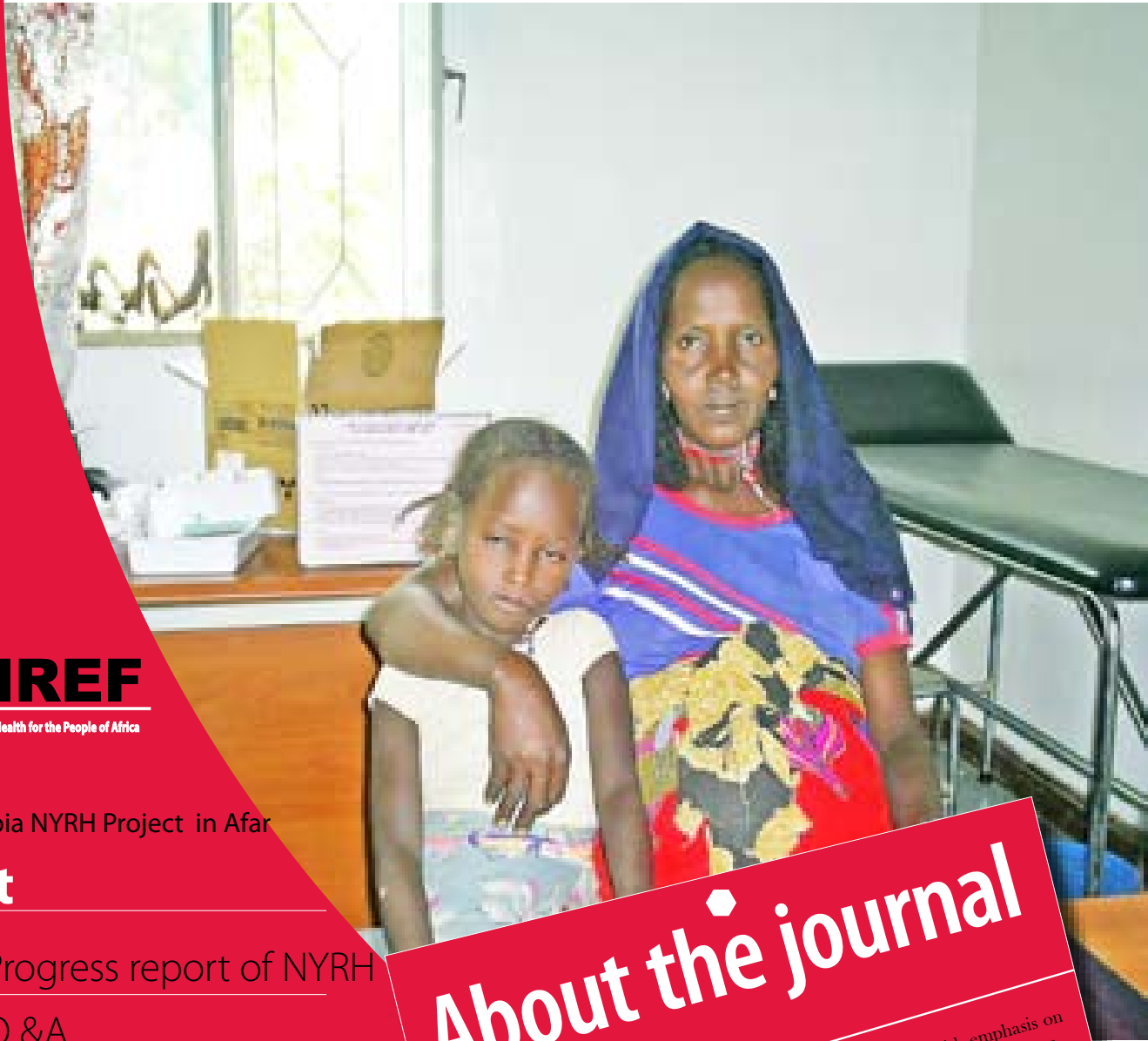


Reproductive Health Journal



AMREF in Ethiopia NYRH Project in Afar

Content

Page 2 : Progress report of NYRH

Page 3 : Q &A

Page 4 : Current Issues

Page 7 : Maternal Death

About the journal

Aim and objectives

The Journal of Reproductive Health is an educational journal with emphasis on reproductive health. It is published four times a year by AMREF in Ethiopia's Afar NYRH project. It is the main forum for exchange of information on public health in Ethiopia. The journal is useful for low level and peripheral health worker.

All materials and opinions in this journal represent the opinion of the author and do not necessarily reflect the policy of AMREF in Ethiopia.

Progress of NYRH Project

Brief Progress report in the months of May 2008

Training of out of school youth club members for one day was conducted in the month of May in six districts of zone three, afar regional state. All in all 16 youths from Dulecha, 16 from Agroba, 16 youths from Awash, 16 youths from Amibara, 16 youths from Bure medayetu and 18 youths from Gewanie were trained. One representative from each Woreda HPACO & Head of the district health office also participated in the training.

2 Twenty six health professionals from the different parts of the region were drawn and a five days training on reproductive health were given. The Two Gynecologist/obstetrician, Dr. Teshome Kassaye and Dr. Akelilu Alemayehu acted as trainers.

