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Ethiopia: Special Initiative to Reduce Postpartum Hemorrhage

Partnering with the Ethiopia Society of Obstetricians and Gynecologists (ESOG), PRIME II has kicked off a USAID-funded project to reduce maternal morbidity and mortality due to postpartum hemorrhage (PPH). Key champions of the PPH special initiative include the Family Health Department of the Ministry of Health (MOH) and the Ethiopian Midwives Association.

The maternal health situation in Ethiopia is alarming. USAID has noted that over half of the world's maternal deaths occur in eight countries, which include Ethiopia.¹ The maternal mortality ratio from 1994-2000 was 871 deaths per 100,000 live births² and, although statistics vary, it is estimated that 25,000 women and girls die each year in Ethiopia from pregnancy-related complications. The number of women who deliver at a health facility with a skilled attendant is less than 5%. Consequently, complications that arise cannot be properly managed. Although postpartum hemorrhage accounts for more than 25% of these maternal deaths, only 18% of women in rural areas and 49% in urban areas have access to PPH services if they hemorrhage after delivery at a health center.³

PRIME II is implementing the PPH initiative in five catchment areas:

- Addis: Yekatit 12 Hospital, Yeka Health Center (HC), WeReda 13 HC, Gulele HC, Paulos Hospital, Kolefe HC
- Nazareth: Nazareth Hospital, Welenchiti HC, Nazareth HC, Modjo HC, Wengi Hospital
- Debrebrhan: Debrebrhan Hospital, Eneware HC, Debresna HC, Shewarobit HC
- Shashemene: Shashemene Hospital, Shashemene HC, Arsi Negele HC, Age HC
- Jimma: Jimma Hospital, Agaro HC, Asendabo HC, Shebe HCA.

The ESOG project management team includes Dr. Feiruz Surur, President of ESOG, who spearheaded this special initiative with PRIME; Dr. Ashebir Getachew, PPH Program Coordinator; and Dr. Ahmed, PPH Data Manager.

In collaboration with ESOG, MOH and the Ethiopian Midwives Association, PRIME designed and facilitated a national stakeholders meeting for the PPH initiative on March 18. Highlights from this successful event included the keynote address from Dr. Tesfanesh Belay, Head of the MOH Family Health Department and a PRIME II and IntraHealth overview from Cristina Ruden, Area Program Manager for East and Southern Africa. Other presentations included a PPH special initiative overview from Dr. Henry

Kakande, PRIME II; project goal, objective and work plan from Dr. Ashebir and Dr. Feiruz; stakeholder discussion and recommendations moderated by Dr. Abdulhamid Isehak, Secretary, ESOG; and closing remarks from Dr. Essayas Mulletta, UNFPA/MOH Ethiopia.

Following the national stakeholders meeting, PRIME helped coordinate a four-day training of trainers (TOT) in Addis Ababa from March 19-22. Technical sessions for the 15 lead clinical trainers included birth preparedness plan (BPP) and emergency readiness plans; prenatal counseling and friendly services; active management of the third stage of labor (AMTSL); PPH; providing quality postpartum care; infection prevention and universal precautions; oxytocics; and reporting and record keeping. During the TOT, action plans were developed for each catchment area by the site coordinator and nurse-midwife team. Major activities include planning of regional trainings, utilization of job aids (BPP and AMTSL posters), supportive supervision, education talks to be given once a month at each health facility, and community meetings to bring together influential women, community leaders and providers.

The PRIME II team has since worked with ESOG to plan and conduct a PPH baseline assessment at 24 hospitals and health centers in Addis Ababa and the surrounding Oromia and Amhara regions. Following the field testing of PPH data collection instruments, 18 data collectors and their supervisors received training in data collection methods and use of eight instruments designed to obtain data on obstetric and prenatal health services and trends, pharmaceutical management practices and drug supplies, clinical knowledge and performance of AMTSL and selected prenatal care services, client knowledge and satisfaction regarding services received, and stakeholder capacity in sustaining targeted interventions.

A primary objective of the baseline assessment is to provide PRIME and local stakeholders and decision-makers with information on the current capacity of the local health system and providers (doctors, nurses, nurse-midwives) in preventing PPH through AMTSL. Findings from the assessment will be used in the continued design of training and performance interventions to strengthen local capacity in support of AMTSL. PRIME, ESOG and other local stakeholders began to use findings from the analysis in May to identify specific capacity needs, target upcoming training activities and inform action plans for the remainder of the year.

Footnotes

¹ USAID. Global Health: Maternal Health Results Framework. USAID (website). Accessed 1 May 2003 at: http://www.usaid.gov/pop_health/nmh/nmhresults.htm#Strategic_Objective

² Central Statistical Authority [Ethiopia] and Orc Macro. Ethiopia demographic health survey 2002. Addis Ababa, Ethiopia and Calverton, MD: Central Statistical Authority.

³ The Maternal Health Study. Maternal and Neonatal Program Effort Index: Ethiopia. POLICY Project (website) Accessed 1 May 2003 at: <http://www.futuresgroup.com>



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