## DIPH Feasibility: Facility Visit Report

#### Regions, Zones and Woredas where feasibility visit took place.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Region**  | **Zone**  | **Name**  | **Estimated Distance from Addis** | **Number of days required**  |
|  |
| Oromiya  | West Showa (Ambo) | Ambo (Zone office) | 140 KM | June 18th -20th  |
| Dendi Woreda | 130 Km  |
| Amhara | North Showa (Debre Berhan) | Debre Berhan (Zone office) | 140 KM | June 20th-23rd  |
| Baso Woreda | 130 Km  |

Dendi Woreda, Ambo Zone, Ormoia Region

*Tuesday June 26, 2012 (9:00 am)*

### Dendi Woreda Health Office

**Meeting with: Woreda health office head and MCH head**

**Present**:IDEAS and JaRco investigators

**Background:** Dendi woreda has a population of 193,338 people. There are 8 health centres (5 functional and 3 under construction) and 48 health posts (3 under construction, 15 equipped and functional, 30 unequipped).

**Structure**: What is the structure of the health operation system

Woreda Health Office Head

HR

Finance

Health Services

Deputy

MCH

Supply

Regulatory

Prevention

ANC, PNC Delivery

Family Planning

HEW Program

TB and Malaria

Each department head is called a process owner and leads a team who plan and work together to achieve set goals.

Health services main role include licensing and regulation of for example private/public health facilities, drug supply and medical equipment.

Prevention work mainly deals with malaria and TB.

Mother and Children Health (MCH) services include family planning, Anti Natal Care (ANC), Post Natal Care (PNC), Delivery and health education. Theoretically MCH department should include 5 individuals: two health extension workers experts; two family health experts; and the MCH head. In practice, the Dendi woreda health office has three individuals. An *exper*t is defined as a person who has knowledge on the topic and has also received some training. At the Woreda health centre, MCH services include family planning, PMTCT, ANC, EPI, safe abortion (in two of the health centres).

**Reporting Format:** Approximately 14-16 indicators are reported weekly from the health post directly to the woreda health office. Moreover, the HPs submit both monthly and quarterly reports to the HC which in turn the HC compiles reports received from 4-5 health posts under its supervision and submits reports (also monthly and quarterly) to the woreda health office. The woreda health office then summarizes the reports from the five health centres in the woreda and submits quarterly report to the zone health office. In terms of the timing of submission, distance and inaccessible roads pose a challenge. Some remote health posts (e.g. Koteba, located 60 km from woreda health office) and is not able to submit their reports on time.

A majority of the information that is collected by the Woreda health office is reported into the HMIS. However there are some exceptions. For example the women’s group my train some community health agents who in turn work around increasing health awareness. Their work is not captured into the HMIS.

**Stock Out:** To request for drug supplies each level of facility submits a request letter (whenever they need the drug).The woreda supplies the health centre, which in turn supplies the health post. To request supplies.

The woreda health centre does experience shortage particularly with family planning and PMTCT kits.

**Internal Performance Review forums:** Each department (MCH, Prevention and Health Service) meets individually within their department on a weekly (and when necessary on a daily) bases. All of the departments also meet as a health centre the presence of the woreda health office head on weekly bases. In these meetings they assess what was accomplished against what was planned.

**Supervision:** The woreda health office has prepared a checklist that is used for supervision of health centres. The checklist is specific to the woreda and assesses the combined activity of all three departments (MCH, health services and prevention). Using this checklist, the woreda health office staffs goes out to the field and conduct supportive supervision to the HC on monthly bases and provide on spot feed at the field and send feedback report after the comeback from the field, the feedback report sent to all health centres which include the feedback of all facilities together, this help the health centres to learn from each other. The HC in turn provided technical and facilitative support and supervise performance of the HP on weekly bases.

**NGO:** The key NGOs in the woreda are IntraHealth and Save the Children. IntraHealth recently started PMTCT work in the woreda and provides material support and capacity building. The work they do covers 2 woredas. Save the Children works in IRT (Integrated Refreshment Training) for HEW and also in nutrition. Their work covers the whole woreda.

Woreda health offices are aware of the activities and plans of the NGOs. As a result resource/program duplication is avoided. However, NGOs do not submit reports to the woreda health office. And currently there are no standing forums where the woreda office and NGOs exchange information.

**Private Sector:** The private sector is increasing. In the past there were an increasing number of private pharmacies and now the number of private clinics is also on the rise. The woreda health office regulatory department provides licensing and also check the activity of privet health facilities if they are performing according to the standard and regulation set for privet health facilities.

The HMIS format does have column for reporting activities of the private sector and the private sector have been told to report to the woredas. However, they have not received HMIS training yet and as such they have not started reporting to the woreda health office. An exception to this is the not-for profit Catholic Relief Fund clinic which submits both monthly and quarterly reports to the woreda health office with the HMIS format.

Prior to the start of health care financing, high number of client used to go to the private clinics. However, , despite the recognition of the increasing private health facilities such as lower, medium and higher clinics , the woreda health office head stated that the number of clients coming to the health centre is much higher than the number attending private clinics. One of the reason that improved availability of drug and overall service provision in government health facilities (HC and Hospital) after the commencement of the health care financing system.

**DIPH:** Information that is gathered by woreda health office is mainly used to assess plans against accomplishments. Moreover, information that is collected is also used during the monthly review meetings between health centre and woreda health office to give feedback on their performance. Data on outbreaks and epidemics is also used to address the issue and to control the spread. Otherwise the data is not analysed and interpreted at the woreda level for decision making.

