developing countries still occur at home without skilled birth attendants [5-7].

In response to the slow progress on tackling maternal mortality and to improve maternal health care services throughout the country, the Ethiopian Ministry of Health (MOH) launched a community-based health-care system in 2003 designed to improve equitable access for preventive essential health interventions through community-based health services. The system aims to achieve significant basic health-care coverage through the provision of a staffed health post to serve the lowest administrative unit [1]. Whilst this initiative is integral to addressing maternal mortality, the numbers of women accessing maternal health services remain low. Ethiopia is among the Sub Saharan African countries where home delivery rates are extremely high. In some areas of the country records state 90% of births occur at the home [8, 9].

With such low institutional delivery rates, the Ethiopian Midwives Association (EMwA) designed and delivered a holistic Community Consultation (CC) program aimed at addressing the lack of uptake of maternal health services. The CC workshops are designed to address any barriers that restrict access to the midwifery services provided at the local health post and health centre (HC), as well as educate communities about the benefits of accessing quality midwifery services. The workshops are aimed at increasing the number of institutional deliveries and ultimately contribute to a reduction in maternal mortality rates.

In collaboration with the Ethiopian Government MOH, SIDA (Swedish International Development Agency) and UNFPA (United Nations Population Fund), EMwA's chapter offices delivered these workshops in selected woredas/catchment areas throughout the country. The community-centered approach of the workshop aligns with the MOH's strategy of working at the grass roots level of the community and delivering a community-based health-care system. As such, the CC workshops involve participants from all parts of society, from government departments to local community leaders and members.

Outlined in this report, is the best practice approach used in the CC workshops and the case studies of two selected woreda/catchment areas that partook in the CC workshops, both of which experienced a sizeable increase in the utilization of maternal health services in the period following the workshops.

2. The Community Consultation (CC) Workshop

The Ethiopian Midwives Association (EMwA) and EMwA regional chapter offices, in collaboration with UNFPA and the regional health bureaus, conducted CC Workshops among eleven selected woredas of five regions:

Table 1: Selected woredas for the CC Workshops

Region	Woreda
Tigray	Wolkayit
Amhara	Tach Gayint and Simada
Oromiya	Dodota, Tiyo and Adama
SNNP	Konta, Yem and Basketo special woredas
Benshagul Gumuz	Oda and Menge

EMwA's chapter offices worked closely with the regional health bureaus to determine the woredas/catchment areas which recorded the lowest institutional delivery rates. From this information, it was determined those woredas (listed in Table 2.1 above) with the lowest institutional delivery rates would receive the 1-day CC workshops. These workshops were carried out between October 18 and December 25, 2013.

The CC workshops are based on a participatory approach that prioritises the community as vehicles for change [3]. This approach aims to increase community awareness, and enable influential community leaders and/or concerned governmental and non-governmental organizations to learn firsthand the benefits of delivery at health facilities, and in turn promote these benefits amongst their community.

The sessions involved health workers from the health facilities with the lowest delivery service records in the selected woredas, health extension workers, kebele leaders, religious leaders and influential community members, representatives of the Women Development Groups, leaders of Women Health Development Armies, representatives of different development groups established by the community, and traditional birth attendants. There were approximately 40 participants attending each of the workshops.

The workshops are designed to:

- enhance the awareness of the community of the importance of institutional delivery supported by skilled health professionals,
- improve the proportion of births attended by skilled health personnel at the institutional level,
- boost community mobilization empowerment and participation in institutional delivery,
- reduce the gap in health service provision specifically with delivery, ANC, and PNC issues among the selected health centers,
- strengthen the linkage between the Government and CBO/FBO, TBA, HEWs, community leaders, Women Development Groups (WDG) ,Women Health Development Armies (WHDAs) and other pertinent stakeholders involved in each communities health service provision,
- Identify and facilitate discussions around the major barriers for women to use facility delivery services in the locality, and where challenges arise, to set solutions to tackle such challenges.

