

STORIES

FROM

DAMOT WOYDE, WOLAITA

USAID TRANSFORM: PRIMARY HEALTH CARE



[Damot Woyde woreda is a *model* woreda, as designated by the Ministry of Health. The woreda has transitioned from a low-performance to a high-performance rating over the last three years. This compilation highlights some of the significant support provided by USAID Transform: Primary Health Care to the woreda.]



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Cover photo: A mother and her baby visiting a health center, SNNP

Photo above: A pregnant woman visits a health center, SNNP

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Acronyms

AYHD	Adolescent and Youth Health and Development
BEmONC	Basic Emergency Maternal and Newborn Care
CBNC	Community Based Newborn Care
CASH	Clean and Safe Health facilities
DQA	Data Quality Assessment
EHCRIG	Ethiopian Health Center Reform Implementation Guidelines
FP	Family Planning
HC	Health Center
HEW	Health Extension Worker
GBV	Gender-based Violence
ICCM	Integrated Community Case Management
IMNCI	Integrated Management of Childhood and Newborn Illnesses
ISS	Integrated Supportive Supervision
LARC	Long Acting Reversible Contraceptive
LMG	Leadership, Management, and Governance
MNH	Maternal and Newborn Health
OPD	Out-patient Department
PRM	Performance Review Meeting
SAM	Severe Acute Malnutrition
SBCC	Social and Behavioral Change Communication
SNNP	Southern Nations, Nationalities, and Peoples
WMS	Woreda Management Standards

Background



The Ethiopian government has made notable gains in the past few years in reducing maternal and child morbidity and mortality. To sustain these achievements, the government developed a five-year Health Sector Transformation Plan (2015-2020). This plan includes the woreda transformation agenda, which aims to transform woreda health offices into high performing entities that support the national vision of a healthy, productive, and prosperous Ethiopia.

WOREDA PROFILE

Damot Woyde woreda is located in the Southern Nations, Nationalities, and Peoples' Region in Wolaita zone, approximately 120 and 360 kilometers from Hawassa and Addis Ababa cities, respectively.



POPULATION: 123,346



HEALTH CENTERS: 4



VILLAGES: 26



EXPECTANT WOMEN: 3,761



CHILDREN (Under 5): 16,971



HOUSEHOLDS: 22,188

USAID Transform: Primary Health Care, in collaboration with the woreda strengthens the health system in various ways that include onsite technical assistance, trainings, material provision, introduction to improvement cycles and models, resource mobilization, and creation of experience sharing platforms. The following timeline shows the Activity's support:

July 2017

- First follow up and gap and strength analysis
- Project orientation and scope definition

October - December 2017

Trainings in:

- AYHD for 2 health workers
- Peer education for 25 youth
- AMIYC nutrition 6 health workers

July - December 2018

- Distribution of Vscan
- Establishment of clinical skill lab
- Effective vaccine and cold chain management training for 2 health workers
- PHCU level performance review and catchment based meetings trainings for 8 health workers

August - September 2017

Trainings in:

- LARCs for 8 health workers
- Post-partum and post abortion FP for 2 health workers
- Maternal health (BEmONC) for 4 health workers and 4 post training follow up visits
- Fistula case diagnosis for 2 health workers
- Onsite IMNCI for 23 health workers
- Health center reform and EPAQ for 20 health workers

January - June 2018

- Clinical mentorship for 2 health workers
- Malaria in pregnancy for 4 health workers
- EPI microplanning for 2 health workers
- Quality improvement 15 health workers
- LMG for 2 leaders
- Connected woreda strategy orientation for 3 health workers
- FP/RH planning exercise orientation to 40 health workers
- LARC training for 5 level IV HEWs

January - June 2019

- Twinning partnership support
- Health post open house support for 2 health posts
- Community mobilization support



USAID Transform: Primary Health Care also supported the woreda to implement activities that contribute to performance improvements. The following table shows the cumulative achievements of selected activities.

Activity	2017	2018	2019
Sub grant provided to the woreda health office ETB		401,813 ETB	641,675 ETB
Support on ISS Sessions	4	8	12
Support to PRM Sessions	4	8	12
PHCU level review meetings Sessions	16	32	48
LMG coaching Sessions	0	1	3
Quality improvement coaching Sessions	0	2	3
Referral for fistula treatment Cases	5	7	8
Complementary feeding demonstrations Facility sessions	0	11	24
Follow-up visit/ technical onsite support Sessions	10	31	59

“

Resource is an important factor but commitment and ensuring resiliency are the biggest contributors to change

”



Photo Caption: Zewdu Samuel - Head of Damot Woyde Woreda Administration Office, SNNP

According to Zewdu Lebena, Head of Damot Woyde Woreda's Health Office, commitment from staff helped catalyze the lasting improvements. A baseline assessment from December 2017 scored the woreda at 54.9. After USAID Transform: Primary Health Care trained three staff members from each health center on woreda transformation standards, the situation in the woreda

began to change. By December 2018 - only a year from the baseline assessment - the woreda's score rose to 72.2 percent, upgrading it to a *model* woreda status. The scores from the annual self-assessment and verification activities were similar, illustrating that correct procedures in assessments are being followed.

