

BOLD LEADERSHIP AMPLIFIES SUCCESS

THE CASE OF JARSO WOREDA



Photo caption: Ibssa Jemal, Head of Jarso Woreda Health Office
All photos by Heran Demissie, JSI Research & Training Institute, Inc.

USAID TRANSFORM: PRIMARY HEALTH CARE





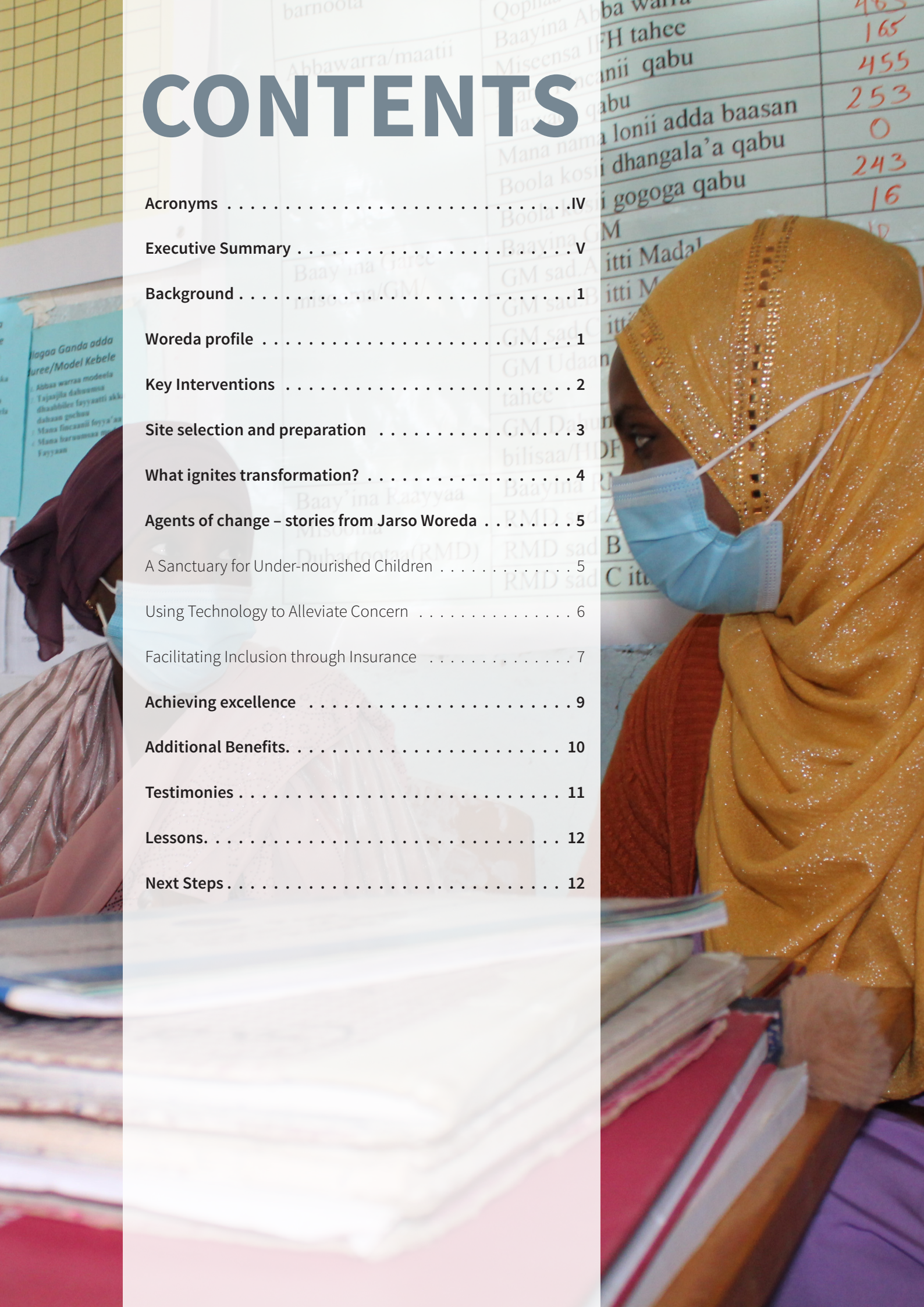
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Photo caption: A mother and baby visiting a health facility in Jarso Woreda

