

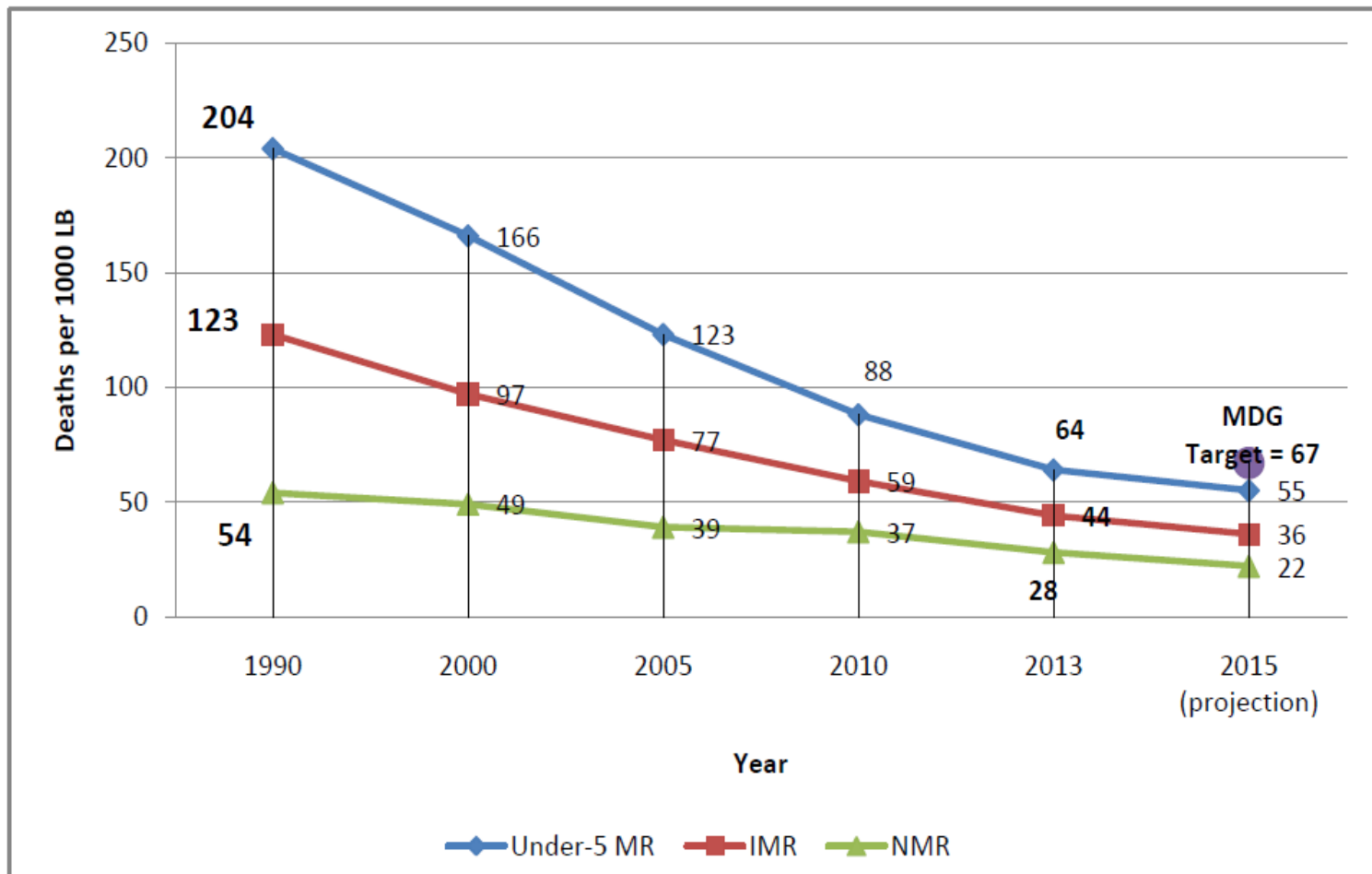
# **Accelerating Towards Better Maternal and Child Health in a Federal Setup**

