Policy Brief

Improving Institutional Delivery in Amhara Region:

Bridging Access Gaps, Strengthening Facility Readiness, and Ensuring Quality Childbirth Services

Executive summary

Institutional delivery is not just a matter of health service; it's a matter of life and death. In the Amhara region, where universal coverage remains challenging, improving access to and quality institutional delivery is urgent. The current suboptimal rates and systemic, structural, cultural, and geographical barriers demand immediate attention. Multiple data sources have been utilized to synthesize findings and formulate policy recommendations, underlining the situation's urgency.

In 2019, only 58% of births in the Amhara region occurred in health facilities, slightly higher than the national coverage of 54%. Yet, significant disparities remained, with lower rates in rural areas (46% vs. 86% in urban areas), among poorer women (30% vs. 85% among wealthier women), and uneducated women (39% vs. 96% among women with secondary+ education). These gaps have significantly widened since 2000, with absolute inequality increasing from 2000 to 2019: education gaps by 9%, urban-rural by 5%, and wealth disparity by 13% annually. Furthermore, by 2023, according to the DHIS2 data, institutional delivery coverage increased to 63%,

Compared to the rapid progress in the 2010s, where institutional delivery coverage rose from 11% in 2011 to 58% in 2019, averaging a 13% annual increase, recent health facility reports indicate a significant slowdown, with only about a 2% annual increase in the last five years. When adjusted for facility readiness, coverage dropped significantly to 41% in 2023 from the initial 58%, and the percentage of mothers receiving a health check before discharge remained alarmingly low, raising serious concerns about the quality of care. In addition to the slowed progress in recent years, significant disparities in institutional delivery persist in the Amhara region based on place residence, education, and wealth status. This calls for urgent attention to address these challenges, as the proposed strategies – focused on empowering women, expanding service delivery, and enhancing health service infrastructure – present a powerful opportunity to close widening gaps, improve health facility readiness, and elevate the quality of MNH services, with the potential to transform the region's health service landscape.

Background

Evidence shows institutional delivery is crucial for reducing maternal and neonatal mortality rates. Despite progress in maternal health policies in Ethiopia and the Amhara region, achieving universal institutional delivery remains challenging, and its coverage in the region still needs to be improved.

This policy brief contends that while increasing institutional delivery rates is crucial, addressing the quality of care and cultural practices is equally essential for better health outcomes. Cultural practices, geographic barriers, perceptions, and limited access to healthcare services contribute to low institutional delivery rates. A systematic review reveals that only 47% of births in the Amhara region occur in health facilities.

Recent initiatives have established more health centers and trained healthcare professionals, gradually increasing institutional delivery rates. However, significant quality issues persist partly due to resource constraints, including limited financial and trained human resources. Weaknesses in the health system, such as inadequate stockouts and infrastructure, insufficient medical supplies, and weak referral systems, further undermine quality service delivery. Additionally, cultural practices and a lack of awareness about the benefits of timely antenatal care services and institutional delivery contribute to low uptake of institutional deliveries.

Addressing these quality issues and cultural barriers is essential for improving the effectiveness of institutional delivery services. This brief outlines the current challenges, emphasizing the importance of quality and culturally sensitive services in institutional delivery, and recommends policy measures to enhance access to equity and quality services for institutional deliveries in the Amhara region.

Approaches

Five demographic health surveys (EDHS) and health facility data have been utilized to synthesize findings and formulate policy recommendations. Data from Service Provision Assessment, SPA 2014 and 2022 were also used to assess health facility readiness across eight domains of childbirth service provision. These surveys and routine health facility data (DHIS2) determined institutional delivery coverage in the Amhara region.

The inequality of institutional delivery was assessed using three inequality dimensions: residence, educational status, and wealth status. Absolute inequality was used to measure the disparity, which is the result of subtracting the coverage of the favored group from the coverage of the non-favored group.