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ACRONYMS

ANC	antenatal care
BEmONC	Basic Emergency Obstetric and Newborn Care
CBHI	community-based health insurance
CBNC	community-based newborn care
CSC	community score card
EHCRIG	Ethiopian Health Center Reform Implementation Guidelines
EPAQ	Ethiopian Primary Healthcare Alliance for Quality
EPI	Expanded Program on Immunization
ETB	Ethiopian birr
FP	family planning
FUV	follow-up visit
ICCM	integrated community case management
IMNCI	integrated management of newborn and childhood illnesses
LAFP	long-acting family planning
LARC	long-acting reversible contraceptive
M&E	monitoring and evaluation
MNCH	maternal newborn and child health
MWH	maternal waiting home
OF	obstetric fistula
PPFP	post-partum family planning
PRM	performance review meeting
QI	quality improvement
STI	sexually transmitted infection
YFS	youth-friendly services

EXECUTIVE SUMMARY

The USAID Transform: Primary Health Care Activity has been operating in Jarso Woreda since its launch in 2017 and has contributed to its rise from a low- to a high-performing woreda. The Activity's engagement includes various trainings and capacity enhancement activities, distribution of supplies, and the introduction and implementation of new initiatives, as well as logistic and financial support. Through these efforts, Jarso Woreda has been named 'best performing woreda' within the Oromia region for the last two years.

“

“A receptive team, coupled with the support we were afforded from USAID Transform: Primary Health Care in the creation of a learning organization, implementation of culture change, efficiency of resource use, and engagement of the community for scale-up are the secrets to our success.”

”

Ibssa Jemal, head of Jarso Woreda Health Office

The top 10 high-performing woredas in East Hararghe Zone, of a total of 14 are within the Activity's intervention sites, and of these Jarso Woreda is the top performer. Jarso Woreda achieved an externally validated overall performance score of 99.5 percent in May 2021.

Staff recognition, acceptance, and ownership of assistance given through leadership that gives Women Development Army members knowledge of each health extension package —where available resources are used effectively and in an integrated manner, and where transparent systems are in place are critical components of Jarso Woreda's success according to its health professionals. Furthermore, multi-sectoral collaboration platforms with joint plans and regular evaluations, and effective document handover processes that minimize the consequences of high turnover rates, all contributed to improved performances in healthcare for the woreda.

To sustain and scale-up these improvements, the region plans to use Jarso Woreda as a center of excellence for health sector initiatives.

Jarso Woreda achieved an externally validated overall performance score of
99.5 percent
in May 2021.



BACKGROUND

The Ethiopian government has been implementing its health sector transformation plan, at the heart of which is *woreda* (district) transformation, to improve the country's health system. Setting several standards against which woredas are measured, transformation is measured against achievements of these indicators.

The USAID Transform: Primary Health Care Activity supports the institutionalization of these standards through the provision of technical, financial, and resource support to health institutions.

High turnover, lack of basic services for the community such as an ambulance, and weak coordination between health entities and partner sectors afflicted Jarso Woreda before the Activity selected it for interventions in 2017.

Since scaling-up many of these interventions, Jarso has risen from a low- to a high-performing woreda.

“Jarso has risen from a low- to a high-performing woreda.”

Photo caption: Women in a maternal waiting home in Jarso Woreda

WOREDA PROFILE



Location

East Oromia
570 kilometers from Addis Ababa (capital)
36 kilometers from Hararge City



Population

170,005



Under-five

5,177



Under-one

5,387



Health facilities

5 health centers
23 health posts

KEY INTERVENTIONS

USAID Transform: Primary Health Care used a multifaceted approach to accelerate transformation in Jarso Woreda. This included:



Technical assistance: sessions during which onsite gap identification, data analysis, preparation of plans and execution of initiatives, monitoring and evaluation (M&E), joint reviews, and feedback are conducted.



Financial and logistic support: provision of gap-filling trainings, integrated supportive supervisions, performance review meetings (PRMs), M&E activities, and supplies to health facilities and the woreda health office.