Progress made as per the transformation measurements

Year	2017 (quarter III)					2018 (quarter III)					2019 (quarter II)				
Indicator	Model kebele	CBHI	PHCU	WMS	Average	Model kebele	CBHI	PHCU	WMS	Average	Model kebele	CBHI	PHCU	WMS	Average
Self-assessment	74%	41%	76%	71%	55%	91%	80%	97%	94%	96%	92%	80%	94%	90%	87%
Zonal/regional verification	N/A	N/A	N/A	N/A	N/A	96%	70%	99%	94%	91%	92%	76%	92%	88%	87%

Table: Damot Woyde woreda's scores

Spreading successes

Following these achievements, Damot Woyde woreda began a twinning partnership with Offa woreda which grapples with many of the challenges Damot Woyde woreda previously faced and had a baseline performance score of 32.3 percent in September 2019. The twinning partnership encourages mutual learning and, as a result, improvements in performance through a review of current structures, practices, and performances as well as sharing best practices and lessons. According to Zewdu, the exchange of skill sets and corrective

measures for gaps identified brought about a sense of healthy competition between the two woredas. *“There were major differences in levels of commitment of staff as a result of applying this strategy. It created a notion of - ‘if they can do it why can’t we’ - which resulted in better performances,”* he says. Through activities agreed upon in a memorandum of understanding, including telephone coaching, experience sharing visits, and document exchange, within just six months Offa woreda raised its performance score to 55 percent.

Local improvement ideas improve and sustain reform implementation



Photo Caption: Staff at Bedessa Health Center, SNNP

The Ethiopian health center reform implementation guideline helps improve health centers' readiness to provide the 'minimum acceptable quality' of services. Bedessa health center, located in Damot Woyde woreda, is driving changes in quality improvement of services

and serving as a learning hub for other facilities in the woreda. The management of the facility recorded the baseline of the performance improvement cycle in December 2017.

Table. Bedessa health center performance scores from 2017 - 2020

Year/ Quarter	Model kebeles	EHCRI score	KPI score	HC average score	Major interventions
Quarter 1	0	34%	56%	64 %	<ul style="list-style-type: none"> • Introduction of performance-based reward for individual staff • HC PMTs functionalized and sub PMTs established within case teams that regularly review key performance indicators, EHCRI standards and DQA
Quarter 2	0	56 %	68%	76%	
Quarter 3	11.1%	62%	86%	78%	
Quarter 4	11.1%	92%	94%	88%	
Quarter 5	33.3%	100%	94%	90%	<ul style="list-style-type: none"> • Preparation of individual level action plans for unattained EHCRI standards, identification of resource needs and share with HC case team leader and PHCU director • Quarter based regular internal verification and written feedback mechanism established • Rules and regulations established to increase accountability for staff and reprimand those intentionally creating shortages of locally available resources • Local resources mobilized. A central triage constructed by mobilizing community resources generated (internal revenue for purchasing corrugated sheets and nails) • Weekly compound beatification and CASH in which compound gardens are shared and named for each case team • Introduction of community scorecards
Quarter 6	44.4%	100%	96%	92%	
Quarter 7	44.4%	100%	94%	88%	
Quarter 8	55%	100%	98%	93%	
Quarter 9	55%	100%	98%	95%	
Quarter 10	100%	100%	100%	100%	

Table. Bedessa health center Ethiopian Health Center Reform Implementation Guidelines (EHRIG) scores

Timeline	December 2017	June 2018	December 2018	June 2019	December 2019
Self-assessment	56%	88%	100%	100%	100%
Zonal verification	Not done	91%	98%	93%	98%



