



Quality, Equity, Dignity

A Network for Improving Quality of Care for Maternal, Newborn and Child Health



ETHIOPIA

Core demographic data

Population	99 391
Fertility rate per woman	4.6
Total maternal deaths in 2015	11 000
Neonatal Mortality Rate	28 per 1,000 live births
Stillbirth rate	26.7 per 1,000 births

Coverage of key interventions

	%
Demand for family planning satisfied	62
Antenatal care (4 or more visits)	32
Skilled attendance at delivery	28
C-section rate	2
Early initiation of breastfeeding	52
Exclusive breastfeeding	58
Postnatal visit for baby	No data
Postnatal care for mother	17

Policies

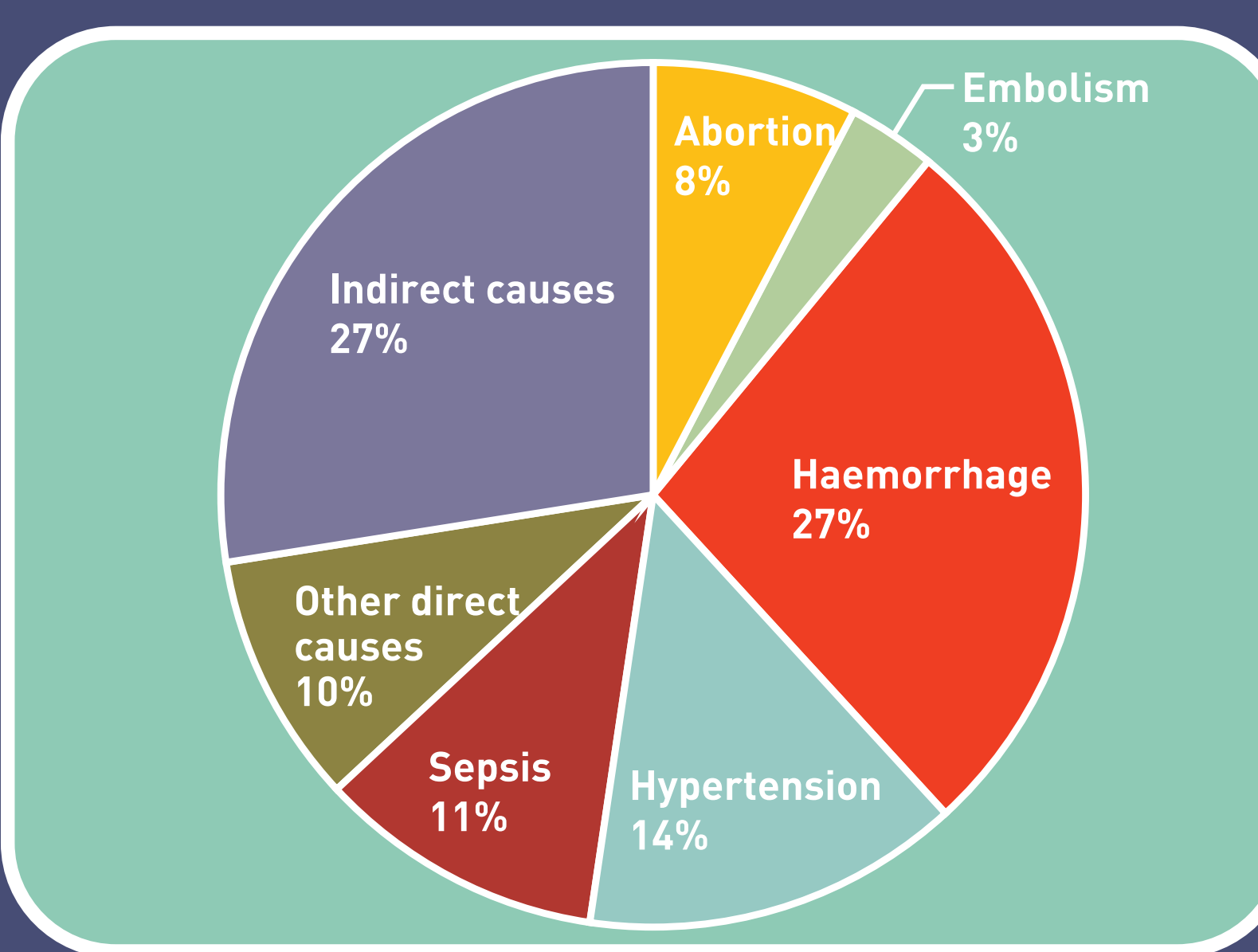
Midwives authorised for specific tasks (x of seven)	7 of 7
Maternal deaths notification	Yes
Postnatal home visits in first week after birth	Yes
Kangaroo mother care in facilities for low birth-weight/preterm newborns	Yes
Antenatal corticosteroids as part of the management of preterm labour	Yes
International Code of Marketing of Breastmilk Substitutes	Partial