The health facility's readiness to provide childbirth services was analyzed using SPA 2014 and 2022. The childbirth service readiness was computed using eight domains: intervention, guideline and training, equipment, delivery items, labor bay, medicine, services, and precaution. Weighted crude coverage was derived from household surveys, while readiness scores, as quality indices, were calculated from facility surveys. Indicators for Childbirth services were scored and classified into domains. Total readiness indices of facilities were obtained using a weighted additive method. Facility readiness indices and crude coverage were linked to estimate effective coverage, reflecting childbirth service quality. Critical appraisal of the literature identified the factors attributed to the lack of institutional delivery. Regional program managers, policymakers, and experts were consulted throughout the process, from conception to analysis and development of this policy brief, to determine and contextualize priority issues and interpretation of findings. The final version was reviewed, validated, and approved by experts working in the region.

Key findings

Coverage of institutional delivery in the Amhara region

Between 2000 and 2011, the percentage of institutional deliveries attended by skilled personnel remained stagnant in the Amhara region and nationally, hovering around 10%. However, from 2011 to 2022, there was a substantial increase, with coverage rising to 63% in the Amhara region. This implies that among five pregnant mothers, two gave birth at home.

But in 2023, the institutional delivery coverage decreased to 58%. The coverage of institutional delivery was slightly higher than the national average (58% vs. 54%), according to the EDHS 2019 survey. In the Amhara region, institutional delivery coverage has been increasing at an annual rate of 16%. Notably, the annual rate of increase for institutional deliveries was lower in rural areas compared to urban areas (8% vs. 20%) (Figure 1).

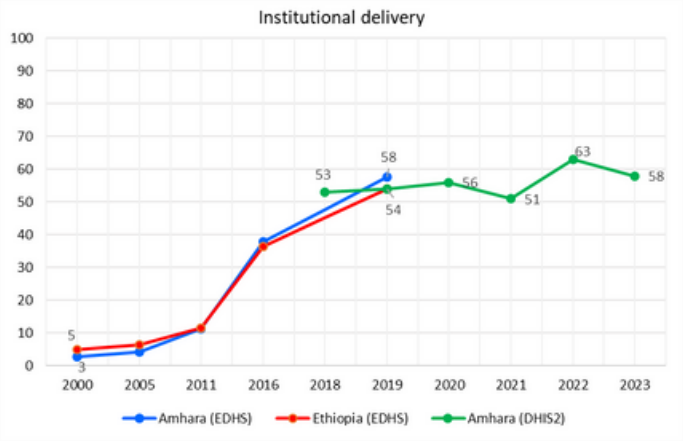

Figure 1. Coverage of institutional delivery in Amhara region, 2000-2023

Disparity in institutional delivery coverage

In 2019, only 46% of women in rural Amhara delivered at health institutions compared to 86% in urban areas. By 2019, the gap between urban and rural mothers in institutional delivery coverage had grown to 50%, a significant increase from 17.5% in 2000. In the Amhara region, this gap widened by 4.7% each year. Educated women (with secondary education or higher) were much more likely to give birth in health facilities (96%) compared to women without education (39%) by 2019. Institutional delivery coverage among educated women was 57% higher than that of their uneducated counterparts by 2019. Absolute inequality has increased by 8.9% from 2000 to 2019. Wealthier mothers had a significantly higher institutional delivery rate (85%) than the poorest (30%). In 2019, the Amhara region's absolute gap between the richest and poorest groups reached 55%. The absolute gap has increased by 13.4% annually from 2000 (Figure 2).

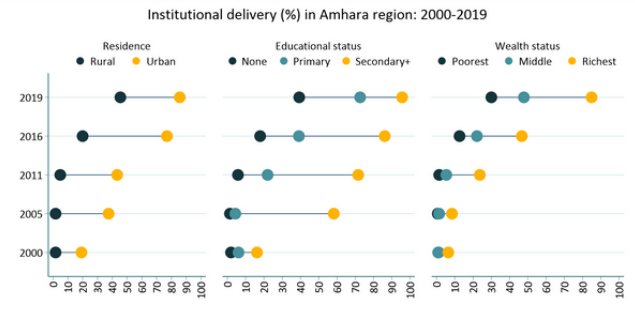

Figure 2. Inequality in institutional delivery by residence, educational status, and wealth status (the distance between the dots shows the absolute disparities).

