

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

ETHIOPIA



Summary of implementation readiness

1. National QI approach	10/10
2. Selection of learning sites	2/6
3. QI management and response system	5/6
4. QI coaching system and structures	1/5
5. Measurement	7/8
6. Orientation to districts and facilities	2/3
7. National learning hub	3/5

Response: yes

■ < 50% ■ 50% - 80% ■ > 80%

1. National Quality Improvement Approach

National Standards on MNH QoC developed/available	MNH QoC standards are developed in 2016, includes the following domains: 1) Infrastructure, supplies, equipment and guidelines 2) HR 3) Evidence based routine care and management of complications 4) Health information system 5) Communication 6) Respect and dignity
National package on QoC strategies agreed upon through review and consultation	The key QoC strategies are defined in the National Health Care Quality Strategy, RH strategy, and more specifically in the national MNH QoC roadmap Detailed implementation guidance is outlined in HSTQ, EHSTG (for hospitals) and EPHCRIG (HCs) The process of developing strategies was consultative with stakeholders, partners, experts in the field and using previous country experience and existing guidelines on quality
Key strategies in national QI package developed	
* leadership and organization management	The leadership and governance structure outlined in the HSTQ, 2016 and in (EHSTG, 2016) Refer to organogram
* QI coaching and clinical mentorship	EHAQ and EPAQ learning networks includes QI coaching, and partner supported QI districts. Lead facilities in the network provide quarterly mentorship and supportive supervision to member facilities (QI/management and clinical standards) Coaching also provided by MoH and RHBs. There is also a quarterly cluster review meeting between lead and member facilities, MOH also attends.
* audit and feedback	Guidance on how to do audit and audit tools are incorporated in HSTQ and orientation on this is included Facilities do internal audit to plan and monitor QI projects. Audit scores in MNCH are reported as KPI
* improving data systems	The HMIS and KPIs in the revised hospital performance monitoring & improvement manual (HPMI) are used. Electronic data system reports KPIs from hospitals and are reported to RHBs, MOH as well as used internally. This data base will be updated as per the new KPIs in the revised HPMI. DHIS2 was launched in July 2017 with an added advantage on data transparency. The current direction is to integrate the KPIs in the DHIS2.
* learning networks/systems, including learning collaboratives	Ethiopian Hospital Alliance for Quality (EHAQ); Learning collaboratives exist between hospitals where by champion/lead hospitals are networked with member hospitals in their catchment EHAQ is scaled up at primary care level whereby learning collaborative is being established between health centers Quarterly cluster meetings between lead and member facilities, including mentorship and supportive supervision of member facilities by lead facilities District learning collaboratives are also functional in districts where partners are implementing QI projects
* performance based financing	Financial awards provided to the best performing hospitals
* policy/strategy development support	The National Health Care Quality Strategy (2016-2020) is in place and operational National MNH QoC road map is also developed and recently endorsed by MOH

Core Demographic Data

Population (thousands)	94,228 ¹
Fertility rate per woman	4.6 ²
Total maternal deaths in 2015	11,000 ³
Neonatal mortality rate (per 1,000 live births)	29 ²
Stillbirth rate (per 1,000 total births)	33 ²

Coverage of Key interventions

Demand for Family Planning satisfied (%)	68.8 ²
Antenatal care (4 or more visits, %)	32 ²
Skilled Birth Attendance (%)	28 ²
Caesarean Section Rate (%)	1.9 ²
Early Initiation of Breastfeeding (%)	73 ²
Exclusive Breastfeeding rate (%)	58 ²
Postnatal visit for baby (within 2 days, %)	13 ²
Postnatal visit for mother (within 2 days, %)	17 ²

