



SENIOR MIDWIFE MENTORING

ASSESSING ITS EFFECTIVENESS IN ETHIOPIA

INTRODUCTION

The Ethiopian Ministry of Health (MOH) in its program entitled “Improving Maternal and Newborn Health Care in Ethiopia” collaborates with the Children’s Investment Fund Foundation (CIFF) to support 100 woredas in Amhara, Tigray, SNNP and Oromia regions. The primary goal of the program is to tackle high rates of maternal and newborn morbidity and mortality in the selected regions, identified based on their overall low performance in maternal and child health (MCH), their remote geographic location, and lack of support from partner organizations working in MCH.

The core of the facility-based actions is to ensure that:

- Each facility has well-trained and well-supervised health care providers;
- Quality of services is improved, standard procedures followed; and
- Service provision is supported by consistent and efficient utilization of relevant checklists.

THE MENTORSHIP APPROACH

Since March 2014, MOH piloted the midwife mentorship program in 25 of the selected 100 woredas. Experienced and qualified senior midwives were recruited by the MOH, with one midwife mentor assigned to each woreda. Each woreda has 3 to 11 health centers covering a population of up to 100,000 or more. The goal of the mentorship program is to improve the capacity of the healthcare staff to deliver quality maternal and newborn care including delivery, prenatal and postnatal care, family planning, child health and PMTCT.

“Before the mentoring, some of our health centres did not give delivery services. But now the health centers are the more preferred choice for the community than hospitals. The Midwife Mentor contribution towards home-free delivery is high.” Zonal health representative, Amhara

EVALUATION OF THE PROGRAM

One year into the placement of the the Senior Midwife Mentors (SMMs) in March 2015, the effectiveness of the model in fulfilling its objectives was studied. A sample of eight woredas from the 25 implementation woredas was selected and compared with four non-implementation woredas with comparable geographic locations. The effectiveness was evaluated using quantitative and qualitative approaches. JaRco Consulting led the evaluation.

FINDINGS FROM THE EVALUATION

The findings of the study show that the Senior Midwives Mentorship (SMM) model appears to have been effective in building the capacity of health workers to provide MNH services, improving the quality of service provision, and the continuum of care.

The results are encouraging given that the implementing health centers have less experienced staff, fewer degree holders and fewer people who had been in their current position for over 24 months compared to the non-implementation woredas.

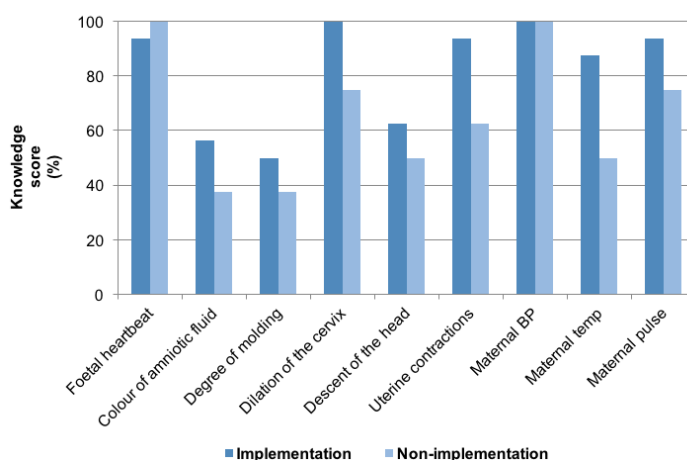


SOME OF THE KEY FINDINGS ARE...

HEALTH CARE PROVIDERS’ KNOWLEDGE:

Knowledge assessment in core aspects of maternal and child health including antenatal care (ANC), labour and delivery (L&D), postnatal care (PNC) and child health showed health care providers from the implementation woredas were superior compared to those in non-implementation woredas. Out of the 35 knowledge areas assessed, implementation woredas scored higher by a sizable margin in 21 of them.