The workshops were led by the woreda health centre heads, and facilitated by delegates from EMwA (Midwife Advisors) who addressed the current situation and status of maternal and neonatal health, focusing primarily on the morbidity and mortality rates in the country, as well as the localities. The major causes of maternal and newborn deaths were discussed, particularly the dangers and consequences of home delivery without the assistance of skilled health personnel at an institutional level. The workshop also discussed the three maternal delays (outlined below) and how avoiding these delays and encouraging mothers to utilize a health facility and other associated services for appropriate and adequate treatment can prevent the majority of maternal deaths.

Maternal delays were described as having three levels:

1. Delay in making a decision to seek care (lack of information and adequate knowledge about danger signals during pregnancy and labor; cultural/ traditional practices that restrict women from seeking health care; lack of money),
2. Delay in arrival at a health facility (out of reach of health facilities; poor road, communication network, community support mechanisms, lack of transport), and;
3. Delay in receiving adequate treatment (inadequate skilled attendants; poorly motivated staff; inadequate equipment and supplies; weak referral system, procedural guides [7].

The workshops also underlined the need for commitment and greater responsibility from all concerned bodies, including the community leaders, and other stakeholders to bring an improvement to existing maternal health care services. This was observed in the workshops as an integral part of any effort to save the lives of mothers and their newborns.

The participants were then grouped for discussion according to their area of concern:

- Health care providers;
- Policy makers and the executives,
- The community, including leaders and local women and their husbands

The discussion in each group focused on the knowledge gaps on birth preparedness and complication readiness plans, as well as the challenges to utilize health facilities for delivery. The groups shared ideas, discussed existing problems and identified their respective roles and responsibilities during pregnancy, labour, delivery and the post-natal period of mothers in the community. Each group then presented on their major points of discussion.

The workshop concluded with a panel discussion on the topic: 'Reasons why women are not giving birth at the health facilities in their respective woreda'. The following points were raised for discussion:

- Why pregnant mothers do not give birth in health facilities?
- How should we encourage pregnant mothers to deliver in health facilities?
- What are the solutions for the existing low facility delivery?
- What are the roles, duties and responsibilities of each group during pregnancy, labour, delivery & post-natal period of mothers in their locality?

Fig.2.1 Participants attending the sensitization workshops conducted in May Gaba to the left and Konta (Amaya) to the right

Fig. 2.2 Participants on group discussions in May Gaba to the left and Konta (Amaya) to the right

3. The Results

The groups thoroughly discussed the points raised in the panel discussions, and all participants identified and listed the potential gaps and challenges of institutional delivery among mothers in their localities, as well as setting out solutions to tackle these challenges by differentiating and sharing responsibilities for each group.

The identified gaps and barriers identified in the discussion include:

- Low awareness of the community about the benefits of facility delivery;
- Negative attitude of the community towards institutional delivery and traditional beliefs on laboring women, including the role of Traditional Birth Attendants (TBAs);
- Low involvement of males in the process of child birth and resistance from mothers-in-law, fathers-in-law and husbands;
- Distance to the nearby health center, lack of transportation and roads;
- Weak coordination between the HEWs, WDAs, Women affairs groups and Kebele leaders.

At the end of the workshop, the participants arrived at a consensus to address these barriers and developed action plans together, focusing on the following activities:

- Promoting attitudinal change within the community by hosting educational sessions (possibly facilitated by the WDA leaders) that discuss the complications of home delivery while promoting advantages of health facility utilization during pregnancy, labour and delivery, as well as the post natal period;
- Enhance males/husbands involvement in the process of childbirth in their locality;
- Promoting registration of and follow-up appointments of pregnant mothers;
- Availability of 'traditional ambulance' (stretcher) to transport the mothers and establish mother waiting area in the health facilities;
- Priority for pregnant women to receive mother friendly services at their local health facility, accessible 24 hours/7 days, free of charge;
- Establishing strong linkages amongst all the groups in the workshop as well as other stakeholders and partners in the community to address the central government health policies and guidelines to be exercised at the community level;
- Promoting the findings of the workshop to the monthly kebele Pregnant Woman's Conference;
- Integrating/alignment of the action plan of the workshop with monthly kebele Pregnant Women's Conference.

