**Appendix 1**

**Peace Care Ethiopia**

**Obstetric Intervention 2012: Focus Group Findings**

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The following are the findings from the focus groups, observations from the hospital and meetings I have had with the staff. The focus groups were conducted in Bonga and with rural patients and staff at Chiri Health Center.

**Summary of findings:**

1. Obstetric knowledge is greatly lacking in Bonga Hospital and in the rural areas.
2. Bonga has a pretty bad reputation when it comes to its labor ward, and the priority in which they see patients. They are also known to run out of medicine and equipment.
3. In Bonga, there are not enough midwives. However, the nurses can be trained in safe labor practices and then can assist in the labor room thereafter.
4. The midwives need retraining in how to treat labor induced seizures, cleanliness in the labor ward, and emergency obstetrics.
5. A major problem exists in the rural community. The only trained midwives, Health Extension Workers (HEWs) only have one year of education after 10th grade. As part of a government program they have been placed in rural communities across Ethiopia. They are the liaison between the people and real trained medical workers.
6. Emergency obstetric care could be greatly improved by training these rural HEWs on how to deal with an emergency situation and when a patient needs to be referred to Bonga. Also HEWs can be a link to the distant communities and persuade women to go to a health center before labor to prevent such emergencies.

**Focus group participants:**

Rural men and women (8), midwives (2), physicians (3) including anesthesiologist (1), health officer (1), and pharmacist (1)

