



Improving the Quality of Maternal and Newborn Health Care

Southern Nations, Nationalities and Peoples Region



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Maternal and Child Health
Integrated Program

Maps of the Southern Nations, Nationalities and Peoples Region

Ethiopia is divided into nine administrative regions and two cities. Hadiya Zone is located in the Southern Nations, Nationalities and Peoples Region (SNNPR); Hosanna is the zone's administrative center.



In Hadiya Zone, 60 rural health centers and one hospital serve a population of nearly 1.4 million people. The Zonal Health Bureau is converting four rural health centers into district hospitals, where health professionals will provide emergency services, including surgery. In the zone, there are more than 280 health posts, which are staffed by health extension workers who provide preventive care for their community.

The Maternal and Child Health Integrated Program (MCHIP), which is present in 30 priority countries, is funded by the U.S. Agency for International Development and led by Jhpiego, which partners with Save the Children International in Ethiopia. MCHIP aims to accelerate the reduction of maternal, newborn, and child mortality by building on program experience and lessons learned from previous maternal and child health focused programs. MCHIP addresses major causes of mortality, including malnutrition, by scaling up evidence-based, high-impact maternal, newborn, and children health interventions. MCHIP's goal is to help reduce maternal and child mortality by 25 percent across the 30 priority countries through field-based implementation and global leadership. For more information, contact Hannah Gibson at Hannah.Gibson@jhpiego.org or visit www.mchip.net/ethiopia.

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Cover: Midwife Yeshiharag Agafari talks with an expectant mother in the Morsito Health Center's prenatal room. Following implementation of MCHIP's Standards-Based Management and Recognition approach, Yeshiharag and other health care providers improved the services they offer clients and doubled the number of mothers who deliver at the center.



Hospital Staff, Community, and MCHIP Work Together to Revive Hospital

The Hosanna referral hospital works with MCHIP to implement a performance and quality improvement approach for better resource management and customer service, and in the process gains the confidence to make significant improvements on its own.

Hosanna, Ethiopia—In September 2011, the board of directors of the Nigist Eleni Mohamed Memorial Hospital organized visits for members of the community, including wealthy business owners, community leaders, and former residents from abroad. The visits were not designed to showcase the hospital, but to expose its poor conditions. As the referral hospital in Hosanna, the administrative center of Hadiya Zone with nearly 70,000 inhabitants, the Nigist Eleni Mohamed Memorial Hospital serves a catchment area of more than 1.4 million people. Among other issues, the board was certain that the lack of bed sheets in this 200-bed hospital would catch the community’s attention and move it to action.

Hosanna’s hospital was built in 1980 with money donated by residents, and roots run deep in the community. Before the hospital was built, people living in the area had to travel six hours over rough roads for medical services. Berhanu Ersesi, the current president of the Hosanna Chamber of Commerce, recalls when his father contributed 10 birr toward the hospital’s construction. “Even poor farmers were giving three birr, which was a lot of money at that time,” he explains. “For this reason the community feels that the hospital belongs to them and is part of Hosanna’s heritage.”

Over the years, the population and the catchment area—known as Hadiya—increased while the conditions of the hospital deteriorated. “We were disappointed when we heard that mothers and babies were dying in our hospital and discussed what we could do as a community,” says Berhanu, who was appointed to the hospital’s board of directors in 2011.

That August, the Maternal and Child Health Integrated Program (MCHIP), which is funded by the U.S. Agency for International



Tseganesh Bekele, head midwife at Hosanna referral hospital in Hadiya Zone, SNNPR, Ethiopia, gives a young mother a mama kit, which includes a baby hat and a baby blanket.

“We were disappointed when we heard that mothers and babies were dying in our hospital and discussed what we could do as a community.”

