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Ministerio de Salud Pública

USAID ASSIST PROJECT

Applying Science to Strengthen and Improve Systems

Improving Access to and Quality of Essential Obstetric and Newborn Care in the Lowest Coverage Districts of Cotopaxi Province, Ecuador

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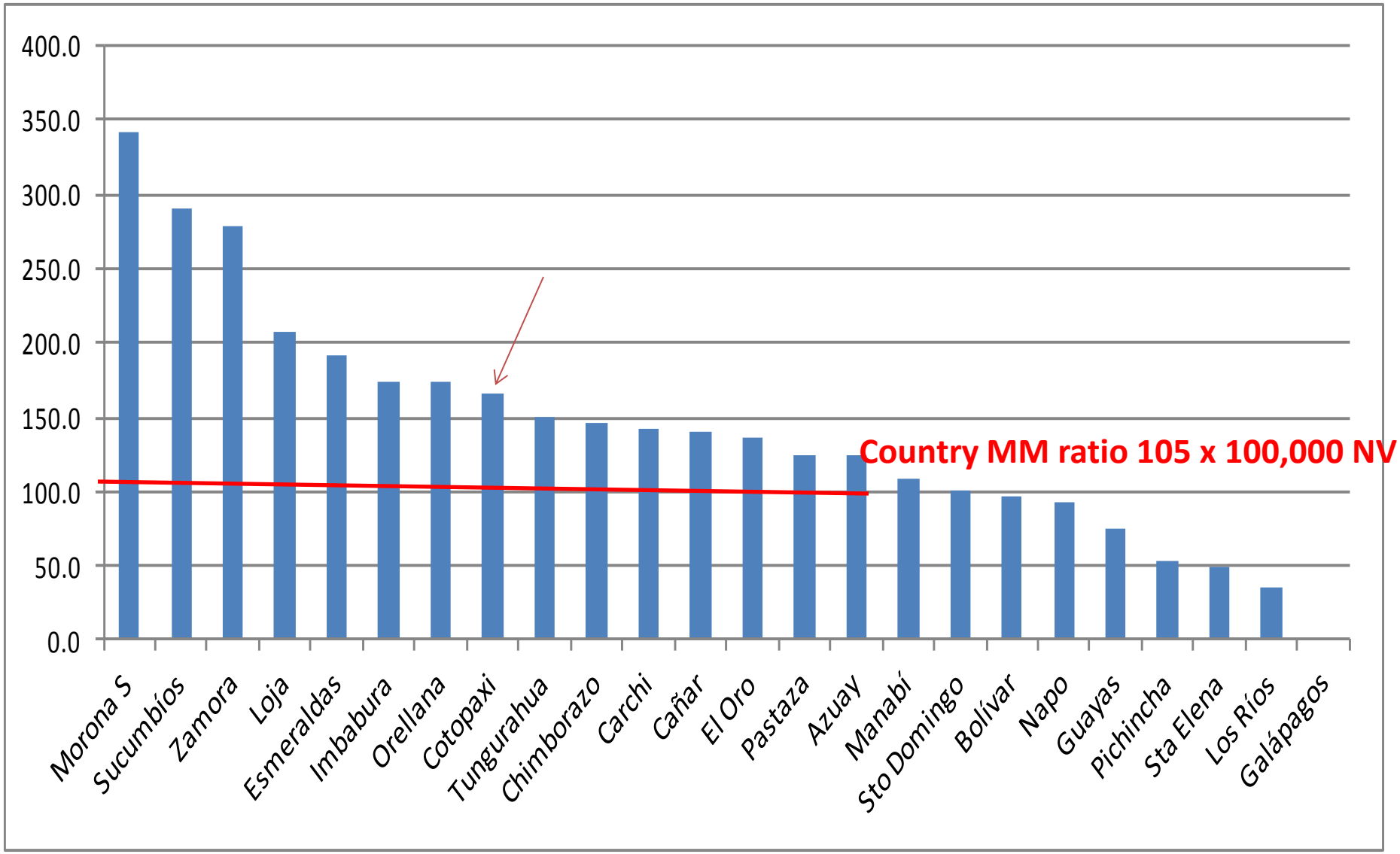
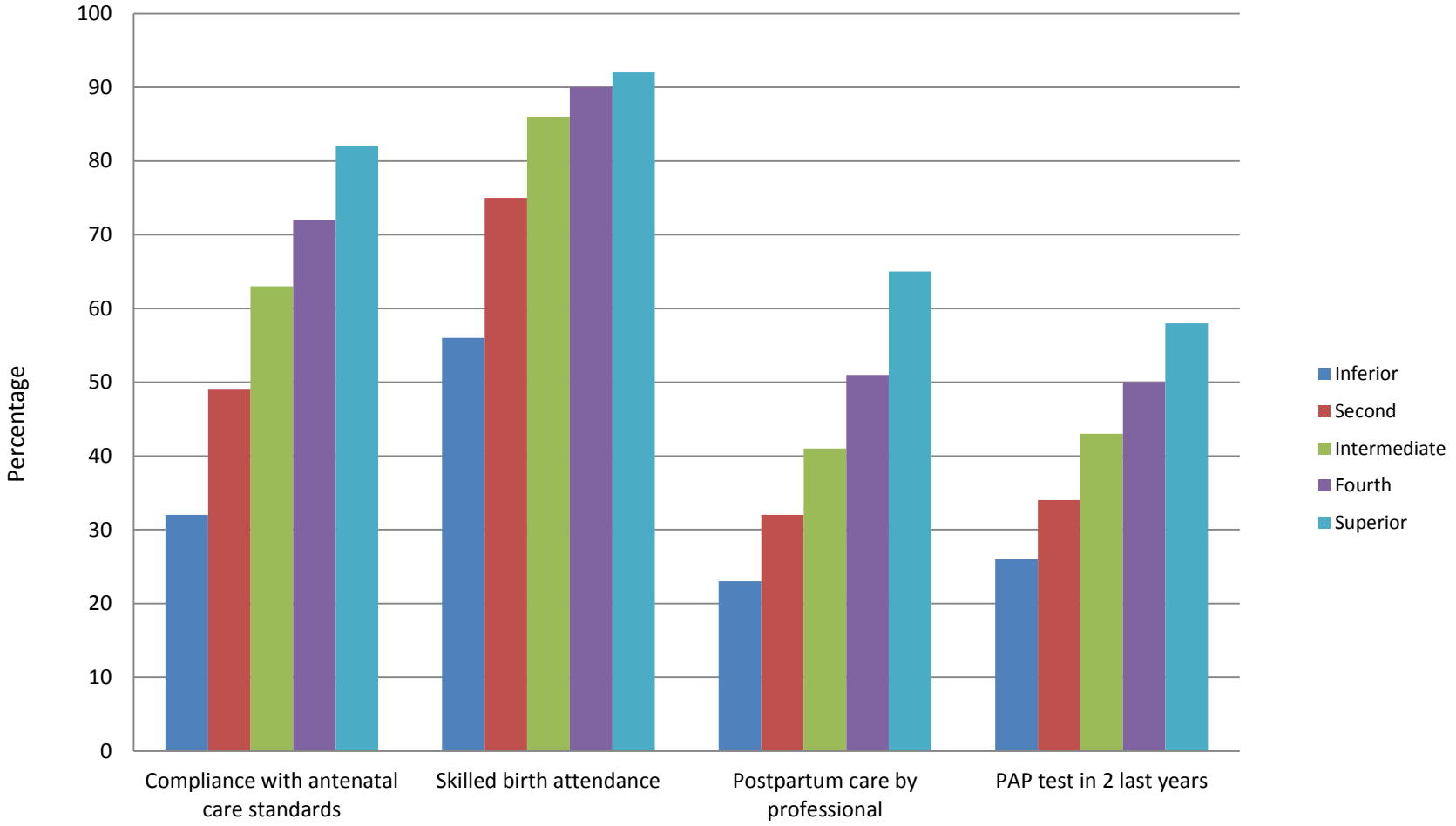
Project overview: Cotopaxi province, Ecuador

