



GIMBIE SAFE MOTHERHOOD PROGRAMME

QUARTERLY REPORT

FOR

JANUARY TO MARCH 2008

1.0 Introduction

1.1 Maternity Worldwide instituted the West Wollega Safe Motherhood Project in an attempt to lower the high levels of maternal and perinatal morbidity and mortality by providing access to quality essential obstetric and neonatal care. The goal of the project is to reduce morbidity and mortality of women as a result of childbirth in West Wollega.

1.2 Project Goal and Objectives

Goal: To reduce maternal deaths and morbidity among women in West Wollega and consequently improve the health, well-being and economic stability of vulnerable women, their children, families and communities.

Objectives:

- To ensure stakeholder commitment and participation in all aspects of programme development and implementation through the establishment of programme steering groups with widespread representation from stakeholders and communities.
- To establish income generating women's groups through which women gain knowledge and influence within their communities, and increase their financial resources.
- To establish community education programme addressing women's status and rights, preventative health measures, and in particular education around reproductive and maternal health issues.
- To improve access to high quality maternal health services, that are locally appropriate and informed by community engagement, contributing to reduced pregnancy related deaths and long-term illness.

The activities include both clinical and community based.

Hospital based:

Staff training

Provision of equipment, drugs and supplies

Community based activities:

Women's groups

Community Education

Safe Birth Fund (SBF)

1.4 This report covers the period from January to March 2008. Progress is reported using the key performance indicators (KPIs). The agreed key performance indicators are as follows:

- Steering group attendance
- Number of Women`s Groups established
- Health Education sessions provided
- Deliveries at Gimbie Adventist Hospital and clinics
- Skilled birth attendant training attendance
- Obstetric cover at Gimbie Adventist Hospital

2.0 Steering group attendance

Key Performance indicator target: 80% attendance at all steering group meetings

There were two Project Steering Group meetings during the quarter. The first meeting was held on 30th January and the second meeting was on 12th March 2008.

Achievement 30th January 2008 meeting: attendance: 90%

Achievement 12th March 200 meeting: attendance 86%

Reports on programme components were presented by programme staff. Issues of loan repayment were discussed. Decisions were made regarding the purchase of hybrid chickens for some women who had chosen this as an income generating activity. Members finally agreed to repay the money to the women as it seemed impossible to get the chickens.

Members of the steering committee had chance to interact with the programme evaluator. Members were informed on the objectives of the evaluation and the evaluator asked a number of questions in relation to sustainability of the programme.

Suggestions were also put forward to have group leaders of the women`s groups join the project steering group meetings. This was seen as a forum for the leaders to share exactly what progress is being made within their groups

3.0 Women`s Groups

Key performance indicator target: 25 new women`s Groups established.

Achievement: 25 new women`s groups established during the first quarter.

Twenty-five new Kebeles: main activities during the quarter centered on the distribution of resources to the women`s groups. All women received 325 Birr with a total of 243,750 Birr distributed to 750 women. Almost all women were engaged in coffee trading as this was the time for coffee harvesting. The price for livestock was very high and therefore

the women opted to trade first and go to other forms of income generation later. This shift will be monitored by district staff and will be reported in subsequent reports.

Fifteen old Kebeles: The women continued to work on their income generating activities as before. Most women were engaged in coffee trading. Most women had also started the loan repayment. So far the following payments have been made by the women in the initial fifteen rebels: Table 1 below shows loan repayment by each kebele.