In terms of utility, the woreda health office head stated that the DIPH would be highly advantageous and could be used for exchange of knowledge, identify problems and provide evidence for decision making. In his opinion, establishing the DIPH would require manpower, capacity and an M&E expert. Furthermore, both the head and the MCH focal person stated that compared to the zone the woreda is a more appropriate level to establish the DIPH. With the linkage with NGO, both acknowledge that NGOs have a more direct link to the zone than to the woreda.

**One plan, one budget and one report:** In theory it is a part of the woreda health office plan, however since NGOs are not part of planning and reporting system it is not implemented at the woreda level

### Dendi Woreda Health Centre

**Meeting with: HMIS focal person**

**Present**:IDEAS and JaRco investigators

**Background on MNH activities:** HC provides delivery, PNC, ANC, family planning, and MCH vaccinations. Two individuals from the HC have received family folder training. They will soon start training the HEWs under their particular HC. The health centre sees approximately 600-700 clients per month.

**Reporting format:** HMIS focal person gets information from each service delivery sections, MCH (ANC, PNC and FP), TB, lab, HIV (VCT, ART), compile the data from the registers and fill the summary information into the HIMIS format. The information is reported to the woreda health office on monthly and quarterly bases. HMIS report also includes stock out which is recorded by the HC pharmacist. The health centre uses the data to assess performance against the plan. Otherwise the data gathered has no defined utility.

### Dendi Woreda Health Post

**Meeting with: Two HEWs**

**Present**:IDEAS and JaRco investigators

**Background on scope of work:** The population of this kebele is 2028 individuals (528 households). They have 16 packages; they have separate register for each package to record their activities and clients consulted and service provided. They also provide first aid, STD education and condom distributions. With respect to MCH they provide ANC, TT and HIV referral services. They also do deliveries of HIV negative individuals. Also provide vaccinations for newborns (45 days) and provide education on nutrition (for 6 month olds).

HEWs attend 1-2 deliveries per month. Most individuals in the community use TBA or TTBAs.

HEWs perform their activities in collaboration with voluntary health care workers in the community as well as the Health Development Army (HDA). HEWs also work with male and female HDAs; however they prefer to work with the female HDAs. HEWs said that the female HDAs are more likely to be more active and productive than the male HDAs.

**Reporting:** They HEWs are expected to submit three different reports to the health centre which includes; weekly reports (Tuesday). Monthly and Quarterly reports. This report is usually collected by the focal nurse assigned for each health post , the information is used by the nurse from the health centre to follow their performance and to give them feedback on the work they are doing and also the information helps to compile report will be sent to the woreda health office by the health centre.

**Support and Supervision: one or t**wo nurses from the health centre assigned for each posts and they conduct weekly/bimonthly visit to the health post and providing technical and facilitative support to the HEWs (currently one is on maternity leave).

HEWs are supervised both by the health centre and woreda health office, though there is no regular schedule for these supervisory visits. HEWs stated that they are also administratively supervised by the kebele manager. Every morning they have to report to the manager and each month they have to get a signed confirmation paper for their work from the kebele manager prior to receiving their salary.

**NGO:** Save the children USA works with the HEW on the areas of adolescent reproductive health training for youths. Save in collaboration with HEWs selects and trains youth in the community, as well as the HEWs on adolescent reproductive health and they work together in the community.

### Dendi Woreda Medium Level Clinic

**Meeting with: Clinic Nurse**

**Present**:IDEAS and JaRco investigators

**Work: With regard to client flow t**hey see 4-6 ANC patients per month. They do not provide delivery services yet. Most people go to HC for delivery. The main service they provide is general OPD (acute febrile illness, Parasite...). Total patient flow on average is 15 (30 max) people per day. In general the nurse stated that a majority of the community choose to go to the HC rather than private clinics. However, the private clinic does provide faster service and at times better medication. They also provide better laboratory services (i.e. they do lab work prior to prescribing medication).

**Connection with Govt:** Most of the interaction with woreda health office is limited to regulatory visits. They also visited periodically from the zone for the same purpose.

*Tuesday June 27, 2012 (9:00 am)*

### Dendi Woreda Save the Children US

**Meeting with: ICCM focal person**

**Present**:IDEAS and JaRco investigators

Country Coordinator

Regional

Zone Coordinator

Program Manager

Program office 9 woredas

Program office 9 woredas

Program Manager (ICCM)

Program officer

Program officer

Sub Zone office

**Background:** how Save operates: save assesses the area (woreda/zone/region) to identify what is needed. Then write a letter to the zone to present their findings and identify an implementation area. The zone then writes to the woreda in support of the NGOs planned activity. The NGO then plans specific activities with woreda health offices.

**Scope of save activity relating to ICCM**: in the context of ICCM the NGO facilitates the training of volunteer health workers and woreda health officers. The training itself is done by government experts. Save sponsor/supervises and facilitates the training (**Save does mostly operational planning and facilitating the training program like renting training space and payment of periderms etc.).**

ICCM program in Dendi woreda is 8 months old. Adolescent reproductive health program has been running for 8 years in Ginchi in satellite office, but this sub-office has been in existence (in Ginchi) for 2 years.

**Supervision:** The work of the NGO is supervised by the government using checklist prepared by the zone. Using the checklist the HC head or equivalent supervisor assesses the benefits to the beneficiaries as well as the performance of the HEW. SAVE also has its own internal checklist that is not reported to the government. The type of checklist depends on the donor. Also the checklist might differ from one woreda to another one (e.g. malaria vs. non-malaria area).