“Before the placement of the Senior Midwife Mentor, I was hesitant to implement all the concepts I got from the BEmONC training, but after the placement, I started to implement all the concepts with the support of the Mentor.” Mentee, Labour & Delivery Unit, Boricha-SNNPR



L&D knowledge: Health providers’ knowledge on what to observe in a labouring woman (based on 80 assessments in 16 implementation health centres and 40 assessments in 8 non-implementation health centres)

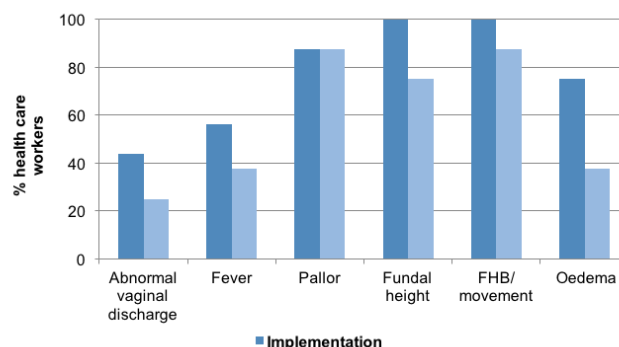
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USE OF PARTOGRAPH:

Proper use of partograph to follow a labouring woman's progress is believed to contribute positively to the quality of care she receives. In this study, 67% of health care providers in the implementation woredas were observed to be using the partograph consistently and accurately compared to only 37% in the non-implementation woredas.

PROVISION OF NEWBORN CARE:

Quality postnatal care is important to decrease the high rate of newborn morbidity and mortality in the immediate postnatal period. The evaluation found that 64% and 71% of healthcare providers in the implementation woredas checked for signs of umbilical infection and weighed the newborn, as opposed to 50% and 63% in the non-implementation woredas.



ANC practise: Percentage of health providers who checked/asked about key signs and symptoms during ANC (based on 80 assessments in 16 implementation health centres and 40 assessments in 8 non-implementation health centres)

CHALLENGES IDENTIFIED...

As a pilot program, it is instrumental to accurately identify the challenges faced so that appropriate measures are in place for the scale up to the remaining 75 woredas and beyond.

TRANSPORTATION:

Each woreda consists of 3-11 health centers and the senior midwife is responsible for covering all the health centers in her assigned woreda. Due to distance between the health centers, some of the mentors were faced with the challenge of finding vehicles to reach their health centers. It is suggested that the woreda health office make the necessary accommodation to ease the transportation challenges faced by the mentors.

AVAILABILITY OF CHECKLISTS:

The mentors voiced challenges accessing forms due to lack of printers and copy machines in their respective woreda. Making an adequate number of the necessary forms available will be helpful in assuring they are consistently used.

HIGH WORKLOAD:

The senior midwives deployed at woredas with the highest number of health centers stated having challenges of high workload, potentially compromising the quality of mentorship. It is suggested that those with highest patient population have more than one mentor assigned to help improve the quality of mentorship provided.

COMMUNICATION WITH WOREDAS HEADS:

The mentors voiced lack of clarity on whom to report at the woreda level, creating a gap in communication with woreda administration. Written guidance on the reporting line will help avert such challenges in the scale up.

THE FUTURE OF THE MENTORSHIP PROGRAM...

Lessons from the pilot woredas have informed changes to the SMM program, now being rolled out to the remaining 75 project woredas and evaluated. A clinical mentorship guide was prepared to support a consistent approach to the mentoring and supportive supervision process. The MOH plans to further roll out this mentorship program throughout the country, with a special focus on areas where maternal and newborn health outcomes are below the national average.

Building on these lessons, the MOH is also introducing the catchment*-based mentorship approach, where senior health care providers (preferably midwives with strong exposure and experience on the management of obstetric and newborn complications) from hospitals or selected high load/best performing health centres will provide clinical mentorship to health centres within their catchment.

Catchment-based mentorship is fully integrated within the FMOH sector planning, coordination and management at all levels of the health structure. This approach is expected to sustain the outcomes and goals achieved in target woredas through health care provider capacity building, and effective and sustainable referral linkage.

** Catchment area refers to the residential area of the catchment population served by health centers and hospital. The geographic location of catchment area may be found in a single and/or in more than one district.*

Catchment lead hospital: hospital to which clients from catchment health centers are referred to. The lead hospital shall provide necessary obstetric care for referred mothers.

Catchment health center: health center found in the catchment area.