



Saving lives in childbirth:
West Wollega, Ethiopia

Programme evaluation

Foreword

Maternity Worldwide – Who we are

Maternity Worldwide is the UK's leading charity working to save lives in childbirth in developing countries.

We have a vision of a world in which all women and their babies are able to access safe and appropriate childbirth regardless of where they live.

We are run mainly by a team of professionals who donate their skills and expertise.



Maternity Worldwide works closely with a range of partners including the World Health Organisation (WHO) to advocate for improved maternal health and achievement of the Millennium Development Goals.

We strongly believe, however, that words alone are not enough. We are committed to working directly with communities to improve access to high quality maternity services.

It is a great privilege to be able to introduce this evaluation report.

It is now over twenty years since the first Safe Motherhood Declaration and several years have now passed since agreement of the Millennium Development Goals. Across the developing world maternal mortality remains unacceptably high.

Maternity Worldwide have successfully shown with commitment and financial support that they can save lives and deliver lasting positive change to women, their families and communities.

May I congratulate the team and thank you for supporting their on-going work.

Baroness Gould is Deputy Speaker of the House of Lords and Chair of the Women's National Commission.



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This report is based on the Maternity Worldwide Gimbie Integrated Maternal Health Programme Evaluation Report produced by Mimi Khan in March 2009. To read the full report please visit www.maternityworldwide.org



West Wollega Programme

Maternity Worldwide chose Gimbie Province, West Wollega, Ethiopia as the base for its initial projects.

Ethiopia is one of the world's poorest countries; the average annual wage is just £135 (US\$220).

Gimbie town has a population of approximately 26,000 people with around 500,000 living in the surrounding province.

Programme summary

Previously there was only one old, small and poorly equipped hospital for all these people.

Poverty and need are great, but the region is relatively stable with local government commitment to improving healthcare.

The Big Lottery Fund supported a two year integrated programme aimed at empowering communities and improving access to quality maternal care.

We set out to...

- Establish women's income generating groups and promote participation in them.
- Increase the number of kebeles (villages) receiving health education and the number of people attending sessions.
- Increase the number of clinics and hospitals equipped for emergency obstetric care.
- "Improve the standard of maternity care through recruitment of new staff and delivery of high quality training.

We achieved...

- 40 women's income generating groups were established serving 1,200 women – right on target.
- Health education was provided in 40 kebeles with over 100,000 attendees by year two – 10 times the target!!
- 1 facility in Gimbie Town was established to provide comprehensive emergency obstetric care and 4 rural facilities to provide basic emergency care – right on target.



"The programme achieved outstanding results in a relatively short time frame." Mimi Khan, independent evaluator of the Gimbie project.

- 16 nurses trained as "skilled birth attendants" and 11 practical workers to assist them. This was 8 short of our target number of nurses as of November 2008 but training continues!

Childbirth in developing countries

Global burden of maternal mortality

Each year approximately 529,000 women die during pregnancy and childbirth. Over 99% of these deaths occur in the developing world.

Each year approximately 11 million women suffer injury, infection or illness as a result of pregnancy or childbirth.

In Africa, 1 in 20 women die in pregnancy or childbirth, this is compared to 1 in 4,600 in UK. In parts of Ethiopia it is as high as 1 in 7. Women die from bleeding, infection, fitting and

obstructed labour. Dependant infants and children may die soon after the death of their mothers perpetuating poverty and suffering.

Most of these deaths can be avoided by improving access to skilled care and the provision of relatively simple and cheap measures.

Maternity Worldwide works to tackle each 'delay' in the WHO '3 Delays Model' of Maternal Mortality.

Reducing maternal mortality is now top of the international health agenda and forms the basis of the 5th millennium Development Goal.



Global Causes of Maternal Mortality¹

Haemorrhage

Infection

Unsafe abortion

Hypertensive disorders of pregnancy **12%**

Obstructed labour **8%**

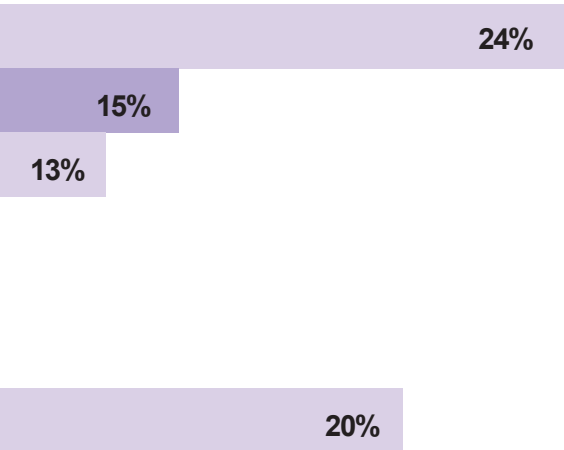
Other direct causes* **8%**

Indirect causes**

¹ WHO (2005)

* Other direct causes include: ectopic pregnancy, embolism, anaesthesia related causes

** Indirect causes include: anaemia, malaria, heart disease



Three Delays Model

- 1. Delay in decision to seek care**
 - Lack of understanding of complications
 - Acceptance of maternal death
 - Low status of women
 - Socio-cultural barriers to seeking care: women's mobility, ability to command resources, decision making abilities, beliefs and practices surrounding childbirth and delivery, nutrition and education
- 2. Delay in reaching care**
 - Mountains, islands, rivers — poor organization
- 3. Delay in receiving care**
 - Facilities, supplies, personnel
 - Poorly trained personnel with punitive attitudes
 - Finances

Interventions to reduce maternal mortality must address each of the above barriers in order to have the greatest effect.