Each department in Save also meets internally to discuss gaps with govt, benefits, successes...etc.

The internal information indicators:

* Finance and budget
* Program- internal indicators, plan monthly (accomplishments, training...etc.)
* Supplies
* Supervision indicators

Most NGO activity are similar throughout the country.

In Southern Showa sub-office operational area there is NGO forum and all meet on quarterly bases to discuss with government and review all their activity (health, development, education...etc.). But in this West showa zone there are not that many NGO’s which are enough to establish NGO forum and to have regular review meeting. SAVE has considered creating a form but the cost of hosting a meeting with government stakeholders at all level is too much to be covered by the 2 NGOs.

**Reporting:** ICCM is reported on a monthly bases and is incorporated with the govt report. **They meet quarterly to discuss, mainly on achievement and performance and also on outcome (but not in terms of input and processes).** The ICCM program coordinator has not met directly with the government in the 8 months that the program has been running.

They are using computerized data base management system to store their data.

**One budget, one plan, one report:** Save the children share their activity plans and progress reports with govt, and also report the total money allocated to a particular activity so that the woreda can plan accordingly but the one budget issue is not yet implemented and it is not clear.

**Role of DIPH: Shibiru said that DIPH** can formalize the informal and irregular forum and can shape and coordinate the system very well. He thing that DIPH can be done both at the zone and woreda level (area vs. region).

### Dendi Woreda, Wolenkomi Health Centre

**Meeting with: two EPI representative, three MCH nurses, and health centre head**

**Present**:IDEAS and JaRco investigators

**Background on HC**: Serves 39,000 people. They see approximately 800-900 individuals /month. There are 17 skilled workers (HOs, Lab, Nurse, Pharmacist) and 6 support staff. They have about 7 deliveries/month, 196 FP/month, 8 abortions/month, 30 ANC/month, 150 PMTCT/Month, and <5 OPD 400/month and 5-14 OPD 160/month

Work: Plan and support activity at the health post and also provide more services than those which are offered at the HP. Also accept referrals from the HP.

MCH

Prevention (TV, Malaria)PO)

Pharmacy

Delivery (PO)

ANC (PO)

EPI (PO)PO)

FP (PO)

Wored Health Office

The HC is equipped to handle spontaneous vaginal (normal) delivery. For caesarean and complicated deliveries they refer to the hospital.

**Supervision and Support at HC**: Woreda Health Office (WHO) assigns one person from its office to supervise one at HC. These individuals visit the HC once or twice a week and monitor the work via a checklist. The checklist is discussed together (HC and WHO) in a meeting where strengths and weaknesses are identified and addressed. Furthermore, a written feedback is given to the HC. **The supervision data is not included into the HMIS, rather the information is used by the woreda to assess and give feedback of the HC/HPs performance and future reference and planning.**

**Supervision and Support at HP**: This HC has 10 health posts under it (**this is significantly higher than the other HCs we have visited).** One nurse assigned to one Health Posts, the assigned nurse supposed to visit the HP once a week for technical support and also plans activities with the HEWs. The Nurses use a checklist for supportive supervision at the HP and bring the filled checklist back to the HC and give feedback to the HEWs. The HEWs daily activity is supervised by the Kebele manager l. The Kebele manager oversees the level of presence and work of the HEWs.

**Report:** HC reporting system to the woreda health office: Each section of the HC has a tally sheet. Each section head tallies certain indicators on weekly bases and other on monthly bases and gives it to the HC head. The HC head then compiles the data and reports to the woreda health office on weekly/monthly/quarterly bases.

HP reporting system to the HC: At the health post data are recorded (ANC, vaccination...etc.). Data is recorded in **three formats: individual registers, HMIS and family folder**. Individual registers have the most details on a patient. Family folders have been started in the HPs under this HC but not at a 100%.

The HPs provide weekly reports on some indicators (FP, EPI, Model Family, ANC). On monthly and quarterly bases they report on other indicators to the HC. The assigned nurses bring the reports from the HP to the HC and submit it to the HC head who compiles the data from the 10 HPs and submits it to the woreda health office.

**NGO:** NGOs working in the following:

Save: works on Adolescent reproductive health and mostly provides training and also some material support.

IPAS: works on long term family planning and safe abortion and provides supplies and instruments (e.g. safe abortion instruments).

IntraHealth: works on PMTCT and provides kits (HIV testing kits).

NGOs follow up on the HCs to see the progress they are making. For example, IntraHealth comes and checks the charts with respect to the PMTCT work. If certain goals are not met then IntraHealth discusses with the HH as to how they can work together to reach target numbers.

Some of the NGO activities are reported by the HC to the woreda heath office. However, the NGOs also have their own reports that they give to their respective head offices. Sometimes NGOs take data directly from the HC to be able to get it in a timely manner (as opposed to going to the WHO). However, there is no regular format where NGOs are expected to request information from the HC; rather they take data whenever it is needed.

**Private clinics:** Private clinics do not offer much ANC and EPI services. But at the medium and higher level clinics they do deliveries and family planning. There is not much connection between HC and private clinics. Even the regulatory role falls within the work of the woreda health office.

### Dendi Woreda, Catholic Clinic

**Meeting with: Four health care workers**

**Present**:IDEAS and JaRco investigators

**Background:** This clinic serves 20,900 people, has 6 health professionals and 3 support staff. In West Showa zone there are 2 catholic clinics.

