

# SUCCESS STORY

## USAID TRANSFORM: PRIMARY HEALTH CARE

### Strong Links Strengthen the Chain of Primary Care



Improving the way health services are delivered, even at the most remote health posts in Ethiopia, is no easy task. It involves not only strengthening the services themselves, but also how those services are managed and how the people who are providing the services, i.e., health workers, are managed, too. USAID Transform: Primary Health Care grapples with this issue every day, for the project is charged with strengthening health services, and the larger health system in which those services operate, in four major regions of Ethiopia: Amhara, Oromia, Tigray, and SNNP.

The project is conducting a pilot to strengthen performance review meetings and supportive supervision as methods for identifying how health centers and health posts can raise the quality of care. In Ethiopia, woreda health offices (WOHOs) and primary health care units (PHCUs)

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*Photo caption: Attendees, including HEWs, at the performance review meeting at Amaunel PHCU.*



/USAID Transform: Primary Health Care



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## Performance review meetings and supportive supervision visits are **important management tools WOHO and PHCU staff can use to help improve how services are delivered** at health centers and posts.

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are responsible for overseeing how health centers and posts deliver care to the people in their catchment areas. Performance review meetings and supportive supervision visits are important management tools WOHO and PHCU staff can use to help improve how services are delivered at health centers and posts.

Amanuel PHCU is a Transform: PHC learning site in Amhara and participates in the pilot. In August 2018, the PHCU held its fourth pilot-related performance review meeting with health extension workers (HEWs) from the five health posts (HPs) in its catchment area as well as staff from the local WOHO. Teshager Serego, the head of the health center, and Habtamu Kebret, a focal person for Ethiopia's Health Extension Program, presented the main issues and supportive supervision findings from recent monthly performance reports (see Table 1 for illustrative areas being assessed at each health post). Using this evidence-based information to understand the findings and gaps, the meeting participants agreed on follow-up actions.

At the next performance review meeting, participants again will use evidence and data to understand whether their follow-up actions are working, and to what extent. They will use that information, as well as new information from the most recent monthly reports and supervision visits, to further course-correct where necessary. Table 1 shows how four health posts in

Amanuel PHCU's catchment area closed some critical gaps in just one month, between July and August 2018. More work needs to be done, but it has been a strong start.

 **The improved supervision checklists and analytical tools are helping us a lot. We can now easily identify critical issues. We are also able to monitor improvements from previous supervision findings"**

