

INTRODUCTION

- “Health equity” is achieved when every one has fair opportunity to attain their full health potential
- Ethiopia’s MNCH service coverage and quality achievements to date remain challenged by persistent disparities, as seen in health service outcome indicators
- L10K supported RHBs and 11 low-performing equity zones in agrarian regions of Oromia , Amhara, SNNP, and Tigray, covering about 10 million people

L10K APPROACH

L10K developed an understanding of the unique barriers to RMNCH service delivery in the equity zones through:

- Review of national documents including “Equitable health service for plan of action 2016-2020”
- Human-centered design (HCD) workshop with the MOH and RHB in the co-design process of health system support
- Rapid needs assessment in the equity zones
- Sub-granting ZHDs to strengthen mentorship program, implement quality improvement solutions, and strengthen maternity waiting homes

Identifying the foundational components for low performance (HCD)

Designing tailored interventions based on contextual factors (HCD)

Embedding TAs to respond to the unique needs of the zones

Overarching approaches in equity support

KEY BARRIERS TO EQUITY

- Human resources: staff shortages, high attrition, and low motivation
- Poor infrastructure and difficult topography to access facilities
- Shortage of supplies
- Shortage of transportation
- Weak leadership and governance capacity

KEY INTERVENTIONS

- Embedding zonal level technical assistants
- Training on HCD approach for ZHD program managers to continuously explore and understand contextual factors contributing to equity issues, and to design context-specific interventions
- Provision of small grants to ZHDs for quality improvement including mentoring and improving maternity waiting homes
- Twinning of low-performing woredas with high-performing woredas for peer-learning and experience sharing
- Inter-sectoral collaboration
- Map relevant sectors
- Facilitate HCD training, immersions, and co-designing and joint action planning exercise



L10K support and TAs helped engage non-health sector actors and mobilized their resources for infrastructure, ZHD financing, and staffing to achieve the following improvements:

- 244 km local roads constructed
- 1,398 km local roads maintained
- 89 health facilities received or restored access to water
- 1,037 additional health staff recruited
- 45 ambulances procured
- 38 facilities constructed incinerators or septic tanks
- 116 health facilities undertook maintenance
- 106 health facilities gained or restored access to electricity
- 73 facilities constructed maternity waiting homes

LESSONS LEARNED

- HCD approach was instrumental in identifying bottlenecks and engage stakeholders, which is crucial for identifying and prioritizing health service barriers and designing.
- Context-based solutions, twinning approach, and the outreach and mobile service modalities in low performing zones were significant to improving service delivery and working relationships between professionals and facilities.
- The PRMs, joint monitoring visits, partners’ coordination committee meetings, and TWG meetings were successful in identifying challenges and areas for improvements.
- Equity focal persons need a regional level structure to address equity to better advocate for community-level equity issues and resources.

RESULTS

L10K provided RHBs and equity zones with the knowledge and tools to design context-specific solutions and practical inter-sectoral coordination and collaboration.

Enabled the health sector to integrate health priorities into non-health sector agendas

Health care access and quality improved

- Improved infrastructure, staff coverage and capacity, and budget contributed to improving access to and quality of care.
- Expanded RMNCH outreach services

Enhanced leadership capacity

Compassionate, respectful and caring (CRC) practices

Challenges

- Poor quality of client-provider interaction
- Limited adherence to ethical practices

Solutions

- Mentor to improve client-provider interaction
- Increase health worker motivation to implement CRC
- Identify and immediately address non-CRC behaviors and practices