Cotopaxi Province Figures	
Entire province population	384,499
•Skilled Birth rate, province **•Early post partum visits** **•Skilled Birth rate in targeted parishes**	70-80% **< 5%** **36%**
Poverty Level in 21 targeted parishes	**90.47%**
Rural Population	**67%**
•Indigenous population, province **•Indigenous population targeted parishes**	28% **> 55%**
Maternal Mortality	102 x 100,000 LB
Newborn Mortality, province **Newborn mortality, targeted parishes**	7.8 x 1,000 LB **20-70 x 1,000 LB**

Maternal mortality by provinces, Ecuador, 2011.
Source: INEC, 2011

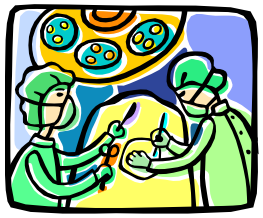
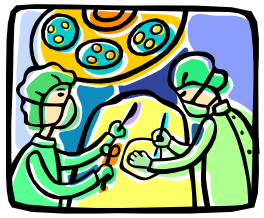
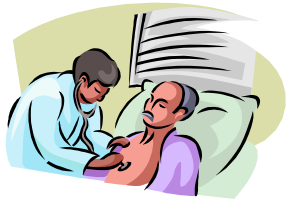


Use of selected health services by economic quintiles, Ecuador



Cotopaxi Provincial Health System: Fragmented; No continuum of care; Inequitable access; Poor quality of care

1,500 deliveries

	Ministry of Health (**4,000 deliveries**)	Social Security	Private providers	NGOs
Provincial Hospital (Surgery & Blood 4 hours/day)				
5 County Hospitals (Basic EONC 4 hours/day)				
Ambulatory Health Centers (**Parish Level**)				
TBAs (**Community** Level) (**3,000 deliveries**)				

ESSENTIAL OBSTETRIC AND NEWBORN CARE NETWORK, COTOPAXI

PROVINCIAL HOSPITALS (2)

COMPLETE EONC
24 hours/7days

REFERRAL

COUNTY HOSPITALS (5)

BASIC EONC
24 hours/7days

HEALTH CENTERS

TBAs

COMMUNITY EONC

Parish micronetwork:
TBAs, health centers and social organizations working together

Increasing access: main changes

- TBAs and health centers (MOH and Social Security) working together in parish-based “EONC micro-networks” to identify and reach mothers and newborns
- Link health centers and TBAs with community organizations towards improving referrals from communities
- Link health centers and TBAs with district hospitals to improve referrals of at-risk mothers and newborns
- Ensure 24 hour hospital-based basic and complete EONC
- Improve facility-based birth services capacity to respond to cultural needs/demands of local population

Improving quality of care: main changes

- Early postpartum care and discharge 24-48 hours after birth with standardized procedures – “quality discharge”
- Introduction of Kangaroo mother care
- Introduction of standardized protocols for managing main obstetric/newborn complications at each level of the EONC network
- Training on EONC and HBB to all personnel that attend deliveries at health centers and hospitals
- Continuous improvement based on monitoring of compliance with quality standards and PDSA cycles
- Training TBAs in local language with demonstrations and mannequins
- Monitoring quality of care of TBAs quarterly