Nekemete Catholic Secretariat (east, west showa and east west wolega) which is 1 NCS out of about 10-12 in Ethiopia

13 Clinics

Agriculture

Water

School

Catholic Church

Health

Apostolic

Development

Lab head

MCH head

OPD head

Clinic Head

This clinic has been working in the area for 40 years. It is supported by the Catholic Church Development programme (salary, medicine, facility) and is equivalent to a woreda health centre and also operates as one HC in the woreda. The clinic had four health posts that reports to and is supervised by them (in much the same manner as other HC/HP system). Compared to the HC however, the clinic has less manpower (for example they do not have an overnight person on call). Most people in the community prefer to go to nearby health centres rather than the clinic. Furthermore, they do not benefit from all the supportive services offered by the woreda health office (e.g. if there is a training, they may not always be invited).

MCH work mainly deals with ANC, delivery, limited PNC, nutrition, EPI, growth monitoring, under five treatment. This clinic serve approximately 20,900 individuals and they see about 120-130 individuals/month. They have a trained tradition birth attendant and as a facility they experience one delivery/month.

**Supervision**: Have weekly meeting internally at the Clinic. Assigned nurses from the clinic visit the HP on a weekly or biweekly schedule. Once a month, a representative from clinic also meets with the woreda health office for monthly review meeting.

**Reporting:** The health post reports certain indicators on weekly bases and the rest on monthly/quarterly bases to the clinic. Some of the health posts are far away and are not accessible by car and those HPs tend report weekly over the phone. Monthly/quarterly reports are sent as a hard copy.

The Clinic also reports to the woreda health centre as well as the development section of the Nekemte Catholic Secretariat (NCS). The NCS in turn submits a report to the West Shoa Zone (finance and planning office of the zone)

The reporting format from the clinic sent to the Woreda does not include some of the activity that is performed by the clinic (e.g. nutrition program or feeding of malnourished children and twins).

**Supplies**: The clinic gets medication from both the Catholic Church as well as the HC.

### Dendi Woreda, Ehud Gebeya Health Post

**Meeting with: Two HEWs**

**Present**:IDEAS and JaRco investigators

**Background:** The HP serves approximately 2257 individuals and 470 households. The HEWs are at the HPs 2 times a week from 8:30-5:30 pm. The rest of the time they are in the community for house to house visit and the HP is closed. In the two week days they are at the HP they see approximately 20 people (10/day).

Scope of MCH work: Family planning, ANC, delivery, PNC, growth monitoring, and vaccination. Though the HEWs are trained to deliver at the HPs, they are unable to do so since there is no water in the premises. However, they do attend 1-2 home births/month.

**Supervision**: One nurse has been assigned from the HC to the HP to provide technical support. In addition the nurse accompanies them on field visits and as a nurse serves to increase the HEWs acceptability in the community. In the past the nurse used to visit the HP once a week, but these visits have not happened for the last two months.

Supervision of HEWs also takes place by the kebele manager. In the past they used to be required to bring a letter from the manager prior to getting their monthly salary, but this is no longer the case.

**Reporting**: HEWs register their activity on individual registers (ANC, PNC, family planning ...etc.). They report to the HC weekly on certain indicators and send a complete report on monthly and quarterly bases. The report is brought to the HC by the nurse assigned to the HP.

Some of the HEWs activity is not captured by the HMIS (**e.g.** **number of home visits)** and in such instances HEWs include the specific activity in text format and send it to the HC.

The HEWs have also completed filling out the basic information on the Family Folders but they have not started putting them into use.

**NGO:** Save the Children is the most prominent NGO working with the HEWs. Save works on Adolescent reproductive health. Save, along with govt experts, trains both HEWs and selected youth in the community on reproductive health. Then trained HEWs and volunteer (youths) then work in the community together with the HEWs, they help the HEWs in mobilizing the youths in the community.

Baso Woreda, Debre Berhan Zone, Amhara Region

*Friday June 29, 2012 (11:30 am)*

### Baso Woreda, Keyet Health Centre

**Meeting with: Woreda health centre head**

**Present**:IDEAS and JaRco investigators

 Head

Technical Coordinator

ANC (PO)

FP (PO)

 MCH

EPI (PO)

Emergency Team Care Pharmacy

 Lab

 OPD

 Pharmacy

Delivery (PO)

Under 5

 Inpatient

**Background:** This HC serves 26,643 individuals. The HCs has 6 HPS in the cluster. The HC sees approximately 400/ month and experience about 7 deliveries/month.

**Supervision**: The head monitors the day to day activities of the health centre. The health centre head is usually with the background of health officer (4 year training for BSC nurse) in clinical health.

1. Head of the health centre is supervised by the woreda health office head. The heads of the different health centres meet weekly with the woreda health office head to review the weekly progress.
2. Quarterly visits by woreda health office different department. The supervision conducted using a checklist and does the following: crosschecks the information that is reported to the woreda health office with what is recorded in the HC; discuss issues with the individual department heads; onsite observation; and checks HMIS reporting. They then provide on-the-spot feedback and also written feedback. The written feedback provides an opportunity for lesson sharing by including the achievements/shortcomings from other HCs in the woreda.
3. 1-2 times a year all members of the HC and HP in the woreda meet at the woreda health office to review their progress during the period.
4. There are two HEWs assigned for each HP, however, in rare case there number could be three in cases the population is higher. One HEWs is the head of the HP. HEWs divide the kebele between them and work alone within their assigned areas and they are evaluated accordingly.

