

Meeting MDG5: Improving Maternal Health



Findings from CARE's Learning Tour to Ethiopia

September 8-10, 2010



*A mother and her baby
at Hades Village where
CARE's delegation visited.*

Introduction

On this Learning Tour to Ethiopia, CARE engaged key decision-makers and advocates in the work being done to reduce maternal deaths. The trip took place just before the Millennium Development Goal (MDG) Summit in New York, which focused the delegation's observations on U.S. global health investments. The Learning Tour showcased the strong partner Ethiopia has in the United States to achieve this East African country's commitment to reaching MDG 5: cutting maternal deaths by three-quarters and providing universal access to reproductive health by 2015.

The Ethiopian Ministry of Health and its partners have prioritized maternal health. Their plan is to train and deploy more than 30,000 female health extension workers (HEWs) to provide families, particularly in remote rural areas, with basic health care and frontline referrals for clients with complications to health facilities. Major U.S. development initiatives – Feed the Future and Global Health Initiative – are also being rolled out in Ethiopia.

Reducing maternal deaths is possible. The medical journal, *The Lancet*, reported that maternal mortality has dramatically decreased over the last decade in Ethiopia from 937/100,000 in 2000 to 673/100,000 in 2010. This visit provided delegates with the opportunity to learn the strategies and help replicate success.

List of Participants

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CARE President & CEO

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Representative Laura Richardson
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Ambassador Mark Dybul
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Dr. Richard Schock
Father of Representative Schock

JoDee Winterhof
Vice President of Policy & Advocacy for CARE



The delegation with CARE staff, from left to right: JoDee Winterhof, Feven Tassew, Mark Dybul, Sarah Lynch, Rep. Richardson, Richard Schock, Helene Gayle, Rep. Schock, Christy Turlington Burns, Sylvie Haller, Jenna Bush Hager, and Abby Maxman.

Ethiopia

Ethiopia is sub-Saharan Africa's second most populous country. Despite its richness in culture it is one of the world's poorest countries, ranked 171 out of 182 countries on the 2009 UN Human Development Index. Eighty-four percent of its 81 million people live in rural areas. There is only one medical doctor for every 100,000 people as many health professionals leave the country for better opportunities.

On the maternal health front, nearly 20,000 new mothers die each year, mostly because 93 percent of all deliveries occur at home. Skilled birth attendance is only 6 percent and access to emergency obstetric care is very limited. The utilization of health services is low for a number of reasons: limited availability of services, poor service quality and unaffordable costs to the client. Even though progress has been made, disparities still persist in terms of access to health care for people living in remote areas.

We are optimistic. Ethiopia has begun to move forward in maternal and child health in recent years. While key health services have been slow to expand, the government has recognized the need for developing the health system to rapidly increase access to primary health services. To do this, as previously mentioned, Ethiopia is training and deploying over 30,000 new and primarily female health extension workers with a target of having two workers and a basic health facility for every 25,000 people.

With the support of diverse partners, the Ministry of Health (MOH) is working to improve maternal health through a multi-pronged strategy. This strategy includes increasing access to basic and emergency obstetric care through appropriate training of mid-level health professionals and expanding the number of facilities to areas where they did not exist before. The country-wide community based Health Extension Program (HEP), introduced in 2003, is now making an impact in terms of providing services directly to women of reproductive age and developing an effective referral system for maternal care.



Setting the Stage: Day One

After a morning arrival to Addis Ababa, the capital city, the delegation was briefed on Ethiopia's maternal health landscape by CARE's Country Director Abby Maxman; Dr. Kesete of the Ministry of Health; Jean Rideout and Meri Sinnitt of USAID; and Carol Miller of Save the Children's EVERY ONE Campaign. Their message rang clear. They all stressed the importance of partnerships to make the biggest impact on maternal health.



The delegation holds a discussion about Health Extension Workers with Lomita, a student at Mojo Health Center.

