

PRENATAL CARE IN ETHIOPIA: OVERCOMING BARRIERS TO COLLECTING DATA DURING A PANDEMIC

STORIES FROM THE FIELD: ADAPTING DURING COVID-19



Imagine being a young pregnant woman with no access to prenatal care. Your chances of death are among the highest globally, at 412 deaths per 100,000 live births. You live in a rural area which means that chances of survival for you and your newborn are even lower.

In Ethiopia, this is the reality for many women and girls.

According to Canadian Physicians for Aid and Relief (CPAR), there are many factors behind this, one of which is the distance that rural women need to travel to a health facility. "The distance to primary obstetrical healthcare, including obstetrical ultrasound, becomes a major barrier when experiencing poverty, so many cannot make the journey," said Mark Loewenberger, Country Program Coordinator, CPAR.

CPAR was selected to receive funding from the Fund for Innovation and Transformation (FIT) to test an innovative handheld ultrasound technology to be used in remote areas. The technology will connect directly to an obstetrician at a regional hospital who can assess the obstetrical images and provide real time information to the health officer or midwife who is helping the patient. This life saving technology and synchronous approach will increase early diagnosis of high-risk pregnancies and risk to mothers and newborns. This innovative approach will also build the capacity of frontline workers in remote and low resourced regions of Ethiopia.



Project Kickoff Meeting – Fitch Hospital, October 2020.



Collecting baseline data at outdoor market in Fitch town, Ethiopia.

Ultrasound technology is used as a valuable tool to confirm viability, rule out multiple pregnancy, evaluate anatomy, and identify high-risk pregnancies for pregnant women in the first, second and third trimester. It is life saving.

COVID-19 has brought new challenges to testing this innovation.

CPAR was scheduled to complete their baseline assessment in July 2020 but had to adapt to the strict health regulations that limit the spread of COVID-19. The original plan was to collect baseline data through door-to-door surveys and focus group discussions. CPAR instead looked at lower risk opportunities to access large segments of the population. An outdoor market continued to flourish albeit with COVID-19 health regulations in place and CPAR saw this as an opportunity to minimize unnecessary risk while maximizing the potential to reach many women in a short period. They provided donor funded handwoven masks to survey participants as incentive for participation, received verbal consent rather than written and stationed staff on the perimeter of the market to avoid densely populated areas and allow for more private conversations. CPAR also utilized baseline data from a recent sexual and reproductive health project that contained significant coverage of semi-urban and rural participants to provide context on decision-making authority and common barriers to prenatal care.



"Testing an innovative solution in a developing and complex context is challenging enough, but during a pandemic it really calls for fast decision making and a truly adaptive and resilient mindset and testing approach," said Christina MacIsaac, Director of Innovation for the Fund for Innovation and Transformation (FIT).

Despite the ongoing challenges, CPAR is on track and bringing this life saving technology and synchronous training approach to rural Ethiopia giving pregnant women and girls and newborns a real chance at survival.



Hands on training at Fitch Hospital.