Fig. 3 Participants presenting their group discussion points in May Gaba

Key to these action plans was the inclusion of an EMwA chapter office representative attendance at the Pregnant Women's Conference in their respective woredas, following the CC workshop. These conferences were initiated by the Government as one part of the national maternal health strategy and EMwA follow-up at these events was crucial to further discussion around the CC Workshop action plans, implementation and progress.

The results outlined in the following two case studies highlight how the integrated efforts exerted by all workshop participants has resulted in a promising improvement in the utilization of maternal health services.

4. Case Study: May Gaba and Kirara HC

EMwA conducted monitoring of the CC workshops via follow up phone calls with the eleven health centers. As a result of this feedback, improvements in delivery, ANC and PNC were recorded among the majority of health facilities after the workshops were carried out. Based on this feedback, remarkable achievements were recorded at the May Gaba HC of Wolkait woreda in Tigray and Kirara HC of Konta special woreda in SNNP regions, and as such further evaluation activities were carried out on these two HCs. These activities were conducted by a member of EMwA's M&E team, EMwA midwife advisors, regional chapter office representatives and the woreda health office head representatives.

Quantitative data collected shows an increase occurred with antenatal care (ANC), delivery and prenatal care (PNC) services. The following graph (Figure 4.1) demonstrates that May Gaba HC experienced a significant increase in deliveries after the period in which the CC workshops were carried out. Whilst not as dramatic a result as May Gaba HC, the Kirara HC has also seen a steady increase in recorded HC services since the CC workshop took place.

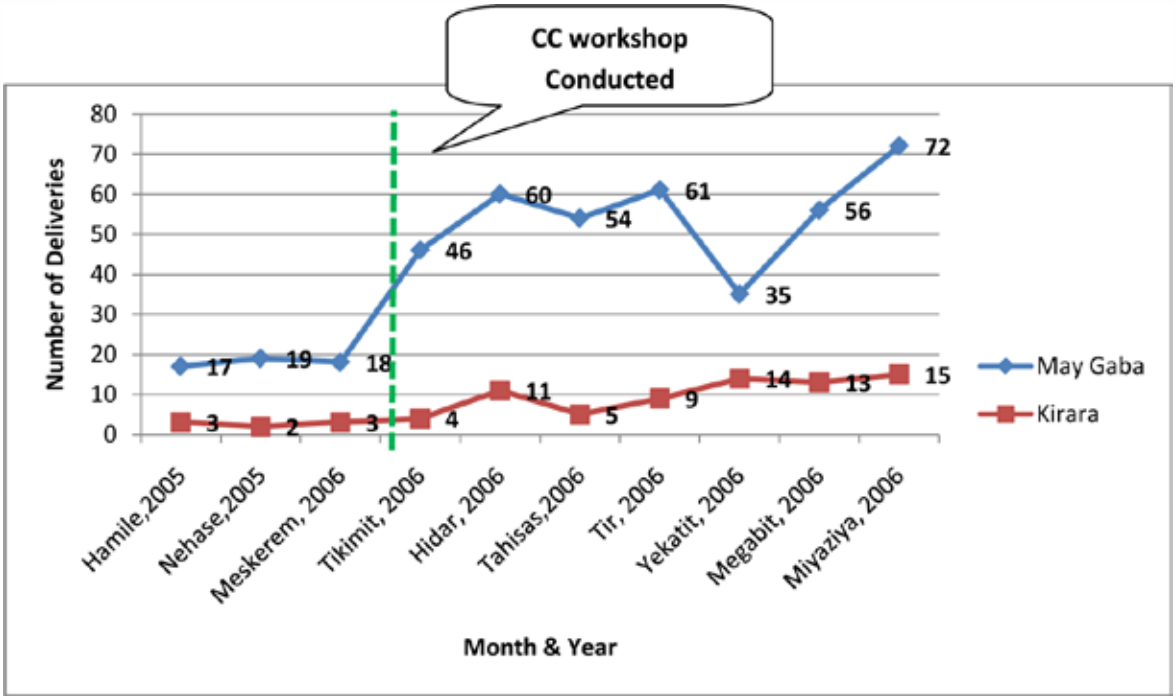

Fig 4.1 Number of Deliveries Recorded at May Gaba and Kirara Health Centers for the year 2013/14, by Month

When comparing these results over the past two years, significant increases can also be observed in Figure 4.2. At May Gaba HC, results vary between 20 to 150% increases of delivery services among similar quarters of the two years. The change in each quarter at Kirara HC ranged from three to twenty fold and the total annual count amounted to 67 more institutional deliveries than the previous year.