Bedessa health center assigned a trained staff person to each of the ECHRIG chapters to trickle down knowledge to all staff at the center to avoid knowledge gaps in the instances of staff turnover. Performance management teams were established to tackle what were deemed to be difficult chapters and implement improvement ideas which included solutions for medication shortages. With the collaborative support of the entire staff body, service improvement projects were formulated, and regular monitoring and evaluation tracked progress. *“Our challenges were not tied to funds but to commitment, so that was our main area of focus for improvements,”* says Habtamu Haile-Michael, Director of Bedessa Health Center. Creating a sense of duty within staff to serve the surrounding community was essential to bringing about accountability. A two-way dialogue with staff revealed that much of their dissatisfaction sprouted from perceptions of safety and security failings and inadequate remuneration for staff working in facilities. Discussions to overcome these issues, increase transparency, and understand country-wide challenges were key to restoring staff morale. Interventions to improve data quality and completeness and antenatal care (ANC) attendance and follow up, as well as twinning partnerships with other health centers in the woreda, were initiated. A community forum, to be conducted every three months, was established to strengthen the health center’s relationship with its clients. Community scorecards which gave Bedessa health center the lowest score of all health centers in the zone in 2017, with many service users requesting the facility be shut down, now paint a very different picture: from 69 percent in 2017, the health center’s score improved every year and is now at 93.5 in 2020.

Developing leaders to strengthen the health system



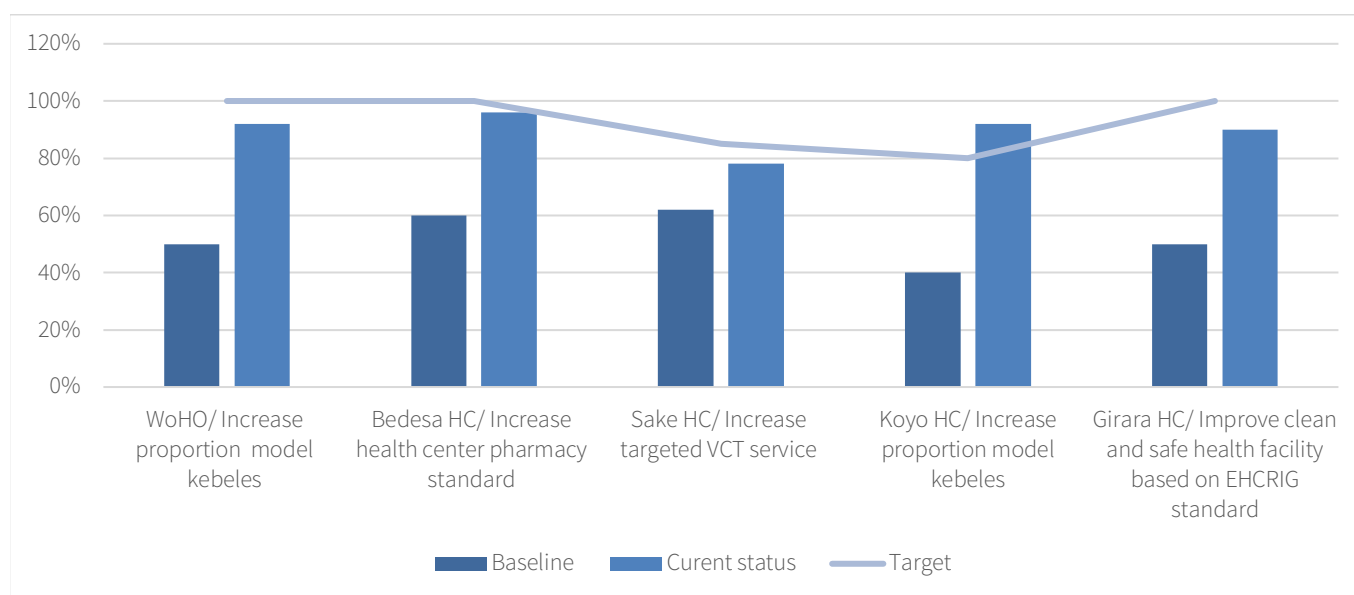
Photo Caption: The LMG team at Bedessa Health Center, SNNP

Leadership management and governance (LMG) is an intervention which improves the leadership skills of management team members and enables them to solve performance related problems on their own. In Damot Woyde woreda, 25 people participated in LMG training and developed projects to address prevailing issues such as meeting pharmacy service standards.

Bedessa health center which also participated in the trainings identified the major bottlenecks to service

quality and developed a project to improve standards related to pharmacy service provision according to the Ethiopian health center reform implementation guidelines and to increase pharmacy standard adherence from 60 to 100 percent. Through a fish bone analysis, the team revealed that the facility's pharmacy standard cumulative achievement was low. To improve this and meet targets, the project team implemented interventions including increasing pharmacy staff, enhancing staff motivation, establishing an independent drug information center, and providing on-the-job training for pharmacy staff.

