

USAID TRANSFORM: PRIMARY HEALTH CARE

CONTRIBUTIONS AND LESSONS FROM COVID-19 RESPONSE EFFORTS

OVERVIEW

Since the emergence of COVID-19, USAID Transform: Primary Health Care has supported regional states to strengthen sub-national coordination, risk communication and community engagement (RCCE), surveillance and testing, COVID-19 case management, infection prevention and control (IPC), and continuity of essential services.

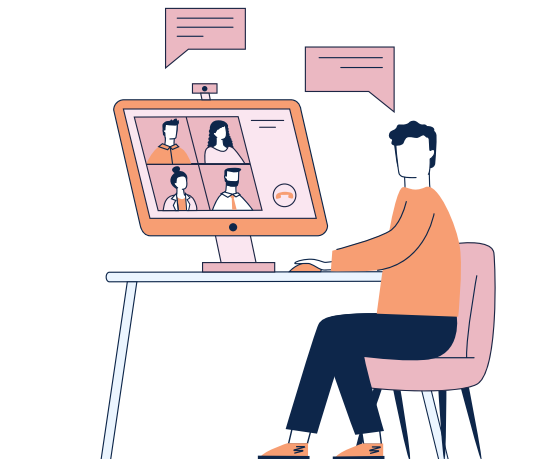
STRENGTHENING SUB-NATIONAL COORDINATION

Activity staff attended coordination meetings implemented by the Ethiopian Public Health Institute (EPHI) and the regional health bureaus and zonal health departments in emergency operating centers (EOCs).

NATIONALLY

10

EOCs (led by EPHI) and weekly partner health cluster meetings (led by the WHO)



REGIONALLY

156

regional response coordination meetings

SUB-REGIONALLY

413

zonal meetings

This helped keep staff updated to provide coordinated support and to raise ground level challenges to higher tiers of the health system.



Through the Activity's financial support, public sector experts paid

381

visits to priority towns and woredas.



Stationery materials provided to

302

zones, woredas, and town offices with shortages.



Training on response coordination provided to

640

professionals from woredas and towns that were prioritized based on need.

This helped to enhance performances of EOCs in selected priority woredas and towns.

Reflections from Endashaw Shiberu, COVID-19 Incident Manager, EOC, SNNPR:



"The regional PHEOC oversees the overall response in the region and USAID Transform: Primary Health Care is a consistent member in addition to assisting us through financial and technical support. We have also supported zones and special woredas to establish EOCs.

The [Activity] is embedded at all levels of the health system and its wide geographic presence means directions and action points were communicated on time to lower level structures. In addition, the [Activity's] support on RCCE, IPC, case management as well as on essential health service was immense.

The [Activity] is by far our best non-governmental partner and this was recognized with an award during a recent partners' forum.

As the pandemic will likely stay with us for some time, mainstreaming COVID-19 through

multisectoral involvement and ownership is important. This will help us focus on the development side, being mindful that gains made in health outcomes are not compromised as a result of this crisis. We must also ensure optimum responses to other emergencies through an integrated leadership.

With so much tasks ahead, we hope the [Activity] will remain by our side."



Photo: RHB head and vice heads leading a COVID-19 response meeting, Amhara

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)



13

TV and radio spots
were produced.

The spots have been aired 211
times so far, reaching more than
10 million people.



More than

45

audio mounted vehicles
deployed for mass
awareness campaigns.

425 mass awareness sessions conducted
in key places (markets, bus stations, town
centers, etc.) and more than **18 million**
people reached.



636

people trained on
RCCE.

The participants include RCCE
focal persons, delegates from
transportation associations and
religious leaders.

Support provided in preparation/adaptation/revision of more than **10** RCCE documents

- Regional RCCE guideline revised and a guideline for quarantine site community-based organizations prepared (Amhara).
- COVID-19 knowledge attitude and practice survey findings printed and distributed to key stakeholders (Amhara).
- 1,200 posters, 440 booklets, and 2,400 stickers printed (Tigray and SNNP).
- Community engagement guide adapted and 7,000 copies printed (Oromia).
- Self-quarantine and treatment guideline adapted (Amhara).
- Activities were performed in close collaboration with other members of the RCCE team such as JHU, UNICEF etc.

Reflections from Wale Belayneh, Regional RCCE Team Head, Public Relation & Communication Directorate, Amhara:



“We began by identifying 13 at-risk population groups and developing specific guidelines. A communication strategy was developed, RCCE structures and taskforces were created at lower levels, and orientations, supportive supervisions, performance review meetings, and experience sharing activities were conducted between zones. The Activity was by our side in all these efforts and additionally provided technical, financial and logistical support, including in the analysis of global recommendations and adaptation for local contexts, panel discussions with influential groups as well as the production of four TV and radio spots for awareness creation, reaching millions of people.