One nurse assigned for each HP from the HC. The assigned nurse visits the HP once a week to provide technical support and also to facilitate the working condition for HEWs. The nurse also brings the HP’s reports to the HC. All the assigned nurses then meet with the woreda health office head once a week to discuss issues and review the performance the HP they are assigned.

This system of supervision is similar to other HCs in the woreda, but might be different from other woredas.

**Reporting:** HPs do not fill out the HMIS reports. Rather they fill out a form that is sent from the region and the HCs compile all the data come from the HPs in the cluster and also incorporate the activities accomplished by the Health Centre in separate column (this is because the HC does not have its own plan, rather it aims to fulfil the targets set at the HP level). The HCs then send fill out a separate form that follows the HMIS format and send this to the woreda health office along with compiled HP activity.

At the woreda level there are additional information that is collected, however it does not captured into the HMIS format. The woreda has added some indicators that they collect to summarise and monitor the activities of the HEWs. These activities are footnoted as text in the HMIS form.

The HC has both a yearly and a 5 year plan. The bases for the yearly plan is the 5 year plan as well as the previous year’s plan. The planning starts at the HP and HC complied the plan from the HP under their catchment and submitted to the woreda health office. The woreda then review and adjusts the plan in consultation with the region and sends it back to the health centre and then to HP for implementation.

**NGO**

1. Christian Child Fund (CCF) CCF works in 4 kebeles in Basso woreda and supports MCH activity (material and drugs supply). In the past they also used to build HCs and in fact this particular HC was constructed by CCF. Material and medical supply used to be given to the woreda health office which then distributes to the HCs. Now, due to transport issues, the HC are directly gets the supplies from CCF which in turn provides a report of what it distributed to the woreda health office.

In terms of reporting, in the past the HC used to also report to the NGO but now they only report to the woreda health office.

1. Engender health: they provide training and also supply family planning supplies. They also work on COPE (client oriented provider efficient).

**Supplies:** A yearly budget is provided to the HC from the woreda administration. The HC uses this money for purchase of supplies and some drugs, generated internally from the HC pharmacy is not used for costs associated with MCH and the services are provided for free and money. Money for MCH is allocated from the money obtained from the woreda administration. Though the HC keeps their own internal record on supplies, they do not report info on supplies to the woreda health office. They only submit an annual inventory.

**One Plan, One Budget, One report:** The health centre applies more on the woreda health office level.

**Use of data at the HC:** Data that is collected is used more at the woreda and region level for future planning and also for improving service delivery.

### Baso Woreda, Goshe Bado Health Centre

**Meeting with: Health centre head**

**Present**:IDEAS and JaRco investigators

**Background:** Structure is similar to Keyet HC. The HC serves approximately 16, 277 individuals and has four health posts in the cluster. The HC experiences about 1 delivery/month.

This HC has both a year and five year plan. Again similar to keyet HC, this particular HC does not have plans/targets that are specific to the HC; rather they have targets for the HP and HCs aim to assist the HPs to meet those goals. In addition the HC admits and treats patients (TB and leprosy), refers patients to other hospitals and makes essential drugs available. The HC used to perform long term family planning but now this task has been shifted to HEWs. HEWs also provide some treatment (malaria medication and antibiotics). Overall target planning is mostly at the HP and administrative planning is at the HC.

**Supervision:** The woreda health office visits the HC 2-3 times a year. On the visits they provide supportive supervision (check the registers to see that they are done properly, meet the whole team and give feedback on their progress...etc.) to the HC staff (checklist is used). On the visit they also provide supplies. The zone also visits the HC 1-2 times a year. Additionally the HC head meets (along with other HC heads) with the woreda health office head on weekly bases (every Monday). Internally the HC also meets frequently. They have also followed the Health Development Army (HDA) model of 1-5 internally (mostly 1-3). These teams meet weekly to plan and assess their progress. Teams that do well are recognized by the HC.

One nurse is assigned to each HP from the HC which provides HEWs with technical support. These nurses support the weak points of the HP (e.g. working with the kebele to improve the working environment of the HEWs within the community). The nurse spends sometime in the PH and also joins the HEWs activity in the field. The nurse visits the HP at the very least once in a month. However, if there is a specific need the visit can be as several times as necessary. In addition, all the HP in the cluster meet once a month with the head of the HC (meet at the HC). In the past this was done at the woreda health office but know a days it is shifted to be at the HC to include the participation of the nurses assigned to the HPs.

**Report:** Every month, the assigned nurse brings the report from the HP to the HC. If that is not possible then HEWs report communicated to the HC over the phone and the HEWs can bring the report to the HC by themselves. This monthly report from is developed by the woreda and is different from other forms used in other woredas (e.g. they have added a separate column that allows them to monitor the cumulative progress for the year). The forms we saw were had written and we were told that there is a shortage of forms. HEWs only report weekly if there is an epidemic, and this is done over the phone.

Sometimes if data is need fast by the woreda HC then HEWs report both to the HC and the woreda health office.

At the HC, each department tallies its activities and gives it to the technical coordinator who then compiles all the data on to the HMIS form and sends it to the woreda health office. Currently however, this task is being performed by the HC head.

**Supplies/budget:** The HC has its own budget allocated by woreda council and also uses its internal revenue to buy drugs. Similar to keyet they do nor report stock-out. The zone does a yearly audit. Internally they prepare monthly cash flow report.

**NGO:** Engender Health provides medication and equipment for family planning. They also provide per diem to HEWs who are working outside of their kebele’s. The HP does provide monthly reports to the HC (on activities that the NGO supports). They also have quarterly meetings.