Figure – Types of LMG projects and their progress



Planning exercise forms contextualized solutions in family planning



Photo caption: A client receiving Implanon service in a health post, SNNP

USAID Transform: Primary Health Care implements various initiatives that reduce maternal, infant and childhood deaths and improve their health. One of the ways it does this is through the introduction of innovative service delivery approaches that use evidence-based planning and resource mobilization, ultimately impacting the effective and efficient delivery of reproductive, maternal, newborn and child health services. As part of its work to ensure the public's access to quality family planning (FP) services, the Activity facilitates a training centered on a 'planning exercise' on family planning and reproductive health services for service providers at woreda health offices, primary hospitals and health centers. The exercise is designed to enable service providers to summarize data, quantify and identify types of supplies and commodities required for family planning services, and prepare annual supply requests. Further to this, the Activity capacitates woreda and zone health offices to provide family planning trainings on their own, by supporting the public sector in establishing a 'trainers' pool' at the woreda and zonal levels that include trainings on long-acting reversible contraceptives and post-partum family planning; providing training material packages for these trainings. The 'planning exercise' also helps to introduce service packages (integration, peer-to-peer training and long-acting family planning, backup services) and widens service coverage.

In February 2018, USAID Transform: Primary Health Care provided an orientation on FP planning exercise to Damot Woyde woreda. Twenty master trainers from zonal and woreda offices were trained and the training was then cascaded to twenty health workers from the four health centers of the woreda. In addition to the trainings - following a preliminary assessment by the woreda of its health posts - the Activity provided long

acting reversible contraception (LARC) trainings and post-training materials to level IV health extension workers to boost service quality and uptake.

As a result, service integration of FP, back-up support, removal services as well as method mix availability was strengthened as services are now available in various departments of facilities in the woreda, the logistics management systems for recording and reporting pharmaceuticals was improved in both quality and timeliness of submissions to respective units which also means that FP commodities and materials can be quantified using data, and trainer pools were established at the woreda and primary health care units which have since planned, organized and conducted trainings on Implanon following a gap analysis by the woreda. Another major area of improvement was in post-partum family planning which is now available in all health centers compared to only one facility offering the service prior to these interventions. The trainings at the health post level have also brought about remarkable changes as LARC services are now available to women who would have previously had to seek the services at health centers much further away from their homes which would sometimes mean they would bypass these services despite their need for them.

These sustainable transformations are likely to produce a lasting impact on the performance of the woreda and its facilities and cultivate ownership by health workers. The availability and quality improvements have meant the woreda has achieved all targets in its annual plan and has dramatically curbed threats to maternal and child health.

Strengthening technical relationship between health workers – catchment based clinical mentorship



Photo Caption: Aynalem Biniyam, a trained mentor, working in Bedessa Health Center, SNNP

Catchment based clinical mentorship, a major strategy to enhance the skills of MNH care givers at the health center level, was introduced in the woreda in September 2018. The introduction process includes a facility readiness assessment followed by a knowledge and skill gap assessment of mentees. The mentorship then focuses on rectifying the identified gaps in both the facility setup and health care provider capabilities. USAID Transform: Primary Health Care provided training for staff working in maternal and child health units on clinical mentorship, who in turn provided mentoring and on-the-job training/coaching for facility staff. The Activity provided technical assistance and covered the

costs of the initial phase of the process which lasts for six months, after which the facilities manage costs on their own. One mentor is assigned to a group of six mentees, who before graduation receive an average of six rounds of mentorship. With an average 7 years of experience each, the mentees that attended the sessions at Bedessa gained lifelong skills in their profession that will enable them to provide quality service to their communities. Each round includes coaching and skills and knowledge assessment to measure progress. The mentorship program is six months long and involves all six health centers in the woreda. Pilot case initial phase

Table. Damot Woyde woreda mentorship participant profiles and skill ratings

Mentee	Educational background/ profession	Years of experience	Name of facility	Baseline		End-line	
				Knowledge	Skills	Knowledge	Skills
01	Diploma Midwife	7	Sake HC	45.5%	55%	83%	91%
02	Diploma Midwife	6	Sake HC	39.4%	40%	86%	95%
03	Diploma Midwife	8	Koyo HC	48.5%	45%	90%	95%
04	BSc Midwife	4	Koyo HC	45.5%	50%	93%	95%
05	Diploma Midwife	10	Girara HC	37%	Being assessed	43%	Being assessed
06	Diploma Midwife	7	Girara HC	35%	Being assessed	45%	Being assessed

As a result of the mentorship program, facility staff are now better able to provide quality maternal and child health services. *“The commitment of our midwives is exceptional. USAID Transform: Primary Health Care helped us in providing a ‘master trainer of trainers’ training to our midwives who then capacitated other staff in our facilities,”* explains Zewdu Lebena, Head of Damot Woyde Woreda’s Health Office.



