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Our Stories of Change



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Amref Health Africa-Ethiopia

Bringing Care Closer: How Local Investment Strengthened Primary Health Care in Somali Region

Abraham Assefa is a medical laboratory technician at Obale Health Center in Degehabur woreda. Every morning, he unlocks the lab, switches on the lights, and prepares for the day's patients—pregnant women coming for check-ups, mothers carrying newborns, children brought in with fever, and families arriving in search of care, sometimes for the first time. In a place where health-seeking can be minimal and distance and doubt often keep people away, each visit is a sign of trust, and a chance to save a life.

That trust is growing.

“Our catchment area serves close to 10,000 people, and we have seen a significant rise in the number of clients seeking services each month,” Abraham explains. “Previously, we received around 60–70 clients per month. Now, as services have improved and people know we have better diagnostic equipment, we receive more than 160 clients per month.”

For Abraham, the change is not just a statistic—it is what happens when primary health care is strengthened with the right tools and the right support. The arrival of a Complete Blood Count (CBC) machine, along with other essential laboratory devices, has transformed the way Obale Health Center serves mothers and children. It has improved the quality of care, shortened the time to diagnosis, and encouraged more people to seek services locally rather than waiting until illness becomes severe.

“I received training on how to use the machine properly, and I now provide reliable, high-quality laboratory services,” he says. “Among the laboratory equipment we have, this machine is one of the most useful. It enables me to deliver more effective services, and I am very happy about that.”





The CBC test has become a critical tool in protecting maternal health. “With the CBC test, I can quickly identify pregnant women who have anemia and support timely referral for those who need urgent follow-up,” Abraham adds. “I send them with the necessary information so they can receive fast, direct services. This also helps avoid repeating blood tests at the hospital—patients save time, and

treatment can start without delay.” In settings where travel is costly and referral pathways can be difficult, that time saved can make all the difference.

Abraham’s story is part of a broader effort in Somali Region to improve primary health care through partnership and local ownership. Under Improve Primary Health Service Delivery (IPHCS) project, joint advocacy and cost-sharing with the Somali Regional Health Bureau, zonal and woreda offices, and communities has helped equip and strengthen primary health care units with essential tools, staffing support, and facility improvements.

Communities have played a central role, supporting actions such as facility fencing, small renovations, and practical contributions that strengthen trust and protect investments. Alongside this local commitment, health facilities received key diagnostic and infection-prevention equipment, helping improve maternal, child, and emergency care services for underserved pastoralist communities.

For Abraham, the impact is visible every day—in the growing number of clients, in quicker decisions, and in women who leave with clearer answers and faster care. “If similar equipment and training were expanded to other community-level health facilities, the impact would be substantial,” he says. “It would improve results for patients and also be a success for health professionals.”

In Obale Health Center and beyond, the message is simple: when health systems are strengthened close to where people live, communities respond. Trust returns. And lives are protected.



Ultrasound for Every Mother: A Breakthrough in Libemuket Health Center

Dassenech Woreda | South Omo

Buska

The Impact (Since March 2025)

300 +

PREGNANT WOMEN
SCREENED
VIA MOBILE OUTREACH

28

COMPLICATIONS
IDENTIFIED & MANAGED

In the deep south of Ethiopia where the lowlands stretch toward the Ethio-Kenyan border and access to health services is painfully limited, Biskut Wegayehu, a young frontline health worker works hard to turn a promise into lifesaving impact.

In the deep south of Ethiopia where the lowlands stretch toward the Ethio-Kenyan border and access to health services is painfully limited, a young frontline health worker has turned a promise into lifesaving impact. His name is Biskut Wegayehu.

At just 25 years old, Biskut, a Public Health Officer at Libemuket Health Center in Dassenech Woreda, joined a basic obstetric ultrasound training. His health center serves one of the most remote pastoralist communities in the country, where pregnant women often walk for days to reach a facility that offers ultrasound. Many cannot make the journey. Too many face risks that could be prevented with timely care.

At the training's closing ceremony, Biskut spoke with clear conviction: "To reduce maternal and child mortality, we must strengthen primary health care units in remote areas. What I learned here will help mothers who travel long distances for ultrasound. And with the Vscan device, we will finally reach pastoralist women."

Soon after, Amref Health Africa, through the IPHCSD project, provided the first Vscan Air ultrasound device to Libemuket Health Center. When the service launched, Biskut was the one who stepped forward to deliver it, applying the skills he had gained. "This initiative was a historic breakthrough for the community," he says. "It was hope for mothers. And it was the beginning of a mission for me."

The health center announced free ultrasound services for all pregnant women, with special focus on hard-to-reach and previously unreached areas. With the Vscan Air device, Biskut and his team expanded services beyond the facility, integrating ultrasound into mobile and outreach sessions. They crossed rivers, rocky terrain, scorching heat, and long distances to reach women who otherwise would have gone without care.