Female genital Circumcisers on how to eliminate female genital cutting and Trained Traditional birth attendants on safe motherhood had also a one day forum in Gewanie. The total number of trained traditional birth attendants and Female genital Circumcisers were 17 and 14 respectively.

Twenty nine Pastoralists youth representatives drawn from different districts of Afar regional state Asyta, Dubti, Gewane, Burumedyetu and other districts were trained for 2 days. Most of the trainees were out of school youth.

The six community animators that are working in their respective districts have reached 3554 people with information, education and communication in the months of May.



Fig.1. Antenatal care being delivered in Awash health center

It is our recent memory that that AMREF had set research agenda for Adolescent sexual and reproductive health in December 2007 in Nairobi. Cognizant of this fact there were a regional review meeting that was held in April 2008 one week ahead of the Annual programme meeting (APM) and it was agreed in the meeting to produce two Operational research protocol before May 2008 and with the full participation of all relevant staff it was done and submitted. After receiving comments and suggestion from all relevant bodies the NYRH team with leading role of the head office will proceed with the most immediate next activity towards materializing of the operational research.

With Dr. Teshome Kassaye; Obstetrician and gynecologist for Nomadic Youth Reproductive Health project at AMREF In Ethiopia.

RH Journal: What are the reasons for not starting comprehensive emergency obstetric in Awash health center so far?

Dr. Teshome: The major reason are there are equipments that are not purchased for eg. ventilator for anesthesia machine, oxygen cylinder, blade and stitches of different type, forceps, anesthetic drugs, generator, blood transfusion bag, and reagent for determining blood groups.

RH Journal: What is AMREF doing in ensuring the commencement of Emergency obstetric care in Awash health center?

There is an ongoing purchasing activity as to my knowledge but I don't know the exact status of the purchasing activity. We had series of communication with Awash fenatle district health office and they are trying to fulfill the gaps from Dubti hospital through the regional health bureau.

RH Journal: When do you think AMREF will achieve its objective of ensuring comprehensive emergency obstetric services?

Dr. Teshome: Even though there is unreasonable delay in ensuring the service If it get the highest attention from staff and other relevant stakeholders AMREF may achieve its objective of ensuring emergency obstetric services in Awash in the short term.

RH Journal: What are the lessons that can be learnt from the implementation of NYRH Project?

Dr. Teshome: There were problem in prioritization of activities in implementing NYRH activities. Assessing the market for equipment and health professionals a head of time, looking the project in its totality instead of always mentioning and dealing with single activity like equipment. The other lesson is in the utilization of clinicians and Nurse anesthetist in other project activities, conducting regular meeting with project staff, Updating of AMREF staffs on NYRH activities & looking for retention mechanism especially for Gynecologist and obstetricians in this hardship area.

RH Journal: what do you recommend for successful implementation of the NYRH project in the future ?

Dr. Teshome: Careful and realistic project proposal is mandatory. some Humanr Resource issues like the TOR of Gyenecologists sholud not be the same with TOR of other staffs who doesnot have the obligation to work in the weekdays and out of office hours.

RH Journal: Thank you for your time

Dr. Teshome : your are welcome

Q&A



Fig 2: Dr. Teshome Kassaye (obstetrician & gynecologist for Nomadic Youth Reproductive Health Project)

RH Journal: What are the maternal health Services that are available in Awash health center?

Dr. Teshome: Instrumental deliveries for both complicated and uncomplicated deliveries, Antenatal and postnatl care services, family planning services, PMTCT, VCT services, Diagnostic abdominal ultrasnograppy. But the VCT and PMTCT is mainly given by ITECH; an international NGO working in HIV/AIDS across the nation.

RH Journal: What are the inputs of AMREF in the existing maternal health services in Awash health center?

Dr. Teshome: AMREF is actively involved in all maternal health services that are existing in Awash health center interms of provision of medical supplies, in provision of health services through hiring health care providers, in capacity building of health professionals, in availing ultrasound equipment, refrigerators, and procurement of anesthesia machine, Operating room table, major Surgery set, other medical equipment. AMREF so far has done renovation of the health center, hiring clinicians and other OR team. But there are items to be purchased or fulfilled in the future.

RH Journal: is comprehensive emergency obstetric care available in Awash health center?

Dr. Teshome: There is no comprehensive emergency obstetric care but there is basic emergency obstetric care.

3

Current issues in Reproductive Health

Emergency Obstetric care : The case of Awash Health center

RH services available in Awash Health Center before AMREF interventions

Instrumental deliveries for both complicated and uncomplicated deliveries, Antenatal and postnatal care services, family planning services, PMTCT, VCT services are existent in the health center. Diagnostic abdominal ultrasonography service is also available.

Renovation of Awash health center by AMREF In Ethiopia

Renovation of the operating room that that costs, nearly 15,000 ETB is completed. Half of the wall of the OR is covered with ceramics, the floor is also maintained, the pipeline and the washing basin were also maintained. A very exciting Placental pit constructed and functional.