Systems

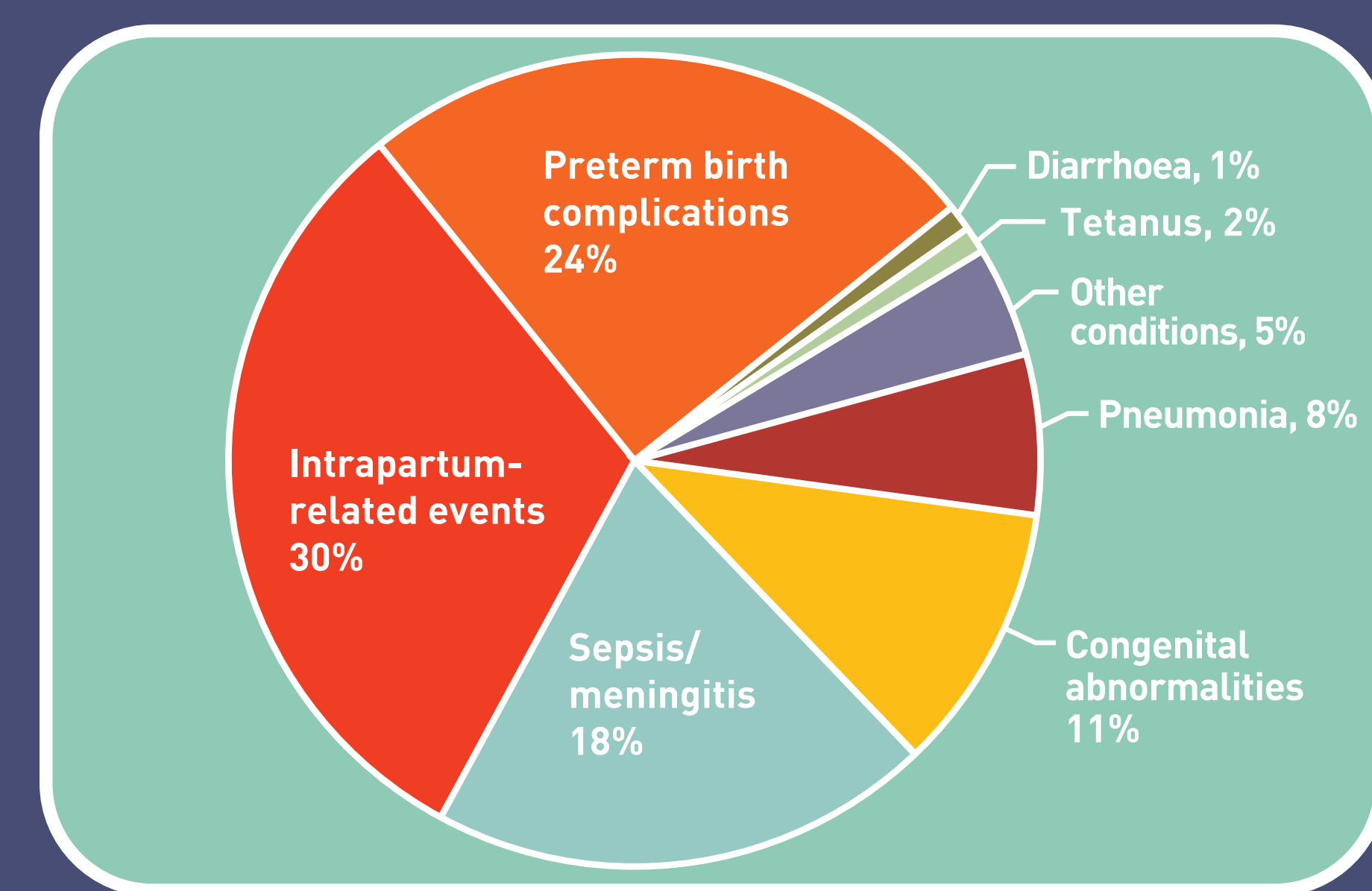
Costed National Implementation plan(s) for maternal, newborn, child health available	Yes
Maternal and Newborn Lifesaving Commodities on the national Essential Medicine list:	
Reproductive Health (x of 3)	3
Maternal Health (x of 3)	3
Newborn Health (x of 4)	3
Child Health (x of 3)	3
Density of Doctors, Nurses and Midwives (per 10,000 population)	2.8
National Availability of Emergency Obstetric Care Services (% of recommended minimum)	11%