After the mentorship process, facility staff more successfully identified and managed birth-related complications such as pregnancy-induced hypertension and antepartum and postpartum hemorrhaging. The facility also upgraded its delivery rooms and shower rooms in the postnatal care (PNC) sections. All of these efforts resulted in decreased referrals, improved

documentation, increased antenatal care (ANC) and PNC attendance, and more even performance levels between the health centers operating in the woreda. The following table shows the enhanced capacity of mentees which had not handled any of the cases stated or had missed standards of care (mismanaged all cases handled), prior to the process.

Table. Damot Woyde woreda mentorship participants' post mentorship case management

Name of health center & mentees	Cases managed		
	Vacuum delivery Assisted breech delivery	Antepartum and postpartum hemorrhage	Long acting family planning
Number of cases after mentorship			
Bedessa HC			
1. Abiyot Ayele	12	2	89
2. Alemitu Woldemichael			
Sake HC			
1. Birehanesh Lema	4	1	43
2. Fanaye Adane			
Koyo HC			
1. Meseret Beyene	2	2	53
2. Mihiret Manchiko			
TOTAL	18	5	185
Outcome of the procedure	Successful		

Practical learning through clinical skill labs



Photo Caption: Skill labs for practicing MNH related services in Bedessa Health Center, SNNP

Clinical skill labs develop the capacity of woredas by enabling hands-on, practical experiences for health care providers as well as strengthening the linkages among facilities within a woreda. Skill labs are a cost-effective and convenient way for health care providers to learn or update a range of medical practices while facilitating peer learning among staff and dramatically and efficiently improving the quality of care in all departments of a given facility. Over 30 sites were established by USAID Transform: Primary Health Care for the implementation of this intervention.

Aynalem Biniyam, a senior midwife who has been in the profession for 18 years, works at Bedessa health center. In December 2018, the skill lab was established in the facility, allowing her to improve her skills and share her knowledge through practical demonstrations with her colleagues, “The skill lab has been extremely

valuable,” she says. “Responsibilities are now shared as we all have increased capacity, which benefits our clients in the long run.” After receiving orientation from USAID Transform: Primary Health Care, she was assigned to be a coordinator of the skill lab at the facility. In her role as a coordinator, Aynalem works with the health center’s management, university faculty, and other health centers. In the last 14 months, 374 people attended demonstration sessions at Bedessa health center’s skill lab and enhanced their practical knowledge and skills in services that include intranatal care, long-acting reversible contraception, birth-related complication management, and essential newborn care. “I don’t have to worry about being away from the facility now because my colleagues are just as capable. In addition, I believe lives are being saved as students practice in our lab before they see actual patients; minimizing their chance of making errors,” says Aynalem.

Table. Bedessa health center skill lab lessons and participants

Area of skills	Participants	Number		Participants that required further support after CSL sessions
		Male	Female	
LARCs	Health center staff, HEWs and students	29	142	38
Intra natal care	Health center staff, HEWs and students	32	87	0
Management of complications	Health center staff, HEWs and students	22	40	0
Essential newborn care	Health center staff, HEWs and students	21	66	0

The health center is working to overcome challenges such as heavy workloads and a lack of supplies, including a pelvic model with uterus for Intrauterine Contraceptive Device (IUCD) demonstrations, by sharing

responsibilities among staff and establishing a close working relationship with Wolaita Sodo University, which has pledged to provide the equipment for the skills lab.

Quality improvement: Maternal and newborn health collaborative



Photo caption: The quality improvement team at Bedessa Health Center, SNNP

Building excellence in quality improvement (QI) is one of the four transformation agendas in the Ethiopian HSTP. The agenda sets out to achieve continuous improvement in clinical care, patient safety, and patient-centered care through a model which balances quality planning, quality control, and bold QI.

In its efforts to support this goal, in December 2017, USAID Transform: Primary Health Care organized a QI maternal and newborn health (MNH) collaborative training for seven selected staff members in Bedessa health center including the health center's director; maternal, newborn, and child health case team members; midwives; and health post linkage leaders. Following the training, participants established a QI team and oriented 26 other health center staff on implementing QI with a focus on a collaborative approach and the QI project action cycles (a component of the training). Together with the health center management, the newly formed QI team conducted a MNH clinical audit and discovered that low coverage of early ANC and incompleteness of care in ANC were major shortcomings. The monthly early ANC 1 performance was a mere 33 percent. The

low coverage also meant that ANC 4 coverage was insufficient, which results in low rates of institutional delivery and immediate PNC service coverage. A root cause analysis for the low performance revealed the following major bottlenecks:

- HEWs' awareness, attitude, and commitment to identify pregnant women before 16 weeks of gestation was poor.
- There were no identification forms or reporting and referral formats for identified pregnant mothers to be linked with a catchment health center.
- Technical support in MNH and performance review mechanisms between midwives and health extension workers assigned to health posts was poor.
- Pregnant and lactating women's conferences at health posts were weak.



