



COMMUNITY
ACTION
FOR PREGNANT
WOMEN

ETHIOPIA

Community driven health and nutrition solutions for pregnant women and newborns in mobile communities

PROJECT OVERVIEW

MAKING A DIFFERENCE

It is possible to effectively deliver and improve uptake and access to health services for pregnant women and newborns in pastoralist communities through a community-based approach.

Ethiopia's health needs are among the highest in the world: neonatal mortality rate is 37 deaths per 1000 live births and maternal mortality rate is 676 deaths per 100,000 live births¹.

In the Afar region of Ethiopia, these risks are particularly high, as the pastoral life means moving frequently and living remote areas far from health facilities.

In 2011, only 31% of pregnant women received antenatal care from a skilled health care provider, 24% took iron-folic acid tablets at any time during pregnancy, and a mere 10% gave birth with a skilled attendant².

The Micronutrient Initiative (MI) is focused on improving nutrition for the world's most vulnerable, especially women and girls. This includes helping more pregnant women and their newborns receive access to essential health care services, medicines and other commodities, including vitamins and minerals.

From 2011 to 2015, in collaboration with national governments and partners, MI worked with communities in Afar to increase access to antenatal care (ANC), birth care and postnatal care (PNC).

PROJECT APPROACH

- Understand the situation of pregnant women & newborns in the Afar region through formative research & a landscape analysis.
- Tailor project to requests of Ministry of Health & needs of communities.
- Train Traditional Birth Attendants (TBAs) to identify pregnant women, provide home visits, & refer women to health facilities.
- Develop Quality Improvement Teams (QITs). QITs, made up of community leaders, elders & religious leaders, support the work of TBAs & health extension workers.
- Train facility-based health providers in Emergency Obstetric & Neonatal Care & to monitor QITs.
- Engage community TBAs & QITs to jointly identify "change ideas" to improve uptake & quality of ANC, birth care & PNC.
- Evaluate package of care with qualitative & quantitative research at project beginning & end.

“I have made it my mission to ensure pregnant women of my Kebele/ village get antenatal treatment care during their pregnancy and that they deliver at a health facility. There is no monetary reward I get for doing this work but my community has selected me to serve them and I will continue to do that. Working hand-in-hand with health professionals, we will save mothers’ and children’s lives.”

Humad Sherifo Arkale
QIT member in the Mulina Asale Kebele

1. Ethiopia Demographic Health Survey, 2011

2. Ethiopia Demographic Health Mini-Survey, 2014

REGION

Afar, Ethiopia

PARTNERS

Ethiopian Ministry of Health
Emory University, Maternal and Newborn Health in Ethiopia Partnership, USA
University of Addis Ababa, Ethiopia

KEY COMMUNITY-LEVEL INTERVENTIONS

- Promotion of ANC, birth care, & PNC.
- Provide iron-folic acid supplements.
- Nutrition counselling throughout pregnancy.
- Birth planning, detection of danger signs in pregnancy & referral.
- Delivery with a skilled birth attendant.
- Promotion of immediate breastfeeding.
- Misoprostol for prevention of post-partum hemorrhaging.
- Promotion of exclusive breastfeeding for first 6 months.

ACHIEVEMENTS

- **27,090** women & newborns reached.
- **1,040** community & facility-based health personnel trained.
- **46** community-led & **9** facility-led QITs identified “change ideas” to improve health & nutrition package-delivery for pregnant women & newborns.
- Outdoor community dramas on maternal/newborn health & nutrition performed in **20** villages & watched by more than **2,000** people; TV spots on pregnancy nutrition counselling aired **28** times.
- More than **90** regional level personnel & **71** volunteers trained to improve monitoring data, resulting in **5,392** households registered.
- **671** pregnant women enrolled in mobile health pilot study to help strengthen follow-up health checks via mobile text reminders.
- More than **10,500** pregnant women attended community-level education sessions to learn about health & nutrition throughout pregnancy.

SUSTAINABILITY

- The package of interventions will be scaled-up to other areas in Afar and Benishangul region.
- The facility and community QITs will be scaled-up across areas in six regions of Ethiopia.

FINDINGS

ANTENATAL CARE

Many pregnancy complications can be prevented, detected, assessed and treated during ANC visits with skilled health workers. The World Health Organization recommends a minimum of 4 ANC visits, starting as early as possible, to ensure women get the required care.

- Antenatal care in first trimester:
5% baseline → 15% endline
- Four antenatal care visits:
5% baseline → 23% endline
- Consumption of any iron-folic acid supplements:
18% baseline → 65% endline
- Consumption \geq 90 iron-folic acid supplements:
0.5% baseline → 23% endline

BIRTH CARE

Delivering with a skilled birth attendant at a facility ensures access to life-saving skills and medicines for women and their newborns. It also increases the likelihood of receiving essential nutrition actions, such as optimal cord clamping. If a woman has postpartum hemorrhaging, she has immediate access to skills and medicines that could save her life.

- Delivery with a skilled birth attendant:
2% baseline → 18% endline

A newborn who is put to breast within the first hour after delivery receives colostrum, which is rich in protective factors.

- Timely initiation of breastfeeding:
39% baseline → 76% endline

POSTNATAL CARE

Many newborns die within the first 48 hours of life, thus increasing the number of women who receive PNC is essential to not only helping the new mother but potentially increasing the life of the newborn.

- Postnatal care within 48 hours:
4% baseline → 22% endline