

UNICEF COTE D'IVOIRE CONTRIBUTION TO THE REDUCTION OF MATERNAL AND NEONATAL MORTALITY

Issue

In Côte d'Ivoire, maternal and neonatal health are a serious cause of concern. On average, 35% of infant deaths occur during the neonatal period. Neonatal mortality is estimated at 62 deaths for 1000 live births, while infant mortality is 125 per 1000 (MICS 2006). Infections, low birth weight, respiratory problems and cerebral anoxia are the major causes of this high neonatal mortality. The maternal mortality rate went from 597/100,000 live births in 1994 (EDS 1994), to 690/100,000 live births in 2000 (annual report UNFPA 2005), making 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. The weak pregnancy surveillance rate (36%), the little number of deliveries assisted by a qualified birth attendant (45%), the weak assistance during obstetrical complications (42%), and the little use of caesarians (0.78%) all contribute to this high mortality rate.

Action and impact

The improvement of Emergency Obstetric and Neonatal Care (EMOC) can considerably contribute to the reduction of maternal and neonatal mortality. In the UNICEF intervention zones, which cover 50% of the target population of pregnant women (498,107) and newborns (293,883), lives of mothers and newborns can be saved thanks to provision of quality emergency maternal and neonatal care, sustained by regular supervision, monitoring and micro planning activities.

Global Objective:

Contribute to the improvement of maternal and neonatal health by the increase of the service offer and of the access to integrated quality maternal and neonatal health services. To be more precise:

- Contribute to at least 20% reduction of the maternal mortality rate.
- Contribute to at least 20% reduction of the neonatal mortality rate.

Specific objective:

After 2 years, in 41 health districts:

- 100% of Primary Health Care Centers (PHCC) offer quality refocused Prenatal Consultations (PNCr);
- 100% of Urban Health Centers (UHCs) and Reference Hospitals (RHs) offer quality EMOC and birth attendants ensure clean deliveries and refer those that require more assistance;
- Referral/evacuation is guaranteed for PNCr and for EMOC;
- The communities of the health posts are sensitized, mobilized and organized and are actively involved in a better utilization of the offered services.

Expected results:

By the end of 2008, in the 41 health districts of the project:

- 398,486 pregnant women per year were regularly monitored during their pregnancy;
- 298,864 women will have given birth while being assisted by qualified health personnel.
- At least 10,932 newborns in extreme emergency situations will have received adequate and good quality care in health structures.

Key activities:

National level:

- Development of a national policy for Reproductive Health and EMOC;
- Development of regulations, procedures, norms and standards for EMOC;

In 41 health districts:

- Provision to PHCCs of equipment, furniture and medical supplies for quality PNCr and EMOC;
- Strengthening the operational block of 41 RHs to offer complete EMOC and provision of delivery kits, uterine revision kits, caesarian kits, reanimation kits and other supplies for EMOC.
- Strengthening of the referral and counter-referral system (communication materials, management tools).
- EMOC training for 850 PHCC personnel and 160 UHC and RH doctors.
- Training of 160 doctors, 200 midwives of UHCs and RHs; 800 nurses and midwives of PHCCs, for the implementation of the national regulations for referral and counter-referral for EMOC and PNCr.
- Drafting and implementation of a communication plan for increased accountability and implication of the community through networks and other community leaders.
- Monitoring referral and counter-referral activities and of the supervision of health teams at every operational level.
- Organization of 2 monitoring and micro planning sessions per semester in each district.

Budget

Description	Total (in US\$)
Provision of equipment and supplies	1,116,343
Strengthening of the operational block of 41 referral hospitals	2,069,070
Strengthening of the referral and counter-referral system	143,500
EMOC training for 850 PHCC personnel	168,377
EMOC training for 160 UHC and RH doctors	820,000
Training for the implementation of EMOC regulations	132,000
Drafting and implementation of a communication plan	164,000
Monitoring of referral and counter-referral activities and supervision	61,500
Monitoring and micro planning sessions	62,000
Technical assistance	292,500
Operational Costs	502,929
<i>Sub total</i>	<i>5,532,219</i>
Indirect Costs (7%)	387,255
TOTAL	5,919,474

Cost-effectiveness:

Costs per woman benefiting from EMOC: US\$ 7.5 per year
Number of lives of mothers saved each year: 2,062.
Number of lives of newborns saved each year: 10,932
Costs per life saved: US\$ 228