Causes of death

Global Causes of Maternal Mortality (2014)



National Causes of Newborn Mortality (2015)



Snapshot of readiness to improve quality of care

Leadership	Readiness
Functional Leadership Structure for Quality Improvement	Achieved
Quality of Care Committees established in District Health Management Teams	In process
Plans, strategies & standards	Readiness
National Quality of Care Strategy for the Health Sector	Achieved
National Strategy for Maternal and Newborn Health addresses Quality of Care	Achieved
National Quality of Care Standards and Protocols	In process
Data	Readiness
National Situational Analysis for Quality of Care up to date	Achieved
Assessment of Quality of Care in Health Facilities completed in the past two years	In process
Supporting systems	Readiness
Maternal and Perinatal Death Surveillance and Response System established	Achieved
13 Maternal and Newborn Lifesaving Commodities on the Essential Medicine list	Achieved
Water Coverage in Health Care Facilities (%)	32%
Skilled attendance at delivery (%)	28%
National Availability of EmOC (%)	11%

Governance of quality of care improvement

The Ethiopian Health Sector Quality Directorate (EHSQD) is responsible to operationalize all quality improvement in the health sector. Under EHSQD, there are two case teams

- Quality improvement case team:
 - Institutionalizing a QI culture across the health sector
 - Operationalizing the implementation of quality strategy at national, regional, zonal and district (woreda) level. See Figure 2.
- Hospitals reform case team:
 - Developing and revising hospital reform
 - Operationalizing the implementation of Ethiopian Health Services Transformation Guideline (EHSTG)

A case team is being established to support QOC in private health facilities. Additionally, the Food, Medicine and Healthcare Administration and Control Authority (FMHACA) is responsible for health and health related services and products quality regulation which includes the practice, premises, professionals and products.

- Results:
- Quality standards developed for the five priority health conditions, including for MNCH.
 - Service standards developed by the regulatory body
 - Quality improvement and clinical audit tool prepared based on the WHO MNH quality standards
 - Ethiopian Health Service Transformation Guide (EHSTG) and Health Centre Service Management Standards (EHCRIIG) prepared.
 - Orientation provided to 2,500 participants from 244 hospitals on Quality improvement methods, Health Service Transformation for Quality Guidelines and EHSTG.
 - A master's level Quality Improvement course under development
 - The largest partnership network established among Ethiopian health institutions to catalyse collaborative learning

Quality of Care Plans and Strategies

Quality of Care is a core element of the General Health Sector Transformation Plan.

The Ethiopian National Health Care Quality Strategy (2016-2020) provides a clear roadmap, with strategic focus. See Figure 1.