**Federal Democratic Republic of Ethiopia,  
Ministry of health**

**March 30,2015**

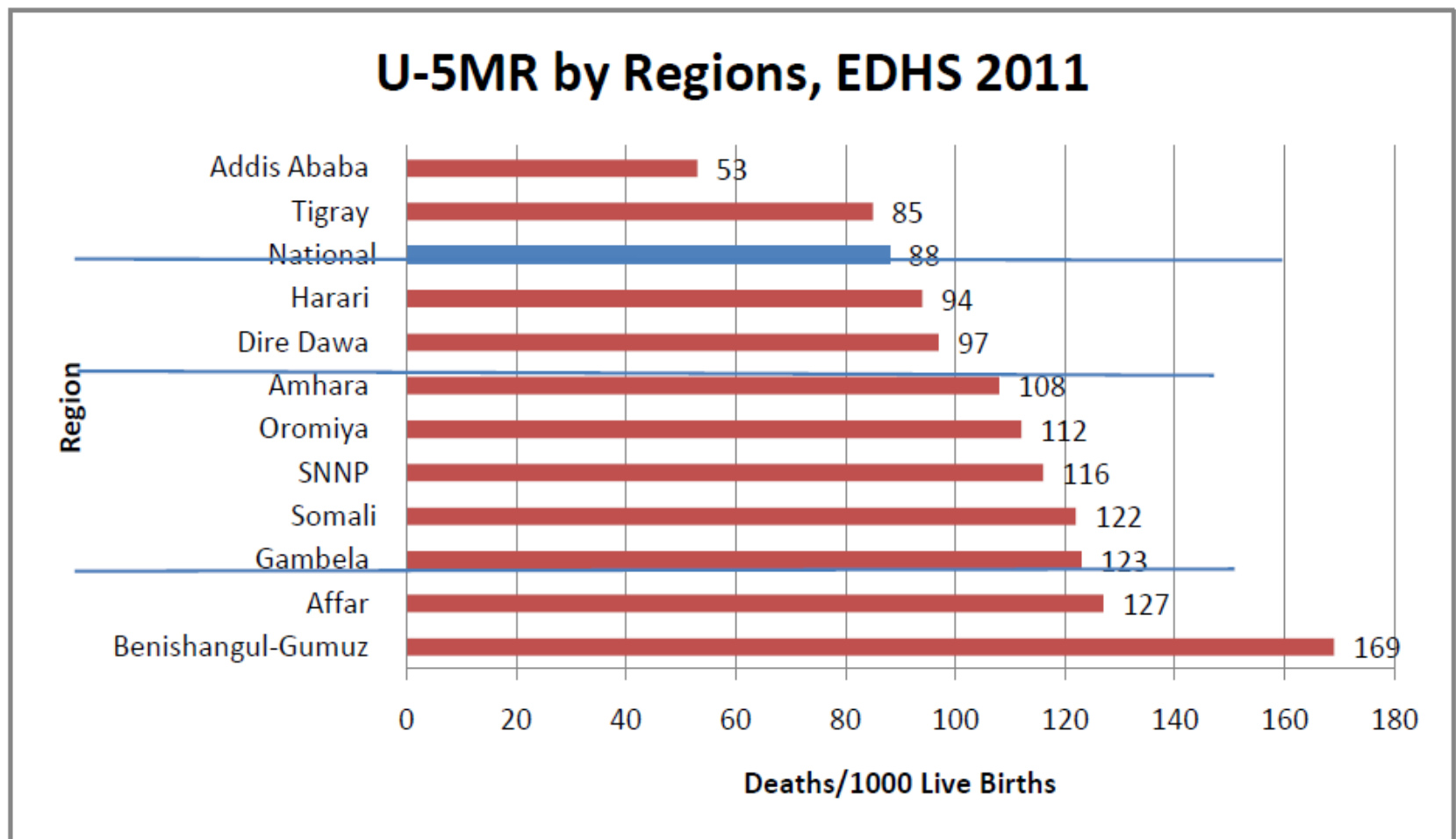
# Maternal and Child Mortality Trends

Trends in under-five, infant and neonatal mortality rates and estimated levels for 2015 (EDHS 2000, 2005 and 2011& IGME 2013 estimates)