- Berhanu Ersesi, President of Hosanna Chamber of Commerce

Development, began working with the hospital to improve the quality of its maternal and child health care (Figure 2). That’s when the medical director, Dr. Ayano Shanko, put in the hands of the board an assessment produced through the Standards-Based Management and Recognition (SBM-R®) process conducted in collaboration with MCHIP. SBM-R is a practical management methodology to improve the performance and quality of health services, which focuses not on lengthy examination of problems, but on the streamlined standardization and implementation of best practices.

Figure 1: Standards-Based Management and Recognition

<p>Standards-Based Management and Recognition (SBM-R®) is a practical management approach for improving performance and quality of health services that uses detailed, operational, observable performance standards for site assessments and problem-solving. The process has four steps:</p>	<p>Step 1: Set standards of performance</p> <ul style="list-style-type: none"> Define the desired level of performance for each health service delivery area to be addressed 	<p>Step 3: Measure progress</p> <ul style="list-style-type: none"> Monitor process Assess success of interventions Identify resistant gaps Make necessary adjustments
	<p>Step 2: Implement the standards</p> <ul style="list-style-type: none"> Identify gaps through baseline analysis Identify causes of the gaps Decide on appropriate interventions Implement interventions 	<p>Step 4: Recognize achievement</p> <ul style="list-style-type: none"> Provide public acknowledgment of achievement Give timely and specific feedback Offer social and/or material recognition

Conducting an Assessment to Improve Service

To start the SBM-R process, hospital and MCHIP staff worked together to carry out a baseline assessment of the hospital’s maternity unit using clinical, evidence-based standards that allowed the staff to identify gaps and prioritize problem areas. The SBM-R assessment stressed improving the management of resources at the hospital and in the community, updating staff skills and knowledge, and strengthening hospital leadership.

By using SBM-R as a performance and quality improvement tool, Dr. Ayano and his staff took the first step toward transforming the hospital. As the next step, department leaders, the board of directors, and Dr. Ayano looked for local resources to fill gaps identified and prioritized through the SBM-R process.

They started in September 2011 by having the board conduct the hospital tours, and as a result, the community collected 90,000 birr (USD \$5,000) for the hospital. More than half of this went toward 250 sets of sheets, blankets, and pillows for the hospital. With the rest of the money, community members purchased two refrigerators to store blood and heat-sensitive medicine.

“The community saw our mothers without sheets and fulfilled the need,” Dr. Ayano explains. “The SBM-R process showed us that there are many ways to get the support we need.”

Next on the list for Dr. Ayano and his team was the hospital’s maternity ward. As a result of the facility’s deterioration and the simultaneous expansion of demand for services, the original maternity ward was too small to accommodate the number of mothers giving birth each month. Expectant mothers and mothers giving birth were placed in the same narrow room, which lacked windows and ventilation. In addition, mothers in need of emergency cesarean operations had to be carried across the hospital compound, wasting precious minutes and putting lives at risk.

Using SBM-R as a blueprint, the hospital team relocated the delivery ward next to the operating room, two floors below pediatrics. They also created separate rooms for antenatal, delivery, and postnatal care. In addition, the ward tripled the number of delivery beds to 12. Now, the 400 mothers coming to the hospital every month for delivery and emergencies no longer have to wait for a bed.

“Before we didn’t even provide postnatal care. We didn’t have room for beds nor did we have the knowledge and skills. Today, mothers stay at least six hours in the ward after delivery,” says Tseganesh Bekele, the maternity ward’s head midwife. “Now the midwife can observe the mother for bleeding and assess the situation and make a decision if she needs to see a doctor.”

In order to ensure that the renovated maternity ward was appropriately outfitted, the hospital requested essential equipment from the government. As a result, regional and zonal health bureaus contributed operating tables and a suction machine, while the Hawassa University Hospital—located in a neighboring zone—supplied the anesthesia machine.

International donors also supported the hospital’s quest to upgrade its facilities by painting the new maternity ward and providing structural improvements to the hospital buildings. “The SBM-R document allowed us to identify our needs and encouraged us to figure out what the government can do, what the donors can do, and what we ourselves can do,” Berhanu points out.