2. Selection of Learning Sites

Criteria for selection of learning districts developed and agreed	1) High case load facilities 2) Willingness to use the MNH QoC standards at full scale including those on experience of care; 3) Strong data management system with quality data, reporting and use; 4) Willingness to share data for learning (both at national and international level); 5) Presence of committed and cooperative leadership; 6) Demonstration of good coordination and mentoring support to their cluster facilities; 7) where there are partners supporting QOC initiatives on MNH
Criteria for selection of learning sites/facilities developed and agreed	Same as above
Learning districts selected (specify name and any supporting partners)	to be finalised
Learning sites/facilities selected (specify name and any supporting partners)	to be finalised
Baseline situational analysis at learning sites conducted	Completed in partner supported districts which are potential learning sites
Initial resource provision to learning sites	Resource provision has already been done in partner supported districts which are potential learning sites

4. QI Coaching System & Structure

A pool of QI coaches/experts developed/available	ToT conducted to establish a pool of QI experts/coaches at national level (for Health service quality directorate and clinical service directorate staff/MOH) There is a plan to roll out the ToT to the regional level Some regional level staff are taking the Improvement Advisory course by IHI
Clinical mentorship program/approach agreed and developed	National mentorship guide for EmONC developed Experience by partners implementing different mentorship approaches for MNCH Nationally agreed approach for mentorship to be developed, including QI methodology
Nationally agreed ToR for QI coaches developed	Would be adapted from experience of partners
Nationally agreed ToR for clinical mentors developed	Would be adapted from experience of partners
Support system for QI coaches and clinical mentors agreed	MOH planning for capacity building to create a pool of QI coaches at regional level

5. Measurement

National monitoring framework for MNCH QoC developed	The Hospital Performance Monitoring and Improvement (HPMI) guideline outlines the monitoring framework developed. Summarize and analyze the KPI data and forward the finding and recommendation to the respective units and departments.
Core set of QoC indicators for agreed for national level reporting	Available in HMIS/DHIS 2 and as KPIs for hospital performance monitoring. Indicators that are not reported by HMIS/DHIS 2 or as KPIs will be captured through DHS, yearly SARA, SPA+, EmONC assessment or other small scale surveys
Common set of QI aims across districts agreed	
System of reporting agreed and necessary tools developed	Available in HPMI manual for hospitals and is operational
* information flow	Available in HPMI manual for hospitals and is operational
* standardized reporting formats	Available in HPMI manual for hospitals and is operational
* roles and responsibilities	Available in HPMI manual for hospitals and is operational
* review mechanisms	Available in HPMI manual for hospitals and is operational

3. QI Management and Response System

National, district and stakeholder communication and feedback mechanisms and loops agreed (including for citizen voices)	National quality summit National and regional level review meetings on quality Quarterly EHAQ cluster review meetings National quality steering committee meetings Public wing meetings Community scorecards
Existing structures to be utilized for supporting QI activities reviewed and identified	As outlined in HSTQ and EHSTG
Roles and responsibilities within existing structures for supporting QI activities agreed	As outlined in HSTQ and EHSTG
* focal person with specified ToR for QoC at national level	The Health Service Quality Directorate is established and functional since 2015
* focal person with specified ToR for QoC at district level	Quality structure is being established at Regional Health Bureau level as per HSTQ guidance
* focal person or team with specified ToR at facilities	Ongoing