	Kebele	Loan Amount Given (ETB)	Amount Repaid
1	01	9,750	2,161 (22.1%)
2	02	9,750	1,225 (12.6%)
3	03	9,750	1,350 (13.8%)
4	04	9,750	703 (7.2%)
5	Chuta Gochi	9,750	4,050 (41.5%)
6	Bikiltu Tokuma	9,750	2,313 (23.7%)
7	Inango Dembali	9,750	7,301 (74.9%)
8	Jogir	9,750	3,145 (32.3%)
9	Tole	9,750	3,340 (34.3%)
10	Kombo Michael	9,750	6,159 (63.2%)
11	Dalo Sewa	9,750	4,942 (50.7%)
12	Bonaya Asabi	9,750	2,126 (21.8%)
13	Chuta Georgis	9,750	3,162 (32.4%)
14	Chuta Qaki	9,750	4,435 (45.5%)
15	Wara Sayo	9,750	7,610 (78.1%)
Total		146,250	54,022 (36.9%)

Loan repayment started January 2008. So far 36.9% of the loan has been repaid. The women continue to make the payments. It is hoped that the total amount will be repaid by the end of the repayment period which is end 2008.

Subsequent groups to benefit from the revolved funds are being formulated. Once completed, the recovered funds shall be revolved to the next groups. It was agreed that the number will be dependent upon the amount of loan repayment collected however minimum should be five women. The amount to be taken for the loan will be decided by the women themselves but is likely to be higher than the amount provided before (325ETB).

Quarterly reports: The steering committee on women`s groups agreed to submit quarterly reports reflecting the progress on individual women. The reports are intended to establish how much each woman has paid back and how much profit is remaining with each woman.

4.0 Community Health Education

Key performance indicator: 125 health education sessions in year 2

Achievement in 1st quarter: 15 health education sessions provided

Achievement in 2nd quarter: 74

Cumulative total for the year: 89 (71.2%)

Additional Health Extension Package Workers have been allocated to target kebeles and community education sessions continue in all 40 kebeles. The few kebeles that do not have health extension workers are being covered by Health Extension Package Workers from neighbouring kebeles. 71.2% of the planned sessions have been conducted. Since other topics were added to the initial list, it is anticipated that more sessions will be conducted than planned.

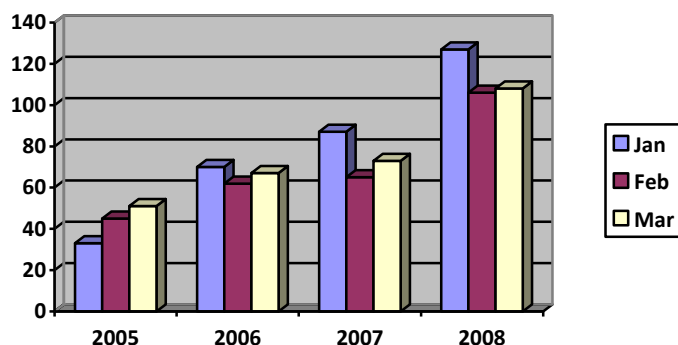
5.0 Deliveries at Gimbie Adventist Hospital and clinics

The Key Performance Indicator Target is 2,000 deliveries in Year 2 of the project.

In the second quarter of Year 2 there were 341 deliveries making a cumulative total of 639 (31% of target). Thus this indicator remains below target. However the number of obstetric patients continues to increase, and as the programme is extended to another 25 kebeles it is anticipated that patient numbers will rise more sharply.

Table 2 shows the number of deliveries at Gimbie Hospital and the four clinics involved in the project during the months of Jan, Feb and Mar in 2005, 2006, 2007 and 2008. It can be seen that the number of deliveries has increased by 164% between 2005 and 2008.

	2005	2006	2007	2008
Jan	33	70	87	127
Feb	45	62	65	106
Mar	51	67	73	108
Total	129	199	225	341



A database for recording all obstetric admissions to Gimbie Hospital was set up in August 2007. The database contains extensive details about the patient and clinical outcomes.

A first analysis of this data was performed in December 2007, covering the period August to November 2007. The data entry for the period between December and March 2008 has not been finalized. The data below has been derived from the monthly reports which may not be as accurate as our data base. Once the data base has been completed the data below will be reviewed for possible amendments.

5.1 Obstetric emergencies high risk pregnancies

In the months December 2007 to March 2008, there were a total of 431 who delivered in the maternity unit. A total 64 (15%) women had obstetric complications as indicated below. In addition there were also other women with high risk pregnancies who needed specialized care; however the figures will only be obtained once the data base is completed.

