

*The role
of intersectoral
coordination
in improving
health outcomes
in Ethiopia's
low performing
zones*



ADDRESSING HEALTH EQUITY THROUGH HEALTH SYSTEM STRENGTHENING

BACKGROUND

Since 2007, the Last Ten Kilometers Project (L10K), implemented by JSI Research & Training Institute, Inc. (JSI) with funding from the Bill & Melina Gates Foundation, has worked with the Ministry of Health (MOH) and regional health bureaus (RHBs) in the regions of Amhara; Oromia; Southern Nations, Nationalities, and Peoples' Region; and Tigray to build their capacity to support woreda governments and health facilities to ensure equitable and quality reproductive, maternal, newborn, and child health (RMNCH) services.

L10K's Theory of Change (TOC) postulates that if RHBs/Zonal Health Departments (ZHDs) have improved capacity to support woredas to deliver higher quality and more equitable health services, then health facility performance will improve and woredas will meet Health Sector Transformation Plan (HSTP) targets. The TOC also illustrates how multiple sectors impact the pathways to quality, equitable health services. L10K used the TOC to inform and facilitate a human centered design (HCD)¹ process with RHBs and ZHDs to identify and develop intersectoral solutions to equity barriers, with a focus on low performing areas, or "equity zones." This brief summarizes the process and lessons learned from fostering intersectoral collaboration for better reproductive, maternal, newborn, and child health (RMNCH) outcomes.

ADDRESSING HEALTH EQUITY IN LOW PERFORMING ZONES

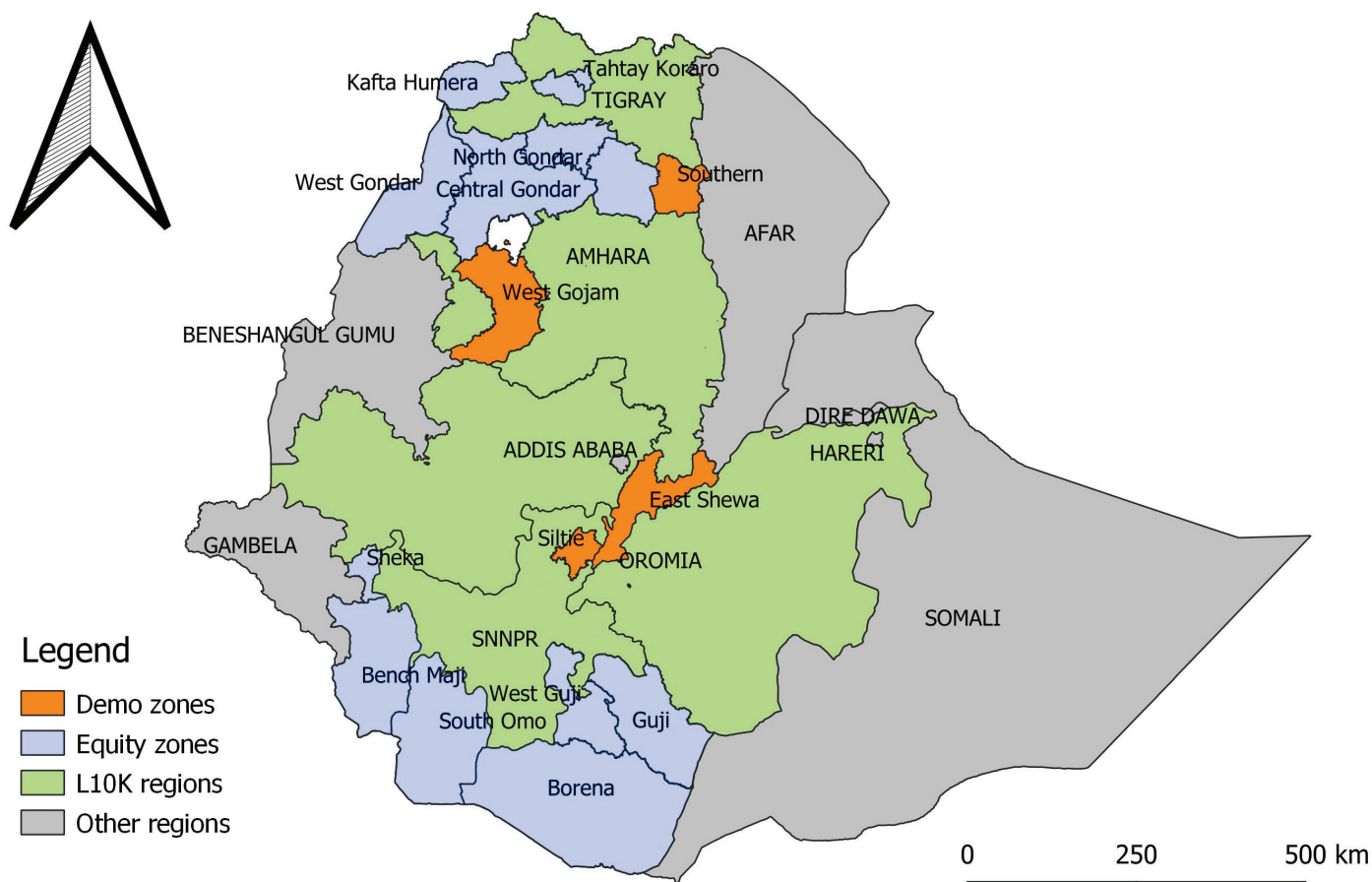
"Health equity" or "equity in health" is achieved when everyone has a fair opportunity to attain their full health potential. While Ethiopia has impressively reduced maternal, new-born, and child morbidity and mortality and improved access to primary health care, regional and zonal health outcome indicators show persistent disparity.²