MICRONETWORK TEAM AT GUANGAJE PARISH

WORKING WITH TBAs AND COMMUNITY LEADERS TO IDENTIFY PREGNANT WOMEN IN A MAP

IDENTIFYING PREGNANT OR POSTPARTUM WOMEN AND NEWBORNS IN A COMMUNITY MAP

HOME VISITS TO “AT RISK” PREGNANT WOMEN IN THE COMMUNITY

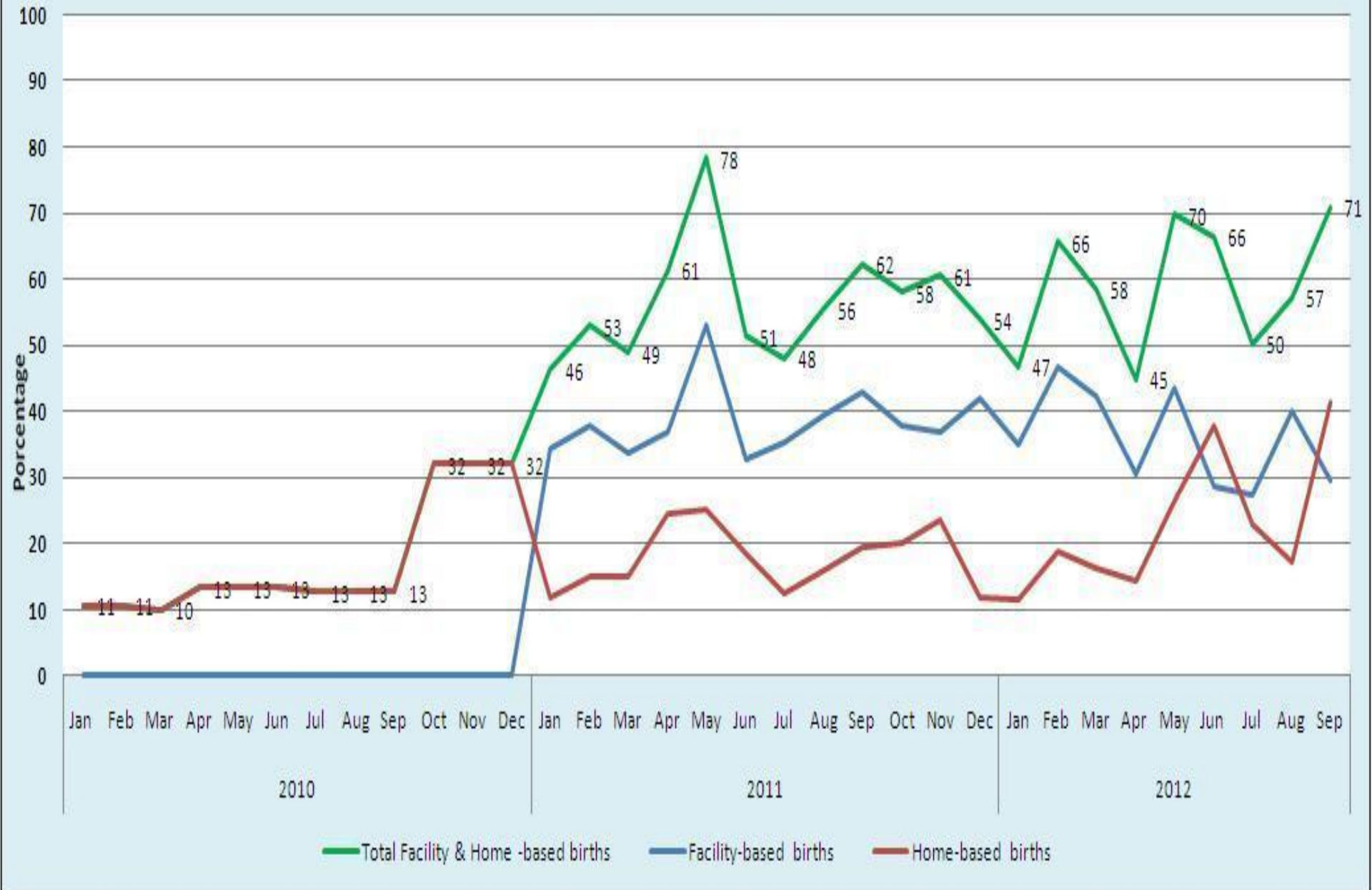
MOBILIZING THE COMMUNITY TO IDENTIFY PREGNANT WOMEN, CONDUCT HOME VISITS AND TRANSPORT EMERGENCIES