Subgrant provision: resource support through three rounds of financial assistance amounting to 1,350,687 Ethiopian birr (ETB) to improve the capacity of the health workforce, strengthen system responsiveness, and empower and mobilize the community.



Crisis modifier support: additional financial and logistic support to mitigate consequences of emergencies including outbreaks of measles, polio, cholera, and the COVID-19 pandemic on the health system.



Photo caption: A mother and her child visit a health center in Jarso Woreda

SITE SELECTION AND PREPARATION

Jarso Woreda was selected in consultation with the Ministry of Health and the Oromia Regional Health Bureau. The Activity worked with the woreda's health office to collect baseline data to inform select focus areas. Following an assessment of the woreda's status, a zonal sensitization workshop was conducted with the woreda's experts and management. The Activity conducted various trainings and capacity enhancement activities, distributed supplies, and introduced and implemented initiatives accompanied by logistic and financial support.

INTERVENTIONS BY YEAR

2017

- » Baseline data and gaps identified.
- » Follow-up visits (FUVs) and onsite technical assistance at woreda, facility, and household levels.
- » Training on Implanon, long-acting reversible contraceptives (LARCs), basic emergency maternal and newborn care (BEmONC), clinical mentorship, basic acute watery diarrhea case management, training of trainers on youth-friendly services (YFS) and sexually transmitted infections (STIs), community-based newborn care (CBNC), and integrated community case management (ICCM).

2018

- » Training, orientation, and sensitization on the Ethiopian Health Center Reform Implementation Guidelines (EHCRIGs), community score cards (CSCs), health reforms, CBNC, ICCM, integrated management of newborn and childhood illnesses (IMNCI), Expanded Program on Immunization (EPI)—including cold chain management, gender, early marriage, female genital mutilation and gender-based violence response, family planning (FP), obstetric fistula (OF) and pelvic organ prolapse, and peer educator counseling.
- » Routine/random FUVs at woreda, facility, and household levels.
- » Supportive supervision.
- » Support for PRMs, the Ethiopian Primary Healthcare Alliance for Quality (EPAQ) implementation, and pregnant women conferences.
- » Supplies for maternal waiting home (MWH) and medical equipment (e.g., vacuum extractors, digital thermometers), and FP commodities.

2019

- » Training and advocacy workshops on twinning partnerships, catchment-based mentorship, peer education and counseling, adolescents and mainstreaming YFS, nutrition, postpartum family planning (PPFP), LARCs, OF, gender analysis.
- » Support for health reform data validation, CSC and community-based health insurance (CBHI) town hall meetings, PRMs, EPAQ implementation, and catchment-based mentorship and coaching.
- » Logistic support during FUVs.
- » Supplies for MWHs.
- » Facilitation of long-acting family planning (LAFP) back-up support.
- » Support for health post open house events.

2020

- Onsite orientation and training on PPFP, IMNCI, EPI, quality improvement (QI), severe acute malnutrition, YFS, school health package and sanitation marketing, and gender analysis.
- Support for integrated CSC and CBHI town hall meetings, pregnant women conferences, awareness campaigns, EPAQ implementation, and QI collaborative learning sessions.
- Support for health reform data validation.
- Technical assistance for PRMs.
- Provision of Vscan (mobile ultrasound) machine and training on its use.
- Integrated FP, maternal newborn and child health (MNCH), and QI mentorship and coaching.
- Support for health post open house events.

WHAT IGNITES TRANSFORMATION?

Things seemed bleak when Ibssa Jemal learned he would be transferred to Jarso Woreda as head of the health office from another location in 2017. The woreda had been dropped from East Hararghe Zone's list of locations to be transformed. "I was disheartened to learn that the zone had lost all hope that the health office there had the capability to bring about changes," he recalls.

But instead of giving up, "I promised myself that I would use all resources at my disposal to make changes in Jarso Woreda and prove that any district could be transformed." Ibssa began with an investigation of the major obstacles that the woreda would have to overcome to improve its performance in health. Several shortcomings, including lack of cohesion between the woreda's health office and its facilities; poor transparency and lines of communication between staff; poor commitment and professionalism among healthcare workers; dysfunctionality in health posts; scant effort in community mobilization for

health activities; and lack of effective and efficient use of resources, were uncovered immediately.