To encourage the hospital to continue filling the gaps identified in the SBM-R assessment, MCHIP provided the maternity ward with delivery kits, two postnatal beds, and videos to show health education messages to mothers resting in the postnatal ward. And, as part of their contribution, Dr. Ayano and his team built partitions between the delivery beds using sheet metal found in hospital store rooms.

Local Solutions for the Maternity Ward

“The SBM-R process showed us that there are many ways to get the support we need.”

- Dr. Ayano Shanko, Medical Director



Two nurses stand in the maternity unit at the Hosanna hospital, which was renovated as part of the hospital’s SBM-R process.

Attention to Staff



Dr. Ayano attends to a mother and her newborn in the maternity unit's newly created postnatal ward.

The SBM-R assessment also addressed staff needs. As part of the standardization of staff skills, MCHIP trained Tseganesh and another midwife in basic emergency obstetric and newborn care (Figure 3). Tseganesh and her colleague share with other staff the knowledge they have gained, such as how to manage birth complications associated with postpartum hemorrhage, infection, shock, eclampsia, and newborn asphyxia.

As head midwife, Tseganesh had noted in her SBM-R analysis that midwives burned out quickly due to a stressful workload, which led to a high turnover rate among the midwives. To help address this issue, the hospital increased the number of midwives from 10 to 16.

The hospital also put financial resources toward its long-term goals. The hospital sponsored a local doctor to complete postgraduate studies in pediatrics on the condition that he would return to the hospital. “We saw a lack in pediatric services in the baseline study. We never had a pediatrician before because they are very expensive. We decided to train our own,” Dr. Ayano explains.

In January 2012, the hospital’s SBM-R team gathered to assess progress and to collect the community’s comments and suggestions. The hospital also sponsored a town hall meeting with more than 500 people in order to gauge customer opinions on service and treatment. “The community members are our clients. We learned things that we couldn’t measure in the SBM-R study,” says Dr. Ayano.

Through these meetings the staff learned that some physicians and nurses were not respecting clients, many services were incomplete, and there was often a shortage of medicine in the pharmacy. Hospital staff then gathered and discussed ways to address these concerns.

“We take complaints seriously and mediate between our staff and clients. We provide open lines of communication for all clients. Our progress is a direct result of our achievements with MCHIP—the frequent coaching, follow-ups, and motivation,” says Dr. Ayano. “If MCHIP just came to teach us in a matter of a few days, we would forget everything. Standards-Based Management and Recognition is a process—not an event.”

Figure 2: MCHIP Contributions in Hadiya Zone

Basic emergency obstetric and newborn care trainings	19 health professionals (midwives and clinical nurses)
Kangaroo mother care training	53 health workers
Essential newborn care training	12 midwives
Prevention of mother-to-child HIV transmission training	13 health professionals
SBM-R methodology training	11 health centers 1 hospital



Community Efforts Bring Mothers Improved Services

Homacho Health Center midwife, Tenay Ayele (left), makes a postnatal checkup visit to the home of Emebet Weldeyohanis as part of the center's community outreach initiative.

Homacho, Ethiopia—There is a saying among Hadiya women living around the village of Homacho that claims children born at home will be bigger, stronger, and therefore greater. For many years, this and other cultural practices, like ceremonies and indigenous beliefs, have kept expectant mothers from using services at the village's health center. In addition, local residents had a poor opinion of their health center.

Homacho, located in the Gibe District within the Hadiya Zone, has four health centers and five midwives serving a population of 120,000 people. The Homacho Health Center—built in 1993 by an Ethiopian donor—is the largest of the four and receives more than 6,000 patient visits every month.

“Before, if there was no problem, there was no reason to go to the health center for birth,” says Ester Desalegne, mother of six, who paid neighbors to carry her pregnant daughter two hours on a stretcher to the center after four days of prolonged labor. “Today, I see it is better to use the health center, but distance is a big problem.”

