

Ethiopia

PROJECT OVERVIEW

Implemented as part of the fifth and sixth UNFPA Ethiopia Country Reproductive Health Sub-Programme, the main thrust of the project has been in assisting the implementation of the Making Pregnancy Safer (MPS) initiative, jointly implemented by WHO, UNICEF, UNFPA, Swedish International Development Agency (SIDA) and the World Bank.

Formally adopted by the Ministry of Health, the initiative focused on five of the most populous regions which together constitute 90% of the country's population (Oromiya, Tigray, Amhara, SNNPR and Addis Ababa).

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The project strategy has been two-pronged; focusing on both central and regional levels. At a central level, UNFPA has worked closely with other UN organizations and NGOs to support the government in developing a number of key policies, strategies, training materials, tools and guidelines. At a regional level, the project funded an assessment of the status of safe motherhood, provided training on contraceptive technologies and emergency obstetric care as well as the provision of essential equipment for emergency obstetric care.

The project was implemented by the Family Health Department of the Ministry of Health and Health Extension and Education Centre based in Addis. The Regional Health Bureaux were responsible for the day-to-day implementation of project activities.

Important contribution to key policy and strategy development

One of the most critical achievements of this project has been its support for the development of the National Reproductive Health Policy for 2006–2015 as well as the National Adolescent

and Youth RH Strategy for 2007–2015. Both strategies will be key in framing future interventions that contribute to addressing the SRH needs of adults, youth and adolescents. In line with the MPS initiative, the RH strategy emphasizes the critical need to focus on EmOC, skilled attendance and referral across health institutions.

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Promoting partnerships and collaboration among UN and other agencies

Through its participation in national coordinating committees, thematic working groups and task forces, UNFPA has a national level perspective on SRH issues and efforts. In addition to promoting partnerships and coordination among donor agencies (in line with the Paris Declaration on Harmonization and Alignment) and also within UN agencies, participation in various working groups has also allowed UNFPA to identify an opportunity to use EC funds to support the existing MPS initiative. In doing so, UNFPA was able to leverage existing management structures and synthesize resources at the federal and regional levels.

The collaborative nature of Making Pregnancy Safer has also provided a 'lesson learning' platform within UN agency systems.

FACTFILE

Title Strengthening Integrated SRH Services and IEC/BCC

Aim To increase access to quality RH services through integrated efforts focused on building the capacity of the government health system for effective deliveries.

Duration 66 months: 2003–2008

Budget US\$2.614 million

KEY ACHIEVEMENTS

- ▶ Important contributions to key policy and strategy development.
- ▶ Promoting partnerships and collaboration among UN and other agencies.
- ▶ Strengthening referral linkages in emergency obstetric care and improving access to life-saving EmOC services.



SUSTAINABILITY

From the onset, the design of the project was not as a stand-alone one since it was embedded in the UNFPA fifth Country Programme and the national Health Sector Development Programme (HSDP) programme. The Making Pregnancy Safer initiative was taken up by the five-year HSDP IV as a key strategy to improve maternal and newborn health. Lessons learned from the project, in particular, the importance of a functioning supportive health system, strategic collaboration and partnership have provided an impetus for conducting a joint national baseline survey on emergency obstetric and newborn care in 2008.

EmONC has been accepted as one of the ineligible budget expenditure items for a multi-donor pooled fund managed by the government as part of the International Health Partnership+ (IHP) initiatives. Ultimately EmONC service support provided as one of the core activities of the EC project (training, equipment, supplies and drugs) are currently being integrated into the Woreda (District) Based Planning framework.

The collaborative nature of MPS has also provided a 'lesson learning' platform within UN agency systems.

UNICEF indicated that the initiative helped move towards one-UN objectives as each agency is working with the government in different and complementary ways towards the same aim, for example in addressing the challenges of implementing one reporting and monitoring system for tracking financial flows.

The project also sub-contracted specific pieces of work to NGOs, mainly to the Population Council (developing the RH strategy and community safe motherhood assessment) and to Pathfinder International (for training in long-term contraceptive techniques). These interventions were effective in delivering specific products.

The project provided training to midwives and upgrading of four health centres to provide basic emergency obstetric care plus one hospital from each region in comprehensive EmOC.

Strengthening referral linkages in emergency obstetric care and improving access to life-saving EmOC services

As a core strategy, the project provided training to midwives and upgrading of four health centres to provide basic emergency obstetric care (BEmOC) plus one hospital from each region in comprehensive EmOC and critically to ensure effective referral linkages between each level.

This referral linkage is crucial since distances are often large and include rough roads in mountainous terrain. The programme has enabled complicated births to be diagnosed at the health centre level, prompt referral by ambulance to hospital and successful case management (for example of caesarean sections).

The attention paid to increasing the availability of BEmOC at health centre level has also made a key contribution to saving the lives of women in the context of post-abortion care.

The MPS programme approach has built the skills of midwives to take additional responsibility, provided necessary equipment and supplies. As a result, life-saving post-abortion care services have been added to the range of skills expected from midwives and health officers, facilitating access to emergency treatment of incomplete abortion through the provision of services at the rural health centre level without the need for referral to hospitals.

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LESSONS LEARNED

The project faced challenges and at the same time opportunities since Ethiopia moved towards new aid modalities and a programme-based approach during the project's implementation.

The cascade approach used for training for EmOC may be efficient in terms of numbers trained, but may not be the most appropriate model due to the level of clinical experience and skills required among health workers to conduct truly effective emergency obstetric care.

Human resource issues are crucial to the success of any programme and should be considered during the design of future inputs – in particular the need to train and support midwives within a properly regulated professional environment.



This project was funded by The European Union.

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