Inequities in continuum of maternal, neonatal and child care in rural Ethiopia

Global Maternal and Newborn Health Conference

Mexico City, September 21, 2015

Background(1)

- Although Ethiopia had reached its MDG 4 target (i.e., under-five mortality rate reduction) three years earlier; the maternal and newborn mortality rates in Ethiopia are still high

- Every year about 15,000 mothers and 83,000 babies die in Ethiopia—mostly attributable to low coverage of high impact maternal and newborn health (MNH) interventions

- Preventing discontinuation along the continuity of care for women and newborn from pre-pregnancy, pregnancy through childbirth, postnatal period, and post postnatal period can improve the coverage of MNH interventions

Background (2)

- The Last Ten Kilometers 2020 (L10K 2020)—funded by Bill & Melinda Gates Foundation—supports the Government of Ethiopia (GoE) in 115 rural, covering a population of about 17 million, to improve maternal and newborn health outcomes. To do so, L10K 2020 forges sustained linkages between communities and the primary health system of the country through strengthening the provision of quality community-led interventions and facility-based care; and ensure new and innovative pathways to generate demand for reproductive, maternal, newborn and child health (RMNCH) services.

- To design and test strategies to prevent discontinuation along the continuum of care, this study examines the disparities in discontinuation rates

THE RMNCH CONTINUUM OF CARE

The "Continuum of Care" for reproductive, maternal, newborn, and child health (RMNCH) includes integrated service delivery for women and children before and during pregnancy, through delivery, the immediate postnatal period, and childhood. Such care is provided by families and communities, and through outpatient services, clinics, and other health facilities.

-The Partnership for Maternal, Newborn & Child Health (PMNCH) Fact Sheet: RMNCH Continuum of Care, 2011

HEALTH FACILITIES

PRE-PREGNANCY ▸ PREGNANCY ▸ POSTNATAL ▸ CHILDHOOD

COMMUNITY

HOUSEHOLD
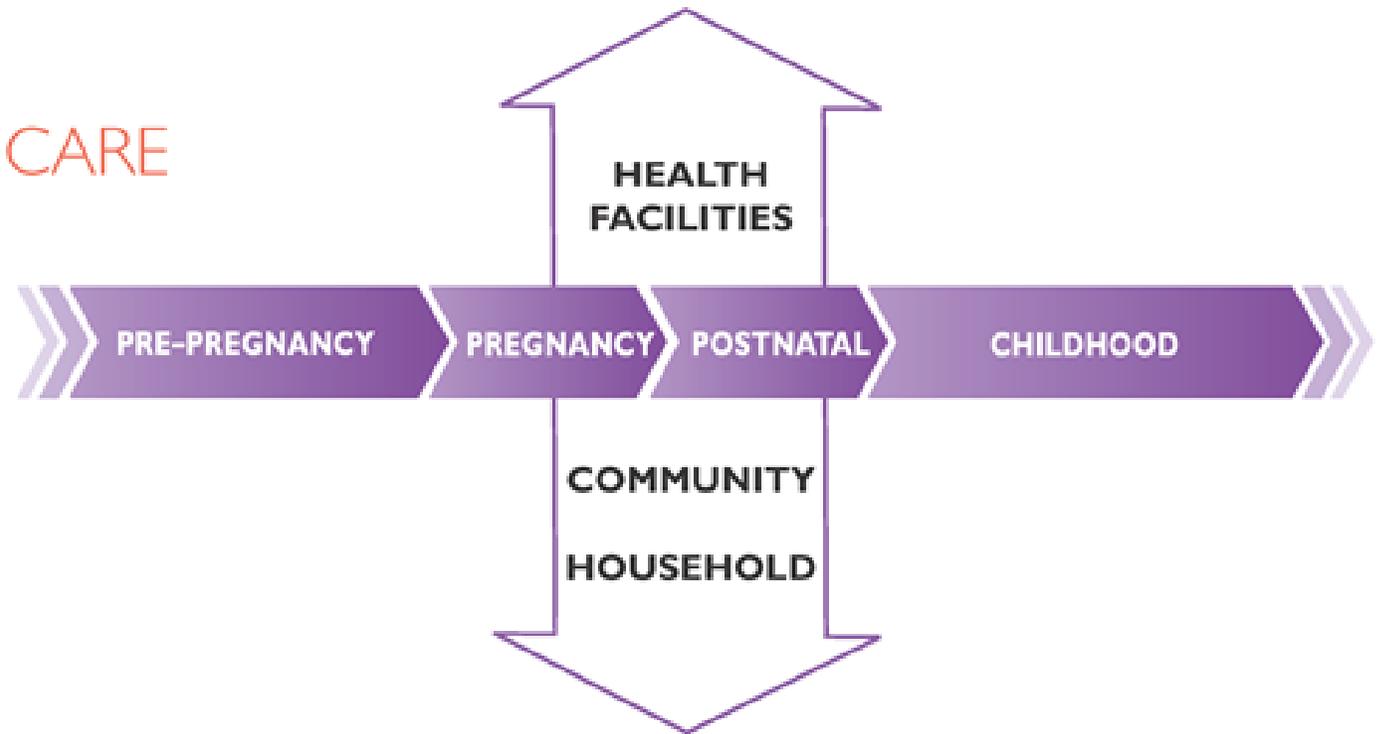
Methods

- **Data:** Two-stage cluster survey of 3,883 women with children 0–11 months representing L10K intervention area, conducted in 2014-15