### Baso Woreda, Goshe Bado Health Post

**Meeting with: HEW**

**Present**:IDEAS and JaRco investigators

**Background:** This health post serves 5165 individuals in the kebele (1222 households). This HP is open every day and the HEWs work in shifts. They see approximately 5/day and attend about 5 deliveries/month.

HEWs work mainly on ICCM, vaccination, FP, ANC, PNC and delivery. They do not do much delivery at the HP since people do prefer to do so in their own homes. Volunteers in the community alert/call them when someone is about to deliver.

This HP has not yet started family folder.

**Reporting**: They report weekly (when necessary) and monthly reports to the HC. The ICCM data is reported separately to the HC, which then reports it to the woreda health office. The reporting format for ICCM is more detailed than the data on the HMIS format.

**Supervision:** They have a nurse assigned to the HP who provides supportive supervision. She also assists in gaining the kebele’s cooperation for the work that the HEWs are doing.

**NGO:** L10K trains the HEWs on how to train the HDA on how to improve MNH outcome in the community. In this kebele there are 210 HDAs. L10K supervises the work by checking on how many HDAs the HEWs trained and also check on the trainees’ level of work in the community.

### Baso Zonal Health Office

**Meeting with: Zone Health office Head and MCH Head**

**Present**:IDEAS and JaRco investigators

**Background:** This zone has 24 woredas, 2,012,974 people, 86 health centres, 387 HP and 4 hospitals.

**Reporting:** They get monthly reports on maternal (ANC, EPI) and newborn (EPI) data. And they report quarterly using the HMIS indicators.

**NGO:** The Zonal Finance and Economic Department is the responsible body to coordinate and monitor NGO activities in the zone and also organize quarterly review meeting with the NGOs where they discuss plans and achievements. A representative of the zonal health office is invited to these meetings to ensure that the NGOs working in the health area are in line with the Zonal health plan.

Some of the NGOs in the region submit their activity progress report to zonal health office, while others do not. In theory, NGOs should submit activity progress report to the respective zonal level government offices, however, each department do not monitors their submission. Furthermore, the reports that are submitted by the NGO does much with the HMIS format. But NGOs always end reports their headquarters.

When an NGO wants to work in one specific woreda in a zone, they could directly go to the woreda (but this is rare). Rather they first go to the federal office, region, zone and finally woreda. Agreement has to be at all levels.

\*At the regional level there is a MNH committee. Though they do not have on now, there was also an interest to have on at the zone level. There is also a regional forum that includes all of the NGOs operating in the region on different sectors and different sectors also have their own particular forum with the NGOs working on their respective areas they meet biannually. They also have such a meeting at the zonal level but it is not a strong forum. The zone also invites the NGO to their planning meetings.

**Supervision:** Quarterly supervision of the woreda health office is done by onsite visit and they uses checklist. The zone also makes the woredas to compete based on their performance (ANC, skilled delivery, HEW deliver, PMTCT, vaccination rates etc.) in much the same way the region makes the zones to compete.

**Stock-out/supplies/budget:** Woredas have their own budget. This is then divided among the different sectors in the woreda (e.g. education, finance, agriculture health...etc). Experts from different sector within estimate amount budget for their sector offices and present this to the woreda cabinet that have the mandate to approve the budget. The budget come from the region goes to the woreda (by passes the zone). Other drugs such as drugs for FP come from the region to the zone and the zone distributes it to the different woredas. When NGOs provide supplies it goes directly to the woreda but the zone decides the distribution based on the population and challenges (diseases) facing the specific woredas.

Some woredas are also connected by internet to pharmaceutical companies that can monitor their inventory and restock supplies when they are low.

**Private sector**: Though the HMIS format developed both for private and public sectors and non-profit organizations, the private sectors in the woreda do not report their activities using the HMIS format or at all. However, all the private clinics in Debre Berhan (major city) do report actively on regular bases. Three out of the 4 hospitals, though administratively they are under the region, they submit HMIS report to the zone.

### Baso Woreda Health Office

**Meeting with: Prevention Head**

**Present**:IDEAS and JaRco investigators

**Background:** This Woreda serves 130,000 people, has 4 HCs and 31 HPs

Zone Health Office

Daily meeting of Woreda Admin Cabinet heads (Women and Child affairs; Education; Sport; HAPCO & Health)

1

7

2

6

Woreda Health Center

Woreda Health Office

Quarterly meeting between HC, HP, WHO and woreda cabinet members.

4

NGO: quarterly report

3

5

Health Post

 Supervision Reporting Forums

1. **Reporting:** Woreda health office reports to the zone. There are information that the woreda health office collects that is not passed on to the zone (list has been provided and mostly deals with the packages that the HEWs work on).

**Supervision:** Woreda health office heads meet at the zonal level on quarterly bases. This is also one way that different woredas have interact with each other. The zone also sends back progress report to each woreda that includes feedback information about all woredas in the zone.

1. The woreda cabinet which includes heads of woreda health office, women and child affairs, sport, education and HAPCO meet on a daily/weekly bases (theoretically) to discuss progress and also to plan for future. The woreda health office head is a cabinet member and represents the woreda health office.
2. The health centre systematically sends monthly and quarterly HMIS reports to the woreda health office. Some reports also come on weekly bases (epidemic info, new campaign progress...etc) when needed. The weekly and monthly reports on certain indicators are used to assess achievements.

