

Main Findings

1. Availability of fully functioning EmONC facilities increased from 11% in 2008 to 40% in 2016.
2. Geographical distribution of EmONC facilities varied from the lowest 22% (in DD & SNNP) to the highest 126% in Harari.
3. Proportion of all births in EmONC facilities was 66%; indicating one third of deliveries continued to be at home
4. Met needs for emergency obstetric complications in 2016 was low (18%). Regionally, met need for EmONC ranged from 3% in Gambella to 83% in Addis Ababa.
5. The national population-based caesarean delivery rate was 2.7%, though there were large regional disparities: 25% caesarean delivery rate in Addis Ababa to less than 1% in Afar and Somali.
6. The direct Obstetric Case Fatality Rate (DOCFR) at national level was less than 1% both in all facilities and EmONC facilities.
7. The national institutional stillbirth rate was 15 per 1,000 deliveries, the very early neonatal death rate was 2 per 1,000 live births, and the neonatal death rate was 3 per 1,000 live births.
8. Nationally, the percentage of institutional maternal deaths due to indirect causes was 5% in all facilities and 7% in EmONC facilities.



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Emergency Obstetric and Newborn Care (EmONC) National survey Result Dissemination Workshop

When?

October 30, 2017

Where?

Hilton Hotel, Addis Ababa

Overview of EmONC

◆ Globally, over 270,000 maternal deaths, 3.3 million neonatal deaths and 2.6 million third trimester stillbirths occur annually.

◆ Based on UN estimates, Ethiopia has so far reduced maternal mortality by 69% from the 1990's estimate with annual reduction rate of 5% and more.

◆ According to the latest UN estimate, in Ethiopia the proportion of mothers who were dying to give 100,000 live births has declined to 420 in 2013 compared to 1400 in 1990.

◆ As World Health Statistics Report published in 2014, Ethiopia has achieved MDG 4 three years earlier by reducing under-five mortality from 1990 estimate.

◆ The reduction in mortality in neonatal age groups is not as impressive as that of childhood mortality. Prematurity (37%), infection (28%), and asphyxia (24%) are the most common causes of death in neonates (19).

Workshop Objectives

- ◆ To acquaint development partners and stakeholders:
 - ⇒ RHB program persons
 - ⇒ Research institutes
 - ⇒ UN agencies
 - ⇒ NGO
 - ⇒ Other government sectors, universities, academicians, the scientific community, associations and the public at large on major findings of EmONC survey
- ◆ To exchange views among professionals to strengthen EmONC and related health interventions to reduce preventable maternal and newborn morbidity and mortality .

Methodology

Presentation
Discussion
Exhibition

Main Contents

- EmONC assessment major findings

Expected Results

- ◆ Have a better understanding of the situations, levels of EmONC services and major factors of maternal and newborn mortality and morbidities in the country and how to tackle the problem in their respective institutions.
- ◆ Share views and opinions about the problem with in the scientific community and how to disseminate the findings to the larger public.