Ibssa knew he couldn't fix this on his own and was relieved to learn that the USAID Transform: Primary Health Care Activity had begun providing technical and logistical support and subgrants to the woreda. This included onsite trainings on health reform topics, at which service providers and managers were reintroduced to all government rules, directions, and guidelines, enabling them to perform their duties more effectively. "Establishing a positive team spirit was crucial for these changes," says Ibssa, who credits the Activity with filling gaps in health workers' skills and knowledge, which solidified their commitment to their jobs. Since then, staff have been planning, organizing, implementing, monitoring, and evaluating activities, which has led to many achievements including the status of the 'best performing woreda' in the region for two consecutive years.



Photo caption: Residents of Jarso Woreda

AGENTS OF CHANGE – STORIES FROM JARSO WOREDA

A SANCTUARY FOR UNDER-NOURISHED CHILDREN



Photo caption: Eskindir Girma, nutrition focal person at Ejersa Goro Health Center

Under-nutrition—especially in children—is prevalent in many developing countries, including Ethiopia. Making sure that infants receive the necessary nutrients during their first 1,000 days is critical for their development and wellbeing into their adult life. USAID Transform: Primary Health Care focuses on improving the coverage and quality of nutrition-specific interventions and ensures their alignment with Ethiopia’s national nutrition program. Children suffering from severe and moderate acute malnutrition come to Ejersa Goro Health Center, a facility with a catchment population of close to 50,000. Eskindir Girma, a nutrition focal person at the facility, says that support from the Activity and Jarso Woreda strengthened the health center’s link with the health posts it oversees and allows it to reach children with vital nutrition interventions much earlier.

“Because we see patients a lot earlier on, the cases are a lot less severe, and many are in the out-patient therapeutic program. Before [Activity support] they would have to have been admitted and our stabilization center was overwhelmed,” explains Eskindir.

Misra, a 25-year-old mother of twins, is grateful for these services. “My daughters were less than five kilos at seven months, which is quite low, so I came here seeking help,” she says. “The staff here tried various feeding therapies and I’m relieved to see my babies slowly gaining weight”.



Photo caption: Misra feeds one of her daughters at Ejersa Goro Health Center’s stabilization center

USING TECHNOLOGY TO ALLEVIATE CONCERN



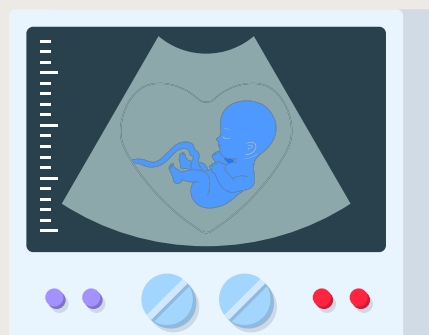
Photo caption: Midwife Dingete Tamiru scans Aynie using the Vscan provided by the Activity

Detection of fetal abnormalities via ultrasound at early stages of pregnancy minimizes the burden on hospitals and pregnant women by reducing unnecessary referrals and can mean the difference between life and death for mothers and newborns. But in Ethiopia, ultrasound services are available only in hospitals. Before they can get an ultrasound, women need a referral from their local facility, and must travel long distances and incur additional costs to reach hospitals.

During her first two pregnancies, Aynie, 28 and like many women in rural areas, was unaware of the antenatal care (ANC) she needed. When she was seven months into her third pregnancy, Dingete Tamiru, a midwife trained on Vscan use by the USAID Transform: Primary Health Care Activity, explained the importance of ANC to Aynie and used the Vscan machine to ensure that all was well with mother and child.

Within just five months of the health center receiving the Activity-provided Vscan, Dingete scanned 171 women and identified 24 abnormalities and referred them for life-saving medical interventions.

“We are seeing increasing numbers of women coming to us for ANC as more and more hear about our ultrasound services and the sense of relief their friends and neighbors feel from attending these check-ups,” says Dingete.