While we have achieved a lot, behavior change demands continuous efforts. Implementation of the new national

directive, school RCCE, and home-based isolation and care are our next priorities. We hope for continued engagement from the [Activity]”



Photo: Audio mounted vehicle conducting mass awareness on COVID-19 key messages, Oromia

SURVEILLANCE AND TESTING



2,206

people **trained** on contact tracing and surveillance.



A national '**ComBAT**' campaign supported through the involvement of

83 Activity staff and

52 vehicles.



Contact tracing and surveillance activities implemented in

288

priority woredas and towns with the Activity's support.

- Massive community-based COVID-19 testing carried out in all regions.
- A better understanding of the disease and its transmission established for evidence-based recommendations in social, economic, and political activities.

Reflections from Dhabesa Gobena, Surveillance and Lab Division Leader, COVID-19 EOC, Oromia:



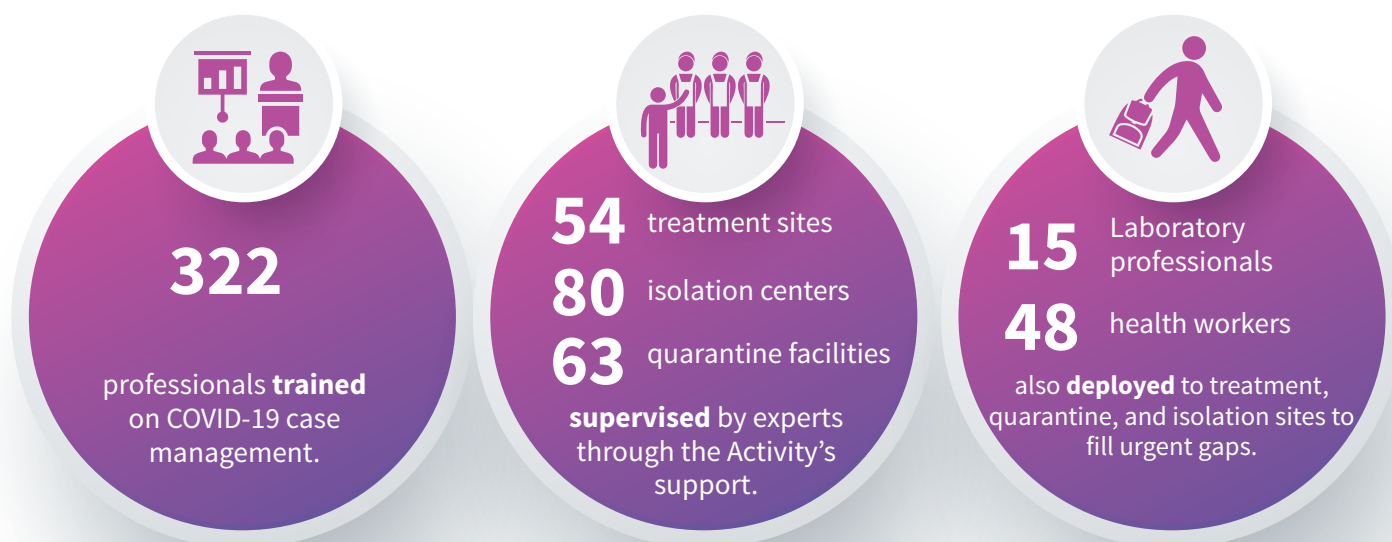
“Active case detection, contact tracing, and testing play a huge role in the effectiveness of COVID-19 responses. USAID Transform: Primary Health Care is one of the prominent partners supporting the overall response and this division. They provided technical, financial, and logistic support which includes enhancing the capacity of zones and woredas through the training of professionals who are now serving as active case-search sub-teams. The [Activity] also helped us to deliver effective integrated responses at internally displaced people and flood affected sites. The [Activity's] support during the national ComBAT campaign's mass testing resulted in testing more than 115,000 people, which is 106 percent of our initial target. The support was also one of the forces behind our successes in enabling more than 15,000 confirmed cases to be linked to treatment, of which 14,000

have recovered. Furthermore, more than 45,000 contacts were traced and monitored, and more than 1,500 cases were identified among them. The infection has now spread to all districts in the region. The demands for active case search, contact tracing, sample collection and transport, as well as for linkages to treatment centers are growing.”



Photo: Pre-triage screening by a trained HW, Adare Hospital, SNNPR

COVID-19 CASE MANAGEMENT



- 34 treatment sites and 105 isolation and quarantine sites benefited from the intervention.
- 30 professionals trained on psychosocial support.

Additional support provided to treatment, isolation, and quarantine sites.