Over the last year, the center's staff conducted a community outreach program, sending one clinical health professional and one health extension worker each week into the surrounding communities to talk about the center's services. The outreach program, promoted by the federal government, helps professionals discover the health center catchment population's opinions. The program also provides these professionals with the opportunity to transfer knowledge to nurses, midwives, and health extension workers.

Community Outreach



Ester Desalegne (right) waits outside the maternity ward of the Homacho Health Center where she brought her daughter after prolonged labor at home.

“Today, I see it is better to use the health center, but distance is a big problem.”
 - Ester Desalegne, Mother of six

According to another local traditional practice that kept mothers from going to the health center, mothers must stay home after giving birth for at least one month and sometimes up to three months. Thus, it is common for mothers to skip their six-day and 45-day postnatal checkups. Now, as part of the community outreach, at least twice a month midwife Tenay Ayele sets off on foot to surrounding villages to visit mothers who have not returned for postnatal checkups.

“I either go myself or send a health extension worker to the mother’s house. I also give the mother my cell phone number in case of an emergency,” Tenay says.

The outreach program has also given outreach workers the chance to tell the community about the improvements made in the health center, including improvements supported by its work with MCHIP.

In August 2011, MCHIP staff introduced the SBM-R (Figure 1) as part of its work to improve the health center’s performance and quality of care. MCHIP used SBM-R to train staff to analyze gaps in services and to create an action plan to find their own solutions to the problems they had identified.

SBM-R involves the staff in enumerating the center’s major gaps in performance and quality of services. In this way, the staff gains ownership, and they are motivated to take action and rectify the gaps identified through the SBM-R process. After the center’s team conducted the SBM-R baseline assessment, they decided to focus on increasing respect for patients and efficiency.

Figure 3: Basic Emergency Obstetric and Newborn Care

<p>Basic emergency obstetric and newborn care (BEmONC), which can be provided in health centers of all sizes, includes:</p> <ul style="list-style-type: none"> • Administration (usually by injection) of: <ul style="list-style-type: none"> • Antibiotics for infection • Anticonvulsants for pre-eclampsia/eclampsia • Uterotonics to induce contractions for prevention of postpartum hemorrhage • Manual vacuum aspiration of retained products of conception • Vacuum-assisted delivery • Manual removal of the placenta • Newborn resuscitation 	<p>Essential newborn care is a set of basic preventive measures that includes:</p> <ul style="list-style-type: none"> • Clean childbirth and cord care to prevent infection • Thermal protection to prevent and manage hypo/hyperthermia • Early and exclusive breastfeeding, started within one hour after childbirth • Initiation of breathing and resuscitation • Eye care • Immunization • Identification and management of sick newborn • Care of preterm and/or low birth weight newborn
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The staff also looked at existing resources to improve the health center. The midwives began by rearranging the maternity ward to provide mothers with separate antenatal, delivery, and postnatal rooms. In addition, MCHIP staff trained two midwives in basic emergency obstetric and newborn care (Figure 3) and kangaroo mother care—the practice of skin-to-skin contact in which a mother swaddles her baby to her chest to keep the baby warm and to facilitate breastfeeding.

MCHIP also provided essential materials, including beds and bedding, a resuscitation device, and autoclaves. The center also turned to governing bodies for in-kind donations, such as reagents for the laboratory.

The center’s community outreach strategy and the SBM-R process have resulted in improved client flow and more efficient services. Consequently, since 2011, the number of mothers delivering in the center has nearly doubled to 14 per month (Figure 4).