¹ Human-Centered Design (HCD) is a collaborative problem-solving approach and process with a set of creative techniques to develop new solutions through empathetic understanding of people's context (www.ideo.org).

² MOH, Equitable health services for all, Plan of Action, 2016-2020

One of L10K's goals is to strengthen the ability of MOH, RHBs, and ZHDs to increase equity in the health system. To achieve this, the project supports the government's equity strategy to improve effective RMNCH service coverage and use in comparatively low performing zones

(equity zones). L10K worked with the RHBs and ZHDs to address zonal disparities in the agrarian regions by focusing on 11 equity zones. These zones constitute more than ten million people, or 8.7% of Ethiopia's population.



THE L10K APPROACH

To better understand the unique barriers to RMNCH service delivery in the equity zones, L10K2 conducted a desk review of relevant national documents, including the national “Equitable Health Services for All Plan of Action, 2016-2020”; assessments conducted by the government in the equity zones; findings from the collaborative HCD workshops facilitated by L10K with RHB and ZHD leaders; the subsequent zonal level rapid needs assessment sessions; and elements of the regional and zonal program co-design exercise. Through the desk review, L10K identified the major barriers: human resource shortages; poor infrastructure; inaccessibility to health facilities; remote distances and challenging topography; lack of medical supplies; and weak leadership and governance. L10K targeted these barriers with the following systems support interventions:

- Embedding zonal level technical assistants (TAs) in each of the equity zones to build the capacity of ZHD RMNCH teams. The TAs mentor, coach, advise, and collaborate with ZHD colleagues, rather than taking on any routine work. TAs transfer skills in program design, planning, and implementation and organize platforms with other sectors to improve the health outcomes of communities through inter- and multisectoral coordination and follow-up.
- Providing small grants for orientation for facility governing boards and managers on implementation guides; quality improvement (QI) trainings and QI model implementation; clinical mentoring; and maternity waiting home service improvement.
- Training on HCD approaches, including supporting RHB/ZHD staff to use the approach to understand the issues on the ground by imagining oneself in the another person’s situation (immersion) and to conduct solution design sessions.
- Identifying mechanisms to work effectively with other sectors in the low performing zones to address strengthening infrastructure and ZHD financing.
- Designing system-to-system support, such as twinning high and low performing zones and woredas for peer learning, hands-on support, and experience-sharing visits to foster long-term professional relationships.
- Coordinating effective planning and implementation to expand RMNCH outreach services to the most remote areas.
- Coordinating tailored leadership, management, and governance (LMG) trainings by leveraging technical expertise from partners. L10K also engaged training facilitators and provided post-training follow up.
- Mentoring on information use from diverse sources and revising existing tools (e.g., follow-up visit protocols, integrated supportive supervision checklists, joint monitoring visits and performance review meeting guides) to institutionalize evidence-based programming.
- Facilitating the process of designating equity focal people and establishing technical working groups to institutionalize roles that promote addressing inequities during planning, implementing, and monitoring RMNCH services.