FACILITATING INCLUSION THROUGH INSURANCE



Photo caption: Malia Yusuf attends to a visitor at Ifajalala Health Post

One of the ways in which the Government of Ethiopia works toward universal health care is through its community-based health insurance (CBHI) scheme. Participation is voluntary and people enroll as self-paying households and pay the annual premium contribution out-of-pocket. Members of poor/indigent households are exempted from payments. The scheme is also one of the criterion by which *kebeles* (villages) achieve a ‘model’ rating, per national standards. Malia Yusuf and Mahlet Wubishet are health extension workers stationed at Ifajalala Health Post in Jarso Woreda. They have reached an incredible 100 percent rate of CBHI enrollment and renewal of the 4,139 community members in their kebele.

In 2018, the health post’s performance on CBHI was 65 percent. “Back then, we struggled with lack of community awareness of the scheme, weak linkage and communication with our health center, and poor collaboration with other sectors,” recalls Malia. Following capacity building trainings, Jarso Woreda gathered staff from kebele administration offices, Women Development Army members, religious leaders, elders, and other influential community members for discussions on how to increase CBHI enrollment.

Malia and Mahlet went to each of their catchment area households to explain the benefits of the scheme. “In addition to making house calls, we joined *edirs* (social gatherings) to work with trusted community members on convincing households who were reluctant to part with their money for the scheme,” recalls Malia. Following these campaigns, as community members began using health services through CBHI, they became advocates and persuaded neighbors and friends to join.

Collaboration with other sectors was key for the health post’s success, “It’s impossible to make changes in health without the cooperation of other sectors. For example, the education sector assisted us with schools and informing residents about health issues and we used students to make changes in households,” Malia explains.

According to her, community members are so convinced of the benefits of CBHI that the first thing they do after selling their harvests is renew their membership.

“A woman in our kebele was bedridden due to illness and refused to attend a health care facility, as she was fearful she would not be able to afford it. Her children would often miss school to look after her. After we convinced her to become a CBHI member, she received the treatment she needed and her whole family’s life changed. We see examples of how the scheme improves lives every day,” says Malia.



Photo caption: CBHI member Mira, Ifajalala Kebele

Ten of Mira’s family members are covered by the CBHI. Living a five-minute walk away from Ifajalala Health Post, the 37-year-old mother of seven joined the scheme in 2018. “Before joining, we had no information on CBHI so when we would fall ill we would wait until we saved up enough money to seek medical care,” she recounts. “This was agonizing, especially when I would see the health of my children deteriorate.”

This all changed when Malia and Mahlet visited Mira’s household and informed the family about CBHI.

Mira is happy to pay the 250 ETB annual fee, as she previously would spend, on average, 600–700 ETB for medical services. “It was a huge relief to realize that 10 members of my family are covered, and we can visit the health center whenever we feel unwell,” says Mira.