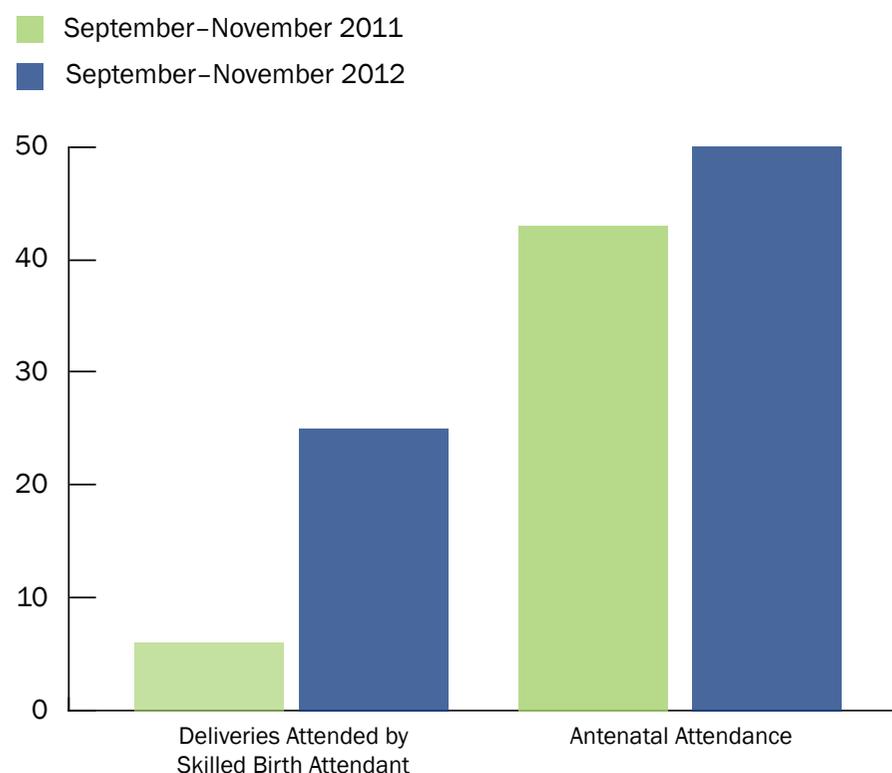
“Standards-Based Management and Recognition gives us guidelines to follow, but it’s up to us to implement them,” explains Tenay.

And, according to the health center’s manager, Temesgen Debrero, “We now provide more complete services and this develops a greater sense of trust in the providers on the part of the community.



Following MCHIP’s training on SBM-R, Tenay Ayele, midwife at the Homacho Health Center, helped improve the quality of care at the center so that more women would use its services, thus improving the health of mothers and their newborns.

Figure 4: Skilled Birth Attendance and Antenatal Attendance in Hadiya Zone, Before and After Implementation of SBM-R



During September–November 2012, following implementation of SBM-R in Hadiya Zone, 25% of women gave birth with a skilled birth attendant, up from 6% during the same time period in 2011; and 50% of pregnant women attended at least one antenatal care visit, up from 42% in 2011.

Rural Health Center Makes Mothers' Needs a Priority



The coffee hut at the Morsito Health Center is part of efforts to improve services. The hut offers a place for pregnant women to meet and learn from health care workers about preparing for birth and it provides a place for families to wait and to celebrate the birth with a traditional coffee ceremony.

Morsito, Ethiopia—Every day, coffee alerts Ethiopians to a multitude of events—from weddings to funerals, from births and deaths. Coffee marks the occasion when a child does well in school or when a neighbor gets a good price for his crops in the market. Each day, coffee—brewed in clay pots over hot charcoals—fills countless small cups to the brim with a swirling, life-affirming substance that is consumed by millions of Ethiopians.

Because this drink is so popular, the Morsito Health Center—located nearly 26 kilometers from Hosanna—determined that the scent of coffee would attract expectant mothers and their families to the center. To this end, in mid-2012 the center began construction of a coffee hut, a place for family members to wait while their wives, sisters, and mothers give birth. And, when the baby is finally born, the coffee will be ready for the celebration.

