

ETHIOPIA MATERNAL DEATH SURVEILLANCE AND RESPONSE REVIEW

RECOMMENDATIONS ON COMMUNITY PARTICIPATION AND ENGAGEMENT

This policy brief is the outcome of national review of MDSR data analysis findings from January 2014 to December 2015 covering 539 maternal deaths. Key findings are presented and relevant recommendations for community engagement indicated.



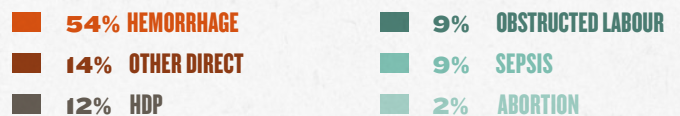
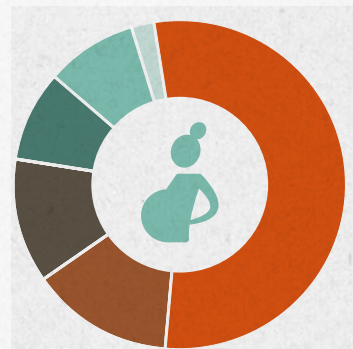
Community participation and engagement refers to creating awareness and transferring knowledge and skills to the community, as well as ensuring their participation and engagement in planning, implementation, monitoring and evaluation of health activities. This has been at the core of the health sector strategy and instrumental in improving community ownership to enable the community produce and maintain its own health.



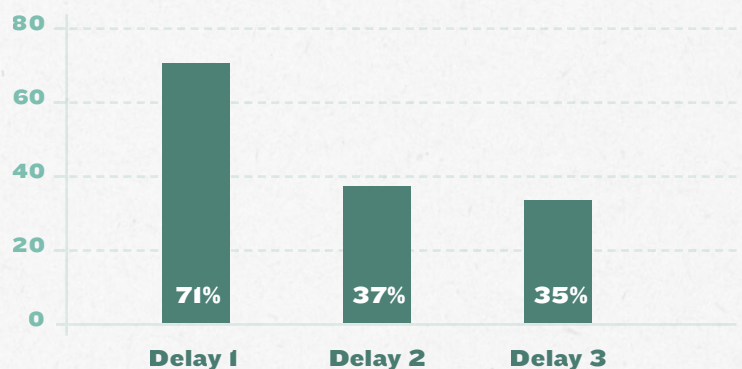
KEY FINDINGS

- ✓ Direct obstetric causes account for 87% of maternal deaths and hemorrhage is the leading cause
- ✓ Anemia is the leading indirect cause of maternal death
- ✓ In the majority of deaths (71%) Delay one was a contributory factor. This refers to the delay at household or community level to seek care
- ✓ Delay 2 contributes to 37% of deaths
- ✓ Delay 3, which relates to quality of care at health facilities contributes to 35% of deaths
- ✓ Majority of deaths due to hemorrhage (53%) occurred at home or in transit
- ✓ Women with 4 or more children are at increased risk of hemorrhage. Over 40% of deaths due to hemorrhage occurred in this group of women
- ✓ Majority of deaths occurred in the postpartum period (60.7%)
- ✓ Mothers with no education are more likely to die from any cause of maternal death (75.7%)
- ✓ Most maternal deaths (82%) are preventable

DIRECT CAUSE OF MATERNAL DEATH



DIRECT CAUSE OF MATERNAL DEATH



EVIDENCE SHOWS THAT

- ✓ Important reasons for not delivering in a health facility identified by the DHS were lack of awareness of the benefits of institutional delivery, distance to a health facility and lack of transportation
- ✓ Delay one factors are persistently found to contribute to many deaths, reflecting inadequate health promotion and service delivery at the community level including for ANC (for many women in developing countries, ANC is the first encounter with the formal health system and a bad experience at this time can reduce future health seeking behavior)
- ✓ Time is crucial to the survival of women with obstetric complications. This becomes especially important to post-partum hemorrhage which can kill a woman in two hours. The high number of hemorrhage deaths occurring at home and in transit highlight the role of delays one and two
- ✓ 49% of women have never attended school
- ✓ 12% of women received PNC within 2 days

Reference: EDHS 2011, Mini EDHS 2014

POLICY RECOMMENDATIONS

- 1. Use of maternity waiting homes should be promoted and HEWs should particularly target high parity women to use them.**
- 2. The Health Development Army (HDA) should implement practices known to overcome delay one. These include: identification and registration of pregnant women, sending them to HPs for antenatal visits, and special treatment during delivery at health facilities e.g. traditional ceremonies.**
- 3. In order to address delay two, community leaders together with health center managers should take a lead in organizing modern and traditional ambulances to ensure women reach a health facility for delivery.**
- 4. HEWs capacity to deliver a full package of ANC service at the HP level should be improved to include uninterrupted supply of essential commodities such as iron, identification of danger signs, timely referral and counseling women on birth preparedness.**
- 5. HEWs should focus on identifying women at particular risk of hemorrhage and advising them of their individual risk and the need for preventive action.**
- 6. HEWs training including IRT should focus on the major drivers of mortality, especially hemorrhage.**
- 7. Use of misoprostol in the post-partum period is safe. Management of PPH at the community level by HEWs using misoprostol should be revitalized to save the lives of women who fail to reach health centers and hospitals for delivery.**
- 8. HEWs should know that poorly educated women are at greater risk of maternal death.**
- 9. FMOH efforts to expand provision of long acting and permanent family planning methods at the community level need to continue. HEWs should promote these to high parity women as they are at highest risk of hemorrhage.**
- 10. The role of HEWs in post-partum care of women including detection of complications and timely referral should be strengthened.**

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