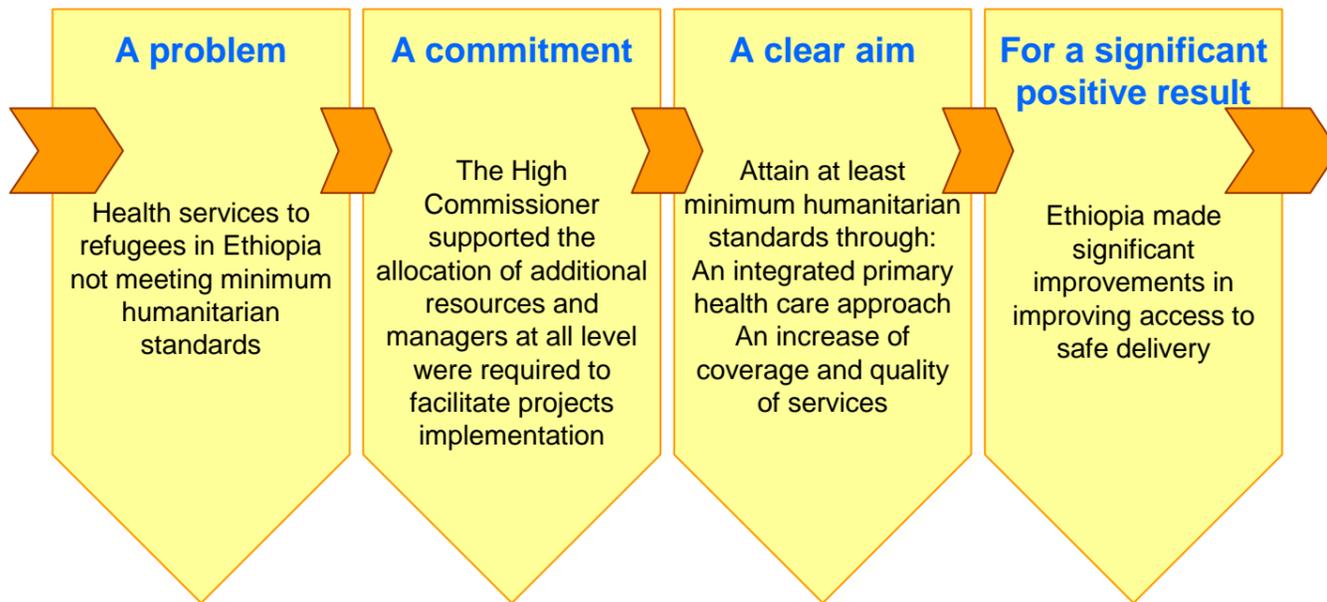


# Maternal and Newborn Health in Refugee Camps in Ethiopia

## What a difference political and financial commitment can make



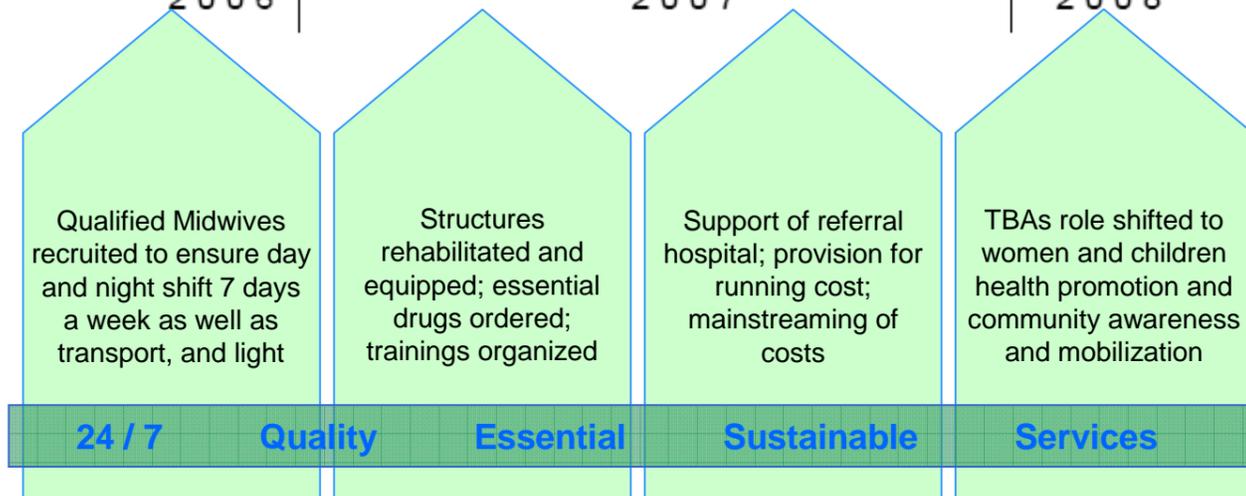
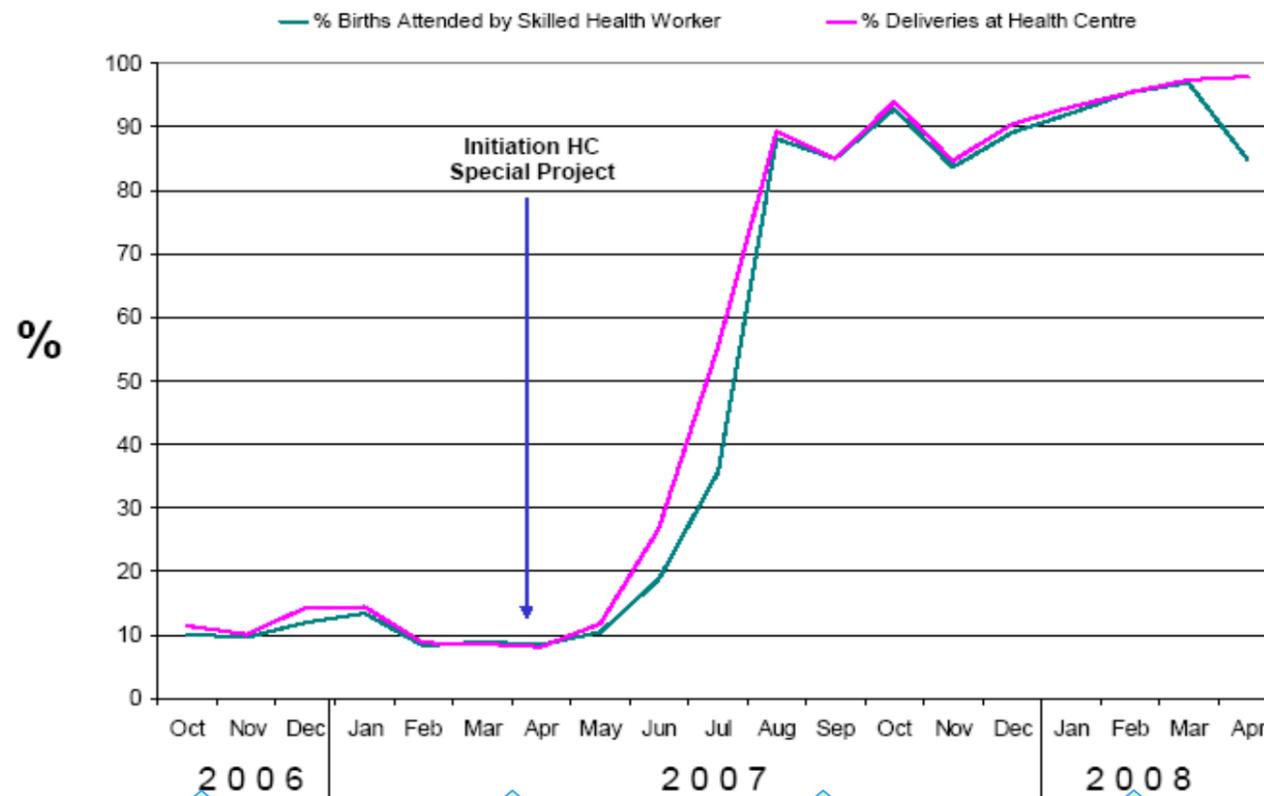
Ethiopia hosts approximately 100'000 refugees. Most have lived in camps for more than a decade and remain wholly dependant on humanitarian assistance from the international community. Resource shortfalls and competing priorities among health-care providers have hindered the implementation of reproductive health (RH) activities. In 2007, UNHCR allocated additional funding to Ethiopia refugee programme to address existing critical gaps including access and coverage of maternal and newborn health care.

