# Building capacity of skilled birth attendants in Somali Region, Ethiopia

Good Practices of implementing catchment-based mentorship of skilled birth attendants in Somali Region, Ethiopia.

UNFPA

MATERNITY foundation

Maternity Foundation is a Danish non-profit organization working to reduce maternal and newborn mortality through digital tools and clinical training, particularly through their digital learning tool, The Safe Delivery App. In Ethiopia, Maternity Foundation is a registered foreign NGO and has been implementing maternal and newborn health programs since 2006.

Across Ethiopia, great improvements have been made in maternal and newborn health in the last 15 years. The Ethiopian Federal Ministry of Health's reproductive health program aims to reduce neonatal mortality rates to 10 per 1,000 live births and the maternal mortality rate to 199 per 100,000 live births.[1] To reach these goals, the deployment of skilled birth attendants with adequate levels of competency to provide quality care and manage critical complications is key.
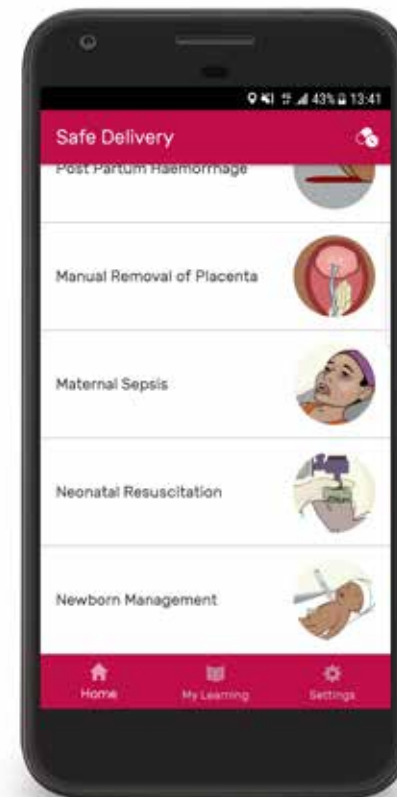
The Somali Region in Ethiopia lags considerably behind the national average on most of the maternal health indicators. While the national average of births delivered by a skilled provider is 49.8%, it is 26% in the Somali region.[2]

The Federal Ministry of Health, UNFPA, Somali Region Health Bureau and Maternity Foundation have partnered up to develop and roll out a hospital catchment-based onsite mentorship in the Somali Region, specifically in Fafan and Siti zones.

**The Safe Delivery App is a free smartphone application developed by Maternity Foundation in partnership with Universities of Copenhagen and Southern Denmark. It provides skilled birth attendants evidence-based and up-to-date clinical guidelines on the most common childbirth emergencies through simple, intuitive animated instruction videos, quizzes, practical procedures, and drug lists that they can always refer to — either on the job, in their spare time or as part of their training.**

**UNFPA is the United Nations Population Fund. Working in 150 countries, its mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled**

# CATCHMENT-BASED MENTORSHIP IN SOMALI REGION

1. Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.
2. Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2019. Ethiopia Mini Demographic and Health Survey 2019: Key Indicators. Rockville, Maryland, USA: EPHI and ICF.

Onsite mentorship has shown to be an effective way to bridge the gap between knowledge and quality clinical practice for health workers in smaller health facilities. In catchment-based mentorship, experienced health workers from focal hospitals are trained to become mentors for health workers from smaller health facilities within the hospital's catchment area. Mentoring takes place on-site at the health facilities for a week once a month.

In may 2019, 19 midwives took part in a mentorship training to equip them with the skills and understanding of national guidelines required to mentor their peers. Eight selected midwives were then tasked to mentor 29 midwives from eight health centres in two zones of Somali Region; Fafan and Siti.

> **Four facilities from each zone were enrolled in the programme.**
> **From Fafan: Elbahy health centre, Bombas health centre, Awbare health centre, and  Harshin health centre.**
> **From Siti: Erer health centre, Millie health centre, Afdem health centre and  Mulu Health Centre.**

## Key Activities
Maternity Foundation implemented the following activities:
- Conducted mentorship training for 19 potential mentors with simulation drills/exercises developed by Maternity Foundation.
- Provided BEmONC training for 20 midwives.
- Conducted postpartum family planning training for 16 participants.

- Shared the Safe Delivery App for all health professionals in English and Somali.
- Cascaded monthly onsite catchment-based mentorship in eight health facilities in FaFan and Siti zones.
- Conducted community awareness meetings and conversations to increase uptake of services at the health centres.
- Conducted community health education and awareness creation at food distribution sites and health centres to ensure the humanitarian-developmental nexus in the project implementation.

## Improving capacity of health workers
The objective of catchment-based mentorship is to improve knowledge, confidence and skills of the mentees, which can ultimately result in improved quality of care and fewer cases  being referred to the hospital.  Individual action plans were developed for each mentee to make sure the mentorship would specifically target individual gaps in knowledge or skills for each midwife.

The mentor training was conducted over five days in May 2019.
The objectives of the training were to:
- Provide mentors with an understanding of goals of mentoring as well as their role in it.
- Teach mentors to use effective processes when mentoring.
- Teach mentors the concepts and principles of adult learning.
- Guide mentors on the use of the Reproductive, Maternal, Neonatal, Child and Adolescent, Health M&E tools for mentoring.

# MONITORING AND EVALUATION RESULTS

Quantitative and qualitative data was collected at baseline and endline within three main areas: knowledge assessment, skills assessment, and confidence levels.