The delegation learned more about the government's Health Extension Program (HEP), which was launched in 2003 with the goal of providing universal primary health care coverage. This included placing two government-paid HEWs in every kebele (the smallest administrative unit) in order to shift the emphasis of health care to prevention. Obvious flaws were noted such as the selection process and lack of adequate facilities, but despite initial setbacks, the initiative has saved the lives of many women.

With that as their backdrop, the delegation heard from Hannah Gibson, country director for Jhpiego (pronounced "ja-pie-go"), an international organization based out of John's Hopkins University, who helped augment the one-

year HEW training program with an additional month of intensive practical training on antenatal care, family planning, delivery, preventing mother-to-child transmission of AIDS and postnatal care.

The group then heard from a trainer of HEWs, Sehene Aboye and one of her students, Lomita, who had received her training at the nearby Mojo Health Center. Sehene is a clinical nurse who spoke about how HEWs save women's lives. She said "I strongly believe this training will change the lives of many women. The HEW's are not only getting skills in delivering babies, but they are also getting skills in mobilizing the community."

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Lomita talked about mobilization, saying how she referred a woman with complications to a hospital. Both mother and baby survived. The outcome would have been different if Lomita was not there. Part of the HEWs training is to communicate, form bonds and counsel patients to build trust.

Ethiopia is a place where marriage comes early. In some parts of the country, over half the girls are married by age 15. They are expected to bear children the following year. Because their bodies are not fully developed, they run a high risk of experiencing complications, which often leads to maternal death.



Meseret Mekoni, 18, talks with Helene Gayle at Biruh Tesfa, a program for urban adolescent girls at risk of exploitation and abuse.

The Learning Tour delegation visited a community center where the Population Council implements a program called Biruh Tesfa (meaning “Bright Future” in Amharic). The program protects the rights of vulnerable urban girls by challenging social norms and providing health information, including HIV prevention and services to address sexual exploitation and abuse. The program focuses on girls and young women between the ages of 7 and 24. Many of them have fled to the city to avoid arranged early marriages in rural areas. This program has reached over 15,000 girls since starting in 2006.

The delegation split up to visit different classrooms. Representatives Schock and Richardson had the opportunity to ask one classroom of girls about their aspirations in life. The girls hoped to be teachers, doctors and scientists. Delegation members were impressed by the innate leadership skills possessed by the girls and their desire to help others.

Later that night, the delegation had a dinner discussion with USAID Mission Director Tom Staal to digest first day activities and hear more about USAID partnerships and activities in Ethiopia.



Representative Aaron Schock greets girls at Biruh Tesfa.

Understanding the Issue: Day Two

An early flight brought the delegation an hour east to Dire Dawa (pronounced deer-eh-da-wa), a small town in the West Hararghe Zone surrounded by a green mountain landscape. After a two-hour car ride, we arrived to the Hades Health Post. This is one location where CARE’s Social Change for Family Planning Results initiative is being implemented to address factors that influence family planning acceptance and use, including addressing social taboos, community involvement, governance, religious beliefs and politics.

More than 200 million women wish to delay or prevent a pregnancy but do not have access to voluntary family planning services. Although these women did not wish to become pregnant, their pregnancy puts them at severe risk of death or disability because of the number of children their bodies have born. It can also be an additional stress to poor families who can not afford to provide for more children. By equipping women and couples with the power to decide whether and when to have children, family planning significantly and demonstrably reduces infant and maternal mortality.



Jenna Bush Hager greets women outside the Hades Health Post.

Hades (pronounced had-is) is a remote rural village. Families there rely on small scale agriculture to survive. The average woman here bears six children, which places a heavy burden on families, communities and a nation facing chronic food shortages. The health post in Hades provides basic, first level care for villagers.

Berissa, CARE's project manager at Hades, explained how his team "challenges the local attitudes toward fertility." Over time, they have built up trust with the community to openly discuss sexual and reproductive health issues, particularly among widows, divorcés and newly-married couples.