“Coffee is a part of our lives even when we are sad. It’s the first and last thing we do,” says Yeshiharag Agafari, the center’s midwife. The coffee hut is part of the center’s transformation to a place that provide more family-friendly services.

“Coffee is a part of our lives even when we are sad. It’s the first and last thing we do.”

- Yeshiharag Agafari, Midwife

Yeshiharag has worked at Morsito for the last four years and says the service has not always been like this. Since working with the MCHIP team and using the program’s SBM-R process (Figure 1) to identify gaps and develop an action plan, members of Morsito’s health center staff have worked together in a number of ways to improve services and their client’s experience.

Most of these improvements began with the use of the center’s existing resources. Yeshiharag and her team first rearranged the maternity ward to provide more efficient services to expectant mothers.

“Now when a mother comes for prenatal checkups, she’ll see the entire process with her own eyes. I show her the delivery room so she can imagine exactly where she will be the day she gives birth,” the midwife explains. “We discuss all this in the prenatal room, which allows us to guarantee privacy and confidentiality.”

Privacy and ethical concerns are an integral part of the center’s transformation. The new maternity ward stresses respecting the mother’s choice (e.g., allowing family members in the delivery room if the woman wants them there) and the provision of services by the same midwife through all phases of the mother’s pregnancy—from prenatal to delivery to postnatal.

“A mother can now tell me every problem, knowing that it’s only me who will know. A mother doesn’t like having to explain her situation to more than one midwife or nurse,” Yeshiharag says.

Yeshiharag and her colleagues are also spreading the message about the improvements throughout the community. Two days a week, they walk to surrounding villages to tell mothers about the quality of services in the health center.

“When they meet us in their villages, there is less fear. They see us as equals and not as professionals speaking a language they don’t understand,” she explains. “Through visits, we create a sense of intimacy and they even start to call us by our first names.”

When a mother has a successful delivery and is happy with the services received, she is more likely to go back to her village and tell her neighbors. One of the services every mother takes home with her is a UNICEF-donated mama kit that is distributed by MCHIP and includes a baby hat and blanket and soap to wash the baby. After just three months of improvements, the number of deliveries has already doubled to 20 per month. In the future, Yeshiharag and her team expect to deliver an average of 30 babies every month.

“The SBM-R tool really encouraged us and taught us how to use multiple sources to get results. Even the people in the village have wondered why we are so motivated. We learned to use what we already have,” she says showing a delivery screen (crafted from extra, unused materials found in the center’s store) that gives mothers more privacy in the delivery room.

Ayelech Ermako lives near Morsito Health Center, but she delivered her first child at home. After hearing about the center’s antenatal checkups from a neighbor, Ayelech began going when she was three months pregnant with her second child. She never had a checkup while pregnant with her first child.



Midwife Yeshiharag Agafari has worked in the Morsito Health Center since 2008, and received MCHIP’s SBM-R training to improve the maternity ward.

Mother-Friendly Service

Information Is Action

“When they meet us in their villages, there is less fear. They see us as equals and not as professionals speaking a language they don’t understand.”
- Yeshiharag Agafari, Midwife

When midwife Yeshiharag saw Ayelech in the prenatal room to go over her case, she gave her a tour of the delivery room and postnatal care room and told her that all maternal and child health services at the center are free of charge.

“I didn’t know that the service was for free,” Ayelech says, surprised. “I thought it was as much as 300 birr to deliver my baby here.”

Yeshiharag dispels the myth and shows mothers the mama kit that includes a baby hat, blanket, and soap.

“It’s not like old times. Now we have an ambulance that can take you to Hosanna if you have big complications,” Yeshiharag says. “And if your family comes, they can wait for you in our coffee hut and celebrate the birth of your baby.”



Frehiwot Bogale (left) and Bezawit Tadesse (right) and their babies, who were born in the Hosanna referral hospital’s refurbished maternity ward, are some of the many beneficiaries of MCHIP’s work to improve the quality of maternal and newborn health care in SNNPR.