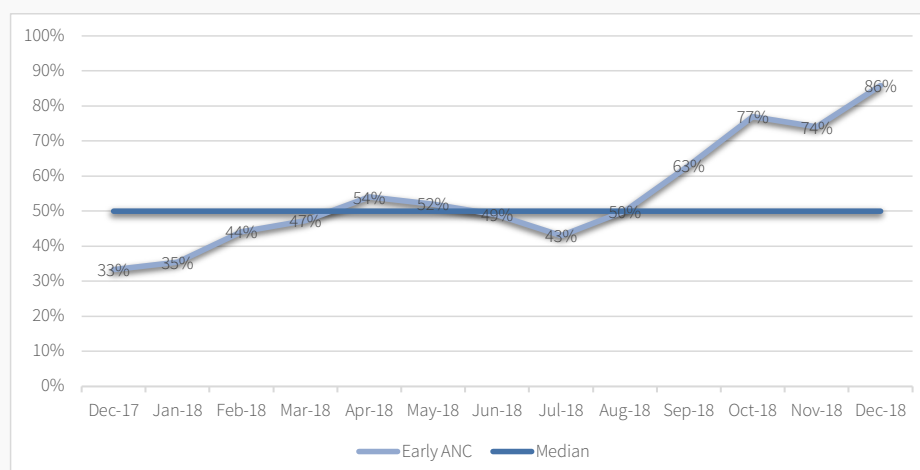
Photo caption: A mother-to-be visits Bedessa Health Center, SNNP

Project: Improve early ANC initiation and overall performance in ANC with a goal to increase early ANC 1 coverage from 33 to 90 percent in one year, (by December 2018).

USAID Transform: Primary Health Care assisted in these efforts by providing technical support on the QI action plan implementation, indicator tracking, and development of change ideas during coaching visits. The change ideas developed include:

- Providing orientations to HEWs on early identification of pregnant women and introducing reporting and referral formats for identified pregnant women in each kebele.
- Enhancing community awareness through women development army members.
- Applying non-financial reward mechanisms to increase staff motivation.
- Strengthening pregnant mothers' conferences at health posts and improving women-centered services at health centers.
- Assigning midwives for MNH backup support to health posts.

Figure. Progress in early ANC 1 coverage at Bedessa health center



Using technology during ANC to enable early identification of complications



Photo Caption: Aynalem using a Vscan on a mother-to-be, SNNP

USAID Transform: Primary Health Care uses innovative technology to improve the quality of ANC care provided by local health centers. The Activity procures and distributes mobile ultrasound machines (Vscans) to enhance early detection of fetal abnormalities and minimize the burden placed on both hospitals and pregnant women by unnecessary referrals. It then trains midwives in Vscan use and distributes the machines to selected health centers.

Aynalem, a senior midwife, received a 12-day training on the use of Vscans in 2018. The training included skill demonstrations and mentorship for three consecutive months. After receiving training, Aynalem provided Vscan services to 288 women who were suspected of abnormalities out of 1,200 ANC clients. Of the

scanned cases, 38 were referred to a hospital for further investigation. Based on the referred cases, confirmatory diagnoses were made. The confirmatory investigations showed that 100 percent of the cases matched the initial diagnosis. Zemenai Chancha, Maternal and Child Health Coordinator at Damot Woyde woreda, says innovations in service delivery contributed to the changes observed in quality of care. *“Ensuring continuity of service was important as each mother is assigned a midwife that will provide care throughout the course of her pregnancy. This is done through dividing up the catchment population between each midwife at health centers. However, the most effective impact has been introducing innovations as this has instilled a sense of confidence for both our community and service providers,”* she says.

Table 7. Abnormalities detected in Bedessa health center through Vscan use

Diagnosis	Identified	Number	
		Follow up actions	
		Managed	Referred
Breech	12	0	12
Small for gestational age	2	1	1
Multiple gestation	7	0	7
Blighted ovum	2	0	2
Pelvic pathology	7	0	7
Risk of abortion	8	5	3
Abnormal fluid	2	0	2
Intrauterine fetal death/fetal demise	2	0	2
Placenta previa	2	0	2

Male participation has also increased at the health center since the introduction of Vscans. Husbands now accompany their wives to attend ANC visits, eager to see an image of their baby. This means midwives like Aynalem now have increased communication with them and can include them in her counseling sessions on all aspects of health seeking behavior.

