



PROMOTING MATERNAL AND CHILD HEALTH

BACKGROUND

While most countries in the East African region have made progress in reducing under-five mortality rates (in accordance with Millennium Development Goal Four, more needs to be done. The three leading causes of childhood deaths (pneumonia, diarrhea and neonatal issues) together account for up to 75 percent of child mortality. Under-nutrition also contributes to half of all deaths of children under five years old.

Progress in the reduction of maternal mortality in Sub-Saharan Africa (SSA) has been slower. The main causes of maternal deaths are postpartum hemorrhage, infection, hypertensive disorders during pregnancy, and unsafe abortions. Less than 40 percent of women in sub-Saharan Africa are aided by skilled birth attendants during delivery, putting the majority at greater risk of mortality from complications of childbirth.

USAID/EA addresses these challenges by supporting the development of standard guidelines for medical treatment, advocacy through research and capacity building for evidence-based policy change, and support for the adoption of cutting-edge, technical know-how in the public health arena. Consistent with USAID policy reforms (USAID Forward), USAID/EA is working directly with host country personnel to improve capacity in service delivery and to strengthen health systems to increase the sustainability of improvements.

IMPACT

USAID/EA's MCH program has achieved the following:

Improving Newborn Care: Over 20 percent of neonatal deaths are caused by asphyxia – a condition manageable through neonatal resuscitation. Therefore USAID/EA and its partners are rolling out innovative newborn resuscitation interventions (under an initiative called “Helping Babies Breathe”) by training trainers for nursing and midwifery schools from 14 countries. Pre-service curricula for nursing/midwifery colleges/schools of three countries (Uganda, Tanzania, and Malawi) are currently being reviewed to assess essential newborn care and neonatal resuscitation content. The assessment will identify strengths as well as gaps in the curricula and will serve as a basis for the development of a harmonized regional model curriculum.

Improving Delivery Outcomes: Active management of the third stage of labor is a proven intervention that reduces the risk of postpartum hemorrhage, a leading cause of maternal mortality and morbidity. USAID--working with the Regional Center for Quality of Healthcare (RCQHC) and the East Central and Southern African Health Community (ECSA)--have assessed the safety, feasibility and effectiveness of the use of a drug that promotes uterine contraction (misoprostol) in home births as part of the management of labor and prevention of postpartum hemorrhage. USAID is also helping expand the use of the “partograph,” a tool that monitors labor so that problems during delivery are detected and treated quickly.

USAID has been working with Members of Parliament in Uganda, the Democratic Republic of Congo, and Tanzania to serve as champions for maternal health by training them as advocates for birth preparedness and complication readiness.

Sharing C-Section Responsibilities: The World Health Organization (WHO) estimates that countries that have fewer than 2.28 doctors, nurses, and midwives per 1,000 populations are unable to achieve an 80 percent coverage rate for deliveries by a skilled birth attendant. Most East African countries fall far below this threshold. In response to the ECSA Health Minister recommendations (2009), USAID/EA supported an assessment in six countries to study the delegation of Cesarean section to non-physician clinicians. Findings will be used to advocate

for evidence-based policy change and the alignment of a standard package including pre-entry requirements (e.g. providers must have certain minimum qualifications before being trained in Cesarean section), support supervision standards, training curricula, and certification regulations.

Quality Improvement in the Management of Diarrhea: Using the performance improvement approach, USAID and RCQHC have improved the management of diarrhea at the health facility level. Health workers from government and private facilities in DRC, Rwanda, Kenya and Uganda have undergone diarrhea case management performance and quality improvement training. A key component in follow-up trainings in Kenya and Uganda has been data analysis; results revealed overall quality improvement in diarrhea case management at the facility level.