Quality of delivery services

Readiness of health facilities

The evidence showed that the readiness of health facilities in the Amhara region increased from 40% to 71% from 2014 to 2022. Nearly two-in-seven (29%) health facilities were not ready to provide standard childbirth care services by 2022. By 2022, almost one in four health facilities (26%) were unprepared in the urban area. In rural areas, nearly one in three facilities (32%) are unprepared to provide standard childbirth care services (Figure 3).

Health centers' readiness to provide childbirth services was lower than hospitals in the Amhara region. In 2014, the preparedness of health centers and hospitals to offer standard childbirth services was 54% and 84%, respectively. Health center readiness increased to 70% in 2022. However, hospital preparedness remained nearly the same (85%) by 2022 (Figure 3).

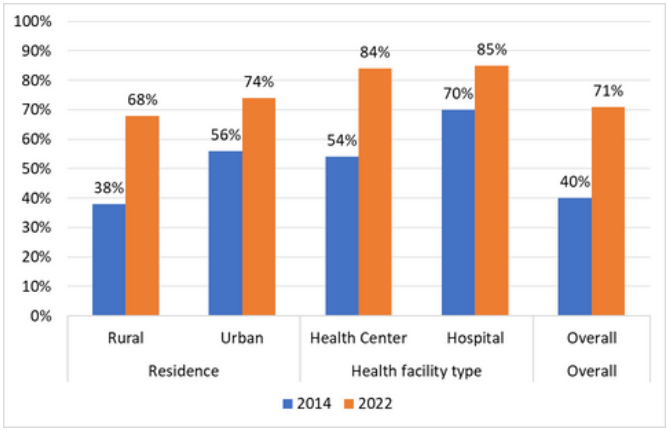

Figure 3. Readiness of health facilities to provide childbirth care in Amhara region by residence and health facility type: evidenced from SPA 2014 and 2022 data

The readiness of health facilities to provide childbirth services by domain indicated that there was encouraging progress between 2014 and 2022. Better performance was obtained in delivery items, intervention, and precaution. However, gaps are still observed in guideline and training, equipment, labor bay, and services domains. The standard guidelines and training were only available in 53% of the health facilities of the Amhara region, and only 68% had the essential medicine for delivery care and management. Moreover, only 47% of the health facilities in the Amhara region have vital services in delivery care, including blood transfusion, blood typing, and C-sections (Figure 4).

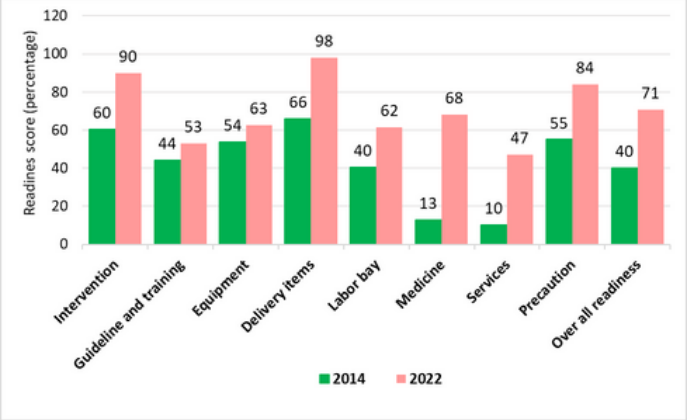

Figure 4: Readiness of health facilities in Amhara region by domain: evidenced from SPA 2014 and 2022.

