

# Process Evaluation of Skilled Delivery Service in Hadiya Zone in Southern Nations, Nationalities, and Peoples Region, Ethiopia



## Tagesse Sedoro

Department of public health, Wachemo University, Ethiopia

### Biography

Tagesse Sedoro has completed his/her MSc in health monitoring and evaluation from Jimma University, Ethiopia. Currently, he is the coordinator of community based education in collage of medicine and health science, Wachemo University, Ethiopia. He has one publication and the others more than three are in the process / ongoing. He is lecturer in public health departments. Overall his duties are teaching, doing research, advising different student research, giving community service in selected prioritized health problems and serving as a committee in different university issues.

## Abstract

Pregnancy related death is a cause for maternal and newborn mortality and morbidity as well as obstacle for economic growth. Three quarters of mothers' lives can be saved if women have access to a skilled health worker at delivery and emergency obstetric care. This evaluation was conducted to assess skill delivery service implementation level by using dimensions (availability, compliance and acceptability) and identify major contributing issues for under utilization of the service. The evaluation design is cross-sectional. 846 mothers who gave birth in Hadiya zone within one year prior to study period, one year delivery records. Epi Info 3.5.3 and SPSS version 16 were employed for data analysis. Based on selected indicators resources availability was inadequate for health facilities, human resource medical equipment and rooms. On compliance dimension, skilled delivery service coverage (34.8%), active management of third stage labor (32.7%) and health information at discharge on post natal care (PNC) visit (7.1%) were critically complied or poorly agreed in comparison with the guidelines and targets. Regarding skilled delivery service acceptability, welcoming, privacy keeping, reassurance during labor pain, follow up, baby care, comfortability (rooms, beds and clothing), cost of service, and episiotomy (without local anesthesia), was not accepted.



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