

CASE STUDY

USAID TRANSFORM: PRIMARY HEALTH CARE

Twinning Partnerships: A Tested Strategy to Accelerate Woreda Transformation

Background

In the past two decades, the government of Ethiopia has been implementing its health sector development programs (HSDP I–IV) and invested heavily in health systems strengthening in an effort to meet the Millennium Development Goals. The Federal Ministry of Health developed a five-year Health Sector Transformation Plan (HSTP; 2015/16 –2019/20) to further reduce preventable deaths in mothers and children under five years of age. The HSTP seeks to transform woreda (district) health offices into high-performing entities that can help Ethiopia realize its goal of a healthy, productive, and prosperous people (FMOH 2016a). This involves improving equity in access to health care, quality in health-service provision, and community engagement in health care decision-making and management. All of this requires closing the gap between high- and low-performing woreda health offices and adopting and implementing innovative solutions (FMOH 2016a).

The United States Agency for International Development (USAID)-funded Transform: Primary Health Care project has adopted the World Health Organization's twinning partnership strategy and has begun providing technical and other support to implement activities (WHO 2016). This case study describes Transform's first twinning partnership.

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Implementation/Interventions

The aim of Transform's woreda twinning strategy is to increase the number of high-performing primary health care units in four states (Amhara, Oromia, Tigray, SNNP) (WHO 2016, ICAD 1999, Saha and Sáha 2015). The main principle of twinning is to establish a “win-win” relationship based on a commitment between woredas to collaborate for at least one full year. Woredas are categorized in three performance tiers: high, medium, and low (ICAD 1999).

After conducting preliminary discussions with stakeholders, a memorandum of understanding between Bibugn and Machakel Woredas and the zonal health department was signed. Delegates from both woredas participated in a three-day training and went on to develop a one-year twinning partnership project (Fig 1). Evidence indicates that the partner woredas benefited greatly from the on-and off-site trainings, implementing and monitoring action plans, and learning-collaborative workshops.

Fig 1. Partnership Implementation Cycle (1)



1. **Partnership development** is the first step of twinning strategy implementation and is critical for success and sustainability (Saha 2015). US-AID Transform: Primary Health Care project facilitated a brief preliminary discussion with the zonal health department. The assigned twinning partnership focal person facilitated relationship-building between the medium- (Machakel) and low (Bibugn)-performing woredas in East Gojjam Zone.
2. **Needs assessment:** both woredas collected baseline data that were used to prioritize the intervention areas as well as to monitor and evaluate the twinning partnership strategy.
3. **Gap analysis:** the project facilitated a three-day training on strategic problem-solving, performance management and mentoring and communication tools. Participants recruited from both woredas attended the training.
4. **Action planning:** training participants identified team vision, prioritized activities, and developed detailed action plans. The desired measurable results for both woredas were to achieve a high-performance status.
5. **Action:** both woredas prepared a reciprocal experience -sharing, on-and off-site training and implemented all agreed activities.
6. **Evaluation and review:** onsite-supportive supervision and mutual performance review meetings were organized. A mid-year review meeting and annual evaluation are planned.

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Results and Lessons

In June 2018, the woredas agreed to work together for one year (ICAD 1999). Twenty-three health workers were recruited from Bibugn and Machakel Woredas to attend the basic twinning partnership training. In addition, the woredas conducted reciprocal experience-sharing visits and performance-review meetings. After six months of action-plan implementation, USAID: Transform documented milestones.

Effective supervision improves quality of services: According to the Federal Ministry of Health, to achieve “transformed woreda” status, high-performing primary health care facilities and high community-based health insurance (CBHI) enrollment coverage are mandatory. The project noted that both Machakel and Bibugn benefited from the established twinning partnerships. Of 81 standards set for health centers (Fig. 2) performance increased from 81 to 88 percent and from 58 to 78 percent for Machakel and Bibugn, respectively. Participants said the onsite training and document- and experience-sharing interventions helped them improve their performance (Bailey et al. 2016).

“ We spent two days in Bibugn town demonstrating how to measure performance against the standards...we also shared our standard operating procedures and other templates we use with the woreda.”

— Participant 1, Amanuel HC

“ We sent five staff to a performance-review meeting, to visit health facilities, and bring back lessons to our health center...the twinning team mobilized resources for creating a clean and safe health facility and establishing a sanitation committee.”