For a community long underserved, it was nothing short of a maternal health revolution. Biskut's dedication is grounded in his belief that health is a fundamental right. "I value the time I spend delivering care and guidance to

pregnant mothers during mobile and outreach sessions," he says, "even when the environment is harsh, even when the journey is long."

His work goes beyond ultrasound. He partners closely with Health Extension Workers (HEWs) to strengthen maternal health across his cluster, promoting antenatal care (ANC) attendance, discouraging home deliveries, supporting postpartum family planning, following up high-risk pregnancies, and encouraging breastfeeding. At the heart of his service is a simple vow: "We will never hesitate... no mother should die."

Since March 2025, more than 300 pregnant women have received ultrasound services at Libemuket Health Center through the IPHCSD project, and 28 complications have been identified early and managed or referred appropriately. And the impact extends beyond one facility, across six health centers, trained health workers like Biskut are using Vscan ultrasound to transform maternal health for the women who need it most.



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Toward Digital Health Transformation: Electronic Medical Record Brings Faster, Safer Care to Primary Facilities

On a busy morning at Chifra Primary Hospital in Afar, the outpatient corridor fills quickly. For years, finding a patient's file meant searching through stacks of paper, often while clients waited anxiously for their turn. Today, the process looks different. With a few clicks, clinicians can retrieve records, review history, and document care in real time.

"I used to worry that my card would get lost or that I'd have to explain everything again each visit," says Momina Adem, a mother who comes to the facility for maternal and child health services. "Now, the nurse opens my information on the computer and knows what happened last time. It makes me feel safer, and the service is faster."



This shift is part of a major step toward digital health transformation led by Amref Health Africa, in collaboration with the Afar Regional Health Bureaus, through the launch of a new Electronic Medical Record (EMR) system at Chifra Primary Hospital.

Installed and launched under the Gates Foundation-funded Integrated Health System Strengthening (IHSS) Project, the EMR is part of a broader push to enhance the availability, readiness, and equitable utilization of quality health services. The system is expected to improve patient safety, streamline health data, and strengthen clinical decision-making,

helping providers deliver more consistent care and enabling facilities to make better use of information for planning and improvement.

To ensure the facilities were ready, Amref through its IHSS project, supported the rollout with essential digital infrastructure and hands-on technical support in several regions of the country. This included providing critical electronic equipment, such as computers, servers, and UPS units as well as full installation, networking, staff capacity building, and close follow-up technical assistance to help teams adopt the system confidently and correctly.

For health workers, the change is practical and immediate. Digital records reduce delays caused by missing files, improve continuity of care, and make it easier to track services across departments. They also reduce duplication and support timely reporting, an essential requirement for strong primary health care performance.

For clients like Momina, the benefits show up in small but meaningful moments. "Before, I sometimes had to repeat my story again and again," she explains. "If the paper was not found, it could take time. Now they can see my visits, and they explain clearly what I should do next. It feels like the facility is improving." Her experience reflects what the EMR is designed to achieve: a more responsive, patient-centered service where information follows the client—not the other way around.

Amref Health Africa has so far launched the EMR in three health facilities in Afar, Amahara and Sidama regions, where services are delivered more efficiently, and where patients, like Momina experience care that is safer, quicker, and more coordinated.



Lighting the Way: A Young Leader Transforming Primary Health Care

At Anja Health Center in Shebe Woreda, Jimma Zone, a quiet but powerful change has been unfolding, led by Fetiya Oli, a 25-year-old nurse who began her career in the very same facility she now leads.

When Fetiya first arrived at Anja, she was a young diploma nurse with a steady commitment to patients and a deep respect for her community. Day after day, she worked with focus and compassion, learning from every case and every colleague. Over time, her professionalism and calm problem-solving stood out. So when she was appointed Primary Health Care Unit (PHCU) Director and the head of the health center, she carried the responsibility with pride. But she also carried something many young women in leadership understand: the fear of being seen as “too young,” the pressure to prove yourself, and the loneliness that can come with decision-making.

“In the beginning, I kept asking myself, ‘Do I really belong in this seat?’” Fetiya recalls. “But I also knew my community needed me to be brave, even when I didn’t feel ready.”

In the early days, leadership did not come with a clear roadmap. Planning ahead felt unfamiliar. Speaking up in meetings was not easy. Strong support systems were not always there. Yet Fetiya kept showing up—ready to learn, ready to serve, and determined not to let uncertainty define her.

Her turning point came through Amref’s IHSS project implemented in collaboration with MaMeLa. Through women’s forums at woreda level, one-on-one mentorship, leadership

training, and peer networking on simple digital platforms like Telegram, Fetiya found what many leaders need but rarely receive: steady guidance and a safe space to grow. Practical learning methods: storytelling, role-plays, and real-life case discussions, helped her build confidence step by step. Over time, she didn’t only attend forums; she facilitated them, presented lessons learned, and encouraged other women to speak up and lead.