The journey to model kebeles



Photo Caption: A model household with handwashing facilities, SNNP

A key component of the Government of Ethiopia's plan to transform its health sector is creating model kebeles that meet its woreda transformation standards for health facilities, schools, and households. A model kebele has four interrelated predefined criteria: model households, high skilled birth attendance, high improved latrine coverage, and creating model schools in a village. Households are encouraged to take up tailored and predefined health promotion, disease prevention, and basic curative interventions and their progress is monitored. In addition, village schools are expected to provide water and sanitation facilities and first aid kits and services, establish a number of health clubs, and facilitate regular health screening services for students. The strategy ensures the achievement of high health services coverage and a responsive health system to the local needs of individuals and families.

USAID Transform: Primary Health Care worked with the Federal Ministry of Health and regional health bureaus

to develop toolkits to support model kebeles, assess kebele achievement of model status measured against the national criteria, and help health posts create model schools.

Bedessa health center, which oversees eight kebeles, used to struggle with community-based health insurance (CBHI) membership, which stifled its efforts in creating model kebeles. To help it create model kebeles, the Activity provided guidelines and oriented health post staff on model kebele criteria. After implementing several activities, the health center was able to transform all eight of its kebeles into model kebeles. The interventions centered around empowering all stakeholders to take collaborative actions to improve their status through efforts that include community mobilization (open house) events, which resulted in a rise in CBHI membership from 68 to 80 percent within a year of interventions.

Table. Progression of model kebele creation by Bedessa health center

Timeline	December 2017	June 2018	December 2018	June 2019	December 2019
Number of model kebeles	2	3	6	7	8
Total number of kebeles	8	8	8	8	8

Health post open house, community engagement and mobilization



When a community is unaware of the services offered by its health facilities, individuals do not engage in health-seeking behaviors and the population's wellbeing does not improve. To promote community engagement, USAID Transform: Primary Health Care supports health posts to host 'open house' events that encourage the community to engage in care-seeking behaviors, recognize danger signs in pregnancy, and use the government's 'family health guide.' These open houses also help service providers identify barriers to health care access and solicit community support in creating model kebeles. The health post open house event consists of community conferences and exhibits where community members and influential groups engage with health professionals over the course of two days. With an overarching goal of promoting curative and preventive services which are available at the health post level, this platform highlights danger sign recognition and prompt care seeking, promotes the family health guide, identifies challenges related to service utilization and solicits the support of the community in creating model kebeles.

Damot Woyde woreda has conducted two health posts open house events so far at Ambe Bedessa and Oloba health posts. An open forum allowed health workers to gain insight into the community's health needs and concerns while showcasing the services offered at the health post and emphasizing the benefits of seeking health care. A total of 100 participants (50 from each kebele) participated in the events. Identified barriers to health care provision included a weakened women's development army, low rates of model households using latrines and insecticide-treated bed nets, low early identification of pregnant women, home births, lack of medical supplies and consumables, improper feeding practices, harmful traditional practices, a lack of resources (first aid kits, ambulance service, medication etc.), and limited access to services. Based on the discussion of these barriers, possible solutions and action points were formulated by the health post.

Through these activities and interventions to address barriers to service, both Oloba and Ambe Bedessa health posts have graduated to a model status in accordance with the model kebele criteria described in the below table:

Kebele	Modele Kebele criteria	Baseline (%) December 2018	Current status (%) December 2019
Ambe Bedessa HP	Proportion of model households	77	100
	Institutional delivery	81	100
	Latrine utilization and ownership	78	100
	Proportion of model school	83	100
Oloba HP	proportion of model households	80	100
	Institutional delivery	85	100
	Latrine utilization and ownership	87	100
	Proportion of model schools	50	95



Photo caption : An open house gathering, SNNP

Conclusion: Program ownership



In the coming months, Damot Woyde woreda hopes to strengthen the culture of ownership and sustain activities to ensure its self-reliance. Currently a model woreda, the goal of achieving a status of a 'transformed woreda,' which requires two years of continuous performance as a

model, is on the horizon. The woreda's leadership plans to achieve and maintain the transformed woreda status through regular service improvement interventions. The woreda's journey to self-reliance can be summarized in two areas of improvements: capacity and commitment.

DAMOT WOYDE WOREDA NOW HAS THE CAPACITY TO TAKE OWNERSHIP OF THE MANY INITIATIVES INTRODUCED BY THE REGIONAL HEALTH BUREAU AND USAID TRANSFORM: PRIMARY HEALTH CARE.