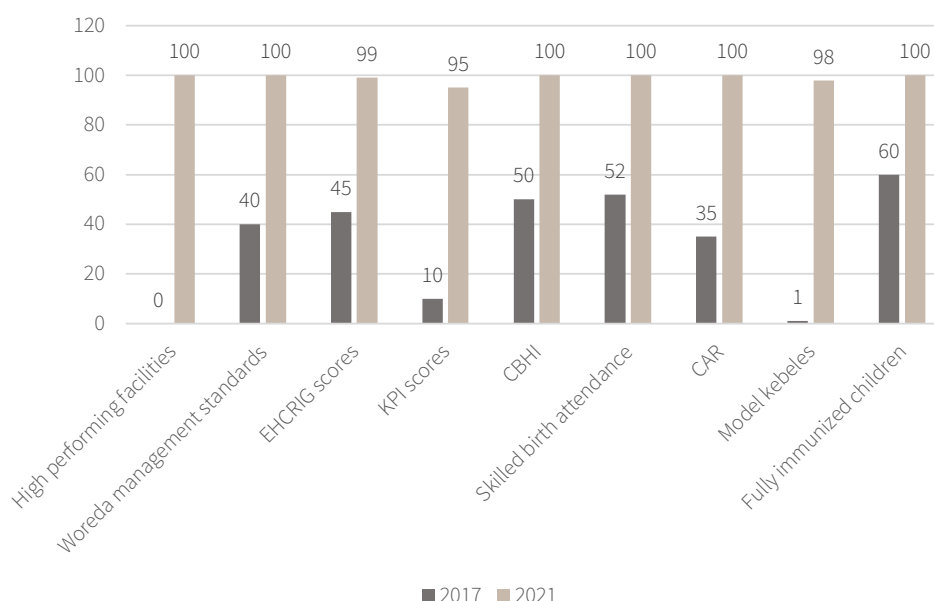
ACHIEVING EXCELLENCE

Following the Activity's support, Jarso Woreda improved from low- to high-performing and it has been awarded 'best performing woreda' within the Oromia Region for the last two years. All five health centers and 21 kebeles in the woreda have achieved 'model' ratings. Table 1 shows improvements from 2017, when the Activity began its interventions, and 2021.

Table 1. Performance of Jarso Woreda on Selected Health Indicators

	2017	2021
Facility Service availability		
PPFP site	0	5 HCs
BEmONC site	1	5 HCs
YFS site	0	3 HCs
Stabilization center	5	5 HCs
Indicator Performance management scores (%)		
Woreda management	35	99.5
Key performance indicator	10	95
Average EHCRIG	36	99
CBHI coverage	50	100
High-performing facilities	0	98
'Model' rated kebeles	0	98
Essential drug availability	NA	95
Indicator Service coverage (%)		
Contraception acceptance rate	35	100
LAFP	20	70
Pregnant women tested for syphilis	28	100
ANC-4	46	86
Skilled birth attendance	52	100
Penta 1-3 dropout rate	7.8	1
Fully immunized children	60	100
Iron-folic acid supplementation	NA	100
Growth monitoring performance	64	97
Immediate PPFP services	5	50

Figure 1. Performances in Key Indicators before and after Activity Interventions



ADDITIONAL BENEFITS



Photo caption: Public toilet built by community members in Ifajalala Kebele

The top 10 high-performing woredas in the East Hararghe Zone, of a total of 14 are within the Activity's intervention sites, and of these, Jarso Woreda is the top performer. This indicates that the Activity's support for system strengthening, responsiveness to challenges, service use, and community ownership of health programs dramatically drive-up performances. Jarso Woreda achieved an externally validated overall performance score of 99.5 percent in May 2021.

Improving staff morale has paid off as community members have voluntarily participated in the renovation of health posts, 137 public toilets have been constructed in 21 kebeles, and an ambulance was purchased by pooling contributions from the woreda's health professionals. Data handling and monitoring are also exemplary in the woreda, especially for tracking CBHI enrollment and renewal rates.