—Participant 5, Digo-tSION HC

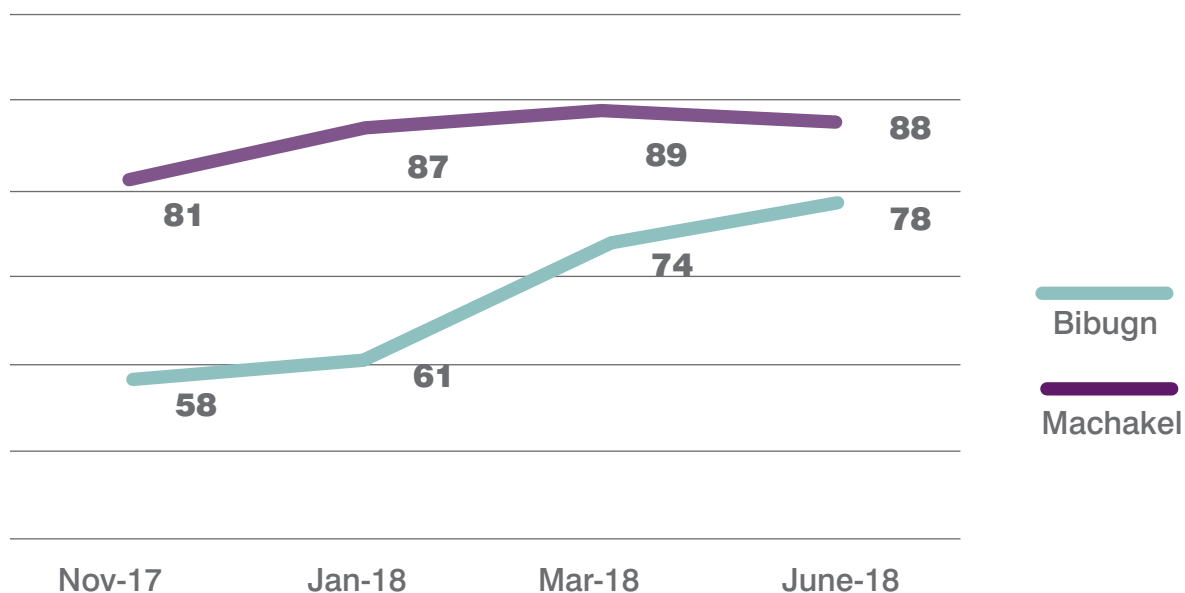
“ I am proud of my contribution to improve performance of the pharmacy chapter in both my and neighbor woredas.”

—Participant 5, Digo-tSION HC



Teshager Sergo, head of Amanuel Primary Health Center, Machakel.

Fig 2. EHRIGs Achievements of Bibugn & Machakel Woredas, June 2018



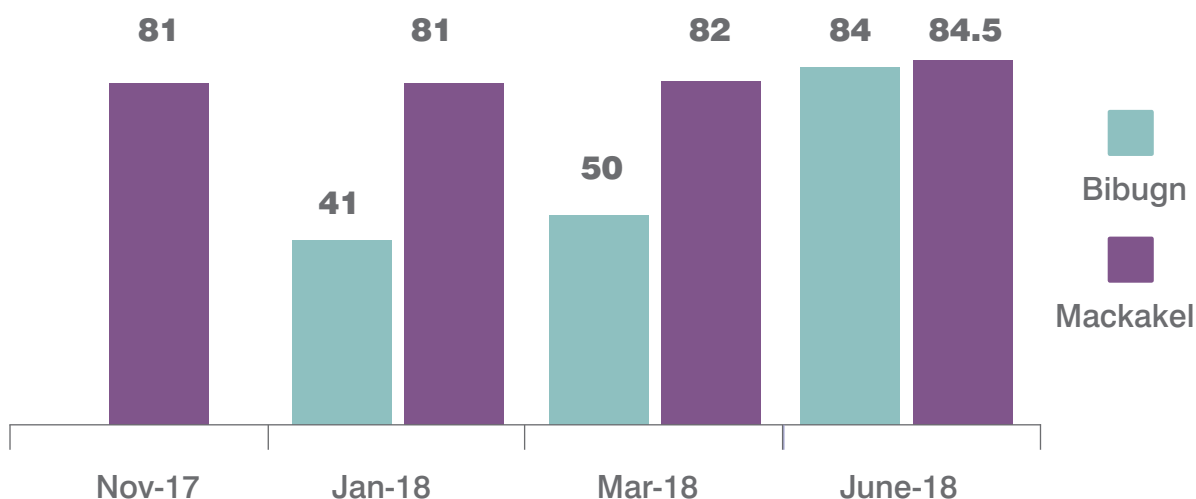
Based on the criteria to categorize woredas' transformation status, the FMOH endorsed 16 key performance indicators for which a score of >85 percent is the ideal for the woreda health systems. Figure

3 depicts how the established twinning partnership helped one of the partner woredas institutionalize measurements against KPIs (FMOH 2016b).