STRENGTHENING INTERSECTORAL COORDINATION

L10K led stakeholders from various sectors (civil service office; water supply; electric utility; rural road access; education; finance; women, children, and social affairs; and agriculture and zonal administration) and health system levels through a process, using the HDC approach, to understand the barriers to service delivery and identify tailored solutions. The process allowed participants from the different sectors explore the problems systematically and from the perspectives of health care providers/users by considering people's contexts, beliefs, and desires (immersion sessions). This approach also helped them understand how sectors other than health are needed to address health system problems. As a result, most participants recommended strengthening intersectoral coordination and collaboration to design solutions to address the identified challenges and underlying intersectoral contextual factors.

Engaging zonal administration leaders simplified decision making, implementation, and monitoring processes because they coordinate all sectoral offices in the zone. The project supported RHBs and ZHDs to develop guidelines on using the HCD approach to conduct solution design sessions, including developing objectives; drafting lists of organizations to participate; preparing and organizing session; and creating dissemination templates. The intersectoral collaboration process includes:

- Identifying and inviting relevant sectors in each zone to participate in the design session which includes presenting findings from the desk

review, HCD training, co-designing exercises, and immersion sessions. Through these sessions, participants will identify feasible interventions, use a planning template to prepare zonal level action plans, and assigning interventions/tasks to each relevant sector.

- Implementing the joint action plan once the designing is completed.
- Tracking action plan implementation and reporting on progress and bottlenecks at regular meetings to identify actions for intersectoral effort.

RESULTS

RHDs and ZHDs reported and demonstrated a strong belief in the importance of intersectoral collaboration. This approach has contributed the following:

Provided the health sector with the knowledge and tools to design context-specific solutions and to make intersectoral coordination and collaboration practical: Immersion exercises, solution designing, and monitoring sessions with relevant sectors helped RHBs and ZHDs to think, plan, and act differently to address health sector challenges. Engaging other sectors to support improvements in RMNCH services rather than expecting donor or other external support was considered very important.

Enabled the health sector to integrate health priorities into non-health sector agendas: This process provided an opportunity for other sectors to address the health sector gaps that overlap with their sector and align their implementation plans based on identified priorities.

“.... the application of HCD approach, particularly in equity zones, was very instrumental to engage other sectors in health. The other sectors perceive the health sector as affluent and self-reliant in terms of resources, but the HCD approach created an opportunity for other sectors to understand the health sector gaps, areas of support needed, helped to jointly develop solutions, and implement action plans...”

—HEALTH PROMOTION AND DISEASE PREVENTION
CORE PROCESS OWNER, AMHARA RHB

Engaged non-health sector actors and mobilized their resources for infrastructure, ZHD financing, and staffing:

Early findings suggest that involvement in solution design sessions and subsequent regular forums for joint monitoring has had a positive effect on the level of routine engagement from other sectors as related to health activities. These sectors have shown increased ownership, responsibility, and budgeting in addressing human resource shortages, emergency transport, management support, and facility infrastructure issues such as water, electricity supply, and local road maintenance and construction.

“.... one of the successes of the project was that it has created a network of zonal sector offices namely: education , agriculture, women, children and youth affairs, labor and social and affairs ...One sector office can do a job alone, but it takes quite a lot of time to achieve the desired result.... Multisectoral involvement is by now taken as a norm...”

—TIGRAY RHB MCH CASE TEAM

Health care access and quality improved:

Improved infrastructure, staff coverage and capacity, and budget contributed to improving access to and quality of care.