Figure 2. Public Sector Evaluation using Woreda Transformation Criteria

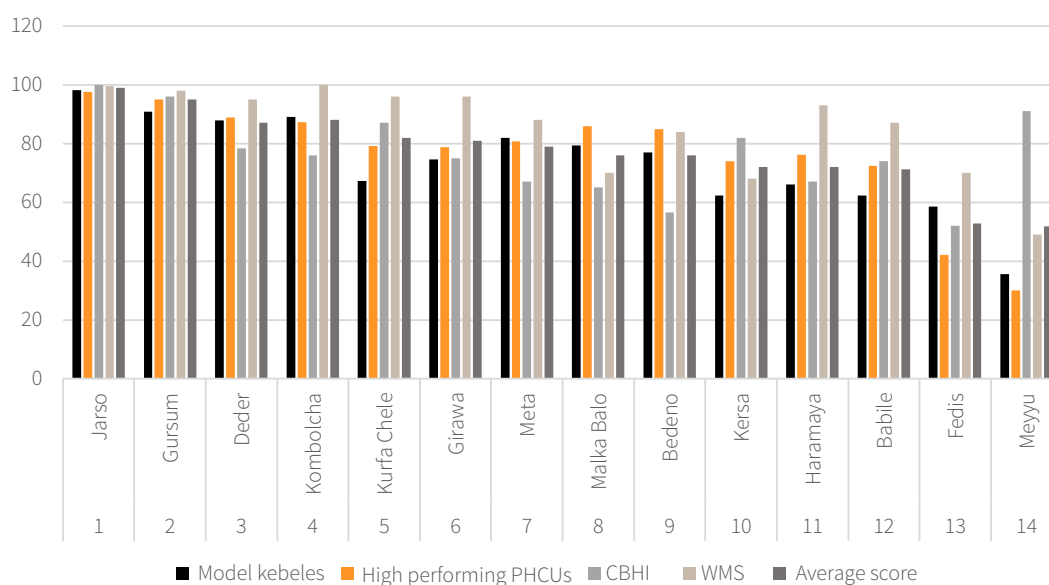
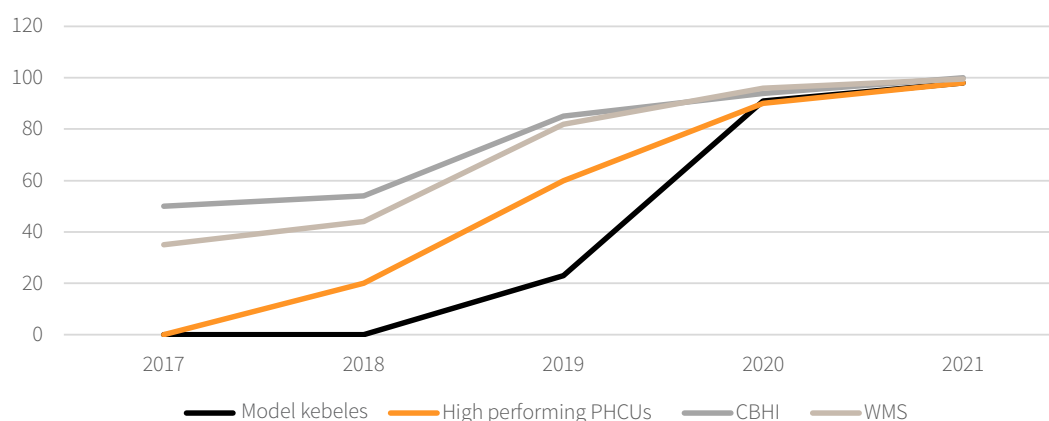


Figure 3. Performances on Woreda Transformation Indicators, East Haraghe Zone



Source: East Hararghe Zonal Assessment Report, June 2021



“

Effective leadership was a main factor for Jarso Woreda’s successes. Leveraging the support given, providing solutions and availing resources have been the main instigators of change for the woreda.

”

Mohamed Ahmed, cluster coordinator, USAID Transform: Primary Health Care

“

We feel as though the Activity’s staff are members of our own staff. Their concern, holistic interventions that focus on systems, technical capacity, support modality, and follow up approaches set them apart from other partners.

”

Mohammedin Kabir Hussen, head, East Hararghe Zonal Health Department.

“

Support on system building, especially on record keeping and performance monitoring is important for CBHI performance.

”

Melkam Bayu, CBHI coordinator, Ejersa Goro Health Center.

“

The Activity trained our staff and capacitated them to carry out their roles, and then worked with us to mobilize the community to use the new and improved services. The successes we are seeing now are the results of our joint efforts.

”

Ibssa Jemal, head, Jarso Woreda Health Office

LESSONS



Photo caption: Melkam Bayu, CBHI coordinator, Ejersa Goro Health Center

- » Staff recognition improves morale and subsequently performance. Recognition events with all stakeholders in the woreda strengthened commitment.
- » Acceptance and ownership of the Activity's assistance through effective leadership accelerated improvements.
- » Giving Women Development Army members thorough knowledge of each health extension package helped kebeles achieve model ratings.
- » Strong leadership, effective and integrated use of resources, and transparent systems improve commitment at all levels.
- » Creating strong multi-sectoral collaboration platforms with joint plans and regular evaluations, especially with the education sector, helped get the buy-in for changes from the community and accelerated performance improvements.
- » Effective document handover processes minimize the consequences of high turnover rates.



NEXT STEPS

The region plans to document learnings and to use Jarso Woreda as a center of excellence for health sector initiatives.

BOLD LEADERSHIP AMPLIFIES SUCCESS



Photo caption: Community members visit Ejersa Goro Health Center

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, Sidama, 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.