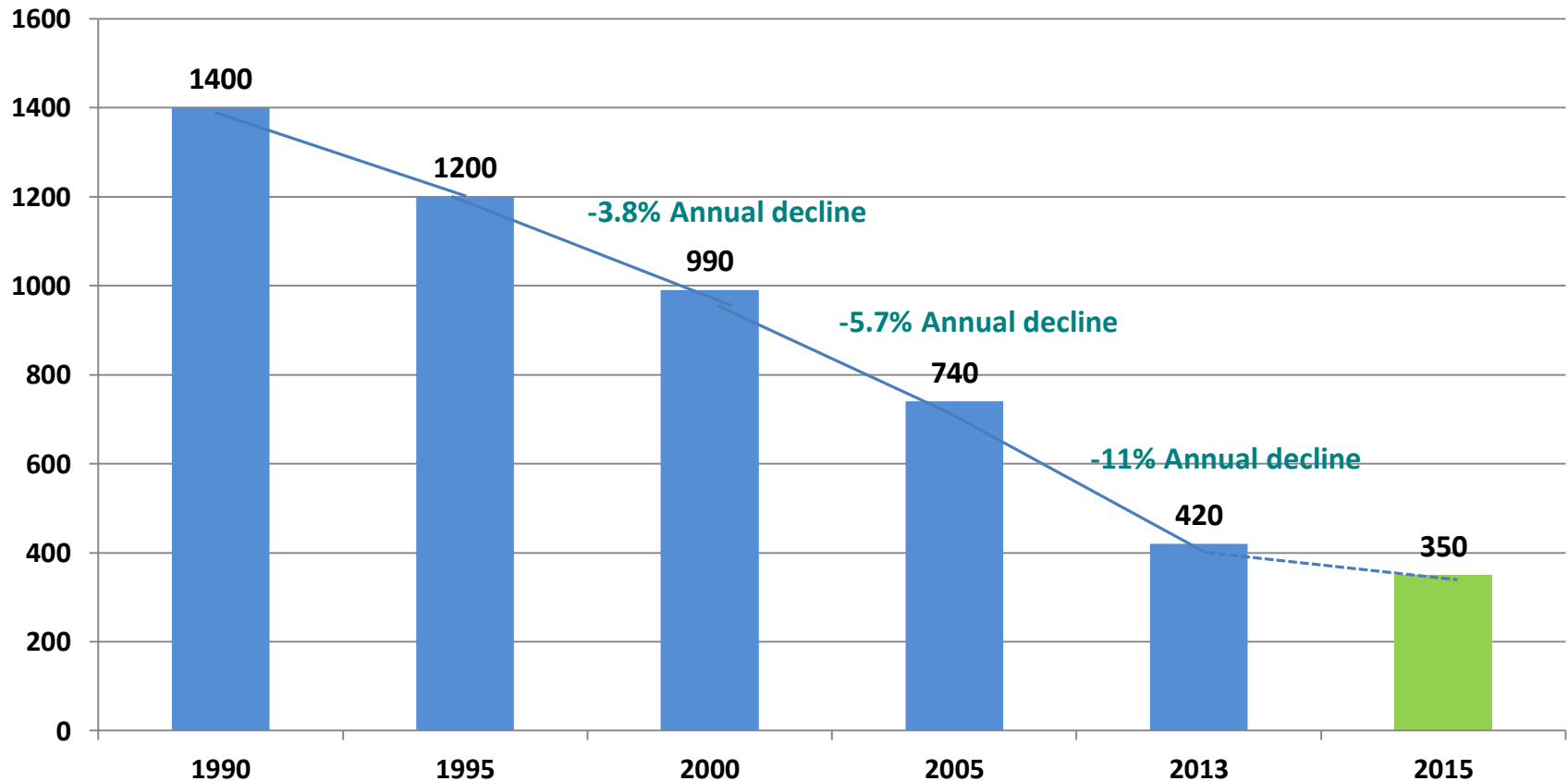
# Maternal and Child Mortality Trends

- Mortality among children under age five year by region, EDHS 2011



# Maternal and Child Mortality Trends

- Trend in estimates of MMR 1990-2013, Average annual MMR % Decline, Ethiopia (UN estimates)



# Success Enablers

- Autonomy of the Regional HB – in organization, regional priority setting, planning, budget, M & E, etc
- High impact interventions on MNCH implemented
- Political Accountability (score card)
- Funding Management (3 channels of funding)
- Structural Organization of FMOH
- Different levels of Harmonization – one plan, one budget, one report approach (Harmonization manual)
- Different levels of Coordination Mechanisms
- Strong PHCU (community empowered for its health)

# Leadership and Governance

- Maternal and child health is national political priority
- Joint Steering Committee meeting (Regional and MOH platform)
  - Maternal, Newborn and child health is priority agenda
- Maternal and Child health Directorate in MOH composed of six teams
  - Produces national strategies, plans and manuals
- Regional MCH/ family health teams implement regional plans designed based on national plans
- Zonal level/ District level MCH coordinators implement regional and community priorities
- ‘One plan, one budget, one report’ is the anchoring principle

# Leadership and governance cont..

- Frequent structured integrated supportive supervisions conducted at each level of administration.
- Periodical performance reviews and league tables at each level of administration
- Governance underpinning responsiveness, Inclusiveness, Accountability, Transparency and community engagement.

# Health Service Delivery

- Primary health care approach that gives more focus to access to primary care services
- Reaching every community through the Health Extension Package (HEP)
  - 34,000 + salaried Health extension workers are deployed to each sub-district/'Kebele'
  - A package of 16 interventions classified into Family health & nutrition, disease prevention, hygiene and sanitation, and Health Education and communication



# Health Service delivery cont.

- Family health
