



# **Community quality improvement approach to facilitate more respectful care for pregnant women and increase health worker-assisted deliveries in rural Ethiopia**

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Wilson Center  
Washington DC

## Presentation outline

- Background
- The Health Extension Program
- L10K Project Description
  - Participatory Community Quality Improvement (PCQI)
- Barriers to use of facility delivery
- Change in coverage of facility delivery – influence of PCQI
- Implications

# Ethiopia: Background

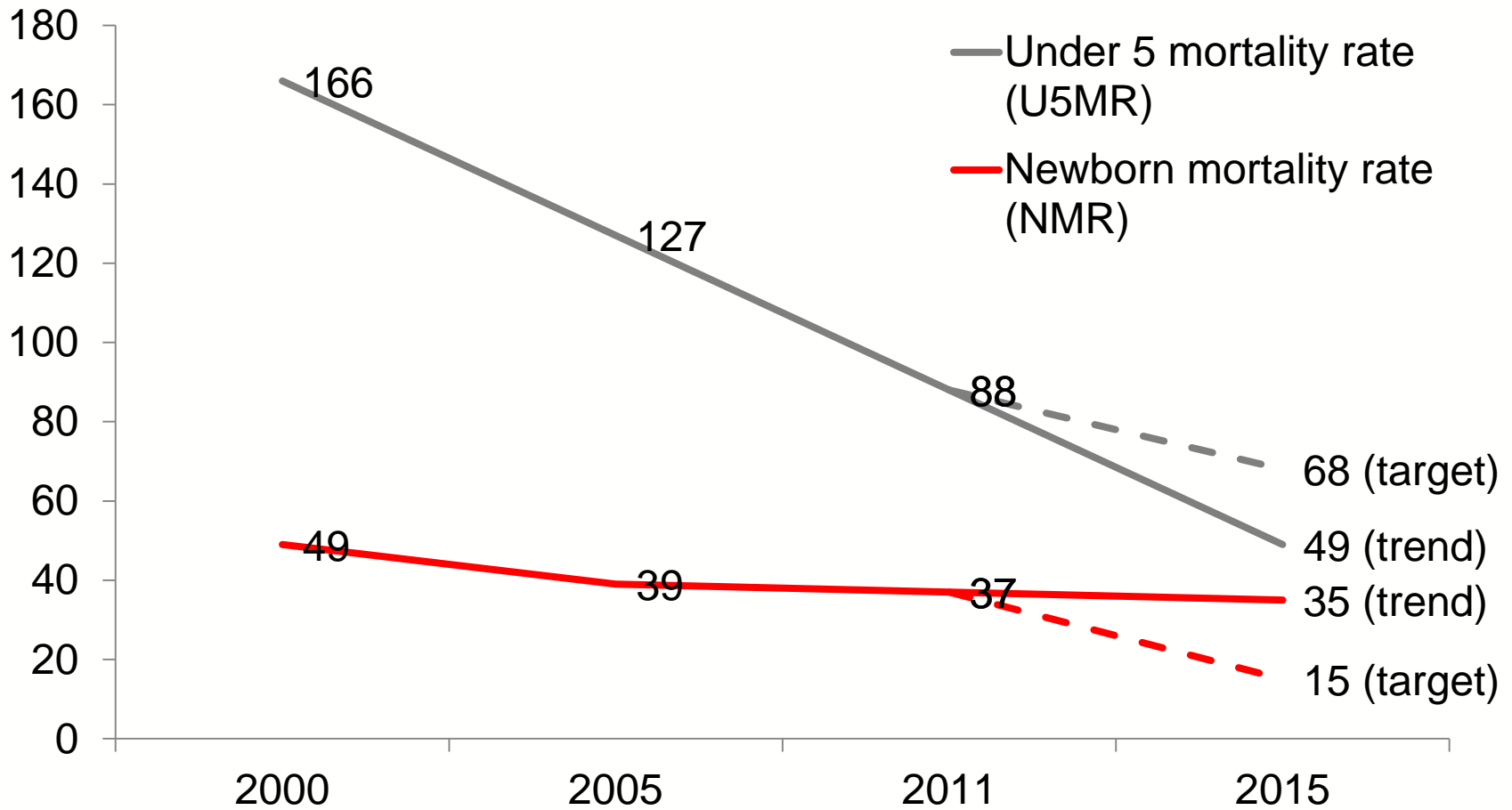
- Highly populated country with 85% of population residing in rural areas
- Over 2.5 million people are added every year
- Steady economic growth; GNI standing at 370 USD
- Low access and utilization of proven and effective health interventions
- High newborn, child and maternal mortality morbidity from preventable causes