6. Orientation to Districts & Facilities

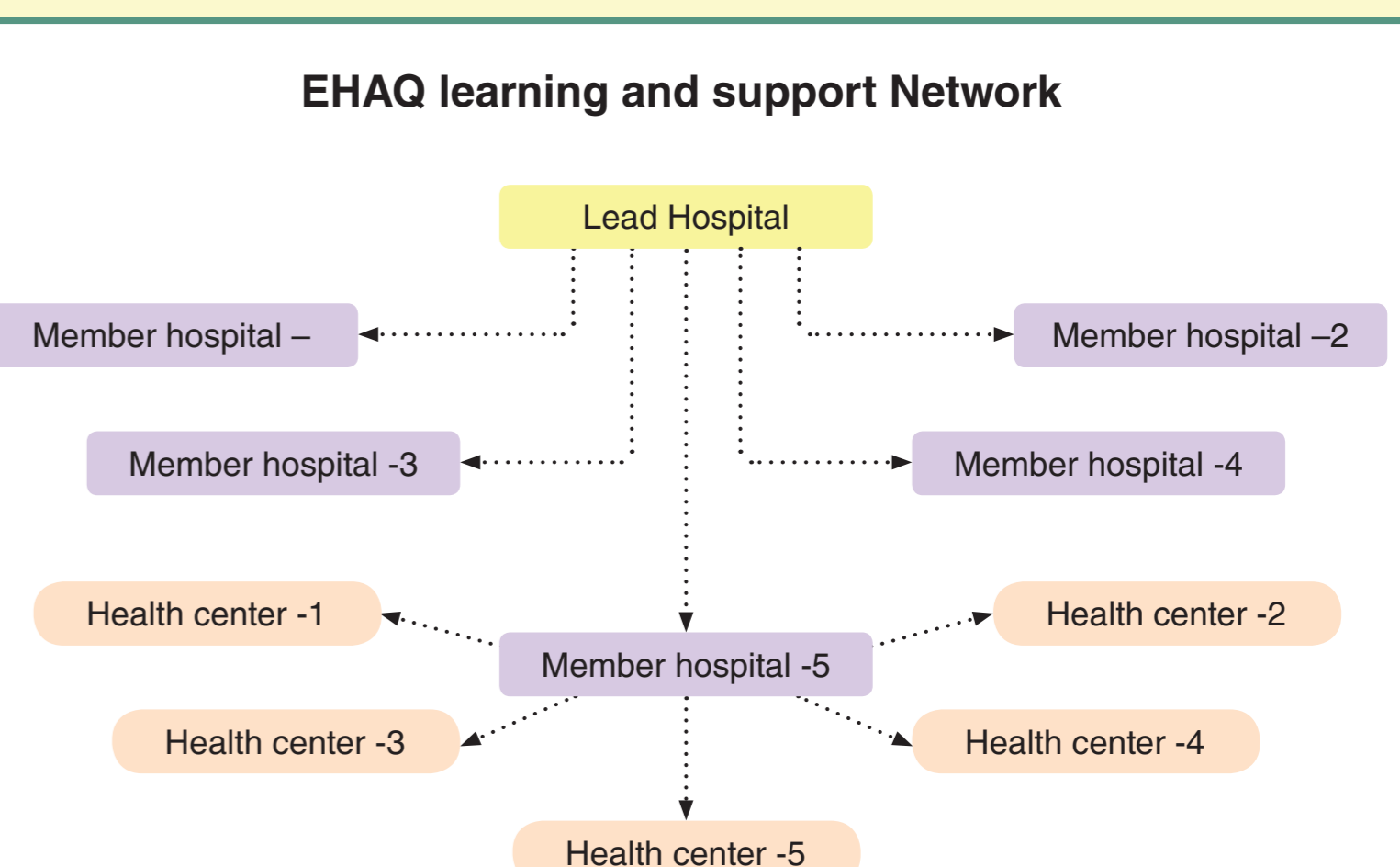
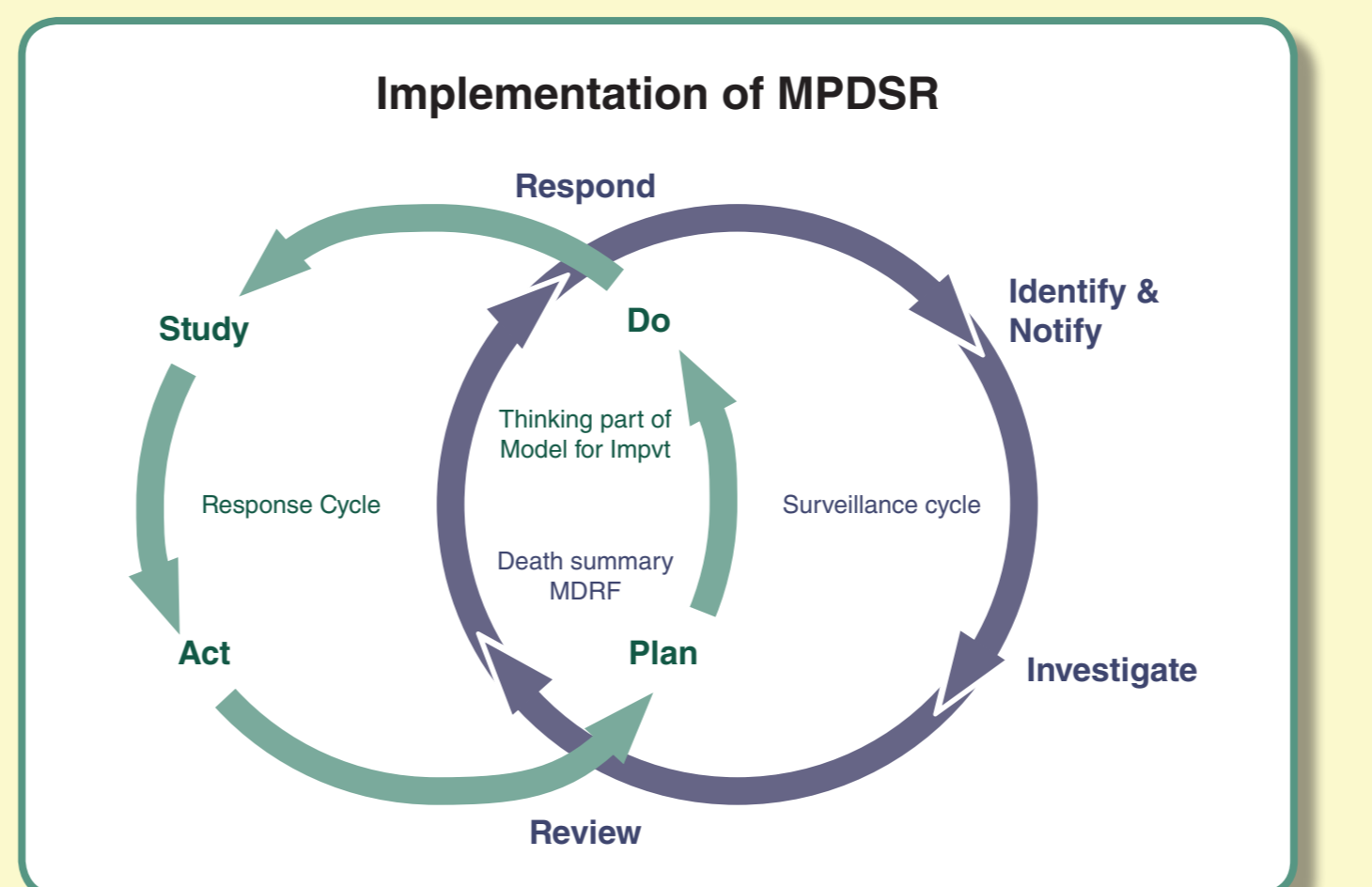
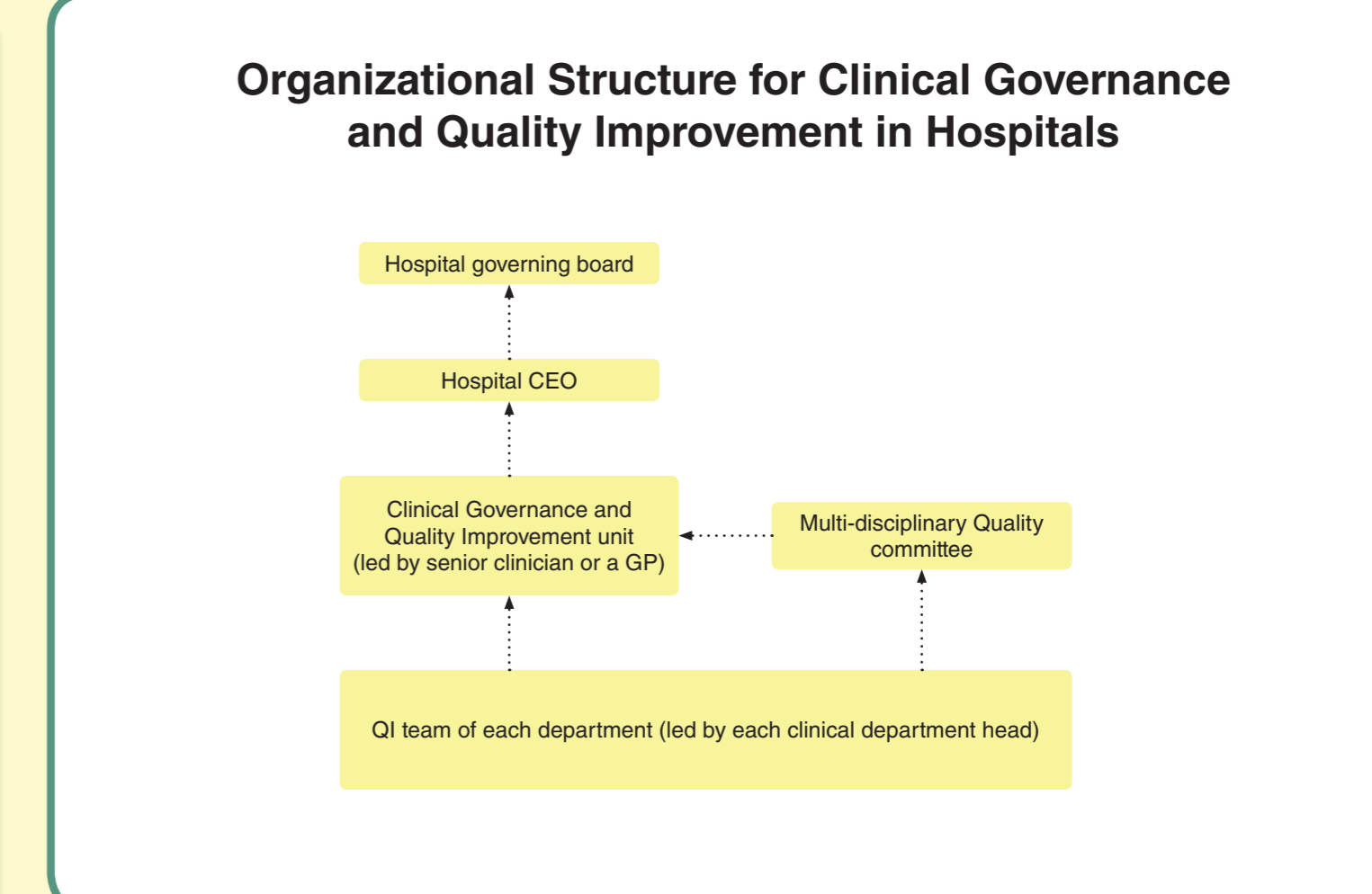