The CARE team spoke about a unique yet simple training approach they use to promote behavior change in households. For example, Hades HEWs target 10 families over a three-month period. Couples learn about family planning, hygiene and sanitation, the importance of educating youth, utilizing the health facility and fostering equitable roles for household chores. Upon completion of the training, they become a "model family." These model families serve as champions within their village, setting a positive example. They spread their newfound knowledge across the community – woman to woman, man to man and family to family. This community-based training creates buy-in at the local level where villagers themselves become part of the solution.



Representative Laura Richardson greets children in Hades Village.



Members of the marginalized women's community group gather to meet with the delegation.

Village women and Regina, the HEW assigned to the village, told personal stories about why they feel family planning is important and how having the health facility there is making a difference in their lives. There were clear signs that the program is working.

From there, we traveled another hour along a bumpy dirt road to Doba Health Center. This is the facility that accepts referrals that cannot be treated at a smaller health post in Hades. It is important to note that health centers should be staffed with a midwife or a nurse with midwifery skills to care for expectant mothers with complications. Staffing clinics – especially in rural areas – is an ongoing challenge.

Once women reach the clinic, they may experience delays in receiving needed care. Discrimination, lack of protocols and cost barriers all contribute to this problem as does the health worker shortage. Since most rural health facilities are not yet equipped to handle obstetric emergencies, women often have to be transported again to a hospital if an emergency develops, sometimes arriving too late.

The Doba Health Center serves 48,000 people and is supported by USAID's Integrated Family Health Program (IFHP). Their goal is to provide an integrated package of services to improve the health of mothers, newborns and children under 5. IFHP works closely with the Ethiopian Ministry of Health to strengthen the national Health Extension Program (HEP) and provides supportive supervision and logistical support to Health Extension Workers.



Christy Turlington Burns talks with staff at the Doba Health Center, which serves a population of 48,000 people.



Deb Derrick is greeted by staff at the Doba Health Center.

The delegation was greeted at the Doba Health Center by traditional song and the smell of freshly roasted coffee. A youth group performed a play with a powerful message on the importance of using the health center. The play was about a young girl who had undergone female genital cutting. Pregnant, she goes into labor and cannot deliver. The short scene provided a glimpse into the longer drama that the group performs in the community as part of IFHP's mobilization efforts. The delegation then toured the clinic and learned about the antenatal, delivery and postnatal care services it provides. The clinic is not equipped to provide emergency obstetric care. One woman we met there survived a nine-year bout with fistula after a seven-day labor. Empowered, she is now a community advocate who builds awareness among other women in the community to seek the treatment they need. She said, "It took me nine years to learn that I could be treated [for fistula] and cured in two weeks."

That evening back in Dire Dawa, the delegation discussed what they had seen and learned. CARE President and CEO Dr. Helene Gayle asked the delegation to consider the actions they could take back home, through policy and awareness activities, to improve the lives of women in countries like Ethiopia. There are currently two bills before the U.S. House of Representatives, which address child marriage and comprehensive maternal health strategies, H.R. 2103 and H.R. 5268 respectively. Champions are needed to support them.

Addressing the Causes and Solutions: Day Three

The day began with a visit to the Dil Chora Hospital in Dire Dawa, which provides emergency obstetric care for the entire West Hararghe Zone. We were briefed by Dr. Munir Kassa, one of three obstetricians at the hospital.

The clinical causes of most maternal deaths in Ethiopia are hemorrhage, anemia, eclampsia, obstructed labor and unsafe abortion. All of these complications are preventable. But barriers to access emergency obstetric care – either because of the distance, the cost, the lack of trained birth attendants or the social norms, are the underlying causes.



The delegation is briefed by Dr. Munir Kassa at the Dil Chora Hospital.



Jenna Bush Hager listens as Dr. Munir Kassa talks about the barriers to accessing emergency obstetric care.

We toured the antenatal unit, the delivery room where a baby was just born, the postnatal unit and the clinic.

Dr. Munir is often the last hope for poor rural women facing prolonged labor and pregnancy complications. He told us of the 14 cesarean sections he performed the week before and of a woman who arrived with a ruptured uterus. He saved the woman's life but tragically, the baby did not survive. There are still far too many women who try to deliver at home in Ethiopia, but Dr. Munir said "HEWs are changing this."