Results and achievements

Women's groups

Objective:

To improve women's status and financial security and promote women's rights through a network of income generating groups.

How?

In Year 1 450 women took part in income generating activities, and in year 2 a further 750 each receiving between 325 to 485 Ethiopian Birr (12 ETB = £1) and undertook activities such as

animal rearing, petty trading and gardening.

Results:

Overall, 90% of women had made profits and many now had savings. By the end of Year 2 the repaid loans had been repaid, and been redistributed to a total of 155 women in newly formed groups. All women in the groups visited were now employed in full time activities promoted by the project. Before the project many had collected firewood



for a living.

"As a result of the project I am now able to generate enough income to feed my children and now buy them school uniform and books. I have four children".

Woman beneficiary, Gimbie.

"It is clear...the programme has had a positive and beneficial impact on the status, financial security and rights of women beneficiaries."

Mimi Khan, independent evaluator.

Community Education

Objective:

To establish a community health education programme addressing women's status and rights, preventive health measures, and in particular education around reproductive and maternal health issues.

How?

Over a 2 year period the target was to reach 40 kebeles (villages) with community health education and have 10,000 beneficiaries of the sessions.

Results:

The 40 kebeles were reached and the total beneficiary target greatly exceeded – over 110,000 men, women and children benefited from the sessions in the kebeles.

All members of the communities were engaged by the sessions, promoting the benefits of maternal health amongst men, women and children.

The project has been successfully integrated into existing government health programmes to continue the work.

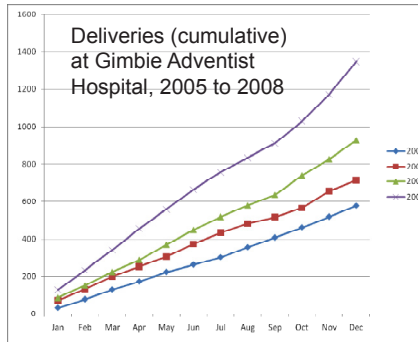


“Most of the households in this kebele now have latrines as a result of the government working with Maternity Worldwide.”

Woman beneficiary, Gimbie.

“Focus group discussions undertaken during the evaluation visit to a sample of programme kebeles showed a noticeable change in the knowledge, attitude and behaviour of beneficiaries.”

Mimi Khan, independent evaluator.



Providing and equipping obstetric care facilities

Objective:

To improve the quality and availability of clinics and hospitals offering both basic and comprehensive obstetric care.

How?

Existing facilities in the region were very rudimentary. We set the target of equipping 1 facility to provide comprehensive obstetric care and 4 to provide basic obstetric care.

Results:

All the facilities were equipped in the 2 year period, although one clinic has since burnt down.

The number of women attending Gimbie Adventist Hospital (GAH) and the clinics for deliveries from 2006 to 2008 increased by 51%. Over 3 years the case fatality rate fell dramatically from 6.2% to 0.6%. GAH has become the main provider of comprehensive obstetric care in the zone.

“The number of women who deliver at home in this kebele



has decreased since the MW project started, and in the last two years many now go to clinics to deliver.”

Woman beneficiary, Gimbie.

“The Maternity Worldwide programme has successfully upgraded the requisite equipment at GAH so that it can now function as a comprehensive emergency obstetric care facility. The equipment was purchased and installed in the face of many logistical difficulties.”

Mimi Khan, independent evaluator.

Providing professional training and recruitment

Objective:

To improve the quality and availability of professionally trained staff in the region.

How?

Before the project no health providers at GAH and associated clinics were considered fully proficient in obstetric emergencies. Over 2 years the aim was to train 24 nurses as skilled birth attendants and recruit 11 practical workers as skilled

assistants to support them.

Results:

20 of the nurses were recruited or trained in the period, along with all 11 practical workers. In addition 4 doctors also completed the competence based knowledge and skills programme.

Maternity Worldwide introduced maternal death audits to monitor the numbers dying in labour. This has led to the following improvements:



- The hospital now provides 'on-site' theatre assistants.
- The development and implementation of a protocol for the management of seizures using the most appropriate drug.
- Consistent and regular observation of patients.
- Improved documentation.

"All health care professionals at Gimbie Hospital and associated clinics are fully competent to manage obstetric emergencies."

Mimi Khan, independent evaluator.

For further information or to receive a copy of the full report contact info@maternityworldwide.org



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