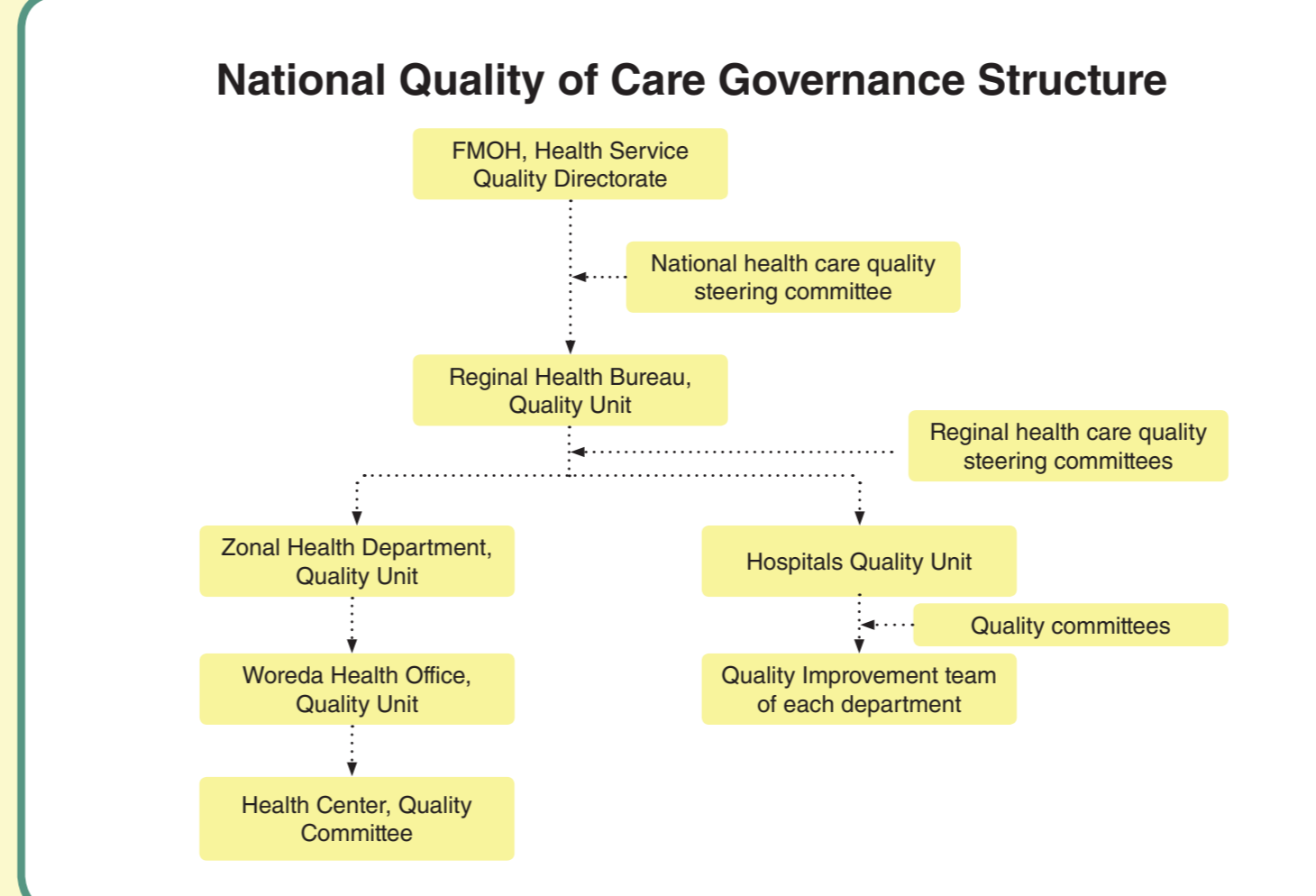
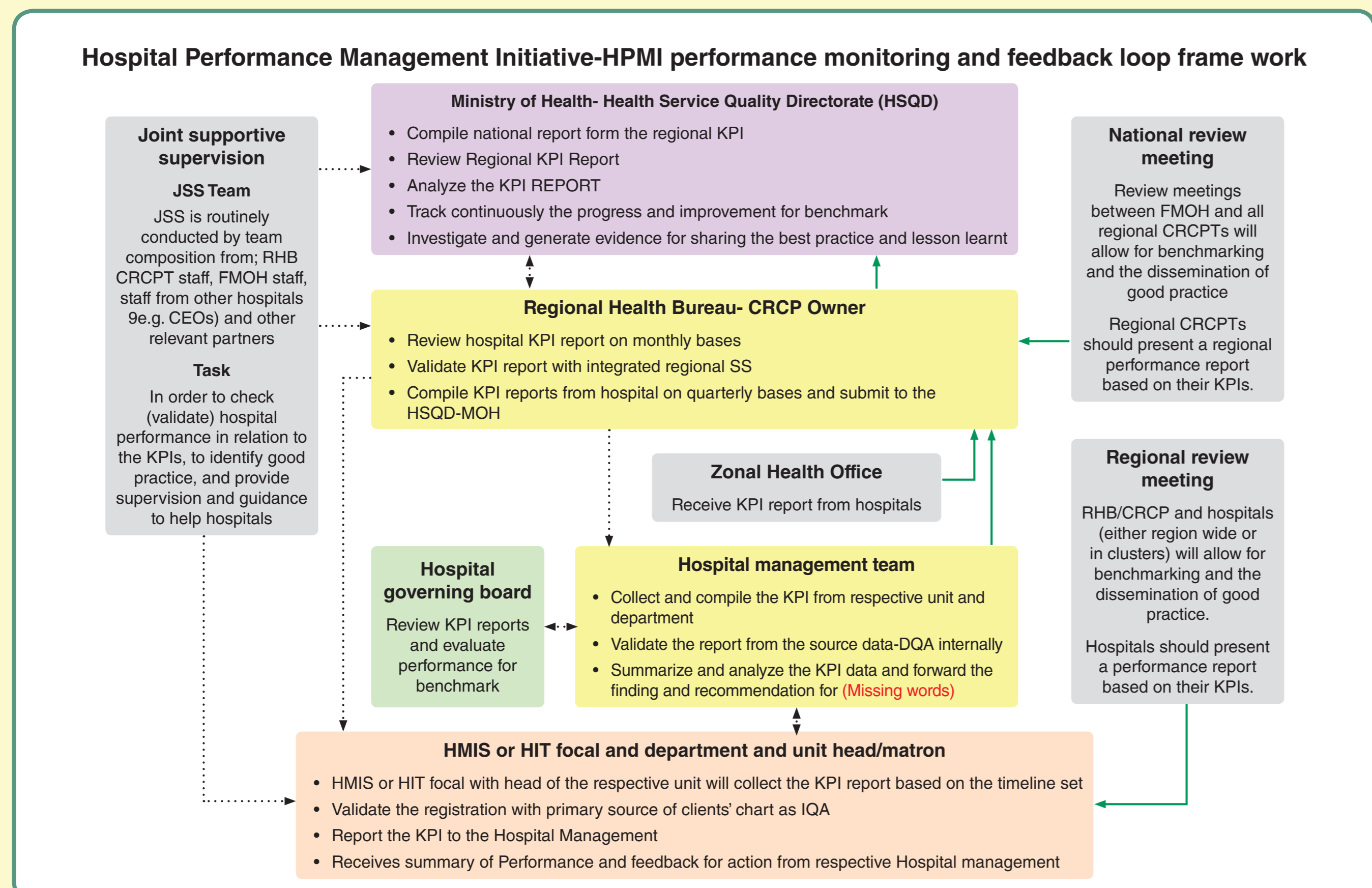
Orientation package for learning districts developed	Standards PPT slides for district orientation QI training manual is developed and at a final draft stage
Orientation to learning districts completed	Some potential learning districts already completed the orientation (e.g. IHI supported districts)
Orientation to learning sites/facilities completed	244+ hospitals completed orientation. Health centers are also oriented on the Ethiopian Health center reform implementation guideline

