Due to a concerted focus on achieving Millennium Development Goals (MDG) 4 and 5, which call for a reduction in child mortality and improvements in maternal health, Ethiopia has made tremendous improvements in maternal and child health. However, there is still much work to be done. Even after significant reductions, Ethiopia’s maternal mortality rate remains high, with 353 women per 100,000 live births dying from pregnancy-related causes (compared to 14 per 100,000 dying in the United States). Additionally, the infant mortality rate in Ethiopia, while significantly reduced in light of MDGs 4 and 5, is still high, with 41 infants per 1,000 live births dying before reaching one year of age (compared to 6 per 1,000 in the United States). Ethiopia’s high maternal and newborn mortality rates can be mostly attributed to low levels of health care usage during pregnancy and childbirth, with 84 percent of births taking place at home and only one interaction with a health care worker throughout pregnancy and birth.

Lynn Sibley, a professor in the Emory Nell Hodgson Woodruff School of Nursing, is trying to change those numbers. She is the principal investigator of the Maternal and Newborn Health in Ethiopia Partnership (MaNHEP), which focuses on a community-oriented approach for improving maternal and newborn health in rural Ethiopia. MaNHEP is based in the Center for Research on Maternal and Newborn Survival and is part of the Lillian Carter Center for International Nursing, a center through which faculty and students participate in service learning and research to improve health for vulnerable populations. Along with her Ethiopian co-investigator and project director, Dr. Abebe Gebremariam Gobezyehu and local Emory Ethiopia Office MaNHEP team, Dr. Sibley has implemented numerous programs focused on educating women and traditional birth attendants about basic life-saving techniques they can use without expensive tools or technology.

MaNHEP was implemented in 2010 as a two-and-a-half year project funded by the Bill & Melinda Gates Foundation. The MaNHEP team first worked in two regions of the country—Amhara and Oromia. The MaNHEP approach is currently being replicated in the Afar region (2012-16). This work is funded by the Micronutrient Initiative with support from the Canadian government. MaNHEP recently received funding from UNICEF to add a new component-- the Integrated Community Case Management (iCCM).
strategy and Community Based Newborn Care (CBNC) package.

MaNHEP has a very clear vision—that “all women and newborns in rural Ethiopia will receive the appropriate package of care in time, every time, around the time of birth.” MaNHEP’s approach to achieve this vision consists of a basic package of interventions that, if delivered at 90% coverage, can improve newborn survival rates by more than one third. In communities where home birth is still the norm, MaNHEP strives to promote birth in a health facility and to ensure safe, clean care during labor, delivery and the postnatal period – aspects critical to survival. There is a different package of care for mothers and newborns that largely consists of preventative, cheap interventions that can be delivered by both health care workers and family members.

MaNHEP initially worked in 6 rural woredas (districts) in the Oromia and Amhara regions of Ethiopia, with these districts chosen by the respective regional health bureaus due to their particularly high maternal and newborn mortality rates. The project is currently working in 6 rural woredas of the Afar region, a largely pastoral and semi-pastoral community—environments drastically different from those in which the program was previously implemented.

Dr. Sibley explains that when the MaNHEP team was first asked to work in the Afar region, “we were nervous.” The region was unknown to the team and had both physical and geographic challenges. However, once the team began to investigate the needs of the community, it became clear that MaNHEP could greatly contribute to the well-being of the population. “We heard repeatedly from individuals in the community that no other outside organization had ever interacted with them at the community level,” Sibley explained. “So while we were initially uncomfortable going to the Afar, we received such a positive response from the community and the health bureau.”

The MaNHEP approach was adapted to the particular needs of the Afar region, working with the different kinds of frontline health care workers in that region and adding new components such as pregnancy care and maternal and newborn nutrition, and an infant and young child nutrition program. MaNHEP has had huge successes in the Afar region and is hoping to scale up in the region and elsewhere in the country.

Dr. Sibley attributes much of the success of the initiative to her dedicated Ethiopian staff. In particular, she notes that Dr. Abebe, who she refers to as a “fabulous leader,” interacts with all levels of the health system to ensure acceptance and uptake. Additionally, MaNHEP has an office in Addis Ababa. This office also offers a home base to faculty and students working in-country with the project.

MaNHEP’s approach to improving maternal and newborn survival is comprehensive, in order to ensure community acceptance and program effectiveness. The program includes: 1) community-based maternal and newborn health training; 2) behavior change communications targeted to women, decision makers, and community leaders to increase demand for targeted Maternal and Newborn Health (MNH) services; 3) quality improvement to overcome barriers to care to ensure that care reaches all women and newborns, in time, every time; and 4) formative and baseline research to understand knowledge, attitudes, practices and priorities to MNH care. Importantly, MaNHEP works with and within the Ethiopian health system to provide system support.

Emory University and the School of Nursing are committed to improving global health and engagement in Ethiopia, using MaNHEP to address maternal and newborn health while aligning with the priorities of the Federal Ministry of Health. It is estimated that more than 18,000 women and their families will benefit from MaNHEP activities over the duration of the project. Visit http://nursing.emory.edu/manhep/ for more information on MaNHEP activities.

All photos courtesy of MaNHEP.