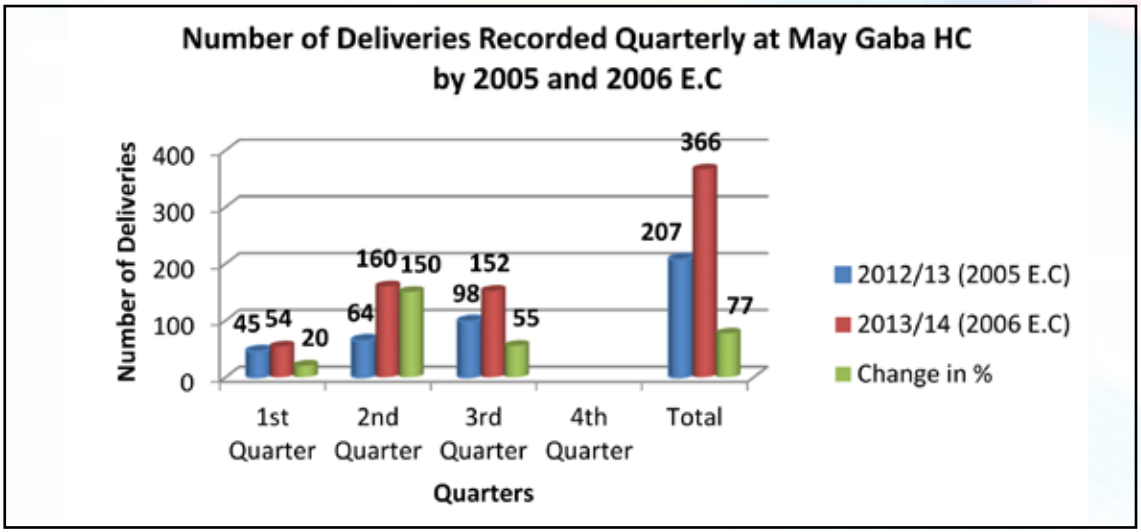

Fig 4.2 Number of deliveries recorded quarterly at May Gaba HC by 2012/13 (2005 E.C) and 2013/14 (2006 E.C)

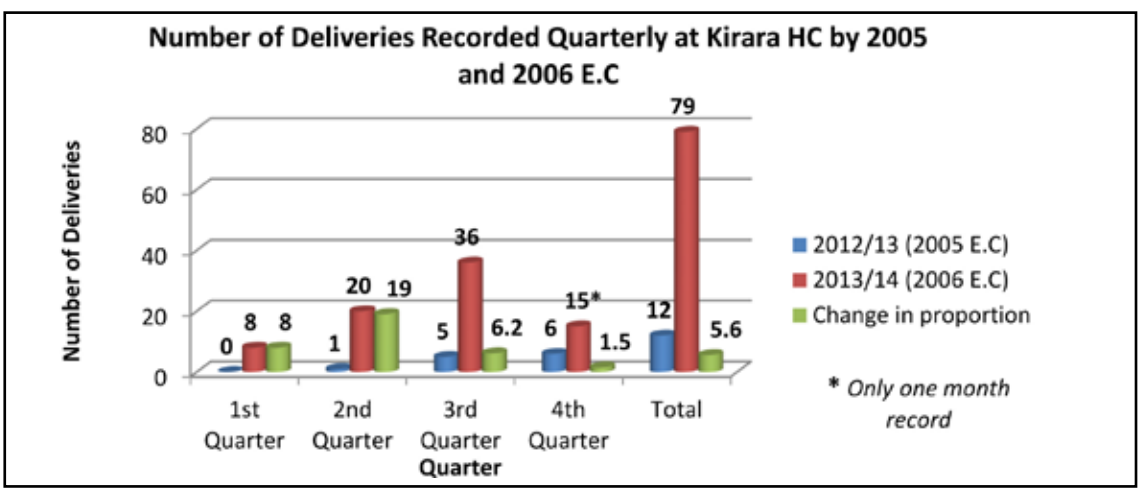

Fig 4.3: Number of deliveries recorded quarterly at Kirara HC by 2012/13(2005 E.C) and 2013/14(2006E.C)