7. National Learning Hub

Terms of reference for a learning hub/centre to support the national learning network developed	The Health Service Quality Directorate at MOH and responsible structure at RHBs are responsible for this
The learning hub/centre for QoC established	There is no separate institution to support national learning network
Standardized documentation for capturing and sharing learning from QoC implementation developed	Best practices from lead hospitals collected during EHAQ supportive supervision MDSR system collects and documents best practices from implementation of response plans Partners also have systems to synthesize, document and share their practices Strong MoH led system to be established and standard documentation to be strengthened.
Processes for synthesising and sharing key lessons agreed	MOH led processes for synthesising and sharing lessons not well defined. Partners have their own systems to synthesize, document and share their practices
Venues and mechanisms for sharing QoC lessons and evidence synthesis identified	The MOH website A quarterly Quality Bulletin (Quality Times) The Quality Summit The Health Service Quality Directorate Facebook

■ Yes ■ No ■ Being developed

Examples from Implementation



References

- Federal democratic republic of Ethiopia, MOH, Health & Health-Related Indicators, 2016/2017
- Ethiopia DHS, 2016
- Maternal Death Surveillance and Response Country Profiles (WHO 2016). See http://www.who.int/maternal_child_adolescent/epidemiology/maternal-death-surveillance/country-profiles/
- All other data received from the relevant Ministry of Health and WHO Country Offices.