  - Maternal and Child Health
  - Immunization
  - Family planning
  - Nutrition
  - Adolescent reproductive health
- 2 female Health Extension workers reach 5000 population in a subdistrict/kebele
- *Details.... During your excursion*

# Human resource for Health

- National Universities train professionals on first degree level and above (GYN-OBS specialists, MD, Midwives, Anesthetists etc)
- Regional health science colleges train professionals on diploma level (Midwives and nurses)
- Integrated Emergency Surgery and Obstetrics professionals: tailored training to meet MCH needs at district level
- Deployment: of professionals to regions by the HRD of MOH; to zonal and district facilities by the Regional Health Bureau
- Salaries at regional level are paid by regions and federal level payments are made for professionals at federal level

# Health Management information system

- >60% indicators in the HMIS are MNCH indicators.
- Data is collected at the kebele level on monthly basis; currently HMIS is going electronic
- Data is used for decision making at all levels
- MNCH scorecard in place showing performance of every region/district promoting peer review among regions

# Health Finance and supplies

- All maternity services are given free of charge
- Fee waiver mechanisms are in place for those unable to pay
- Waived fees are paid by the district to the service delivery facility
- Thriving community based health insurance in handful of districts is implemented
- MNCH in general accounts about >40% of health investment
- Federal allocation is augmented with regional and district level budget allocation
- Medical supplies are procured and distributed by the Pharmaceutical Fund and Supply Agency reaching every district through its hubs.

# Conclusion

- Maternal and Child health performance of Ethiopia is mainly attributed to the **political commitment** and **community engagement**
- The federal structure is a facilitating factor but coupled with **standardization, harmonization** and **accountability**
- The devolution process has been a **GRADUAL** process (2 decades) and still continues

**Thank You**