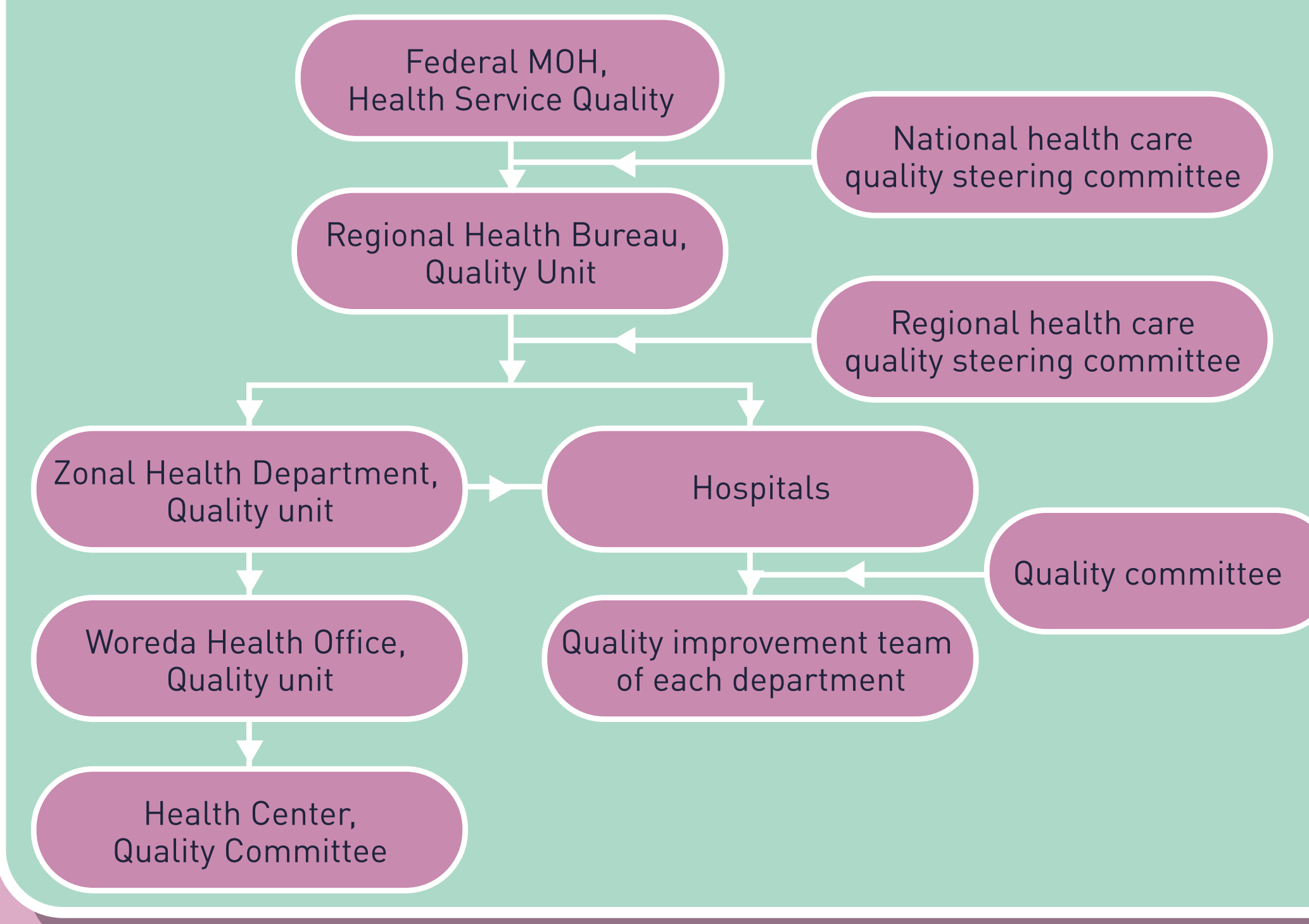


Standards

National Standards for Quality of Maternal and Newborn care were completed in September 2016.



Figure 1. National to District Quality of Care Governance Structure



Key data sources including Health Facility Assessments

- Landscape Report by the Federal Ministry of Health and the Institute for Healthcare Improvement (2014)
- Assessment on Supportive Supervision in Lead Hospitals. See Table 1
- Second EHAQ cycle: First Round supportive supervision (2014), Second Round supportive supervision (August 2015) and Cycle Conclusion Validation Assessment (June 2016)
- Assessment on the availability of essential physical resources for Maternal, Newborn and Child Health in Lead hospitals (2014)
- Baseline Assessment on the Quality of Pediatric Hospital Care in Ethiopia (2012). See Tables, 2, 3, 4, and 5.

Table 1: Change among LEAD hospitals in maternal and neonatal services measures from baseline to follow-up (N=18)

	Number of items per domain	Baseline score (mean (SD))	Baseline percent of items met	Follow-up score	Follow-up percent of items met	p-value
Basic infrastructure score	8	5.50 (1.10)	68.8%	6.67 (1.14)	83.4%	0.043
Antenatal care facility assessment	9	6.67 (1.56)	73.9%	8.08 (0.74)	89.8%	<0.010
Emergency obstetric care	33	21.77 (4.02)	65.9%	28.09 (5.29)	85.1%	<0.001
Cesarean delivery	16	10.33 (2.26)	64.6%	12.14 (2.80)	75.9%	0.064
Case management of post-partum haemorrhage and eclampsia	10	6.54 (1.43)	65.4%	7.77 (1.31)	77.7%	0.013
Pediatric care	12	6.33 (2.68)	52.8%	10.17 (2.09)	84.8%	<0.001
Laboratory service	5	3.67 (1.03)	73.4%	4.44 (0.73)	88.0%	0.014
Guidelines and auditing	7	3.72 (1.90)	53.1%	4.86 (1.75)	69.4%	0.044
Infection protection and patient safety	10	6.22 (2.13)	62.2%	8.94 (1.47)	89.4%	<0.001
Total maternal and neonatal service score	110	65.57 (10.50)	59.6%	91.16 (12.42)	82.9%	<0.001

1. LEAD hospitals were those selected by the Federal Ministry of Health based on their high performance relative to the Ethiopia Hospital Reform Implementation Guidelines (EHRIG) standards.

