

Saving the lives of mothers and infants

Commitment, money and innovation can reduce high mortality rates



In Ethiopia, Rwanda and a few other African countries, improvements in care for expectant mothers and newborns are allowing many more to survive and remain healthy.

Photograph: Alamy / Borderlands

In an otherwise grim outlook for Africa's hopes of achieving the Millennium Development Goals (MDGs) there is some good news. Rwanda is very likely to meet the MDG targets for child and maternal mortality, and will possibly be one of few countries in Africa to surpass them by the 2015 deadline. That is all the more remarkable given Rwanda's painful history of genocide, which left the economy of that small nation in tatters and its society in complete disarray.

Théophile Ndabereye, a worker at the Mayange Health Centre, is pleased by some major changes at his clinic, where new equipment and more staff contribute to safe and hygienic births. "We used to only have three trained nurses and most moms were giving birth at home. We now have eighteen," Mr. Ndabereye explained, according to a case study by the United Kingdom's aid agency, the Department for International Development (DfID). As a result, most of the mothers in the area now give birth at the health centre. Life expectancy for the babies has improved as well. Mothers stay for three days after delivery. "Even if mothers are in a hurry to go back to their home after they give birth, we show and explain to them why it is very important that they stay with us for three days," he said. "And they understand and they stay, for the sake of their new babies."

The women and their families in Mayange can trace many of these changes to the government's health insurance programme, *Mutuelles de santé*, which is run by community representatives and local health providers. Access to the programme increased from 7 per cent to 85 per cent of the population between 2002 and 2008. Those enrolled pay an annual premium equivalent to US\$2. Women who attend four appointments during a pregnancy deliver at no cost.

The initial results are impressive. Child mortality has decreased by over 30 per cent since 2005 and maternal mortality declined by 25 per cent in the years up to 2005. A number of other areas of progress contributed to these results: an increase in assisted-birth deliveries from 39 per cent to 52 per cent between 2005 and 2007; a rise in the use of family planning methods from 10 to 27 per cent between 2005 and 2007; a decline in the fertility rate from 6.1 to 5.5 children per woman; achievement of immunization rates of 95 per cent by 2008; an increase in the use of insecticide-treated bed nets from 4 to 67 per cent of the population between 2004 and 2007; and a decrease in the HIV prevalence rate to 3 per cent.

Marie Rose Mukankudinye, one of Mayange's mothers who delivered her baby safely, could not be more satisfied. "I want to encourage as many people as possible to visit the health centre," she said, "Healthy children can go much further in life."

Rwanda's achievements are all the more welcome on a continent where overall progress towards these goals has been barely perceptible. They demonstrate what is possible when political will, innovative policy and sustained donor support work in concert.

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