Coverage of quality childbirth services

In 2016, 38% of births occurred in health facilities, increasing to 58% by 2023 in the Amhara region. Nationally, the coverage was 37% in 2016 and 54% in 2019, which implied that the coverage of institutional delivery in the Amhara region was higher than the national average. The numbers dropped significantly when considering whether facilities were adequately equipped and staffed (readiness-adjusted coverage). In Amhara, coverage decreased from 38% to 15% in 2016 and from 57% to 41% in 2019. The facility readiness adjusted coverage in 2023 was 41%, a significant drop from the crude coverage of 58%. In Ethiopia, the facility readiness-adjusted institutional delivery coverage dropped from 37% to 21% in 2016 and from 54% to 39% in 2019.

The most concerning finding is the low percentage of mothers receiving a health check before discharge (intervention-adjusted coverage), reflecting the quality of care. In Amhara, this was only 6% in 2016 (dropping from 15% with readiness adjustment) and 25% in 2019 (falling from 38% with readiness adjustment). Nationally, it was 13% in 2016 and 11% in 2019, showing similar significant drops (Figure 5)

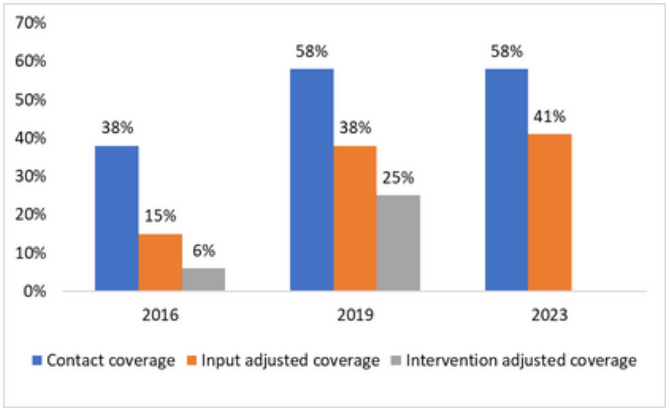

Figure 5. Cascading of childbirth effective coverage (percentage): evidence from EDHS 2016 and 2019 survey triangulated with SPA 2014 and SARA 2018 data.

Conclusion

Institutional delivery rates in the Amhara region highlight significant disparities and quality issues. This indicates that rural areas lag behind urban areas, with fewer women giving birth in health facilities. Educational and economic inequalities further compound this disparity; uneducated women and those from the poorest households are significantly less likely to access institutional delivery services compared to their more educated and wealthier counterparts.

Furthermore, the quality of care provided in many health facilities remains inadequate. Many facilities are far below the minimum standards for safe delivery services, lacking essential equipment, trained personnel, and necessary medical supplies. As a result, even when deliveries occur in health facilities, the conditions are often suboptimal, compromising the safety and well-being of both mothers and newborns.

Additionally, a concerningly small proportion of mothers receive the required health checks before discharge, which is crucial for identifying and addressing potential postpartum complications. These challenges underscore the urgent need for investment and targeted interventions to improve the accessibility and quality of institutional delivery services in the region.

Policy recommendations

Empowering women through community education through community awareness-creation activities to improve the community's knowledge of pregnancy complications, involvement of mothers in decision-making, and empowering mothers to utilize skilled maternal services.

Expanding service delivery point by deploying second-generation health extension workers to provide services and scaling up C-section services in remote areas, bridging access gaps, focusing on demand creation and promotion, and using telemedicine to offer remote consultations and support for healthcare providers in underserved areas.

Equipping health facilities with comprehensive and emergency delivery services by refurbishing and equipping the labor and delivery rooms with necessary equipment and commodities for emergency delivery services, such as blood transfusion and C-section capabilities.

Enhancing transport and referral systems by building emergency transport systems with ambulances and community responders; strengthening referral networks with clear protocols, communication, and training; and promoting community-based transport using local resources and partnerships.

Implementing quality assurance programs by establishing and maintaining quality assurance programs to ensure all deliveries receive necessary medical interventions, including thorough newborn and maternal health checks before discharge, ensuring adherence to best practices and clinical guidance. This also involves establishing quality improvement teams within health facilities to monitor and enhance the quality of care.

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