MNCH Situation in Ethiopia: Key Lessons Learnt from Plan International’s Interventions in Ethiopia
Plan International – at a glance

- **Our vision:** is of a world in which all children realize their full potential, in societies that respect people’s rights and dignity.

- **Our Mission:**
  - Plan strives to achieve lasting improvements in the quality of life of deprived children in developing countries, through a process that unites people across cultures and adds meaning and value to their lives.

- A **76 years old** organization working on issues of children in both development and humanitarian context

- Currently **working in 72 countries** across the world.

- Annual budget **around 1.2 billion USD**

- **10,000 staff across** the world

12th Nov 2015
About Plan International Ethiopia

Was Established in 1995
-Currently working with partners, communities / organizations
In 5 Program Rejoins

-Addis Ababa
Administrative rejoin in 10 sub cities;
-Amhara Rejoin in 1997;
-SNNPR in 2003
-Oromia in 2006; &
-Gambella in 2014
Ethiopia is one of the countries having high Maternal and child morbidity and mortality. 676/100,000 live birth (Demographic Surveillance System data 2011).
According to the Ethiopian Mini Demographic and Health Survey 2014, conducted under the aegis of the Ministry of Health and implemented by the Central Statistical Agency (CSA):

- In Ethiopia, the percentage of facility birth continued to be low, 10% in 2011 and 15% in 2014;

- The number of women who received antenatal care (ANC) from a skilled provider (doctor, nurse or midwife) is low;
MNCH Concerns in Ethiopia……

• Urban women are more than twice as likely as rural women to receive ANC from a skilled provider. 80% for urban women compared to 35% for rural women;

• Skilled assistance at delivery increased from 6% to 15% in the last fifteen years;

• The level of post natal care (PNC) coverage is extremely low, only 12% of women received PNC within two days, as recommended.

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What Plan Did?

• Plan Implemented a multi country project called Women and Their Children’s Health (WATCH) in Ethiopia. The project was also implemented in other four countries - Bangladesh, Ghana, Mali and Zimbabwe.

• The main focus of the project was to support existing government health systems and reinforce government ownership.

• In Ethiopia, the WATCH project targeted 8 agrarian rural districts; Lasta, Bugna, Meket, Tiro Afeta, Kersa, Shebedino, Gorche and Bona Zuria, from the three regions of Southern Nations, Nationalities and People’s region (SNNPR), Oromia, and Amhara.

• The project aimed to contribute to the achievement of the Millennium Development Goals 4 and 5.
Duration: 3.5 years (November 2011 to May 2015)

In-Country partners:
- Ministry of Health
- Oromia Development Association
- Berhan Integrated Community Development Organization in SNNPR
- Save Your Holy Land Association in Amhara
- Society of Obstetricians and Gynecologists of Canada

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Approaches:

- Promoting community mobilization initiatives to increase awareness of key MNCH and Gender equality issues;
- Systematic mainstreaming of gender equality considerations in MNCH;
- Strengthening of the Health Extension Program (HEP) and associated Health Development Army (HAD) network;
- Supporting gender-sensitive skilled health care professionals;
- Improving basic emergency obstetric and newborn care (BEmONC), integrated community case management (ICCM), infant and young child feeding, prevention of mother to child transmission of HIV/AIDS.

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Project interventions in pictures…….
Project interventions in pictures…….

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Project interventions in pictures……..
Project interventions in picture.....
Project interventions in picture.......

Past vs Present
Project interventions in picture continues.....
Project interventions in picture.....
What we have achieved?

Achievements of the WATCH project:

• **Strengthen existing health systems** to ensure long-term sustainability;

• **Improved health facilities infrastructure**, through purchase of refrigerators, incinerators, etc.

• Improved the **referral system through** the provision of mobile airtime and fuel for maternity ward ambulances;

• Increased the skill and efficiency of health workers through the provision of technical training and subsequent refresher training on maternal and child health service provisions.
What we have achieved........

• A significant number of health workers were trained in BEmONC with 2 rounds of supportive supervision across 55 Health Centers;

• Provided Basic emergency Obstetric Care (BEmONC) Equipment’s and Drugs for 55 health centres & 50 Health posts in districts to strength the health system and have a skilled delivery service

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What we have achieved?.............

• Strengthened the referral linkages in the health care tire system- the survey done shows about 50% of women reported have confirmed they were given referrals to receive quality health services at higher health facilities;

• Reached 328,000 women of child-bearing age and 82,500 of their male family members in the five regions where Plan works have increased knowledge of MNCH issues and improved access to MNCH services.

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Key Results:

- The number of women who received pre-natal care by a skilled health provider at least 4 times during pregnancy increased from 19.2% to 47.8%.

- The number of mothers who received 2 doses of tetanus increased by over 20%.

- The number of women who received post-natal care within 3 days of childbirth increased from 13.6% to 31%.

- 56.6% increased use of various equipment within the targeted health facilities. Moreover, averages of 41.6% of live births were attended by skilled birth attendants.

- About 50% of Women are involved in community level decision making,
What have we learnt?

• By making sure that health staff are trained and health facilities have adequate supplies, equipment and drugs, WATCH galvanized government health facilities into providing efficient services including ANC, PMTCT, IMNCI, and family planning.

• By providing a wide range of Basic Emergency Obstetric and Neonatal Care (BEmONC) and other Medical supplies to government health facilities, WATCH strengthened the available medical care and enabled the health facilities provide robust customer service.
What have we learnt?...........

- By creating community awareness on MNCH, promising immediate outcomes were registered especially with regard to pregnant mothers’ referrals and deliveries, which have increased since the project began.
- The value addition of WATCH has been the integration of knowledge on gender-related issues and barriers to MNCH access and utilization.
- This has created a realization, particularly amongst men, that MNCH is not only a women’s issue, and that their role is critical for improved MNCH outcomes.
- Target them young at adolescent age.
What have we learnt?.............

• Integrating interventions of health with economic empowerment has enabled households pay transport costs to health centers & buy air time cards for their mobiles to call ambulance during emergencies;

• Economic empowerment of women has also resulted into improved participation of women at community & household levels in decision making;
What have we learnt?........

• **We can not address all needs of the targeted population ourselves.** Therefore we need to have more and more collaborations with a range of actors including corporate sector, other INGOs, UN, donors, local NGOs, academic and research organizations media etc to make our response more effective and increase our impact.

• **We need to continuously strive and invest in innovations and new thinking/new ideas**
Thank You

10th March 2015