Communities supported 174
Expected lives to be saved 111
Expected women, children and adolescents to benefit 17,210

Problem
Ethiopia has a maternal mortality rate of 353 / 100,000 live births and newborn deaths account for 47% of under-five deaths. Poor women and babies in rural areas are particularly affected.

Approach
WCF MNH tool
• 174 health groups established with 11,303 members.
• Developed local answers including: emergency transport funds, constructing pit latrines, awareness raising.

Health systems strengthening
• Training and mentorship for 373 facility and community health workers.
• Provision of one ambulance, solar power to eight facilities and wells to six facilities.

Evidence for decision-making
• 78 decision-makers reached with project evidence.

Mid-term results
• Large improvements in care-seeking: knowledge of two or more pregnancy danger signs (35%), attendance of 4 or more antenatal care sessions (13%), delivery with a skilled attendant (21%) and newborn bathing delayed for at least 24 hours (31%).

Decision-makers using evidence generated from the project to post additional health workers and construction of two maternity waiting homes.

Lessons learned
• Communities attribute work of the groups to significantly improve maternal, newborn, sexual and reproductive health (MNSRH).
• Many women felt more empowered to make decisions regarding their reproductive health.
• Decision-makers in the region applaud the approach for its close integration with the Ethiopia Health Extension Programme, potentially promoting greater sustainability.

For more, visit us at: womenandchildrenfirst.org.uk

Figure 1: Percentage of groups implementing strategies

Figure 2: Comparison of care-seeking practices in rural areas

Figure 3: Woreda decision-makers’ knowledge on MNSRH

Partner
Family Guidance Association of Ethiopia - FGAE

Funder
Comic Relief (£787,000)

Dates
2015 - 2019

Project population
139,224

Malga Woreda, Malga, SNNPR

Addis Ababa

SNNPR

“[Pregnant MNH group member] I have gained knowledge about maternal and newborn health and increased my awareness about skilled birth attendance. Being a part of [...] women group, I have developed socialisation and save money in preparation for institutional delivery”