Type of obstetric emergency	Number
Post partum haemorrhage	6
Retained placenta	4
Abortion	6
Ruptured uterus	18
Antepartum haemorrhage	5
Sepsis	2
Obstructed labour	20
PET	2
Other	1
Total	64
% of all deliveries	15%

5.2 Neonatal outcome

Between December 2007 and March 2008 there were 419 singleton deliveries and 12 sets of twins delivered (one baby from one set of twins was born at home) at GAH (442 fetuses).

There were 376 (85%) livebirths and 66 (14.9%) perinatal deaths. Of the 66 perinatal deaths, 56 had no fetal heart on admission (84.8%). The actual causes will be verified once the data base has been finalized.

Reason for Perinatal Death	Number	%
APH	15	22.7%
Meconium Aspiration	6	9.1%
Congenital abnormalities	2	3.0%

Obstructed labour/ruptured uterus	14	21.2%
PET	1	1.5%
Prematurity	3	4.5%
Not known	25	37.9%
Total	66	99.9%

5.3 Maternal outcome

There were three maternal deaths between December and March 2008. This is 0.7% of all the women who delivered during that period. The causes of maternal death were: eclampsia, septic abortion and peritonitis.

The audit of obstetric cases will continue on a quarterly basis with regular review of findings by team members and feedback will be given to the staff working in the department

6.0 Skilled birth attendant training attendance

The KPI target is to achieve 80% attendance at all training sessions.

Achievement: Skilled birth attendant training started on 31st March 2008. A total of 12 participants are currently attending the sessions. This includes 10 from Gimbie Adventist Hospital and two from the clinics. Participants are divided into two groups and attending the training sessions 4 days in alternate weeks. Pre-tests were administered to both groups at the start of the training and continuous assessment will be in place throughout the training.

The training is utilizing the ‘Competencies for Skilled Birth Attendants in the Africa Region’ obtained from the UNFPA/WHO and is expected to run for a period of 32 weeks from March to mid November 2008. Additional training resources (such as delivery and resuscitation mannequins) are needed to ensure that staffs receive sufficient practice to achieve all competencies.

7.0 Obstetric cover at Gimbie Adventist Hospital

The KPI targets are:

To have one OBG for 100% of the time

To have a second OBG for 80% of the time.

During the quarter the following obstetric staff were present at Gimbie Hospital:

Dr Hailemariam Segni:	National Obstetrician	Jan to Mar 08
Dr Simon Kane	Visiting OBG	Feb 7 th to Mar 20 th 08

It can be seen from the above that the first target was achieved during the quarter, and there was always at least one obstetrician at Gimbie Hospital.

The cover for the second obstetrician was 80.2% of the time, therefore also achieving the target.

At the time of this report, the National Obstetrician had just left Maternity Worldwide. However arrangements have already been made for his replacement so that there is no much gap in the obstetric cover.

8.0 Safe Birth Fund

Table 2 shows the number of patients and expenditure on the Safe Birth Fund during the quarter.

	Number of patients				Expenditure			
	2005	2006	2007	2008	2005	2006	2007	2008
Jan	0	14	31	108	0	10,630	23,165	77,438
Feb	5	13	21	112	2,035	10,201	6,764	49,540
Mar	4	14	38	122	3,005	8,725	27,622	65,979
Total	9	41	90	342	5,040	29556	57,5510	192,957

During the quarter January to March 2008 53% of patients received charity through the general subsidy fund while 47% of patient received charity through the voucher system for obstetric care.

As described in section 5.0 a detailed database has been established which captures information about all patients, including details of the Safe Birth Fund such as whether the patient received a voucher or the general subsidy, and details of where the voucher was obtained from. This will be analyzed in the months ahead in order to assess the effectiveness of the SBF voucher scheme and the impact of the general subsidy on obstetric attendance rates.