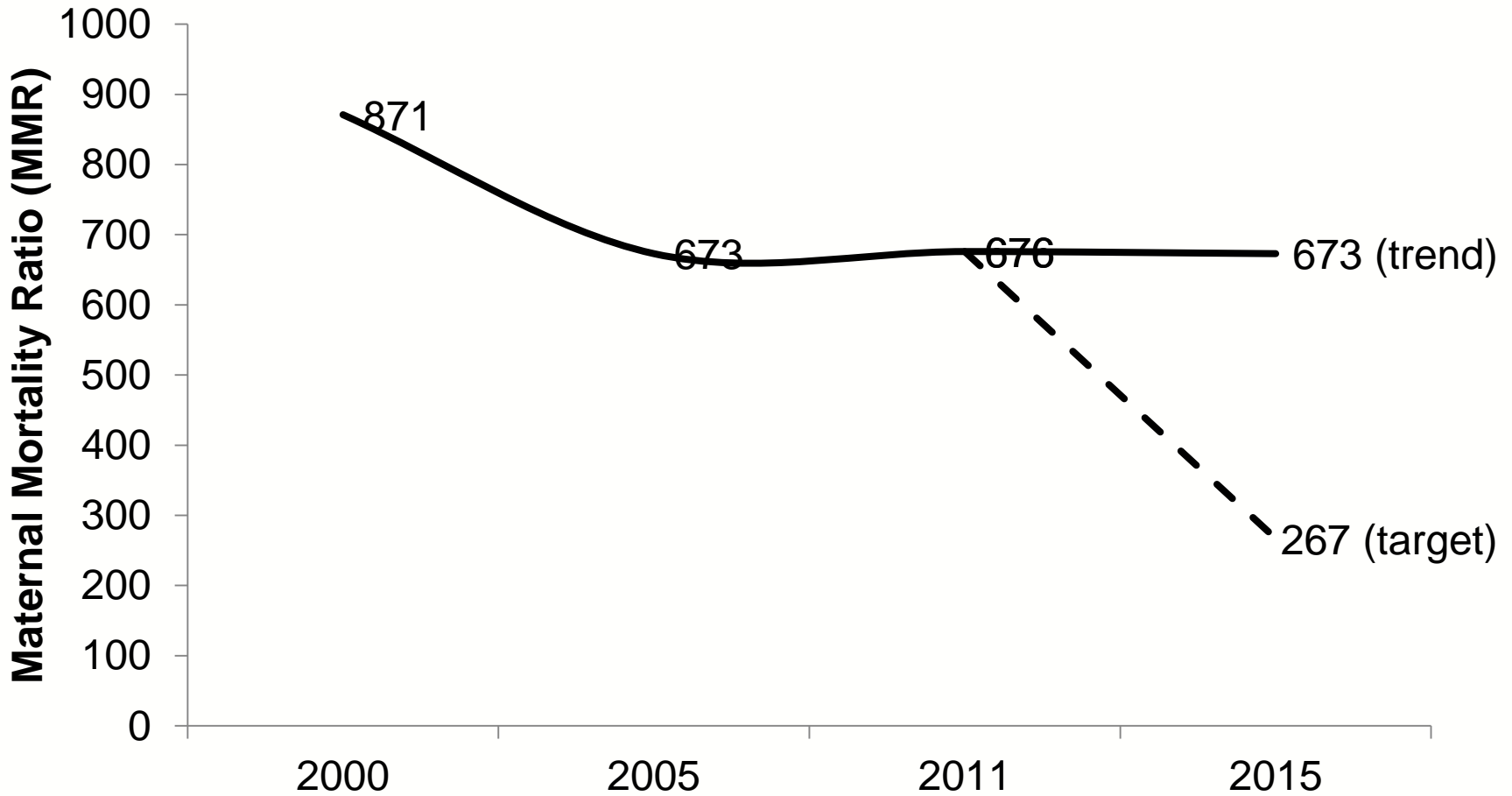




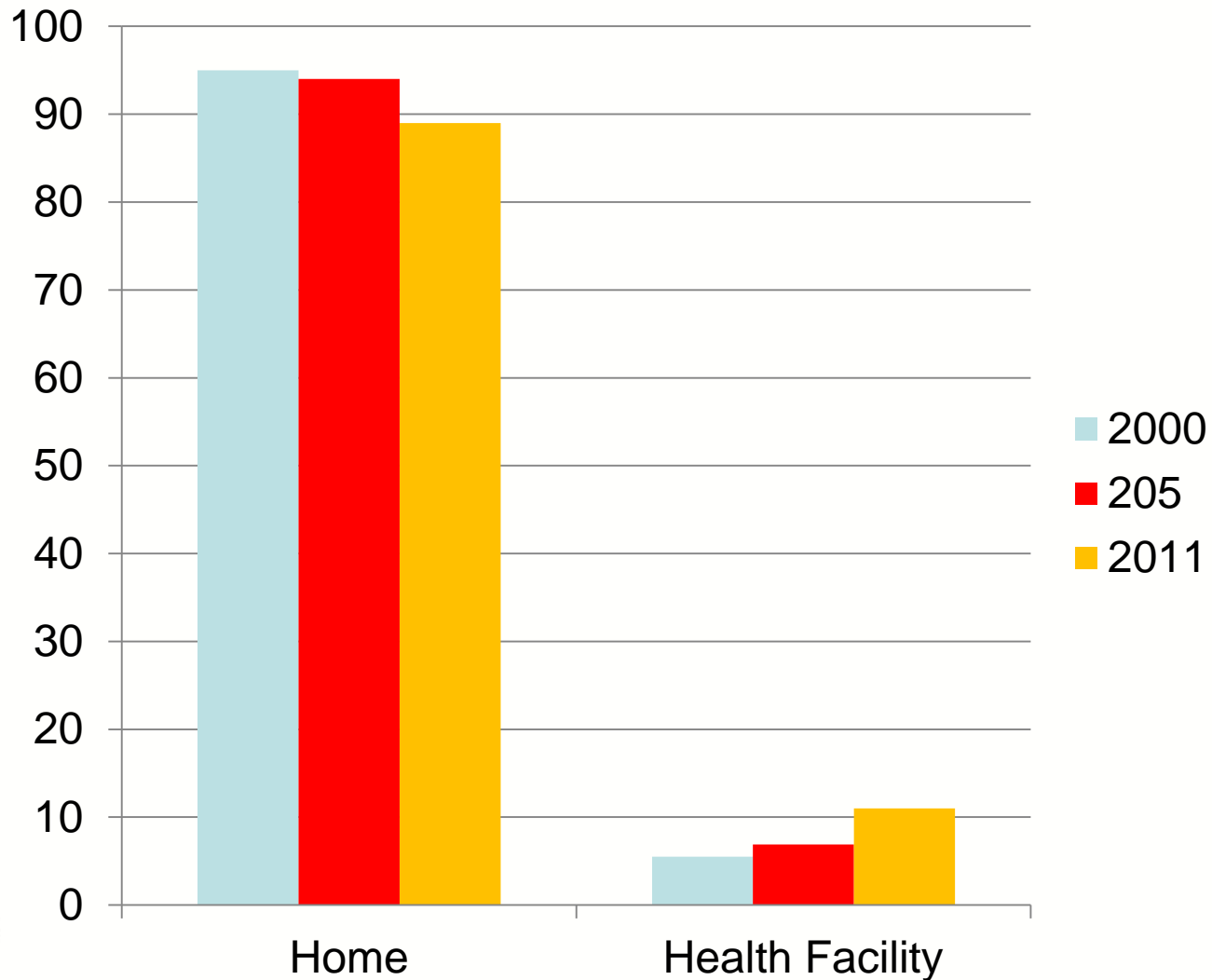
# Trends in child mortality



# Trends in the MMR



## Trend in Place of Delivery (2000 – 2011)



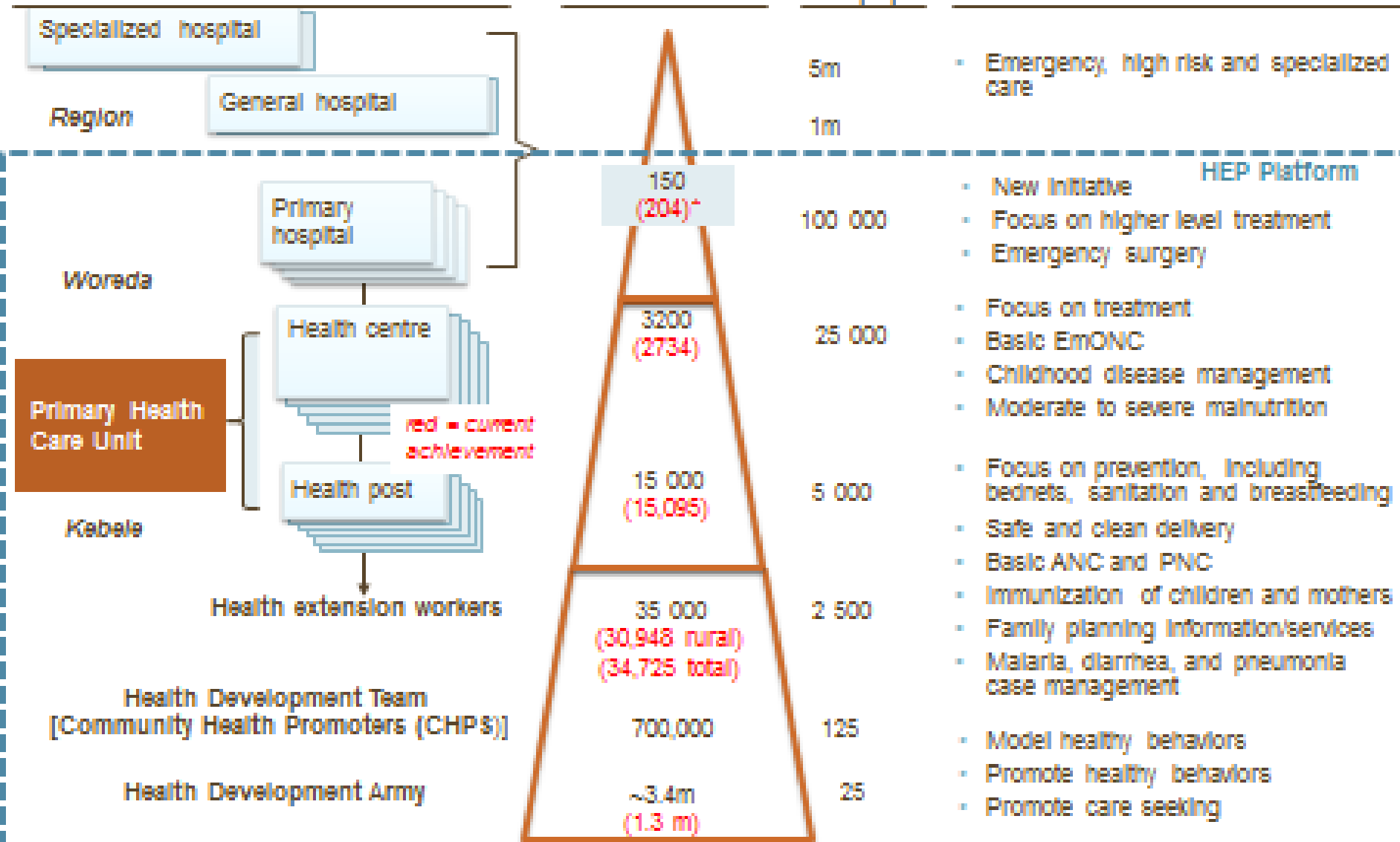
# Ethiopia Health System

Health care delivery system

No. of public facilities

Catchment area pop

Type of service offered



\*includes public + private facilities



# Health Extension Program (HEP)

- Launched in 2004, the Health Extension Program (HEP), is the government's flagship program to improve access to primary health care
- Two female HEWs, with one year pre-service training, posted at Health Post to serve 1,000 HHs (5,000 population)
- 5 Health Posts linked with one health center for referral and technical support (Primary Health Care Unit – PHCU)
- Supported by Health Development Army for community mobilization