“ With the technical support from Machakel, we were able to institutionalize measurements against KPIs and developed several performance and quality improvement projects...within six months we scored close to 85 percent.”

—Participant 5, Bibugn Woreda

Fig 3. Key Performance Indicator Achievements, Bibugn and Matchakel, June 2018

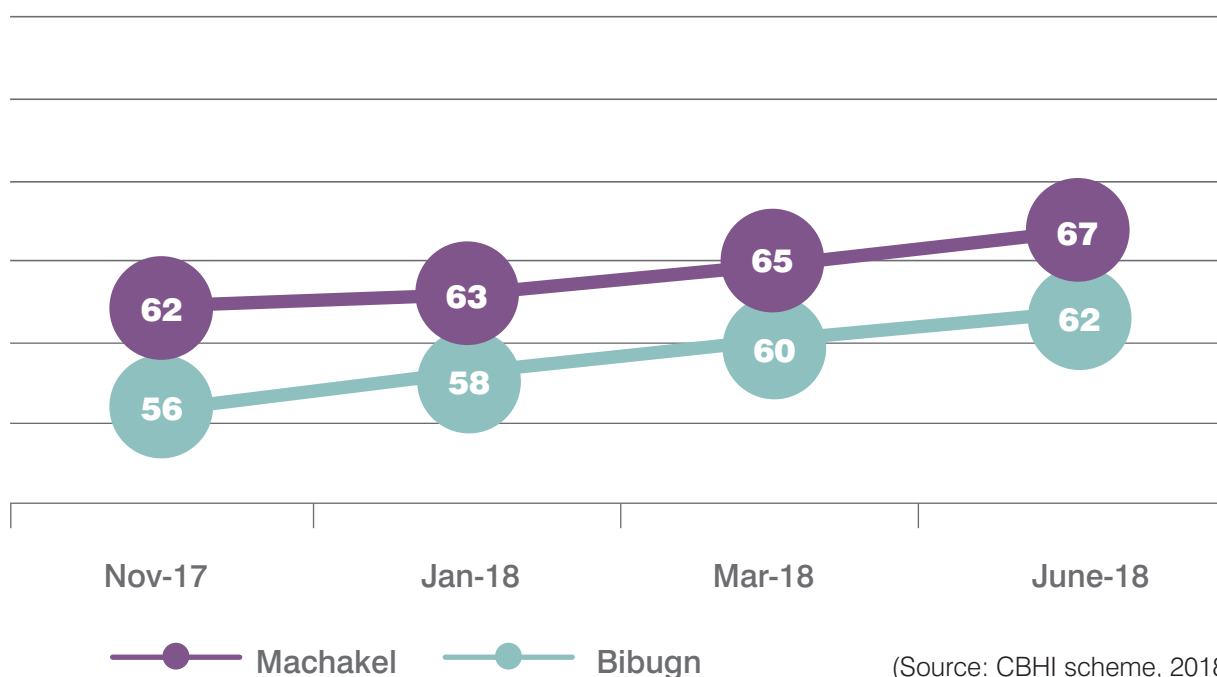


Improvements in CBHI enrollment and use:

The national health system strives to achieve universal health coverage by removing root causes of social inequalities in availability, access, quality, and burden of payment (FMOH 2016a). Accordingly, the ministry and its agency work to create a situation in which all people who need health services receive them,

without incurring financial hardship. Based on the HSTP target of reaching 80 percent of kebeles (the smallest administrative units) will enroll 80 percent of households in the CBHI scheme (FMOH 2016b). The twinning partnership helped both woredas increase enrollment rates. The following quotes reflect the progress and contribution of CBHI interventions.

Fig 4. CBHI Enrollment, Bibugn and Machakel June 2018



“We brought back model kebele tracking tools from Bibugn Woreda and started to implement them in Machakel Woreda. We believe that the partnership helped us to accelerate toward our common goal of becoming a transformed woreda in Amhara Region.”

—Participant 10, Machakel Woreda Health Office

Conclusion

Based on the information gathered from the twinning partnership exercise, the strategy helped both woredas to accelerate progress on woreda transformation targets. It also helped the woredas develop terms of references, standard operating procedures, and on- and off-site trainings. The regional health bureau and Transform are expanding the implementation of

the strategy within Amhara. Other regions seeking to improve performance and quality of services might consider adopting and scaling up the USAID Transform: Primary Health Care Project twinning partnership strategy.

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