Table 2: Performance of the ten hospitals in routine neonatal care

Standards for routine neonatal care	Performance of hospitals (Number of hospitals out of 10)		
	Good (score 5)	Some improve (score 3 -4,9)	Considerable improve (score <3)
1. Essential newborn care guideline available, followed, practised and documented	0	6	4
2. There is a resuscitation place with heating and equipment ready to use (newborn corner)	3	4	3
3. Resuscitation of the newborn correctly practised	0	8	2
4. Early and exclusive breastfeeding is promoted, skin contact ensured	1	9	0
5. Clean delivery and newborn care is practised	2	8	0
6. Thermal protection is practised	1	8	1
7. Eye and Vitamin K prophylaxis	6	3	1
8. Immunisations are given	4	1	5

Table 3: Standards for neonatal care unit in the ten hospitals

Standards for routine neonatal care	Performance of hospitals (Number of hospitals out of 10)		
	Good (score 5)	Some improve (score 3-4,9)	Considerable improve (score <3)
1. There is a separate room for sick newborn babies with their mothers	0	8	2
2. There are hygienic services for the mothers of the newborns	0	3	7
3. Clean ward, accident prevention and disposition of sharps is in place	2	6	2
4. Closest attention for the most seriously ill newborn is ensured	1	6	3

Table 4: Summary of standards for hospital administration

Standards and criteria for hospital administration	Performance of hospitals		
	Standards met (score 5.0)	Needs improvement (score 3 -4,9)	Considerable improve (score 1.0 -<3.0)
1. Adequate pediatric service delivery space/units available as per the national minimum standard	0	1	9
2. Adequate and updated treatment guidelines are available at the hospital	0	2	8
3. Audits on hospital deaths are performed	0	6	4
4. Essential drugs are available	0	7	3
5. Essential equipment is available	0	6	4
6. Essential laboratory support is available	0	9	1
7. Transport is available for referral	1	4	5

Table 5: Performance of hospitals in case management & care of sick newborns

Standards of case management and care for sick newborns	Performance of hospitals (Number of hospitals out of 10)		
	Good (score 5)	Some improve (score 3 -4,9)	Considerable improve (score <3)
1. Neonatal sepsis is appropriately diagnosed	0	7	3
2. Effective antibiotics appropriately given for all neonates & response is monitored	1	7	2
3. Oxygen is administered appropriately to all neonates (including preterm's with CPAP) who need it	1	6	3
4. Specific feeding needs of sick young infants and those with low birth weight, are met	2	8	0
5. Jaundice is adequately recognized and managed	0	2	8

- References:
- World Bank (2015). 2015 report. See <http://countrydata2000.org/>
 - Maternal Death Surveillance and Response Country Profiles (WHO 2014). See http://www.who.int/maternal_child_adolescent/epidemiology/maternal-death-surveillance/country-profiles/
 - Causes of Maternal Death. See http://www.who.int/maternal_child_adolescent/epidemiology/maternal-death-surveillance/country-profiles/
 - Causes of Newborn Death. UNICEF 2016. <https://data.unicef.org/resources/maternal-newborn-health-disparities-country-profiles/>
 - Water, sanitation and hygiene in health care facilities. WHO and UNICEF 2013. See http://apps.who.int/iris/bitstream/handle/10665/117892/1/150476_eng.pdf?ua=1
 - All other data received from the relevant Ministry of Health and UNICEF and WHO Country Offices.

Partnerships for quality of care improvement

Partners include WHO, UNICEF, USAID, Maternal and Child Survival Programme, Centre for Disease Control, Bill and Melinda Gates Foundation, Margaret A. Cargill Philanthropies, JHPIEGO, Institute for Healthcare Improvement, Save the Children, CHAI, MSIE, CU-ICAP, Yale GHZI, MSH/HSFR, JSI/L10K, Emory University's Maternal Newborn Health in Ethiopia Partnership



The Federal Democratic Republic of Ethiopia
Ministry of Health

Get involved: www.qualityofcarenetwork.org