# L10K Project

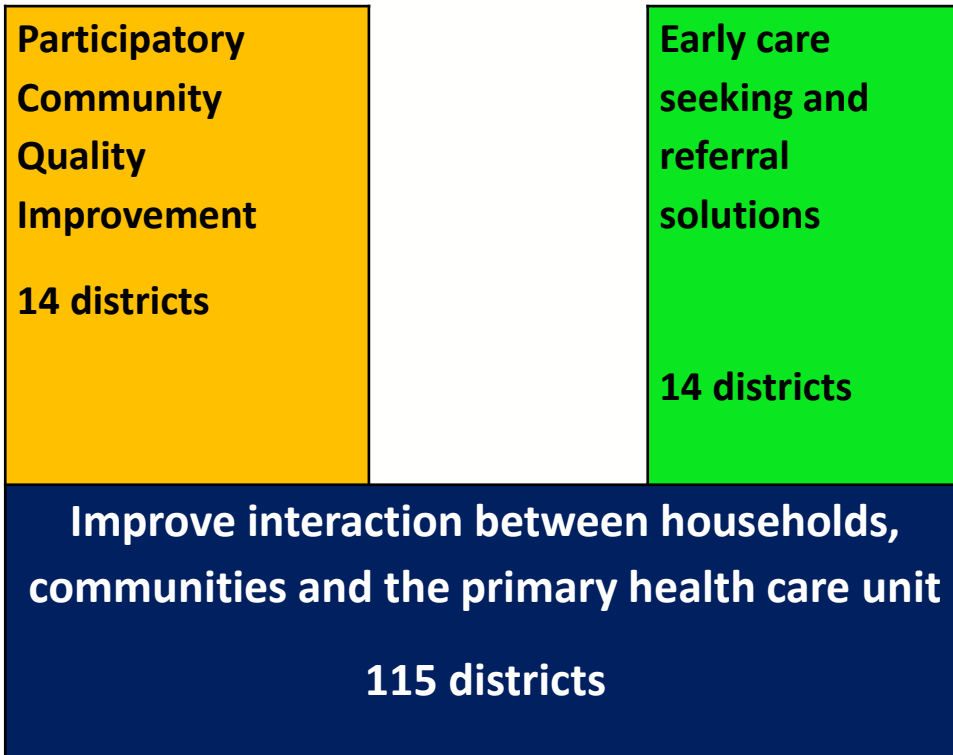
**Goal:** Strengthen the interaction between Ethiopian families, communities, and the Primary Health Care Unit and contribute to the achievement of sustainable Reproductive, Maternal, Neonatal and Child Health (RMNCH) improvements at scale.

L10K Works closely with the Ethiopian government, development partners, and provides technical and financial support to 12 civil society organizations

# L10K Project

Implements community based strategies to improve interaction between HH, communities and PHCU with focus on RMNCH at scale – started in 2008

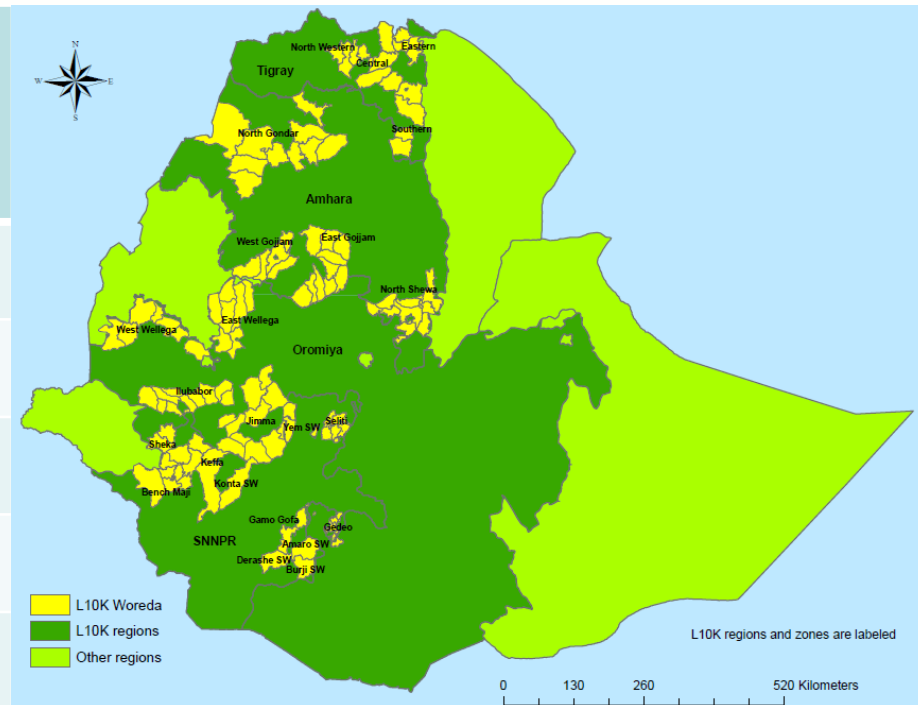
Tests community based models for evidence based scale-up