## Knowledge
A knowledge survey was conducted twice to identify any changes in the knowledge level of the midwives through the program one-year period. In both the Siti and Fafan zone, the knowledge level increased by 42% from baseline to end-line.
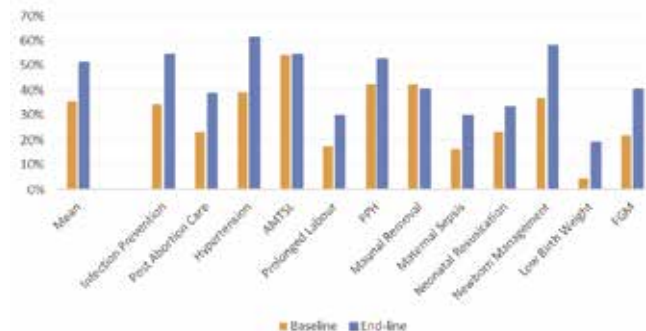
## Skills
Skills assessments provide insights beyond theoretical knowledge and gives the midwives the opportunity to apply what they know in an actual clinical situation. It was observed that the mean score for all skill assessments increased from 52% at baseline to 63% at end-line.

## Confidence
The healthcare workers' confidence was assessed through their own perception of confidence when managing different complications on a scale from 1-5 (1 = I panic and 5= I am confident).
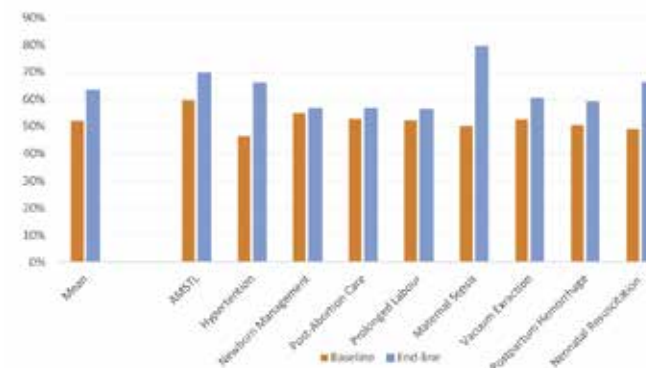
The overall confidence level increased from 3.6 at baseline to 4.5 at end-line, indicating that the healthcare workers now feel like they are coping at performing the procedures.



*Knowledge scores for both Fafan and Siti Zones*



*Skill assessments for both Fafan and Siti zones*

# LESSONS LEARNT

The catchment-based mentorship approach has proven to be successful in improving the average knowledge and skill level over a short implementation period. However, through the implementation process, some lessons learnt should be considered when scaling up:

- Catchment-based mentorship is a step towards providing training and onsite coaching to healthcare workers in remote locations.
- The quality of the mentorship is dependent on the quality and motivation of the mentors. In contexts like Somali Region, certain selection criteria for mentors need to be included beyond that of their competencies, which can make the pool of mentors smaller than originally planned for.
- Mentors should be champions of the approach, otherwise it will affect the quality.

- Community outreach can lead to a greater uptake of service but there is still the need to strengthen this further and get buy-in from local authorities and health centres.
- Targeted and continuous training is the key to success in improving competencies of healthcare workers, as well as improving the cleanliness of the facility and record keeping.
- Training equipment, such as Mama Natalie and Neonatalie dolls and hardware, is essential in remote locations where the caseload is low. Without such training equipment, there is limited opportunity to practice.
- Close collaboration with institutions allows for roll-out to go as planned without disruption.



# GOOD PRACTICE & RECOMMENDATIONS

A catchment-based mentorship approach has the potential to improve the quality of care given both in Somali Region and other regions of Ethiopia. The combined approach of onsite simulation assisted mentorship and community outreach leads to a higher caseload and improved quality of care. Further refinements can be made to the model to ensure further improvements are made at both the facility and individual level.

## Key Challenges
- Lack of competent and motivated mentors.
- Lack of supplies, equipment and infrastructure within the health centres.
- Health centres lack demonstration dolls (Mama Natalie and Neonatalie), making it difficult to learn when there is an absence of cases at the facility.
- Poor accessibility to the health centres.

> *It has changed me 100% in skills and knowledge. As I am a fresh graduate, I was poor in skills, and to learn from other midwives is good; there is a low case flow in this health centre. So, this mentoring with the simulation exercises was an opportunity for me to learn and grasp new skills.*
> - Ame Tadese, midwife at Erer Health Centre, Siti Zone

> *I get knowledge and experience from both my mentor and the Safe Delivery App. With my mentor I can ask lots of questions in person, but if I am not understanding some questions or situations, I can immediately go to the Safe Delivery App, search and get the information I need.*
> - Rahma Nur, Midwife and Safe Delivery Champion, Awebere Health Center, Fafan Zone

## Recommendations
- Conduct continuous follow-up on the progress of the health workers and facilities throughout the program.
- Liaise with UNFPA and Somali Regional Health Bureau about refining the catchment-based model further with the possibility of Centre of Excellence (or similar) awards to encourage motivation and maintaining a high standard.
- Incorporate UNFPAs Mobile Learning System into the model and investigate more usage of the Mobile Learning System and Safe Delivery App during and between mentoring.
- Continue to advocate for rolling out catchment-based mentorship in Somali Region as well as other regions of Ethiopia.

UNFPA's Mobile Learning System (MLS) is an innovative and cost-effective solution to train health workers in low-resource settings. It is highly suitable for remote rural settings, where there are challenges of infrastructure, lack of electricity, poor internet connectivity, and lack of trained tutors.

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A collaboration between:

MATERNITY *foundation*

Ministry of Health
- Ethiopia

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