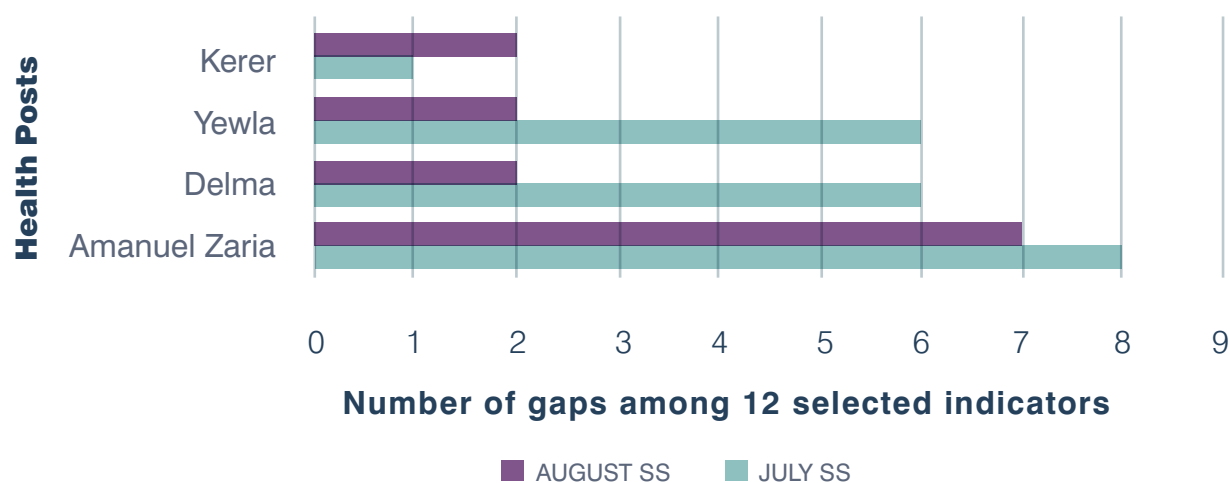
— Mr. Serego, Participant

Since its involvement with Transform: PHC, Amanuel PHCU's performance management team has strengthened supervision by making it more comprehensive and improved performance review meetings by preparing meeting agendas in advance and using monthly reports and other data sources to determine agenda items. Transform: PHC also set up a database in the PHCU to store and analyze information from supervision visits and reports.

"The improved supervision checklists and analytical tools are helping us a lot. We can now easily identify critical issues. We are also able to monitor improvements from previous supervision findings," said Mr. Serego.

**TABLE 1. Analysis of Supportive Supervision Findings at Woreda Health Posts, by Selected Indicators**

|    | INDICATORS                            | JULY             |          |          |          | AUGUST           |          |          |          |
|----|---------------------------------------|------------------|----------|----------|----------|------------------|----------|----------|----------|
|    |                                       | Amanuel Zuria HP | Delma HP | Yewla HP | Kerer HP | Amanuel Zuria HP | Delma HP | Yewla HP | Kerer HP |
| 1  | Review meeting with health posts      | Gap              | -        | Gap      | -        | -                | -        | -        | -        |
| 2  | Use of data for decision making       | Gap              | Gap      | Gap      | -        | Gap              | -        | -        | -        |
| 3  | Referral linkage                      | Gap              | Gap      | Gap      | -        | -                | Gap      | -        | -        |
| 4  | ORT corner available                  | -                | -        | -        | -        | Gap              | -        | -        | -        |
| 5  | First aid kit available               | Gap              | Gap      | Gap      | -        | Gap              | -        | -        | -        |
| 6  | Immunization defaulter tracing        | Gap              | -        | -        | -        | Gap              | -        | -        | -        |
| 7  | Family planning supplies              | Gap              | -        | -        | -        | -                | Gap      | -        | -        |
| 8  | Complementary food demonstration      | Gap              | Gap      | -        | -        | Gap              | -        | Gap      | Gap      |
| 9  | Availability of OTP service           | -                | Gap      | -        | -        | Gap              | -        | -        | -        |
| 10 | Tiahr chart (family planning methods) | Gap              | -        | Gap      | -        | -                | -        | -        | -        |
| 11 | Identification of suspected TB cases  | -                | -        | -        | -        | -                | -        | -        | Gap      |
| 12 | ART defaulter tracing                 | -                | Gap      | Gap      | Gap      | Gap              | -        | Gap      | -        |



- By analyzing supervision findings, the health center was able to identify HPs with major gaps, e.g., Amanuel Zuria health post.
- The health center now can identify areas that are improving or not improving, and make management decisions to provide solutions accordingly.

Kassahun Yedeg, head of the woreda health office, also sees benefits from Transform: PHC. “We have drafted a grant proposal to scale up the pilot in all five of the PHCUs in our woreda catchment area.”

Woreda health office and PHCU staff understand that success depends on their ability to provide timely, relevant, and evidence-based support to the health posts, and health workers and HEWs now see regular supervision and review meetings as part of their professional responsibilities.

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USAID Transform: Primary Health Care partners with the government of Ethiopia to end preventable child and maternal deaths by strengthening the country’s health system. USAID Transform works in Amhara, Oromia, Tigray, and Southern Nations, Nationalities, and Peoples’ Region (SNNPR). Funded by USAID, the project is implemented by Pathfinder International, JSI Research & Training Institute, Inc., Abt Associates, EnCompass, the Malaria Consortium, and the Ethiopian Midwives Association.

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