The study objectives were to document improvements in the RH status of refugees, following high level commitments and an increase in earmarked resources to Maternal and Newborn Health services.

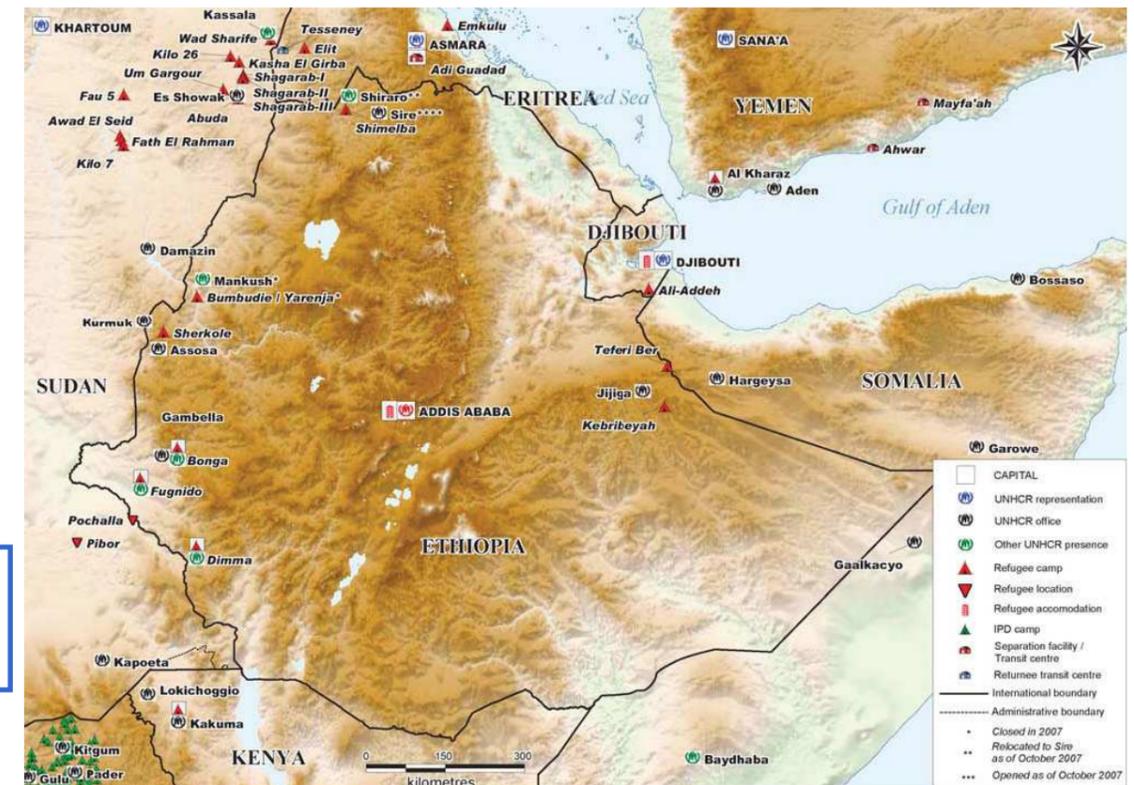
A systematic review of the Health Information System (HIS) RH indicators in light of UNHCR's increased resource allocations and consequent RH programme implementation, for the period January to December 2007. Two key outcome indicators (Proportion of Birth attended by Skilled Health Workers; and Proportion of Births taking place in Health Centres) were reviewed along with two impact indicators (Neonatal Mortality Ratio; and Incidence of Obstetric Complication). Information on resource contributions was obtained from High Commissioner Special Project financial and progress reports.

Proportion of births taking place in health centres in camps increased from an average of 14.4% [2.9% in Sherkole; 33.3% in Dimma] to 90.3% [68.2% in Sherkole; 100% in Dimma]. Births attended by skilled health personnel increased from an average of 13.4% in January 2007 [2.9% in Sherkole; 33.3% in Dimma] to 89.1% in December 2007 [68.2% in Sherkole; 100% in Dimma]. Service utilisation increased rapidly following employment of female midwives, renovation of infrastructure to improve privacy and quality of services, investment in medical equipment, and promotion of services at community-level. No statistically significant difference in neonatal mortality or incidence of obstetric complications was detected within this short period.