**Supervision:**

1. On quarterly bases each of the heads of the different departments (6-7 of them) go to each health center for supportive supervision with a checklist, conduct the supervision and give on the spot feedback and also a written feedback for each centre visited
2. One person from the woreda health office is assigned to one health center. The person reviews the activity of the HC and HP using a woreda specific checklist and gives on-the-spot feedback as well as a written feedback (at the health center).
3. Woreda health office meets with the woreda health center heads on weekly bases (on Mondays at the woreda health office).
4. Woreda Health office randomly supervises the Health Post (not regular)
5. **Reports:** Health Post to Health centre and health centre to the woreda health office.

**Supervision:** A woreda health center nurse is assigned to a health post and visits them on weekly bases Health Centre head weekly meeting with all experts and support staff working in the health centre on a weekly base to review progress of the HC and HP under their catchment.

1. **NGO:** quarterly reports from CCF to the woreda health office. Woreda health office provides reports to the NGO (as it relates to NOGs specific activities) and NGOs similarly report to the woreda health office. NGO report to the woreda is not forwarded to the zone.
2. Woreda health office, health center, health post and woreda administrative cabinet members meet on a quarterly bases to discuss achievements and plans.

\*ICCM is not included into the HMIS format. It is reported directly in a separate format. This format was developed by the zone and L10K. This form is reported directly from the HP to the woreda health office (not HC). Starting this month however, it will follow the normal route of HP-HC-WHO.

**Stockout/supplies/budget:** The woreda assigns individual budget to the HCs and they manage their own finances. The HCs also buy their own drugs. In instances where drugs is given to the woreda then the woreda health centre distributes the drugs (in some instances the NGO may have specified a particular HC in which case it is given directly to that HC.

**NGO:** CCF, EngenderHealth and L10K work in this worda. L10K is working on ICCM in the woreda

**Private Clinic:** There are no private clinics in this wordea

**One budget, one plan, one report:** In theory that is how they are meant to operate but not yet practical.

## Baso Zone, Semen Showa (CCF)

**Meeting with**: Head and Early Childhood development head

Present: IDEAS and JaRco investigators

**Background:** CCF has 14 independent organizations all over Ethiopia that it provides funding for. The Semen Showa branch been working in the area for 21 years and operates in two kebeles in the woreda. Semen Showa in this woreda has 3460 direct beneficiaries. There are 11 community health facilitators working at the community level, who are responsible for 300-400 children in the community. These community health facilitators work closely with the community, HEWs and kebele administrative to implement their activities. Their main role is to educated the community on health, education and development.

This office has 3 main activities in the woreda

1. Primary health care and early childhood development
2. Education
3. Youth development

Under primary health care and early childhood development they have:

1. Integrated community management of childhood illness and nutrition
	1. Improve health and security of infants and under 5 by assisting health facilities through providing of drugs, building facilities and furnishing them.
	2. For nutrition they do anthropometric measurement of all under 5 children. This measurement is done by staff and community volunteers who are assisted by the HEWs (volunteers make initial measurement and HEWs confirm). They also provide supplementary feeding of moderately and severely malnourished children (feeding takes place among 12-15 mothers and is done for 15 days)
	3. They also do capacity building training at HP/HC. They are involved in providing training of HEWs, HC staff and volunteers in EPI activity, growth monitoring, ANC, and PNC.
2. Safe motherhood and neonatal care services
	1. They provide financial support for training of mothers by health workers.
	2. They mobilize and encourage mothers to use the services provided by the HC. They records of all children (stratified by age: <1, <2 and <5 years) and pregnant women. This data is collected by community development facilitators (CDF). The CDF are volunteers trained by CCF (98 in number), they are also monitor immunization status of the households in the two kebeles as well as monitor growth of children and also follow pregnant women.
	3. The project also provides folic acid to pregnant women (supplies are purchased by the project and given to the HC to distribute to pregnant women).
3. Early childhood development (education, cognitive development of under 5 children)
	1. The project has constructed 25 schools in 2 woredas and also pays for 75% of teachers salaries in these schools. They also furnish and equip the school

**Reporting and Database:**

1. The project collects information from the HC on for activities funded by the project (e.g. monthly vaccination information)
2. The project also reports to district cabinet members (Finance and development, woman and child affairs, youth and education).

Their database at is computerized (they have provided us info on the data that they collect). They collect information from every household in the keble (birth, death, migration...etc). This data is collected every 6 months by the 98 CDFs.

The head stated that there are issues in collecting data that is usefulness and usability of the data we collect. A lot of data is collected but is not properly used. He also stated that the quality of the data might be questionable. He emphasise that it is important to gather data efficiently without compromising the quality. He was not aware of what HMIS was and said that the data they use for reference is DHS data.

**Supervision/meeting Forums:**

1. The project plans together with the HCs and woreda health offices and submits quarterly reports to the woreda.
2. They meet quarterly with govt cabinet members (not specific to health) and other NGOs in the woreda (though last year they only met twice).
3. They also meet biannually at the zonal level (again not specific to health).
4. Finance and Economic Development also has a steering committee is supposed to meet quarterly but this only happened once last year.

