

The IDEAS Project

Evidence to improve maternal and newborn health



Who are we?

JaRco Consulting provides high-quality technical support services to a variety of institutions working across a broad range of development sectors in Ethiopia. Since 2011 JaRco Consulting has been working with the London School of Hygiene & Tropical Medicine in UK to learn about health care for mothers and newborns in Ethiopia. In Ethiopia, statistics suggest that **for every 200 babies who are born alive 1 woman will die because of the birth, and 7 babies will die before they are one month old.** The government of Ethiopia is committed to try to improve the situation so that more women and babies survive and we aimed to find out more about how to help.

What did we want to know?

We wanted to find out more about the health care families get in their own homes, at health posts and at health centres. In particular, for women and babies it is important to know how many times families get health care, how much it costs families to get health care, and how good that health care is. In particular we wanted to know whether health care for women and babies was changing in Ethiopia. With this information we will be able to give advice about the type of families who need more help and the services that still need to be strengthened.

How did we find out?

In 2012 and 2015 we interviewed women in the community and the health workers who serve them about antenatal care, delivery care, and care for the mother and newborn after birth. Our study was designed to get information from four Regions combined. We visited 80 villages, health posts and health centres spread across Amhara, Oromia, Tigray, and Southern Nations, Nationalities and Peoples Regions.

What did we find?

In the table we highlight key findings for four Regions combined and separately. The uptake of **antenatal care and facility delivery increased** between 2012 and 2015, from 22% of women having the recommended four antenatal care visits in 2012 to 39% in 2015, and from 15% of women delivering in a health facility in 2012 to 43% in 2015. **The number of babies having a health check within two days of birth did not change** however, being only 4% in each survey. **The supply of commodities in primary health facilities improved.** In 2012 only 12% had all the items needed for antenatal care compared to 38% in 2015; and in 2012 only 22% had everything needed for basic delivery care compared to 68% in 2015. There are some interventions (drugs or behaviours that can save lives) that every woman and baby should receive, such as tetanus injections, drugs to prevent bleeding after birth (uterotonics), and immediate breastfeeding. Our survey found that many more women and babies were receiving these interventions in 2015 than in 2012, but still not everyone who needed an intervention received it.

What does it mean?

Between 2012 and 2015 there were important improvements in the health care that families received around the time of birth. More families were seeking care, and more health facilities were ready to provide good quality care. However further improvements are needed to make sure every woman and baby receives the care they need.



Key findings

For women who had a live birth in the 12 months before each survey.* All results show percent and 95 percent confidence intervals.

Indicator	Four Regions		Amhara		Oromia		SNNP		Tigray	
	2012	2015	2012	2015	2012	2015	2012	2015	2012	2015
Pregnancy care										
Percent of women who had at least four antenatal care visits while pregnant	23% (18-30)	42% (36-48)	17% (12-23)	39% (31-48)	27% (17-39)	40% (32-49)	21% (11-36)	42% (25-62)	28% (15-46)	56% (38-72)
Percent of Primary Health Centres with all basic equipment for antenatal care	10% (5-18)	37% (29-47)	7% (2-24)	45% (30-61)	13% (5-31)	28% (17-44)	8% (1-40)	18% (4-52)	11% (1-51)	64% (45-80)
Percent of pregnant women who had the adequate number of tetanus toxoid vaccinations	41% (36-47)	40% (34-46)	30% (23-39)	33% (26-42)	49% (40-59)	50% (40-60)	43% (34-53)	31% (21-43)	35% (22-51)	29% (22-38)
Percent of women who received a test result for syphilis while pregnant	8% (5-11)	11% (9-15)	2% (1-7)	12% (8-19)	10% (6-17)	8% (5-13)	8% (4-15)	10% (4-22)	10% (4-23)	23% (15-35)
Delivery care										
Percent of women who delivered in a health facility	14% (9-20)	43% (37-51)	15% (6-22)	41% (31-51)	12% (6-22)	46% (34-58)	13% (4-34)	41% (25-60)	19% (8-39)	48% (26-70)
Percent of Primary Health Centres with all basic equipment for delivery care	26% (18-36)	68% (59-76)	15% (6-32)	53% (39-66)	33% (19-51)	79% (64-89)	38% (18-64)	65% (40-83)	22% (5-59)	68% (59-76)
Percent of birth attendants who gave the recommended drug to prevent bleeding after birth (uterotonic)	29% (22-37)	60% (53-66)	35% (24-48)	56% (45-67)	25% (15-38)	65% (54-74)	4% (1-27)	53% (41-64)	67% (46-83)	69% (42-87)
Percent of women who said their birth attendant wore gloves during delivery	27% (20-34)	55% (48-62)	27% (16-42)	55% (44-65)	25% (17-34)	52% (40-63)	28% (12-52)	52% (34-70)	32% (13-59)	69% (47-85)
Newborn care										
Percent of babies who had a health check (post-natal visit) within 2 days of birth	4% (2-6)	5% (3-7)	3% (1-8)	4% (2-8)	2% (1-4)	4% (3-7)	4% (1-12)	7% (3-17)	9% (5-16)	3% (1-9)
Percent of babies who were breastfed within the recommended one hour of birth	52% (46-57)	63% (57-68)	35% (24-47)	57% (48-65)	56% (48-64)	65% (56-73)	58% (45-69)	58% (47-68)	58% (45-71)	78% (69-84)
Percent of babies who had their umbilical cord cut with a sterile instrument	77% (71-82)	87% (84-90)	80% (69-87)	82% (74-87)	76% (67-84)	90% (84-93)	80% (62-91)	96% (90-99)	73% (50-87)	83% (69-91)
Percent of babies who were not bathed within the first day of life, as recommended	19% (15-23)	51% (45-57)	14% (8-25)	51% (40-61)	24% (18-32)	51% (41-61)	17% (11-26)	56% (40-71)	10% (6-17)	48% (37-59)

*For the 2012 survey live births were between March 2012 – February 2013; for the 2015 survey births were between March 2014-February 2015)