- **Measurement:** Discontinuation of MNH service indicators associated with the most recent pregnancy and childbirth were the outcomes of interest; while women's age, education, wealth, and distance from health facility were the disparity factors considered

- **Analysis:** Regression methods were applied to seek associations between the disparity factors and the outcomes of interest; then, counter factual analysis was done to assess the elimination od disparity

	Discontinuation points	Hand-off linkages	
		Levels of care	Interventions
Pregnancy	4+ ANC4 dropped	Medium	
	NTP missed	Low	High
Childbirth	SBA dropped	High	
Postpartum	Early PNC dropped (from SBA)	High	
	Early PNC dropped (from ANC)	High	

Coverage of selected MNH interventions across the continuum of care in L10K areas

89%				
		63%		
	51%		**53%**	
				10%
Any ANC	**4+ ANC**	**NTP**	**SBA**	**Early PNC**
Pregnancy		**Childbirth**		**Postpartum**
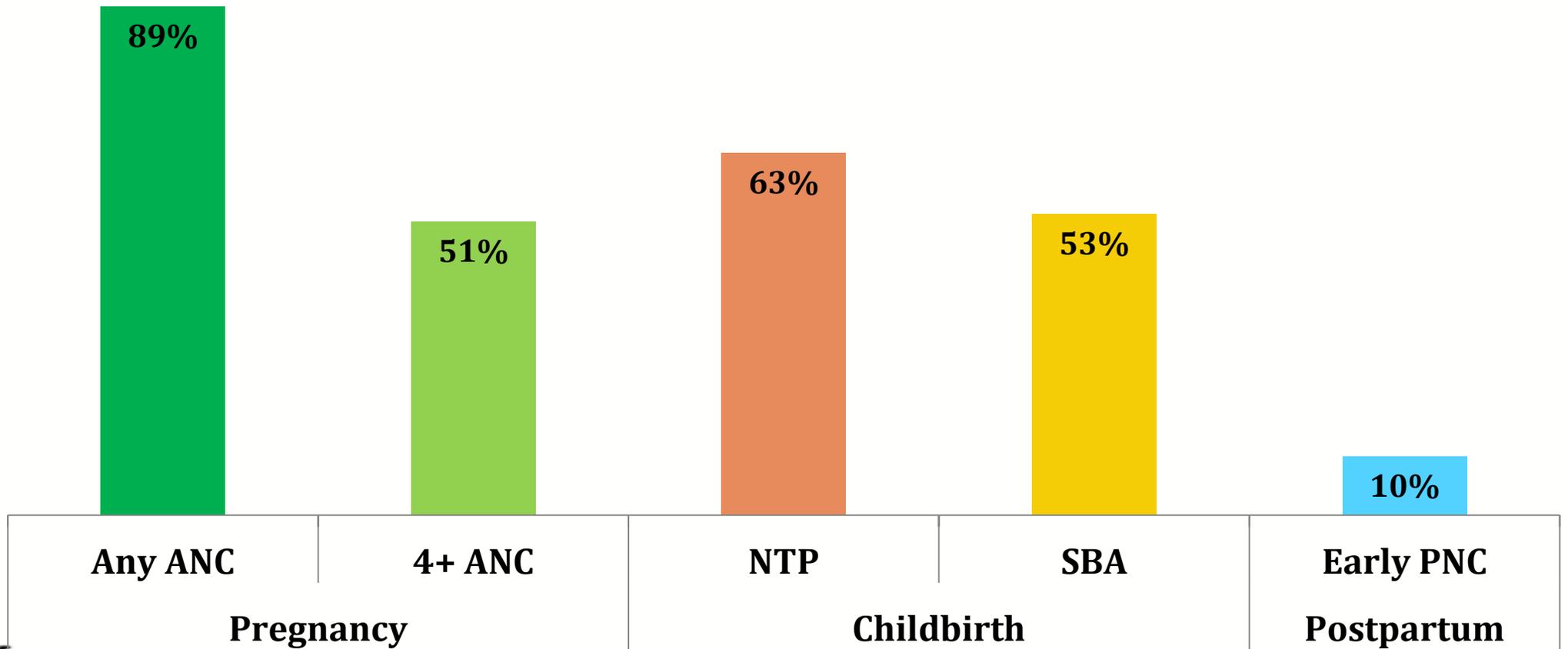
MNH discontinuation rates across the continuum of care in L10K areas

