

UNICEF COTE D'IVOIRE

CONTRIBUTE TO THE IMPROVEMENT OF MOTHER AND NEONATAL SURVIVAL IN ALL HEALTH DISTRICTS

Issue

In Côte d'Ivoire, maternal health remains a serious cause of concern. Maternal mortality increased from 597 for 100,000 (EDS 1994), to 690 for 100,000 live births in 2000 (State of the World's Children, 2007), which makes Côte d'Ivoire a country with one of the highest maternal mortality rates. The main direct causes of maternal deaths are hemorrhages (34%), infections (21%), risky abortions (18%), hypertensive illnesses (16%) and dystocia (11%), compounded by indirect causes such as malaria, anemia, malnutrition, hepatitis and HIV/AIDS.

These deaths are mainly due to weak pregnancy surveillance (36%), the small number of deliveries that is assisted by qualified health personnel (45%), weak treatment of obstetric complications (42%), and the little use of caesarians (0.78%). Death mostly occurs as the final stage of a process that is linked to three delays: delay in the decision to get help, delay in going to the health care structure and finally the delay in receiving adequate care.

Action and impact

Refocused Prenatal Consultations (PNCr) provide appropriate responses for the reduction of maternal and neonatal mortality. These interventions will ensure the monitoring of the pregnancy in health structures as well as in the community, with efficient and good quality PNCr services available, accessible and used by pregnant women. Their implementation will be sustained by regular supervision, monitoring and micro planning activities.

Global Objective:

Contribute to the improvement of maternal and neonatal health through the increase of the offer of services and access to integrated and good quality maternal and neonatal health care.

Specific objective:

Country wide:

100 % of Primary Health Care Centers (PHCCs) offer pregnant women at least 4 refocused prenatal consultations (PNCr), during which they receive:

- A comprehensive clinical exam, with detection and treatment of oedema, pre-eclampsy, anemia, syphilis and STIs ;
- Tetanus vaccination;
- Folic iron during 90 days to prevent or treat anemia;
- Sulfadoxine Pyrimethamine for malaria prophylaxis;
- If necessary insecticide impregnated mosquito nets;
- Sensitization and information on signs of danger;
- Timely testing and if necessary referral to more adequate facilities.

Expected results:

By the end of 2008, thanks to the proposed interventions:

- at least 796,970 pregnant women have received 4 PNCr per year;
- they are able to describe signs of danger during the pregnancy and have previously decided where they will give birth, with the assistance of qualified personnel.

Key activities:

At National level:

- Development of a national policy for Reproductive Health and Essential Obstetric and Neonatal Care;
- Development of regulations, procedures, norms and standards for PNCr and Essential Obstetric and Neonatal Care;
- Up scaling to national level of PNCr interventions.

In 80 health districts:

- Provision of PHCC equipment, furniture and standard supplies to offer quality PNCr;
- Provision of Sulfadoxine and Pyrimethamine 500 mg for malaria treatment;
- Provision of folic acid for anemia prophylaxis;
- Provision of Mebendazole for systematic deworming of pregnant women;
- Training of 850 PHCC and Urban Health Center workers in PNCr
- Drafting and implementation of a communication plan for increased accountability and community involvement
- Organization of supervision of health teams, monitoring and follow-up of activities at every operational level.

Budget

Description	Total Cost (in US\$)
Provision of PHCC equipment, furniture and standard supplies to offer quality PNCr	816,343
Provision of Sulfadoxine and Pyrimethamine 500 mg for PIT malaria treatment	119,366
Provision of Mebendazole	16,039
Provision of folic acid	221,458
Training of 850 PHCC and Health Center workers in PNCr	168,377
Drafting and implementation of a communication plan for increased accountability and community involvement	164,000
Organization of supervision of health teams, monitoring and follow-up of activities at every operational level	125,000
Technical assistance	197,800
Operational Costs	182,838
<i>Sub total</i>	<i>2,011,221</i>
Indirect Costs (7%)	140,785
TOTAL	2,152,006

Cost-effectiveness:

Costs per woman benefiting from PNCr: 1.35 \$ US

Number of lives of women saved during pregnancy: 3,400

Percentage of lives of infants saved: 20 %