“....the health sector was least supported before and it was after we brought together staffs at equity zones and woredas that zonal and woreda cabinet members started to see health activities in detail. We facilitated the collaboration and tremendous changes were seen such as assigning staffs, paving roads for health facility access, providing water, changing electric power capacity from two to three phases. The cabinet appreciated our approach very much and when we meet every three months, reports were coming from each kebele saying that ‘we did this and that.’ I will be happy to have this approach in other initiatives as well...”

—L10K REGIONAL MANAGER FOR TIGRAY

TABLE 1: Summary of intersectoral coordination process and achievements

PROCESS	INVOLVED ZONAL SECTORS	ACHIEVEMENTS
<ul style="list-style-type: none"> Identifying relevant sectors Presenting zonal health service status findings from different sources Identifying feasible interventions Assigning interventions for each relevant sector Conducting quarterly implementation monitoring Sharing progress in regular review meetings Taking feedbacks and action points for the next implementation period 	<ul style="list-style-type: none"> Administration Civil service Water supply Electric utility Universal rural road access Education Finance Women, Children, and Social affairs Agriculture 	<ul style="list-style-type: none"> Capacitated the health sector to design context-specific solutions and to make intersectoral coordination and collaboration practical Enabled the health sector to integrate health priorities into non-health sector agendas Engaged non-health sector actors and mobilized their resources for infrastructure, ZHD financing and staffing Health care access and quality improved <ul style="list-style-type: none"> > 244 km of local roads constructed > 1,398 km of local roads maintained > 73 facilities constructed maternity waiting homes > 1,037 additional health staff recruited > 45 ambulances procured > 89 health facilities received access to water service > 106 health facilities received access to electricity > 38 facilities constructed incinerators/septic tanks

SUSTAINABILITY

The responsible persons from the RHBs (health promotion and disease prevention process owners, MCH and health extension program coordinators, and equity focal persons) and ZHDs (head, deputy head, management, and MCH teams) were engaged during all immersion and solution design sessions and in the implementation and monitoring of zonal level joint action plans. ZHDs coordinated the health system support interventions and shared the joint plan with all relevant sectors for monitoring. Some of the ZHDs assigned zonal focal persons to ensure institutionalization of the approach during planning, implementation, and monitoring of interventions. In addition, L10K shared relevant tools (e.g., guides and checklists) with ZHDs and

RHBs. As part of the consolidation and institutionalization process of the project's support, the results of intersectoral coordination and the need for sustaining the efforts of each sector was discussed during zonal and regional performance review meetings, the 2013 Ethiopian fiscal year annual planning sessions, and the regional and zonal management and technical working group meetings. L10K also organized a hands-on support and experience sharing visits as well as follow-up visits to the sectors.

Despite early positive results, the intersectoral coordination process has been challenged by frequently changing and competing priorities, primarily related to political instabilities and emergency situations. The sectors were not able to hold their regular performance/progress review

or monitoring sessions of the intersectoral plans. Strengthening intersectoral coordination and collaboration needs to be emphasized at different levels of the health/government system to ensure and sustain the improvements and to maintain the multisectoral approach as an important strategy in addressing problems within the health system.

LESSONS LEARNED

Effectively engaging relevant stakeholders is crucial for identifying and prioritizing health service barriers and designing context-based solutions. The HCD process is a unique opportunity for all sectors to come together to identify contextual barriers that accounted for the low performance of the health sector and discuss what other sectors can do to help improve health outcomes. L10K learned that other sectors did not previously have adequate information on how to support

the efforts of the health sector, including aligning their implementation plans with health sector priorities. Regular communication between sectors to implement and monitor the joint multisectoral action plan resulted in shared ownership of roles and responsibilities. When zonal administrators participated in the multisectoral coordination forums, including during the planning and monitoring sessions, other sectors strengthened their commitment to the approach. Embedded TAs ensured meetings took place regularly and the joint action plans were implemented as designed, which was critical support in the initial phase of the process. The TAs will also help transfer the skillset for this effort to the zonal health department staff. This may help ensure the sustainability of the approach and the efforts to improve health and population outcomes in the low performing zones.

FOR MORE INFORMATION, CONTACT:

Wuleta Betemariam
L10K Project Director/JSI Country Representative for Ethiopia
wuleta_betemariam@jsi.com