# L10K Project Coverage

L10K Platform Areas funded by  
Bill & Melinda Gates Foundation

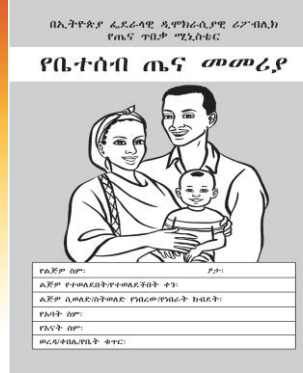
Region	Woredas	Pop. (in millions)	% of Total Pop.
<b>Amhara</b>	<b>35</b>	<b>4.7</b>	<b>27</b>
<b>Oromiya</b>	<b>35</b>	<b>3.6</b>	<b>13</b>
<b>SNNP</b>	<b>30</b>	<b>3.0</b>	<b>20</b>
<b>Tigray</b>	<b>15</b>	<b>1.7</b>	<b>40</b>
<b>Total</b>	<b>115</b>	<b>13.0</b>	<b>20</b>



# L10K's Platform Strategy

## (115 woredas/districts)

- Support HEWs (skills and tools) on how to engage communities to take health actions through activating a geographically spread network of volunteers/HDAs
- Support community based data for decision making to facilitate the use of data for decision – mapping for targeted services
- Family conversation for birth preparedness emergency readiness
- Anchor volunteerism in local community institutions for sustained and improved community health outcomes





# Participatory Community Quality Improvement

## (14 woredas/districts)

- Participatory Community Quality Improvement (PCQI) is a tool that works to improve quality and accessibility of health care with greater involvement of the community in defining, implementing and monitoring the quality improvement process



# The PCQI Approach



Community members meet to discuss quality



HEWs meet to discuss quality

Joint meeting to discuss quality issues and develop an action plan

Quality improvement team works to make improvements

# PCQI Process Evaluation

## Objective

- To assess factors that contribute to quality improvement
- To identify lessons and recommendations to improve PCQI approach

## Methodology

- Key informant interview
- Focus group discussion
- Desk review of program document
- Performance report

53 interviews from eight PCQI intervention sites (two per region) informs the result

# Barriers to increased uptake of Facility Delivery

## Demand Side

- Lack of awareness
- Physical/geographic
- Financial barrier

## Supply Side

- Skilled providers
- Lack of supplies
- Infrastructure
- Lack of interpersonal communication/cultural sensitivity - **Respectful Maternity Care**



# Respectful Maternity Care (RMC)

- Respectful Maternity Care:
  - Physical abuse
  - Non-consented care
  - Non-confidential care
  - Non-dignified care
  - Discrimination based on specific patient attributes
  - Abandonment of care
  - Detention in facilities, for fee for services



# RMC

what women (and some men) said...

Our preference is to deliver at home:

‘TBAs follow-up care and are trusted and known within our communities’

‘We can exercise our customary practices at home -- Health workers do not allow cultural practices

‘Our family members are with us and they provide us support (psychosocial support) during delivery’

‘we can deliver in positions which makes it comfortable for us’

# RMC

what women (and some men) said...

At the health facility:

‘health workers shout at us if we make noise when we are in pain, they scold us’

‘ if we scream too loudly, health workers may slap us’

‘our bodies are exposed to all; no dividers even passer-by can see us naked’

‘health workers come in and out of the room; sometimes many of them come in and stare at us with no support’

‘we are left alone during labor – no health worker, no family member ’

# RMC

what women (and some men) said...