**Feedback from combined focus groups:**

Functional health care delivery

1. System Status
   1. Bonga Hospital is the only hospital in the Kaffa Zone (population 1,000,000). The next closest hospitals are in Mizan Tafari and Jimma. Both are roughly 120 km away, 4 hours by vehicle.
   2. Bonga hospital delivers on average 25 babies per week.
      1. According to the local health office, 95% are local patients who come to the hospital when they go into labor.
      2. The other five percent are patients referred from further away who have come with obstructed labor and/or other complications.
   3. There are three general shortcomings related to obstetrics at Bonga Hospital:
      1. Lack of manpower/knowledge at the hospital
         1. There are not enough midwives in Bonga or in the region as a whole.
         2. Four midwives, and two labor specialists (one is a health officer and one is the medical director)
         3. Nurses need retraining in safe delivery practices, cleanliness, and seizure treatment.
         4. The nurses and midwives rely too heavily on the labor experts in the case of a complication. They need to be more self-sufficient.
         5. Lack of trainings in safe and clean deliveries and how to treat labor induced seizures
      2. Equipment shortage
         1. Three labor beds; all have mechanical problems. One does not stay upright. The other night, four deliveries were taking place and the fourth mother gave birth on the waiting bed. Only one baby crib.
         2. Three delivery kits (scissors and other devices that sometimes are not properly washed when there is no bleach)
         3. No automated hematocrit assessment. No blood bank. One fluid suction apparatus. Blood pressure apparatus is not very functional.
         4. Lack of antigens for blood testing. No iron sulfate to treat anemia.
         5. Inability to treat rural patients due to complications
            1. This is due to distance, lack of health centers, and lack of trained midwives throughout the region.
            2. This has been addressed with the addition of HEWs across the country. In Kaffa there are over 500 HEWs. They are the only midwives that serve these populations.
            3. HEWs do not have enough training to know when to refer a patient in need or how to deliver a baby in a clean and safe manner.
            4. HEWs need training in safe and clean deliveries, disease prevention, and emergency/referral recognition.
   4. Comprehensiveness of care
      1. The duration of perinatal care is quite short. There are governmental efforts to increase pre and post-natal care. Outside of Bonga, women only come to a health post if there is a problem.
      2. The hospital is not very clean.
      3. Many diagnostic tools are unavailable.
      4. Radio announcements encourage mothers to visit a health center at 5 months gestation.
      5. In a rural area, the closest health center may be three to four hours away. In such places, delivery is almost always done in the home.
   5. Quality of health care delivery
      1. The quality is very low. Basic behaviors are neglected, such as bleaching the delivery beds and washing hands with clean water. There is no clean water at the hospital.
      2. If the beds are full, a woman in labor must wait outside or on an available bed.
      3. The focus groups unanimously agreed with the following generalizations:
         1. Chiri Health Center (LALMBA) has a great reputation.
         2. Other regional health centers have decent reputations.
         3. If you have money, going to a private clinic is a good idea.
         4. Bonga often runs out of supplies.
         5. Bonga Hospital is expensive.
         6. HEWs have been very helpful.
         7. At the same time, they are not experienced enough with deliveries.
      4. One male attendee first went to Bonga, but waited several hours to be treated so he left.
      5. One female focus group attendee lives closer to Bonga but came to Chiri instead.
      6. In the rural areas, gloves, clean water, basic instruments are not available.
   6. Access:  Health system utilization and customer satisfaction
      1. Patients seem to enjoy LALMBA Health center very much. I’ve heard many bad things about Bonga hospital from rural and urban patients. Generally, people like the HEWs, but most people realize their shortcomings.
2. Health Workforce
   * 1. Health care worker training and education
        1. Health Officers: 12th grade, plus 3-4 year degree at university
        2. HEWs: 10th grade completion, +1 year of training
        3. Doctors: 12th grade, and 6+ years of university/medical school
        4. Diploma Nurse: 10th grade + 3 years of nursing school
        5. Degreed Nurse BSN: 12th grade + 4 years at university
     2. HEWs are in the most need of training
        1. They are the only health workers in rural areas and only have a 10th grade education with one year of post school training
           1. During this year, they studied 16 broad topics including disease prevention and basic delivery practice.
     3. There are 2 anesthesiologists. One of them desires to be trained in fistula repair.
     4. Government-paid retrainings occur for every field, sometimes twice a year. However, only a few nurses or doctors are able to attend.
3. Health Information Systems
   1. Technology systems and data collection systems
      * 1. This is something I am having a hard time understanding!
        2. The nurses compile registry books based on the cases seen by each department. Nothing is computerized or organized very well and there is lots of paper.
4. Health Resources Management
   1. Some of the medicines are supplied by nongovernmental organizations (NGOs) in Jimma, Ethiopia.
   2. Gloves are supplied by United Nations Educational, Scientific, and Cultural Organization (UNESCO), but it is not uncommon for the hospital to run out.
   3. If something is not available (e.g. gloves, medicine), the patient must pay for it.
5. Health system financing
   1. Health care is heavily subsidized here. Medicine and gloves either come from NGOs or UNESCO or the government directly. However, costs are still very high for the poor population.
   2. I know that there is a lot of corruption at the hospital; budgets for repairs are potentially pocketed by the management.
   3. Bonga Hospital prices: (conversion rate 1 dollar = 17 birr)
      1. Standard delivery: 100 birr
      2. Assisted delivery (cesarean section, hysterectomy) 150 birr
      3. Gloves: 6 birr
      4. IV: 22 birr
      5. Extra night: 200 birr
6. Health system leadership / governance
   * 1. Personnel
        1. Ibrahim, CEO
        2. Gebre-Madhin, Medical Director
        3. 8 health officers, 6 doctors, 4 midwives, 1 degreed nurse, 2 clinical nurses, 20 general nurses
7. Health System Strengthening Efforts
   * 1. Ministerial priority
        1. Birth control and public health knowledge is a clear priority.
        2. HEW program has been somewhat successful for helping the rural areas.
        3. Health care is heavily subsidized.
     2. Governmental work
        1. Focused on TB and malaria
     3. NGO work
        1. Global fund provides many resources.
        2. Priorities include preventing outbreaks, providing medicines and resources, and fistula repair (in Addis).
     4. For all of the above, obstetric care remains a lower priority.