Coverage and Quality of Post-partum Care (PPC) in 7 Cotopaxi Parishes: Baseline vs. Project Year Three End-year Result

Indicator	Baseline April 2010	Sept. 2012
% of total deliveries (home & facility) benefitting from PPC in the first 48 hours	< 5%	71%
% TBA compliance with PPC counseling standards (observation of simulated or live session)	3%	69%
% TBA compliance with PPC newborn exam standards for danger sign recognition (observation of simulated or live exam)	0%	68%
% of TBAs able to cite at least 2 post-partum danger signs for mother	59%	98%
% of TBAs able to cite at least 2 newborn post-partum danger signs	61%	94%

81% at project's end

figure 2: Increase in Coverage of Early Post-partum Care, Seven Micro-networs in Pujili County., January 2010-September 2012



TBA and Health Center Linkages/Referrals in 7 Cotopaxi Parishes: Baseline vs. Project Year Three End-year Result

Indicator	Baseline April 2010	Sept. 2012
% of TBAs who report to know how to contact a skilled provider at nearest heath center	19%	95%
% of TBAs who report to have visited a health center in the last 3 months	15%	97%
% of TBAs who report a "supervision" visit by a parish health center skilled provider in the last 3 months	< 10%	64%
# of newborns referred to a health center or county hospital by a TBA within the past quarter	17	94
# of women post-partum referred to a health center or county hospital by a TBA within the past quarter	15	107

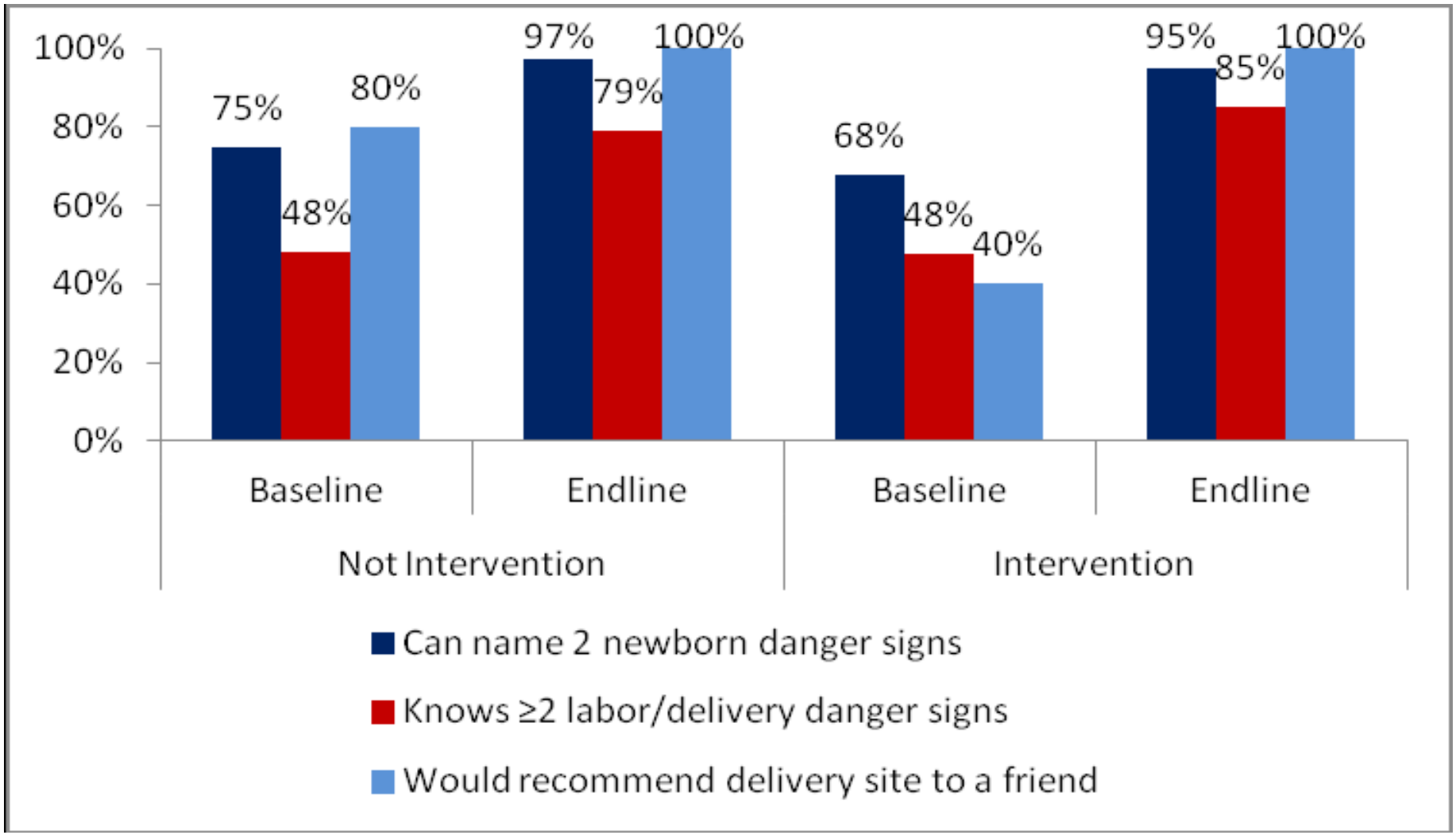
Selected Quality of Care Indicators in Facilities Participating in the Project