- 13 oxygen cylinders collected, refilled, and transported to treatment sites (Amhara).
- 28,323 liters of fuel purchased and used in hotspot woredas facing shortages.
- Water containers provided to three quarantine sites.

Reflections from Binyam Shiferaw, COVID-19 Case Management Sub-Team Lead, SNNPR:



34 quarantine, 57 isolation, and 18 treatment centers were set up by our case management team. The process involved site selection, equipping and staffing, development/adaptation of guidelines, and capacity building as well as monitoring and taking corrective actions. There was support from the start from USAID Transform: Primary Health Care for COVID-19 response and essential health service, earning them an award as the 'best implementing partner' at a recent partners' forum held by the regional health bureau. 602 multidisciplinary professionals were hired in the region and training this large number of service providers while maintaining social distancing was a challenge that was overcome through the support of the Activity. Financial

support from the Activity also allowed for senior clinicians to mentor staff at treatment, isolation, and quarantine sites. This created better staff capacity and also helped in addressing improper use of PPE that was unveiled through a mini-survey.

Based on the trends, we are anticipating more demands for in-patient care and are planning to add five more treatment centers. Enhancing ICU capacity is also very important. We hope the [Activity] will continue its support."



Photo: Supportive supervision to Injibara isolation and treatment site by multidisciplinary team, Amhara

INFECTION PREVENTION & CONTROL (IPC) AND ESSENTIAL HEALTH SERVICE (EHS) DELIVERY



Development of EHS and program specific guides supported by the Activity.



Various IPC materials procured and distributed to health facilities including:

- Soap (70,251 pieces)
- Sanitizers (9,612 liters)
- Scrub suits (559 pieces)
- Heavy-duty gloves (2,513 pieces)
- Aprons (1,171 pieces)
- Rubber boots (1,087 pairs)



771

health centers and hospitals **supervised** by Activity staff.



Professionals from

193

health facilities were **trained** on IPC.



30

professionals from **10** health facilities **trained** on appropriate mortuary practices for COVID-19.

The Activity developed specific tools to support facilities' COVID-19 preparation focusing on ensuring arrangement changes, adhering to patient flow recommendations, and adhering to key IPC recommendations to provide COVID-19 adapted essential service delivery.

Reflections from Samson Aregawi, IPC and EHS Response Pillar coordinator, EOC, Tigray:



Photo: A health worker counseling a client, Amhara

“Early on during the pandemic, due to several factors, we saw a more than 50 percent decline in most service delivery indicators. We began our response by engaging in capacity building activities; providing IPC supplies and supportive supervision; sharing guiding documents with health facilities;

and testing and isolation of infected health facility staff. After we conducted a partner mapping, we included members in sub-teams/pillars in accordance with their missions. USAID Transform: Primary Health Care has been working on the frontline with us to battle the pandemic since its emergence. The Activity's support helped us to assess health facilities and communities in more 95 woredas and gain a better understanding of delivering effective response on IPC and EHS. The [Activity's] staff have also adapted supportive supervision for COVID-19, reaching several health facilities and providing them with EHS guiding documents. Furthermore, the Activity has helped us to deliver IPC training for 40 service providers from priority health facilities in addition to supplying critically needed IPC materials. Continuous support is needed to ensure health facilities adhere to the national IPC and EHS recommendations. Continued frontline engagement of the [Activity] would be very helpful.”

LESSONS FROM THE ACTIVITY'S COVID-19 RESPONSE EFFORTS



Integrated support creates efficiency

Critical response gaps on several pillars were addressed for more than 800 health facilities and more than 420 woredas.



Harmonized support is key for timely implementation of policy directions

Involvement in response activities at various levels (national, regional, and health facility levels) is critical.



Early mainstreaming of COVID-19 response activities into routine services has enabled the provision of insightful support

Several dimensions of COVID-19 preparedness were assessed and supported in more than 800 health facilities.



Persistent and new challenges are a heavy burden on response efforts

Challenges currently include the opening of schools, conflicts and other emergencies, and the wide geographic spread of the virus including in health facilities.



There is a strong need to continue supportive activities

- The Activity's support should maintain alignment with changing priorities. The current national priorities are revitalization/enhancement of preventive measures, decentralization of comprehensive responses, treatment site expansion, provision of integrated support to COVID-19 and EHS as well as mainstreaming of COVID-19 with strengthened ownership.
- Implementation of home-based isolation and care (HBIC) should be supported to effectively absorb increasing treatment demands.
- Prevention of the spread of infections in health care settings needs intensified focus.
- As schools are opening, timely implementation of targeted RCCE interventions is crucial.
- The new 'national directive' that has replaced the 'state of emergency' needs to be well understood at all levels and implemented.
- Other emergencies will likely continue to stretch the capacity of the health system and will require close monitoring.



DISCLAIMER

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