IMPLEMENTATION

THE WOREDA HAS ADEQUATE HEALTH SYSTEM AND SERVICE-RELATED TRAINERS

- There are 12 system related trainers to provide trainings in - LMG, HSTP, HMIS, CHIS, WDA
- There are 16 service-related trainers for trainings in relation to LARC, BEmONC, CB CM, RMC, IMNCI/CBNC/ ICCM, FP, EVM, IRT



LEVERAGING EXISTING OPPORTUNITIES

THE WOREDA HAS MOBILIZED ADDITIONAL RESOURCES LOCALLY AND UTILIZED THEM TO IMPROVE QUALITY OF SERVICES AT THE HEALTH CENTER LEVEL

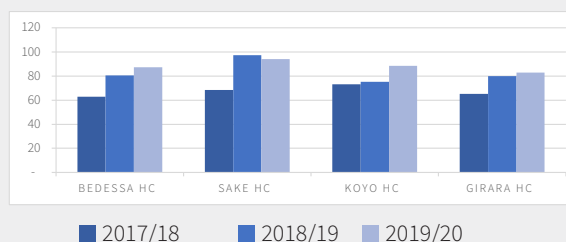
Due to the availability of the clinical skill lab, committed staff and great performances over the years, Bedessa health center was selected as a student practical site by Sodo University's medical school on March 2018. Since then, the university has:

- Recruited 4 medical doctors and one ISO for Bedessa HC
- Provided an electric power generator with a huge capacity
- Sent more than 56 students in medical, nursing and midwifery fields to the skill lab for practical attachment



RESOURCE ABSORPTION

OVERTIME, HEALTH CENTERS OF THE WOREDA HAVE IMPROVED IN REVENUE USE



HR AVAILABILITY

THE REQUIRED NUMBERS OF HEALTH WORKERS AT THE WOREDA AND HEALTH FACILITIES ARE FULFILLED

Facility	Required staff	Available	Staffing percentage
Damot Woyde WorHO	24	21	87.50%
Bedessa HC	83	101	121.69%
Koyo HC	61	71	116.39%
Seke HC	61	63	103.28%
Girara HC	54	54	100.00%



THE COMMITMENT OF THE WOREDA'S LEADERSHIP AND HEALTH WORKFORCE INDICATE THAT THE CHANGES OBSERVED WILL BE SUSTAINED.



RESOURCES ALLOCATION

THE BUDGET ALLOCATION FOR THE HEALTH SECTOR IS INCREASING

■ % of health budget (from total woreda budget)



COMMUNITY ENGAGEMENT

FUNCTIONAL COMMUNITY PLATFORMS LEAD TO IMPROVEMENTS IN THE HEALTH SERVICE

"Community scorecard (CSC) is an important tool to let the community actively engage, contribute and participate in improving quality of health services in the four health centers. We found that CSCs enabled an independent platform to assess the health centers' service provision quality in the six dimensions such as CRC, service waiting time, medical equipment and supply, HC infrastructure, ambulance service and status of clean and safe health facility. Four client counsels have been established in all four health centers and the initiative is now being regularly implemented in all 26 kebeles since September 2017. Due to the feedback, several improvements have been introduced in the four health centers; some of which are: expansion of additional OPD service rooms, availing essential laboratory testing supplies, CASH and expansion of maternity waiting homes. As a result, the woreda's average score for the latest quarter is 97% which is a 6% improvement from the baseline recorded in July 2018." Zewidu Lebena, WorHO head.



LEADERSHIP AND STAFF TURNOVER

MINIMAL STAFF TURNOVER REPORTED

- Leadership - WorHO and PHCU leadership static for the last 2 years
- Technical - Only one staff member departed in the last 2 years, (from Koyo HC, due to promotion)



WOMEN EMPOWERMENT

PROMISING EFFORTS FOR GENDER TRANSFORMATION

- 50% of WorHO and PHCU management are female
- Health centers conducted gender analysis for better planning
- Health centers are now capable of providing quality GBV services and referral
- Health workers are encouraging husbands to accompany their wives during ANC and FP visits
- Agricultural development agents are working with health extension workers to increase awareness of husbands on maternal and child health





USAID Transform: Primary Health Care is partnering with the government of Ethiopia to prevent child and maternal deaths by strengthening the country's health system. USAID Transform works in Amhara, Oromia, Tigray, and Southern Nations, Nationalities, and Peoples' Regions. Funded by USAID, the Activity is implemented by Pathfinder International, JSI Research & Training Institute, Inc, Abt Associates, EnCompass, and the Ethiopian Midwives Association.



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