Ministry of Health Quality Indicator	Baseline 2010	Sept. 2012
% of deliveries benefitting from active management of the third stage of labor in participating facilities	68%	99%
% of births demonstrating compliance with partograph use in participating facilities	51%	94%
% of births documenting compliance with use of corticoids for fetal lung maturity in preterm birth in participating facilities	67%	96%
% of births documenting compliance with evidence-based case-management standards for premature rupture of membranes	0%	80%
% of newborns with documented compliance with essential newborn care standards in participating facilities	13%	91%
% of newborn asphyxia cases with documented compliance with evidence-based neonatal resuscitation standards in participating facilities	10%	94%

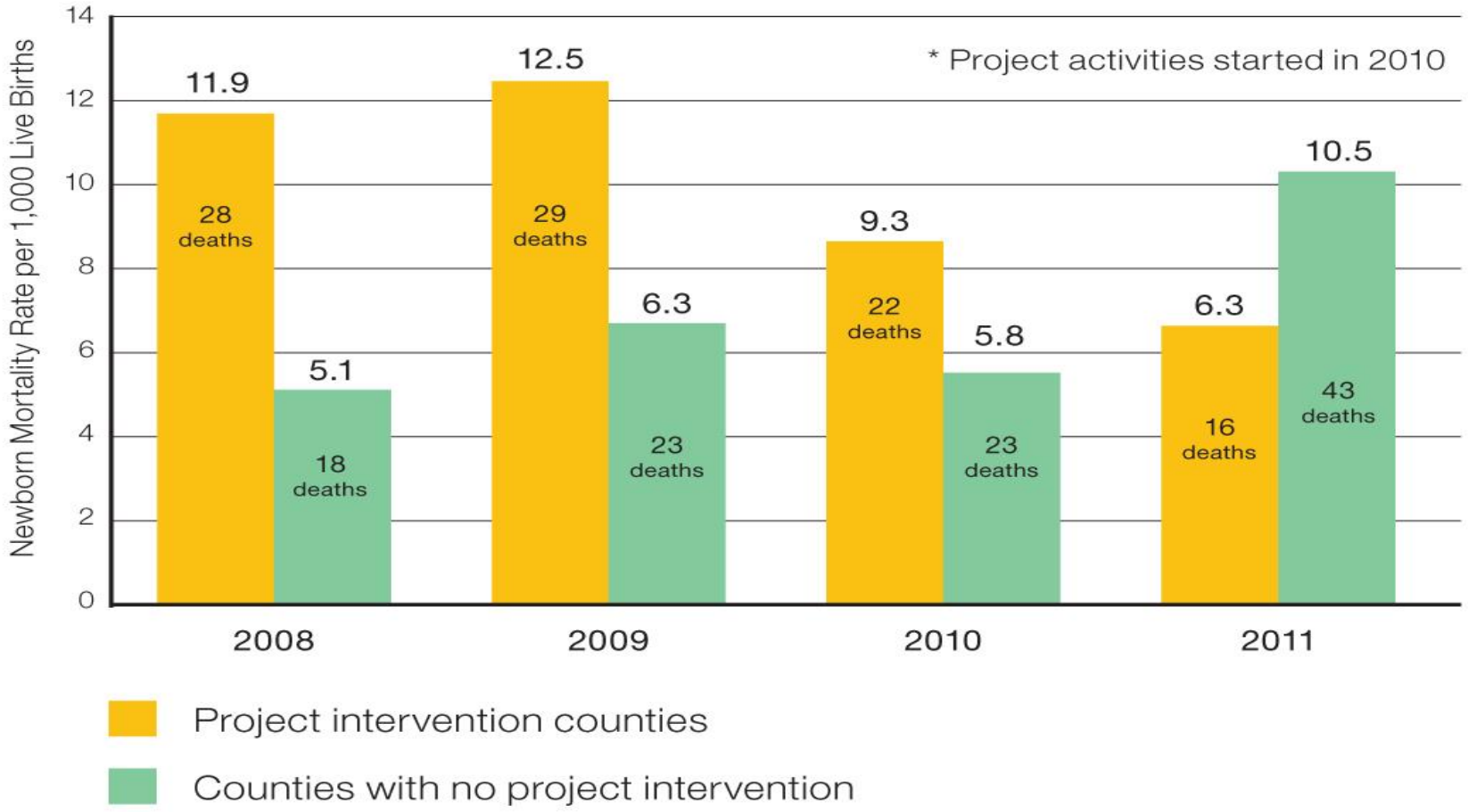
Increasing demand for health services and healthy household behaviors: main changes

- Weekly radio program in 6 radio stations, local language
- Radio jingles
- Introduction of routine counseling at facility-based care and by TBAs

Knowledge, attitudes and practices related to maternal and newborn care at baseline (2011) and end-line (2013) home surveys. Intervention vs. non-intervention populations



Reduction in Newborn Mortality in Project Intervention Counties, 2008–2011



Sustainability

- The Ministry of Health of Ecuador implemented the Cotopaxi project closely together with CHS.
- In 2012 the MOH announced its decision to scale-up the project to the entire country
- In 2013 the Minister issued an official policy document and an operational plan for the scale-up
- In 2014 the MOH hired a full-time staff to lead the implementation in each one of the 24 provinces
- At the project close-up, the MOH hired two of our project staff members to work at central MOH

What did we learn?

- Health Care Improvement is an effective way to address Equity issues -the need for improvement is not equal among populations
- Access to and quality of care are two dimensions that should be improved together to achieve impact
- Health Care Improvement involves changes not only at the individual performance at the facility-level processes, but also at the system level of processes: this is where QI and systems' strengthening meet
- The "demonstrate how to" strategy: It is possible (and perhaps better) to change health care systems from bottom-up. PDSAs at a system's dimension
- The need to document and measure
- The bottom line (yet unanswered): why would public health care workers would want to improve (or not)?
- Who else has important stakes at health care improvement in developing countries?