At the health facility:

‘we are treated differently because of our physical appearance

‘we are not allowed to do our customary practices (coffee ceremony during labor and delivery; porridge immediately after delivery)’

‘we are embarrassed to bare our bodies in front of health workers, and especially the male nurses’

*“...sometimes when a woman gets trouble by health worker at the first visit, she prefer to not go back again. For that matter, I wouldn't lie to be treated even be touched by health worker who mistreats me...under such circumstances I prefer to stay at home”*

# PCQI Interventions

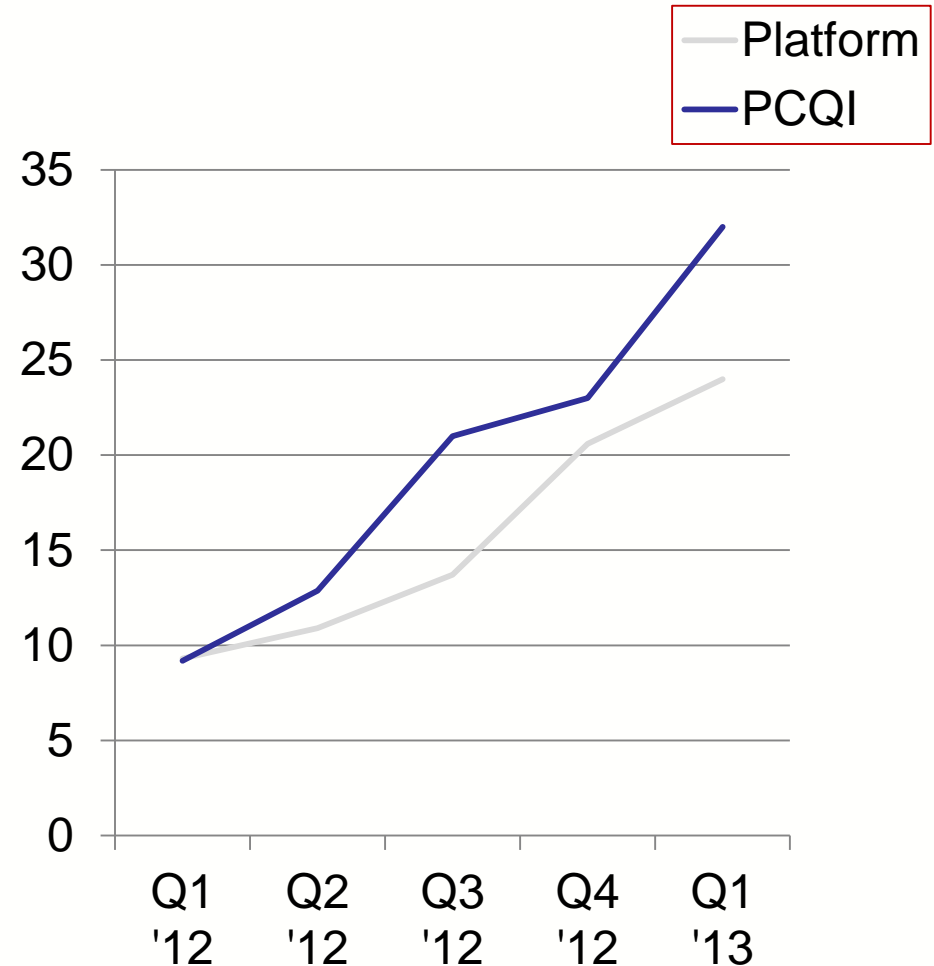
- Train, mentor and coach health workers to improve interpersonal communication skills
- 'women-friendlier service' – allowing customary practices as well as family members in labor and delivery
- Work with supervisors to provide better support to health workers
- Advocacy on women/client centered and culturally sensitive care with health workers and health system managers



# Changes in facility delivery

L10K Monitoring data  
Oct 2012 – March 2013

- Big push by government to increase facility delivery
  - HDA/community mobilization to increase uptake of MNH services (with focus on facility delivery)
- Increasing trend recorded in most regions (higher increases in Tigray Region)
- L10K platform districts showing increasing trend in facility delivery
- Higher increase recorded in areas where L10K is implementing PCQI





# Lessons and Consideration

- Community engagement in quality of care can improve health system to be more responsiveness to community needs
- Maternity services, need to address client's needs, and should be culturally sensitive
- Respectful care should be recognized as a major deterrent to maternity service uptake and should be core component of quality of care and standard of care
- While in-service training is important to address the current gap, pre-service curriculum should address respectful care
- Need to recognize and address the constraints of health workers

# Further work on RMC

L10K is working with Women and Health Initiative at the Harvard School of Public Health

- Targeted assessment currently underway to have better evidence on respectful care in selected districts, for better evidence (July 2013)
- Use result to design/adopt context specific interventions
- Will use evidence to inform national policy and strategy on respectful care

Please check our website - <http://l10k.jsi.com>



# Thank you

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