Renovation for the future is planned to do some maintenance in relation to ANC room, painting of OR Rooms & erecting ROTO stand. The renovation activity was incomplete because of constraints in the budget.



Figure 3 ;Placental pit constructed by AMREF in Ethiopia in Awash health center

Quality of care in Awash health center after AMREF interventions

In fact assessing quality of care need a robust research and evaluation methodology but the quality of the reproductive health services is improving as compared to the past .The maternal health services were given with the help of nurses and health officers but since January 2008 AMREF is providing quality reproductive health services through its highly qualified professionals in maternal health services.

4



Fig.4; An ongoing expansion of Awash health center



Figure 14; Dr. Teshome Kassaye doing ultrasonographic examination

A case of Heamatometra and Heamtocolps

A case of heamatometra and hematocolps secondary to infibulations was seen and treated surgically in Dubti public hospital. Dubti is the only hospital in Afar regional state that gives specialized care. It has a surgeon, a pediatrician and more importantly it has also a gynecologist thanks to the nomadic youth reproductive health project. Afar regional state is also known for having the highest FGC prevalence with infibulations type most commonly. AMREF has assigned obstetrician/ gynecologist in Dubti hospital & Awash HC. The gynecologist/obstetrician involved in a wide range of activities in the hospital . They also play a great role in handling gynecological consultations & training of health care providers in reproductive health issues

A 15 years old female patient came to Dubti hospital from a neighbouring district Mille 70 km away from dubti. This young lady has a cyclic abdominal pain every month which started a year back and abdominal swelling. She did not seek any form of treatment for this apart from this visit to Dubti hospital. First she was seen by a general practitioner then a gynecologist was consulted. Her history was revised and physical examination done by the consultant.

The obstetrician/ gynecologist consulted was Dr. Teshome Kassaye who was NYRH project staff at Dubti hospital but currently he is in Awash health center. Physical examination revealed that she had distended abdomen with a uterine size of 20 weeks of gestational age and closed vaginal opening.

Under general anesthesia deinfibulation and vulvoplasty was done and approximately 2 liters of blood was evacuated and right after the procedure she was put on intravenous medications and discharged on the first post operative day. Up on discharge she was relatively in good state of health .She was also appointed to come after 2 weeks but unfortunately she did not show up.



Fig.6; Showing distended abdomen secondary to accumulation of blood in the uterus and the vaginal canal.

A case of Hematometra and hematocolps

continued from page 5

What is Hematometra and hematocolps secondary to infibulations?

Infibulations is one of the most severe form of Female Genital Cutting widely practiced among Afari girls.

Apart from other complications infibulations cause accumulation of blood in the vagina and uterus when the girl starts menstruating. Accumulation of blood in the vagina and uterus secondary to outflow obstruction causes acute cyclic bleeding; every month. In the long run there is high risk of developing chronic debilitating illnesses like endometriosis (implantation of the endometrium out of the uterine cavity in places like peritoneal cavity, ovary etc.). Endometriosis can lead to tubo ovarian damage, adhesion over the ovaries and intestine.

The other problem of such type of gynecological condition is that it prevents the girl from practicing sexual intercourse. It also prevents periodic vaginal examination as part of screening for cervical cancer.

Other social problem like difficulties in getting married and difficulties in attending and drop out from school.

6

This is a severe complication of female genital cutting which is widely practiced in Afar regional state. Examples such as this case exhibit the importance of eliminating FGC in the community.



Figure 6: Vulvoplasty; An intra operative view

Maternal death

Qualitative methods in investigating maternal death

Facility-based maternal deaths review

Operational definition:

A qualitative, in-depth investigation of the causes of and circumstances surrounding maternal deaths occurring at health facilities. Deaths are initially identified at the facility level but, where possible, such reviews are also concerned with identifying the combination of factors at the facility and in the community that contributed to the death, and which ones were avoidable.

Prerequisites:

The review requires cooperation from those who provided care to the woman who died, and their willingness to report accurately on the management of the case.

Advantage

The idea of reviewing maternal deaths that occur in facilities is not new and may already be a routine practice. Thus, approval and support for the review process at a particular facility may be easy to obtain. The review process enables a more complete picture to be obtained of the circumstances surrounding a death in terms of avoidable factors at the facility, where possible supplemented with information from the community. Since they tend to be carried out by facility staff already in posts, local facility-based maternal deaths reviews are usually less expensive to conduct than other investigative methods.



7

Fig. 8; An expectant mother receiving antenatal care

The review process provides good learning experiences for all grades of staff. The review does not require written and agreed standards of care to be available from the outset, but can stimulate further enquiries and lead to specific actions, which may include the setting of standards.

Disadvantage

Facility-based maternal deaths reviews are not as systematic as a clinical audit, and can generate a large volume of information that can be difficult to understand and synthesize.

The review requires committed and skilled individuals at the facility to drive the process and to follow through on any recommendations.

Maternal deaths reviews provide no information on deaths that occur in the community.

Hospital managers and administrators must be supportive, in particular allowing staff to follow up the community aspects of these cases by providing either transport or funds for public transport.