The Ethiopia program has made remarkable improvements in its safe motherhood services. The increase in service utilisation and proportion of safe deliveries occurring in health services can be explained by improvement in service quality that was made possible through funding from the High Commissioner's Special Project. Political and financial commitment is essential to the improvement of maternal and newborn health and survival. This must be followed by strong program implementation.



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Bicycles for outreach work, Kebribeyah camp

## Referrals

- UNHCR procured ultrasounds, ECG machines, fully automated autoclaves, and operating tables to support referral hospitals in Jijiga, Assossa and Gambella

➤ The availability of equipment improved the capacity of local hospitals to meet the referral needs of refugees

## UNHCR

### High Commissioner Special Project

Period of Implementation  
April to December 2007

## Project expenditure (USD\$ 1,000,000)



New Paediatric Ward, Kebribeyah camp

## Infrastructure

- Constructed 1 health centre, 2 pediatric wards, 1 drug store, 2 waiting rooms and expanded 2 delivery rooms

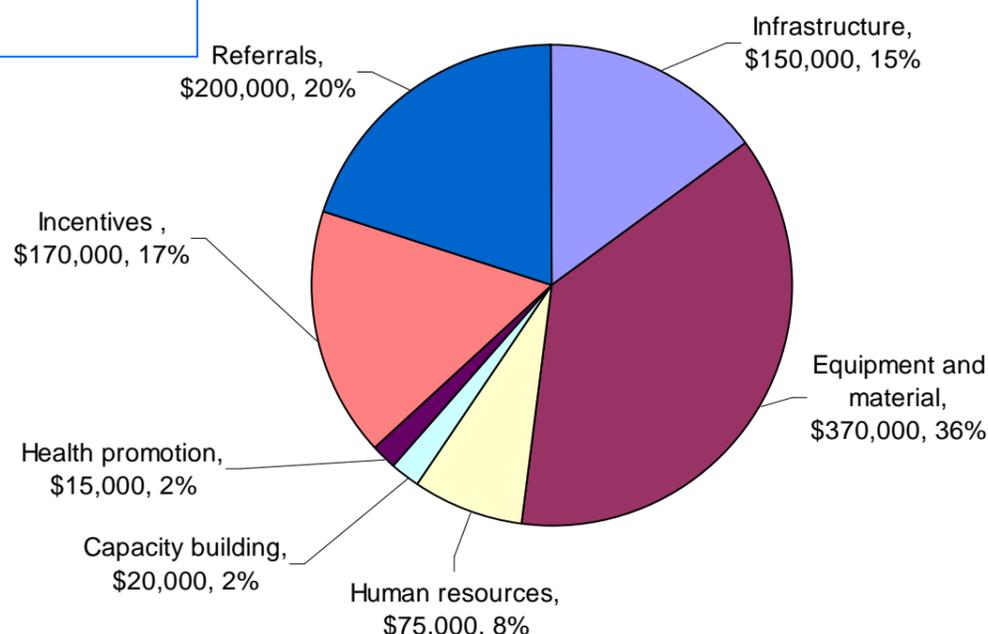
➤ Helped increase institutional delivery, improve drug management and provide integrated maternal and child health service

## Incentives

- Mothers who give birth at health facilities provided with packages of blankets, towels, cotton cloth and soap

➤ Health benefit of keeping the baby and the mother warm and clean

➤ Also economic benefit in preventing sale of ration for purchase of the items required during delivery



## Equipment and material

- Procured 3 ambulances, 6 motor cycles, 6,488 kitchen sets, drugs and medical equipments, 28,000 mosquito nets and 3 refrigerators

➤ Increased capacity to provide comprehensive and quality care



New delivery equipment, Shimelba camp

## Health promotion

- Door-to-door home visits used to disseminate key messages related to maternal and child survival and inform about health services

➤ Outreach programme helped improve health seeking behaviour and community/health personnel understanding

## Capacity Building

- 101 health staff trained on Drug Management, Emergency Obstetrics and Newborn Care, Safe Abortion and Post Abortion Care

- All refugee health facilities received relevant manuals and guidelines

➤ Increased capacity of health staff to deliver quality services



New manuals and guidelines, Fugindo camp

## Human Resources

- 17 national health staffs and more than 200 Community Health Assistants and Community Oriented Resource Persons recruited

➤ Significantly helped to improve outreach services



Training of CHWs, Fugindo camp