**Feedback from rural sites:**

**Attendees (town – distance traveled if outside Chiri):**

Woman 1 – Muti- 4 hours away

Woman 2 – Chiri

Woman 3 – Awasha Wola- 2 hours away

Woman 4 – Chiri

Man 1 – Meskela – 3 hours

Man 2 – Gogira – 3 hours

Man 3 – Melegawa – 3-4 hours

Man 4 – Baska-Diri – 5 hours

**From women:**

**If there is a labor related problem in your village what happens?** If there was a problem, the woman would be carried by stretcher to Chiri. For the woman who lives four hours away (from Muti): many women die on the stretcher on the way to Chiri.

**How much does delivering cost?** In the village, it is free. It costs 30 birr at a health center. In Bonga, patients have to pay for IV, gloves and delivery kits, so the total can accumulate quickly.

**Why did you choose Chiri instead of Bonga?** The radio advised coming to a health center during pregnancy at 5 months. Chiri is closer.

**What is the reputation in your community of**

**A) Bonga**

**B) Chiri**

**C) Woreda Health Centers/HEW’s**

Bonga has a bad reputation when it comes to obstetrics. Chiri has a good reputation. The regional health centers have a decent reputation; people do not trust the HEWs.

Two of the women had not heard many rumors about Bonga. Two of the women have a negative view of Bonga and feel going to a private clinic is better. Weldajo, a local surgeon, has a great reputation. Some of the women skip Bonga to come to Chiri.

**How often do women give birth in the home?** When they are sick they come [to the clinic or hospital]. Most people, if not sick, give birth at home. They will have a traditional midwife or HEW. HEWs do not have a good reputation and are not very good teachers. Health centers often a wide range of services.

**What cultural/religious factors affect labor conditions?** There is a cultural component to giving birth in the home.

**From men:**

**What obstetric problems exist in your community?** Basic problems with obstructed labor and painful deliveries.

**How do you view the HEWs in your area?** The HEWs are doing a lot to treat the women. If there is a problem, the woman is carried to Chiri. But this is the biggest problem.

**What other problems are there?** Priority of patient treatment is hard. Walking many hours to come [to clinic] is difficult. Bonga often has shortages of medicines and is very far away.

In every kebele, there are 2 HEWs. The women often stay in the home; if there is a problem, the HEW is summoned by the husband. If there is a major complication, they carry the women to Chiri. One man first went to Bonga. But he was not treated for several hours and left.

The HEWs have helped a lot and are doing good work.

**How to improve Bonga:** They need more services and they need to be better with prioritization. Bonga seems to have a political structure where they do not have the resources to treat people in the correct order. Need more trained HEWs and more medicine available.

**Notes from focus groups with midwives, health officers, anesthesiologists and pharmacists:**

**What are some of the problems in rural areas?** Some of the kebeles do not have health posts. HEWs must travel to visit the homes. Delivery sets and gloves are not available. Sometimes UNICEF provides gloves. There is no soap. The HEWs did not have infectious disease prevention training. Huge knowledge gap with HEWs. Some kebeles have one HEW, some have three.

**Are patients ever turned away?** Prioritization is assessed based on who is in the most need. If three women are in labor. And another comes in, they must wait. Sometimes, the labor coach,

**What recent trainings have been given at the hospital?** Health officer: Under 5 children management, obstetrics trainings, newborn care.

**What are the biggest problems in Bonga?**

Shortage of manpower. There are only four midwives, two clinical nurses, one degreed nurse, BSC, four midwives.

No incubator.

No iron sulfate

The ultrasound is not a doppler.

Three labor couches, but they are not very functional.

Last night, four women were in labor, with three couches. The fourth women gave birth on the bed.

They need bleach.

95% come from nearby with no problem.

5% are referred from other regionals: obstructed labor.

This week, three seizure patients were treated

Blood pressure apparatus is unsatisfactory (for seizure patients)

Delivery kits only three (scissors, incubator, clampers,)

There is no machine for blood count/type

No blood bank.

No antigens for blood transfusion checks. Immediate transfusion. They look for family members to donate blood.

**What would be good topics for an intervention with Peace Care?**

safe delivery, clean delivery, training in how to deal with labor induced seizure, disease prevention, breech extraction , emergency obstetrics, management of anesthesia complications