**Supplies:** The project provides drugs and supplies to both individual HCs and also to the woreda health office.

## Meeting with M&E department at MOH

Present: IDEAS investigators

July 2nd, 2012

M&E technical advosr expressed that through HMIS they are able to gain a lot data, but are unable to maximally use the information for action. As such he expressed his strong interest in DIPH. Currently the HMIS data is used for the following three annual publication prepared by the FMOH:

1. Health and Health Related Indicators
2. Health Bulletin (summarizes the best practices and experiences of woredas)
3. Annual Performance

He also informed us that Tulane University has been working closely with the MOH the following technical areas

1. Definition of the 108 indicators collected in the HMIS.
2. Developing the procedural Manual for HMIS
3. Information use training and also training on how to collect data
4. Training monitoring and evaluation officers (masters degree) in Jimma and Tigray

MoH provides Tulane University with funding to carry out these activities. In addition to the above mentioned actives Tulane University is also working with the FMOH in the following three areas:

1. Piloting HMIS in four regions and then scaling it up nationally (Tulane had aimed to have had 100% coverage in three years [2006-2009], but currently HMIS coverage is at 82%).
2. Establishing electronic HMIS (EHIMIS) at the level of the health center (Tulane has completed providing training and has started implementing it in certain parts of the country)
3. Establishing electronic medical records in hospitals.

He also stated that JSI (after not getting the bid for working on the technical area) is also piloting EHMIS in parts of SNNPR (Scanning program).

With respect the Annual Review Meeting (ARM), he stated that the meeting will be for three days (Sunday-Tuesday), sometime in late September to mid October. He said it is difficult to say when exactly the meeting will be as it is not possible to know the schedule of the higher officials until mid August. ARM involves development partners and higher officials, where they discuss the years activity and also plan the main activities for the upcoming year.

Two Deputy Ministers

General Director

Operation

Disease Prevention

PPD

FRM

Finance

UHPDP

AHPDP

PHDPD

PISA

FHAPCO

EHNRI

FMHACK

Int Agencies

Five Hospitals

FMOH Minister

## Gaps in the Information Collected

1. *Structure and function of NGO review and Annual Review meeting. Is there an equivalent NGO at Zone level and how does the system work? Are their linkages with the woreda level?*

NGO review meeting at the **woreda** level is conducted following the submission of the quarter report. The quarterly review has two major components: 1) visiting the NGO operational areas to validate the report submitted through observation of the output in the field and/or through interviewing the beneficiaries and provide feedback on the finding, and 2) arranging a forum to discuss the progress and challenges and come up with the way forward for future improvement and also acknowledges the strengths of programs. The latter is usually organized when there is more than one NGOs operating in the woreda.

The annual review meeting is also follows the same procedure; NGO submit their annual report, and the report is reviewed and validated through field visit followed by a review meeting to discuss the findings.

The NGOs operating at the **zonal** level are greater in number than the ones at the woreda level and the NGO forum and review of NGO performance is more formal. In North Shoa zone where there are more NGOs operating, the forums/reviews are also more formal and regular than West Shoa zone where there are fewer NGOs. In North Shoa zone there are quarterly, bi-annual and annual NGO review meetings. The review system is the same us the one followed at the woreda level, but they do not have linkage with the woreda.

1. *What is the admin office of Woreda, Zone and Region? What are the departments and are they linked.*

The Admin office coordinates the development program at all level. Different departments operating at each level present their performance monthly to the admin office, review the report, discuss problems and come up with solution and way forward. The following structure shows the linkage between health department and admin office at all levels from health post up to the Federal.

**Federal level Admin? WILL CHECK ON THIS**

NGO Forum

FMOH

Regional Admin

NGO Forum

Regional Health

NGO Forum

Zone Admin

Health Centre

Zonal health

Woreda Admin

Woreda HO

Board

Health Post

Kebele Admin

The other departments such education and agriculture also have the same structure and linkage with the admin office at all levels. The linkage between departments is through the monthly meeting coordinated by the admin office and among themselves for sector specific issues. For example, education and health have linkage for heath education and also health and agriculture have linkage for nutritional support.

1. *What is the structure from woreda to the zone?*

All departments at the woreda level directly reported to their respective zonal offices at the zonal level and also have structural linkage with the region for budgetary related issues.

1. *Balanced score card? How it is being used, government system is also using it?*

In the two woredas where the feasibility study were conducted, there is no balanced score card system used by the health service system and other government departments.

1. *Client Oriented Provider Efficient (COPE), what it is it, to what extent is it work, what is the linkage, do they have data on the activity? What happens the data?*

It is a process that uses a set of simple and practical tools to asses and improve the quality of reproductive health services. It encourages self-assessment and joint problem solving by service staff and supervisors. The process aims to empower staff to undertake improvement activities.

For manager, it is relatively simple but effective tool for involving staff and creating ownership in health service quality improvement process. The process also encourage the client/customer’s mindset among staff who assess and improve the service they provide on continues basis. It also promotes team work and cost-consciousness, and provides steps in how to institutionalize a process of continues improvement.

In both woreda (Dendi of West Shoa and Basso of North Shoa) Engender health is implementing COPE at the health centre level. The health staff come together to identify major problems in the service provision, propose solutions and prepare detail plan to implement these solutions. The following table is used for planning and the COPE activities. COPE committee is established at the health centre level to follow the implementation of the plan.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No  | Description of proposed activities  | Unit  | Quantity  | Input required (budget) | Source of inputes/Budget | Responsible person  |
|  |  |  |  |  |  |  |

The plan is reviewed regularly every three months and the progress is reported to Engender health and the information used in the health centre.

1. Health Plan? What does it includes? Does the zone and woreda have it, what level does it exists?

The health plan is prepared at all levels starting from woreda up to region and federal level; both the zone and woreda prepare their annual and five year health sector development plan (please refer the sample health plan for West Shoa zone health department in Annex IV).