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Dr. Munir commented on the challenges faced at the hospital. They have to perform c-sections for eclampsia because they do not have the medicine to treat women with this condition. He said the top cause of death for mothers at this hospital is postpartum hemorrhage, however. He told a story of an 18-year-old girl who traveled ten days to get to the hospital because there was no HEW in her village to treat her hemorrhage. She bled to death before making it to the hospital.

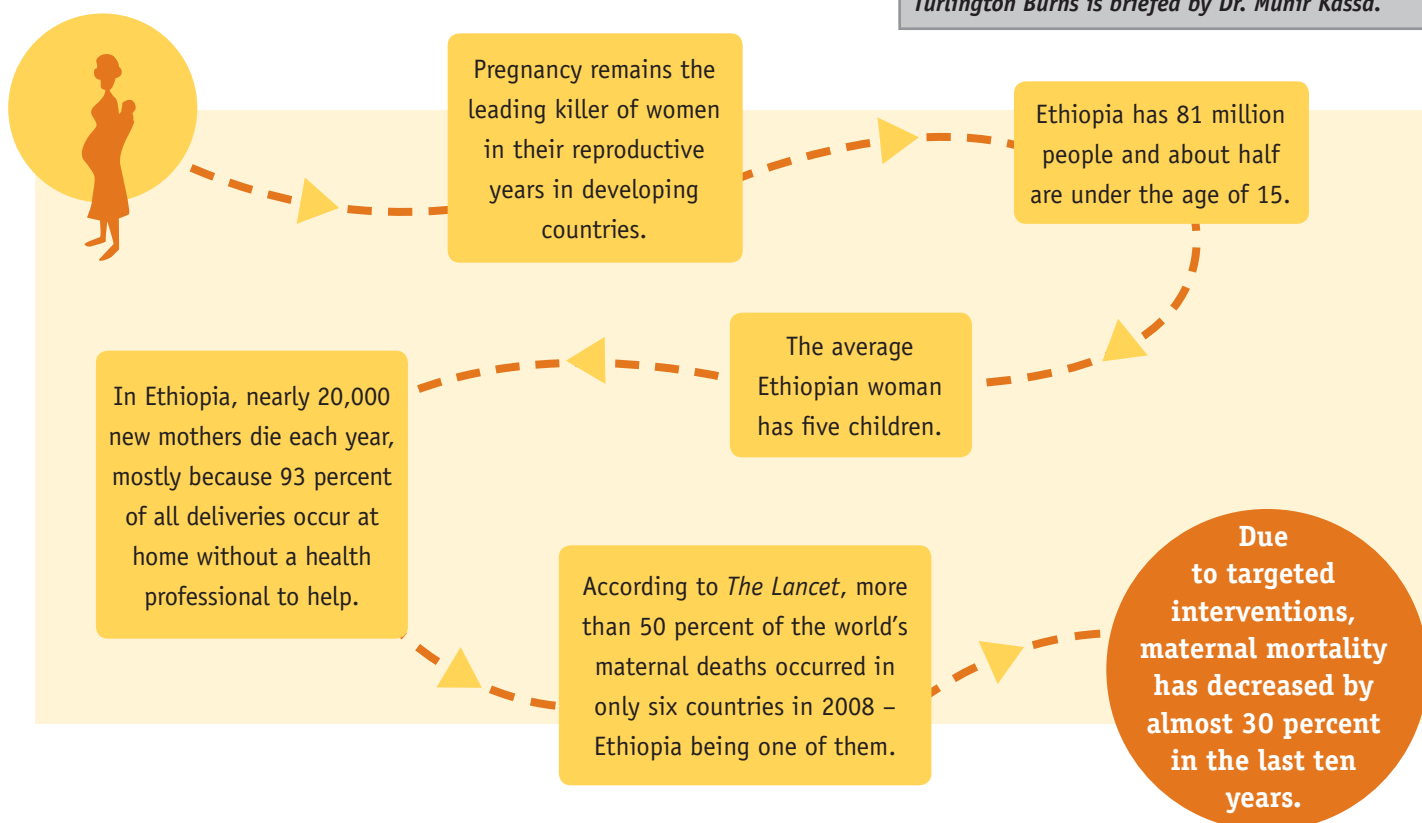


Dr. Munir, Dr. Richard Schock, Ambassador Mark Dybul, Christy Turlington Burns and Dr. Feven Tessaw (CARE) at the Dil Chora Hospital.

