



Maternal and Newborn Health
in Ethiopia Partnership
(MaNHEP)

Ensuring care in time, every time





In Ethiopia, an estimated 22,000 women and 100,000 newborns die annually from complications of childbirth. MaNHEP is working to change that.

OVERVIEW

Much progress has been made over the last decade in improving maternal and newborn survival in developing countries such as Ethiopia. While these countries are heading in the right direction, challenges remain in significantly reducing maternal and newborn mortality. Each year in Ethiopia, an estimated 22,000 women and 100,000 newborns die from complications related to childbirth. Many of these deaths occur within 48 hours after birth and could be averted with access to basic health care. Under the leadership of the Ethiopia Ministry of Health, the Maternal and Newborn Health in Ethiopia Partnership (MaNHEP) is working to increase the number of pregnant women who receive maternal and newborn health (MNH) care by strengthening skills of frontline health workers and those systems needed for such care. MaNHEP is funded by the Bill & Melinda Gates Foundation and led by Emory University, in collaboration with John Snow Research and Training Inc., University Research Co., LLC, and Addis Ababa University.



No woman should die giving birth knowing what we know today.

– Lynn Sibley, PhD, RN, FACNM, FAAN, MaNHEP director

WHAT WE DO

In partnership with national, regional, district, and zonal health authorities, MaNHEP pursues an integrated program consisting of maternal and newborn health training, quality improvement, and behavior change communications. This work is aligned with Ethiopia's National Reproductive Health Strategy (2006-15) that aims to reduce maternal and

newborn mortality by empowering women, men and their families to recognize pregnancy-related risks and to respond to them appropriately.

MaNHEP's Community-Based Maternal and Newborn Health Training Program teaches frontline health workers a basic package of home-based skills that can increase maternal and newborn survival during the critical birth-to-48 hour period. In weeklong workshops, health extension workers and volunteer community health promoters, build on their own local knowledge and expertise while learning techniques and skills that they transfer directly to pregnant women and their family caregivers. Together, these health providers, women, and families work towards adopting safe practices that are culturally acceptable and likely to be used when needed.



Barriers often exist which may prevent women and babies from receiving care *in time, every time*. They include difficulties identifying pregnant women and determining when they begin labor and give birth. Using a collaborative quality improvement approach, MaNHEP supports local teams in efforts to strengthen MNH systems of care in their communities. These teams come together during learning sessions to share ideas and solutions to common issues, with the goal of disseminating best practices within districts.

A third prong of MaNHEP is behavior change communications. Through dramas, songs, and poetry contests, MaNHEP aims to motivate pregnant women to seek out MNH services and get frontline health workers to provide such services.

These activities also focus on increasing teamwork by frontline health workers so that MNH services can be delivered effectively.



Overall, MaNHEP's approach is designed to support the development of model district health systems that can advocate for and support frontline workers in the delivery of MNH care. These districts will find and share solutions, and create environments for frontline workers to meet the needs of childbearing women and their families. More broadly, such health systems will be able to tackle other critical challenges in health service delivery.

We're working with those on the frontlines of delivering maternal and newborn health services to have them identify barriers, develop solutions, and test those solutions.

– Kim Ethier, MaNHEP senior quality improvement advisor



A Mother and Baby Saved

MANHEP AT WORK

Seven months into her first pregnancy, Diribe Lema, who lives in rural Oromiya, noticed that her stomach was retaining fluid. Suspecting this could be a pregnancy complication, Lema sought care at a local health facility where she was examined and treated for anemia. Two months later, she delivered a healthy baby boy.

Lema knew about the risks of fluid retention from having participated in MaNHEP's Community Maternal and Newborn Health Training Program. Safe delivery was ensured by a MaNHEP-supported quality improvement team, which set up a system of pregnancy identification to link Lema and other women with medical care in the event of complications. The team also established a labor notification system in Lema's village to ensure that women received essential postnatal care.



Now that I know what I should be doing, I plan to share this knowledge with other pregnant women.

– Meseret Showd, 27-year-old mother of four, Oromiya Region

Preparing for Clean Delivery

MANHEP AT WORK

In some parts of rural Oromiya, placentas are buried inside homes between stacks of cow dung. This practice puts mothers, newborns, and others at risk of infection. However, after receiving training from MaNHEP about clean delivery, more pregnant women and their families are now burying placentas in containers outside their homes.

Meseret Showd learned about the importance of infection control and preparing for delivery through MaNHEP's Community Maternal and Newborn Health Training Program. Before Showd gave birth, she and her family prepared a birth kit consisting of umbilical cord ties, gloves, plastic sheets, and a waterproof container for the placenta. In the training, they also learned about proper delivery position, the importance of immediate breastfeeding, and of not washing babies after birth. Showd and her baby also obtained postnatal care from her local health extension worker who knew about Showd's delivery through the labor notification system set up by the community's quality improvement team.





The training really increased my confidence to provide MNH care. The skills and knowledge we gained will go with us. We're going to take it to the next step.

– Asmaku Kassa, health extension worker

**WHERE
WE WORK**

MaNHEP works in six rural woredas (districts) in regions with high maternal and newborn mortality rates. In Oromiya, they are Degem, Kuyu, and Werejarso woredas of North Shoa zonal administration. In Amhara, MaNHEP is working in Mecha, South Achefer, and North Achefer woredas of West Gojjam zonal administration.

**WHO
WE ARE**

Emory University's Nell Hodgson Woodruff School of Nursing leads MaNHEP in collaboration with John Snow Research and Training Inc., University Research Co. LLC, and Addis Ababa University. The MaNHEP team consists of experts in social science, program development and management, public health, clinical services, quality improvement approaches for healthcare, training and education, and communications.

For more information about MaNHEP, visit us online at www.manhep.org or email info@manhep.org.



We're working to build capacity for maternal and newborn health care at each level of the health system, from regional health bureaus to health posts, with the goal of ensuring pregnant women and newborns receive care in time, every time.

– Lynn Sibley, PhD, RN, FACNM, FAAN, MaNHEP director



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