42%	31%	43%	88%	89%
4+ ANC dropped	NTP missed	SBA dropped	Early PNC among home deliveries dropped	Early PNC among facility deliveries dropped
Pregnancy	Childbirth		Postpartum	
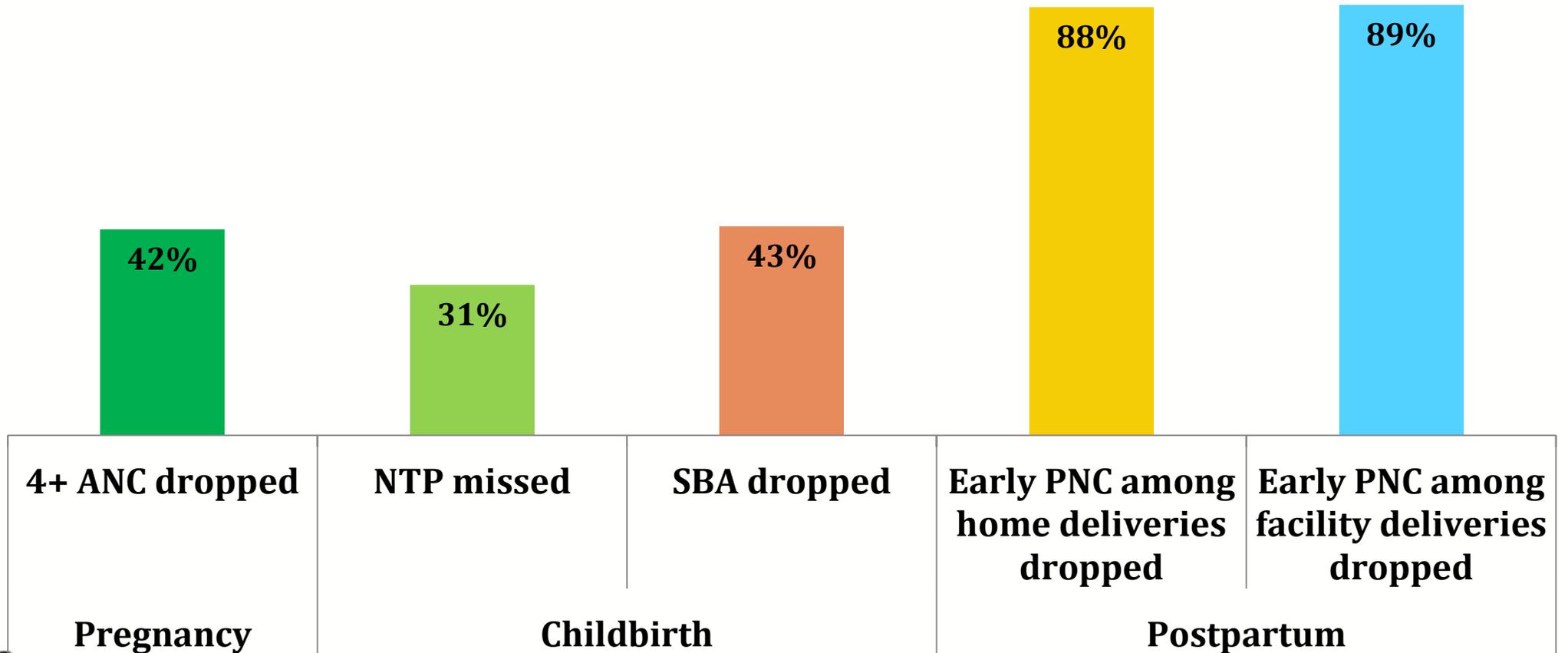
Percentage-points increase in coverage if the most disadvantaged group was similar to the most advantaged group

Discontinuation points	Young age	Higher education	Higher wealth	Far from a health facility
4+ ANC4 dropped	1.6	10.5	6.2	1.1
NTP missed		9.7	5.0	
SBA dropped	2.0	16.3	7.7	3.5
Early PNC dropped (from SBA)	4.4			2.2
Early PNC dropped (from ANC)	2.6			3.5

Conclusions

- Prior analysis indicates that there are disparities in the coverage of MNH interventions by education, wealth and distance from health facilities

- Education, wealth and distance to health facilities further contribute towards discontinuation of MNH services

- Younger women are more likely to continue to seek care

- Health providers and policy makers should be made aware of the population groups who are at an higher risk to discontinue

- Multi-sectoral approach will be required to address the problem