Dr. Munir is a passionate advocate for maternal health. He knows what needs to be done to prevent deaths but lacks resources. One cost-effective way he uses to communicate key messages involves the use of local radio to promote Ethiopia's "No Mother Should Die" campaign. Getting the word out to rural women and encouraging them to seek skilled birth care before complications occur is a challenge he is trying to tackle head on.



CARE Maternal Health Advocate Christy Turlington Burns is briefed by Dr. Munir Kassa.



The delegation meets with Dr. Tsigereda Kifla, the Regional Minister of Health in Dire Dawa, to talk about advocacy efforts around maternal health.

Our next stop brought us to the local health bureau to meet journalists, religious leaders and other advocates who work together on strategies to promote maternal health. Dr. Tsigereda Kifla, the Regional Minister of Health in Dire Dawa, spoke about the Safe Motherhood Coalition, which was first launched last January by First Lady Azeb Mesfin. As the local representative of the coalition, Dr. Kifla said maternal health has improved in her region and she reiterated the importance of building capacity among community health workers.

Dr. Tsigereda then told real stories of the women they serve, like the woman who traveled three days to the Dil Chora Hospital from a distant village after she experienced prolonged labor trying to deliver her first child. Her uterus ruptured, she lost her baby and developed a fistula from the complications. To make matters worse, her husband divorced her. Luckily for this woman, the hospital provided free treatment to repair her fistula. She was able to return to her village with her dignity restored.



Representative Laura Richardson with Dr. Catherine Hamlin.

The delegation flew back to Addis Ababa and drove straight to the Hamlin Fistula Hospital where Dr. Catherine Hamlin, who still performs surgeries at age 86, greeted us at the door with a bright smile and warm welcome.

One of the most common birth-canal injuries, fistula, leaves many women ostracized by their families and communities. Every year there are 9,000 new fistula cases in Ethiopia. It is important to note that 98 percent of fistulas are caused by obstructed labor and 2 percent by trauma in Ethiopia. Fistula is entirely preventable when women have access to maternal health services in a timely fashion.

Dr. Hamlin and her husband – both obstetricians – founded this hospital 37 years ago. Since then, they have treated over 30,000 women and have over a 90 percent success (cure) rate. The hospital provides free fistula repair surgery to approximately 2,500 women every year and cares for 50 long-term patients. Dr. Hamlin shared many powerful stories during this visit. She told us of a 16 year old girl who arrived at the hospital as a fistula patient in 1966 and then went on to become a fistula surgeon herself and is still working at the hospital to this day.

Dr. Hamlin's approach is both preventative and curative. They post trained health officers in each of their five outreach centers to train local staff and provide community education services. They support the training of HEWs and traditional birth attendants, particularly to promote a better understanding of the warning signs for obstructed birth so those women can be referred early to the appropriate health facility.



CARE Ambassador Christy Turlington Burns and Representative Aaron Schock tour the surgical ward of the Hamlin Fistula Hospital.

The group also learned about this hospital's midwifery school. Here, the midwives are given a scholarship that includes three years of training, which has a far more "hands on" approach than most other training programs. Students are selected based on good grades in secondary school and their strong desire to return to rural areas to work for a minimum of two years. Midwifery students graduate with a bachelor's degree.

Dr. Hamlin believes in having a strong follow-up network. Supervisors are sent to their outreach centers to monitor and support newly-trained midwives. The midwifery school also deploys midwives in groups (teams) of two or three to support each other as they continue their learning in the field.