In addition to delivery, ANC and PNC service utilization also improved in both health centers following the CC workshops. A twofold increase was recorded for ANC services and almost threefold increase for PNC services in the second and third quarters of the 2013/14 (2006 E.C) at May Gaba HC. At Kirara HC, a 30% increase in ANC services was observed and up to 280% increase in PNC services as shown in Table 1 below.

Table 2: ANC and PNC Services Provided by May Gaba and Kirara Health Centers 2013/14 (2006 E.C)

HC	Service Type	Before Sensitization	After Sensitization			
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter (One month Only)	Total
May Gaba	ANC	202	400	437	116*	1155
	PNC	55	160	152	72*	439
Kirara	ANC	49	61	68	NA	178
	PNC	10	20	38	NA	68

*1 month record only

Further evaluation of the workshops was completed via qualitative interviews with HC staff, community leaders and beneficiaries, all of who confirmed the holistic approach to the CC workshops were key to their success.

Ato Aman Anigush, Head of the May Gaba HC, stated "…*we became successful because EMwA brought all the stakeholders in the community and the health workers together and gave us the chance to discuss the challenges, and to agree on and promise to work together to save the lives of both the mothers and children".*

W/ro Yalem, a beneficiary of the program explained, "…*I came to the HC after hearing about it from the discussion in our Women's Development group (Army). The leaders told me the consequences of home delivery and advised me to follow up with the HC every month and to deliver there too. The service given is excellent, on time and welcoming as well".*

A 'One-to-Five' group leader, W/ro Abayinesh, has been teaching and discussing with her group members about ANC and the advantage of HC deliveries. Abaryinesh advocates to the women in the group they should visit a HC at least four times within the pregnancy period and encourages husbands and Kebele leaders to support their wives and women of the community in seeking out the support of the health professionals.

5. Conclusion and Recommendations

As a professional association representing and working to strengthen the midwifery profession in Ethiopia, EMwA is committed to delivering its members the best practice training that will enable them to support their communities and contribute to our shared goal of reducing maternal and newborn mortality and morbidity . By promoting the benefits of institutional deliveries throughout Ethiopia, women will be better supported by their Midwives and health extension workers, and as such be better prepared for a healthy pregnancy and safe birth.

As outlined in this report, EMwA has found that an effective way of promoting these findings is via the delivery of community consultation workshops.

As a result of the success of the CC workshops increasing utilization of institutional delivery and care services, EMwA recommends:

1. CC workshops are rolled out country-wide, focusing initially on those woredas/catchment areas with the lowest recorded institutional deliveries.

2. Evaluation of the CC workshops' impact on delivery and care services to be followed up within a 3-6 month period of the first workshop.

3. Follow-up workshops should be held after one year of the original CC workshop to monitor progress and reassess any new barriers or successes.

The holistic nature of the workshops is integral to the community consultation success. Rather than only focusing on one group within the community, this program focuses on mobilizing all groups involved within the community, thus improving the likelihood that the program is ongoing, sustainable and community-driven.

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Date 26/06/06

To Ethiopia midwifery association /EMA/

Adis Abeba

Subject : progress report for delivery

As indicated on the above our wereda is one of the 34 rural wereda on the regional government state of tigray & it is located on the west part of tigray the total population of the wereda is 166415 & the wereda is composed of 30 kebeles

The main proplem of the wereda is

1. Poor coverage of institutional delivery
2. Early mirage
3. Poor awareness of regarding to health etc ...
   Considering the above challenges the RHB in collaboration with EMA gives training for 92 peoples in both maygaba & adi-remets for 12 kebeles before training the coverage was 23 % but after training the progress is about 44% this indicates that the training is very mandatory & we hope to continue the activity for the remaining other kebeles .

Sincerely yours !!

Mereza Gebrealasie Wagaye
Head Office

SWEDEN

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