Improving Quality of Maternal and Newborn Health Services at Primary Health Centers in Ethiopia:
A Standards-Based Approach
(Program Learning)

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Presentation Outline

- Introduction
- Objective
- Methodological approach
- Result
- Conclusions
Introduction

- Ethiopia is 2nd most populous SSA country
- Income per capita US$233 (below SSA average)
- Ethiopians suffer from poor health status
- MMR = 676/100,000 and institutional delivery rate = 10%
- Under-five MR = 88/1,000 and NMR = 39/1,000
- Shortage of providers, drugs, diagnostic tools and unsuitable infrastructure contribute to poor-quality MNH services
- Weak referral linkage, under-financing and health care inaccessibility are underlying factors
- No strong quality management tool in health system
Jhpiego, with the Integrated Family Health Project (IFHP), funded by USAID, supported the Government of Ethiopia to improve the MNH care in PHCs from July 2010–August 2011.

The Standards-Based Management and Recognition (SBM-R®) approach was introduced in 11 PHCs in Ethiopia.

It is a practical management approach to improve quality using standards.

Compliance is tied to recognition.
Objectives

To introduce an effective quality management approach for improving maternal and newborn health care in 11 health centers
Methodological Approach

- 129 EMNH standards were defined
- Adapted from Jhpiego’s prior quality improvement experiences
- Considered national policies, guidelines and international references
- Showed what to do and how to do a procedure
- Helped for self-assessment and peer assessment and as job aids
Table 1: Number of EMNH Standards Organized by Focus Service Areas, September 2010–October 2011, Ethiopia

<table>
<thead>
<tr>
<th>No.</th>
<th>Area</th>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Focused antenatal care</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>Labor, delivery and immediate newborn care</td>
<td>18</td>
</tr>
<tr>
<td>3</td>
<td>Postnatal care</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Complication management</td>
<td>19</td>
</tr>
<tr>
<td>5</td>
<td>Infection prevention</td>
<td>19</td>
</tr>
<tr>
<td>6</td>
<td>Laboratory</td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>Pharmacy</td>
<td>9</td>
</tr>
<tr>
<td>8</td>
<td>Human and physical resources</td>
<td>16</td>
</tr>
<tr>
<td>9</td>
<td>IEC and community participation</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>Management system</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL STANDARDS</strong></td>
<td><strong>129</strong></td>
</tr>
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</table>
Results

- Modular SBM-R trainings were conducted.
- Quality management skills of providers were enhanced.
- Facility-based teams reviewed and owned the standards.
- Self-assessments for MNH services were done.
- Direct observations, interviews and document reviews were conducted.
- Teams set performance goals, identified gaps and analyzed causes.
Results (continued)

- Facility teams intervened and addressed gaps using operational plans.
- Performance was re-measured every six months.
- Achievements were rated with percentages for monitoring purposes.
- Ongoing supportive supervision, coaching and technical assistance (BEmONC) were provided.
Table 2: Self-Assessment Results of 11 PHCs against EMNH Standards from September 2010–October 2012, Ethiopia

<table>
<thead>
<tr>
<th>PHC</th>
<th>BA (%)</th>
<th>1st IMA (%)</th>
<th>2nd IMA (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buge</td>
<td>20.2</td>
<td>62.8</td>
<td>80.2</td>
</tr>
<tr>
<td>Bodity</td>
<td>33.4</td>
<td>65.8</td>
<td>75</td>
</tr>
<tr>
<td>Sagure</td>
<td>18.9</td>
<td>58.9</td>
<td>-</td>
</tr>
<tr>
<td>Kersa</td>
<td>20.7</td>
<td>63.0</td>
<td>-</td>
</tr>
<tr>
<td>H/ selam</td>
<td>16.5</td>
<td>46.0</td>
<td>-</td>
</tr>
<tr>
<td>Dejene</td>
<td>31.4</td>
<td>55.3</td>
<td>-</td>
</tr>
<tr>
<td>Birshewa</td>
<td>24.0</td>
<td>59.6</td>
<td>69.8</td>
</tr>
<tr>
<td>Enticho</td>
<td>25.7</td>
<td>52.0</td>
<td>72.3</td>
</tr>
<tr>
<td>Edag Arbi</td>
<td>38.0</td>
<td>65.0</td>
<td>-</td>
</tr>
<tr>
<td>Adwa</td>
<td>27.5</td>
<td>61.8</td>
<td>-</td>
</tr>
<tr>
<td>Wedikeshi</td>
<td>20.1</td>
<td>64.0</td>
<td>80</td>
</tr>
</tbody>
</table>

- **Baseline MNH result:**
  Average 24.8% (16.5–38%)

- **First monitoring MNH result:**
  Average 59.5% (46–65%)

- **Second monitoring MNH result:**
  70–80% met standards
Graph 1: Self-Assessment Results of MNH Services in 11 Primary Health Centers, September 2010–October 2011, Ethiopia
Outcome betterment was shown due to SBM-R, such as

- Average institutional deliveries increased (from 2 to 20/mon).
- Woman-friendly MNH care was provided.
- Complication readiness and birth plans were developed in ANC.
- Consistent use of the partograph and AMTSL were shown in all PHCs.
- Client satisfaction increased from 50% to 80% in one health care facility.
Some initiated infrastructural changes such as expanding the postnatal ward.

Because of use of EMNH standards:
- Obstetric complication management skills of providers were enhanced.
- Infection prevention practices improved.

PHCs mobilized local resources to procure medical equipment, drugs and supplies, and to initiate construction.

Increased community participation was also noted.

Two PHC were nominated as a model by local governments.
Conclusions

- Standards-based approach empowered providers to give better quality care for mothers and newborns.
- It also helped to increase institutional deliveries and women’s satisfaction.
- However, there remain persistent gaps in infrastructure and staff motivation.