Later that afternoon the group met with the Minister of Health, Dr. Tedros Adhanom Ghebreyesu to talk about strategies the Ministry is putting forth to meet MDGs 4 (reducing child mortality), 5 (reducing maternal mortality) and 6 (combating HIV/AIDS). Dr. Tedros said: “This is the final lap. We have five years left and we are on target to reach MDG 4 and 6. MDG 5 is the hardest, as you know.” Dr. Tedros also serves as the co-Chair of the Partnership for Maternal, Newborn and Child Health (PMNCH) and is committed to scale-up the Ministry’s work to achieve these goals. According to Dr. Tedros: “Failure is not an option.”

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Congressman Schock noted: “We have a willing partner in the Ethiopian government. We know our investment is being well spent, based on what we’ve seen.”

That night, before the delegation headed back to the U.S., CARE hosted a reception with government leaders and local partners in celebration of the Ethiopian New Year – Enkutatash. Abby Maxman, CARE’s country director in Ethiopia introduced Dr. Tedros, the Chargé d’ Affaires of the U.S. Embassy Dr. Tulinabo S. Mushingi and Dr. Helene Gayle. They each shared remarks. Dr. Tedros thanked the Learning Tour delegation for visiting and vowed to continue the work around improving maternal health.



Representatives Aaron Schock and Laura Richardson at CARE's New Year Reception.



Dr. Helene Gayle greets Dr. Tedros at CARE's New Year Reception.

Conclusion

Strong maternal health investments are key to ending poverty and improving the status of women. By mobilizing HEWs, we can reach women with the greatest need who have traditionally been neglected. At the heart of this effort is the Government of Ethiopia. They are making great strides to address maternal health issues – both in policy and practice.

Of all the MDGs, goal 5 is the one that lags furthest behind. With continued focus on community-based strategies and health system strengthening, the Ethiopian government and its partners are determined to achieve this goal. When a mother lives, her children prosper. If she dies, the cycle of poverty continues.



Hamdia Shemsedin with her newborn baby at the Dil Chora Hospital.

Next Steps & Policy Recommendations



Young girls outside Biruh Tesfa, which means "bright future" in Amharic.

- **Invest in training:** Train more midwives and Health Extension Workers and increase incentives to pay and retain them. The focus should be on quality over quantity. Even though user fees have been eliminated for pregnant women and children under 5 in Ethiopia, little difference will be made if there is not enough trained and adequately paid health care providers to meet the demand.
- **Address barriers to seeking care:** Develop and strengthen infrastructure to increase access to services and reduce delays. Inadequate infrastructure such as roads, clinics and health facilities inhibit access to basic life-saving interventions. Systems must be put in place to create functioning referral and supply system chains from villages to clinics to hospitals. Additionally, expanding cell phone connectivity to rural areas would allow community health workers to get immediate instructions for treating a patient on the spot or getting the patient the immediate assistance she needs.
- **Support U.S. policy:** The Global MOMS Bill H.R. 5268 & the Child Marriage Act H.R. 2103 have comprehensive strategies to address the underlying causes of maternal mortality.

Looking forward:

On September 16, CARE announced that it will invest \$1.8 billion to expand its maternal, newborn and child health programs. As part of this investment, CARE commits to expanding our maternal health programming to more than 30 countries and improving the health of more than 30 million women of reproductive age before, during and after pregnancy. This investment deepens CARE's commitment to the United Nations Millennium Development Goals (MDGs) aimed at reducing child and maternal mortality by 2015 and will support the United Nations Secretary General's Global Strategy on Women's and Children's Health.



The CARE Learning Tours program introduces policymakers and other influential individuals to maternal, newborn and child health issues in the developing world. The goal is to utilize these individuals in ongoing advocacy efforts and help inform recommendations for a long-term U.S. strategic approach to these issues.

We are deeply grateful to the many individuals who generously gave of their time to make this visit to Ethiopia a success. CARE specifically thanks the Bill and Melinda Gates Foundation for its generous financial support to the Learning Tours.

If you are interested in CARE's Learning Tours program, please contact:

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