That confidence soon turned into action at Anja Health Center. One of Fetiya’s proudest achievements was leading a major renovation project. She followed the construction closely, ensured resources were used responsibly, and mobilized support from partners—Amref, the Woreda Health Office, and the Zonal Health Department. The result was a renewed facility aligned with national standards, improving the quality of care and making services more accessible and welcoming for the community.

Fetiya also pushed for more inclusive decision-making. After joining the program and becoming part of the management structure, she worked to ensure women made up more than half of the health center’s management

committee.

“When women are at the table, the whole community is represented,” she says. “I don’t want young women to wait for permission to lead. I want them to see that leadership can look like them, too.”

Today, Fetiya continues her studies toward a Bachelor of Science degree, determined to grow even further. Her story is a reminder that when women receive mentorship, encouragement, and opportunity, they don’t only rise, they strengthen facilities, inspire others, and help build a more equitable health system for everyone.





Back on the Road: Women's Voice Restored a Life-Saving Service

In Amhara region, Kotu Health Center's ambulance sat out of service for months, grounded by prolonged maintenance delays. In a woreda where distance and cost can determine whether someone lives or dies, the impact was immediate and painful.

Thirty-four mothers and 18 neonates and children facing emergencies, postpartum hemorrhage, prolonged labor, abortion complications, birth asphyxia, hypothermia, and other critical conditions could not be referred in time. Families scrambled for private transport they could barely afford. Some, with no options left, abandoned care altogether. The poorest households were hit hardest. Health workers, unable to fulfill their duty to save lives, grew demoralized. And slowly, community trust in the health system began to erode.

Then the community found a way to be heard. Through Amref Health Africa's Women's Voice and Local Ownership (WVLO) project, social accountability mechanisms were strengthened in Kotu Woreda. Local client councils, each made up of 7 to 10 members, were established and trained for three days on the Community Scorecard (CSC) approach and facilitation skills. They organized scoring sessions and conducted facility visits at kebele and health-center levels, creating a structured, collective space for community members to raise concerns and prioritize what mattered most.

Again and again, one issue rose to the top: the missing ambulance. Using the Joint Action Plan (JAP) process and with technical support from the project's social accountability expert, the

councils brought the concern to health center leadership and pushed it further, engaging the Woreda Health Office, Finance Office, and Administration. Their consistent follow-up turned a long-standing problem into an urgent priority. Local authorities allocated resources. The repair was scheduled. Accountability became action.

By August 2025, the ambulance was repaired and back on the road, providing life-saving services. The return of the service brought immediate relief: timely referrals for pregnant women, infants, and critically ill patients; reduced out-of-pocket costs for families; and renewed morale among health workers who could again provide comprehensive emergency care. Just as importantly, it rebuilt trust, because communities saw their concerns acknowledged and acted upon.

The outcome went beyond a repaired vehicle. It demonstrated that social accountability tools are not only about dialogue, they can drive life-saving improvements when communities are organized, voices are amplified, and follow-up is sustained. In Kotu, community participation helped bridge the gap between citizens and local authorities, making services more responsive, equitable, and trusted.

Amref Health Africa, through WVLO project, builds on the CSC approach widely used in the health sector to generate evidence, strengthen community engagement, and scale its impact for more responsive and people-centered services.

Fixing What We Have: How Local Action Restored Medical Equipment

In the rural health facilities of Kalu, Tarmaber, and Antsokiya Gemza woredas in Ethiopia's Amhara Region, essential medical equipment had fallen into disuse. Delivery beds sat idle, some laboratory machines were out of service, and diagnostic tools gathered dust. These tools were not beyond repair. Most simply needed basic maintenance or small parts, but the absence of a functional repair system left them forgotten. The result was reduced quality of care and missed opportunities to serve patients.

Rather than waiting for outside help, the Amref Health Africa's IHSS project team, began by asking a simple yet powerful question. What do we already have in our hands? This led to a comprehensive inventory of equipment in 19 health facilities across the three woredas. The findings were alarming. Over 100 critical devices were nonfunctional, yet many only needed simple fixes.

With this knowledge, the team turned to local partners. Working closely with the Amhara Regional Health Bureau, zonal health departments, and nearby hospitals, they brought together a team of biomedical engineers already based in the region. These professionals, often working in separate institutions, were united with a clear goal to restore what was broken.

Using technical expertise and spare parts that were already available locally, the team repaired 110 medical devices. There was no need for expensive contractors or lengthy

procurement processes. The work was done efficiently, affordably, and collaboratively. This was not just a technical repair effort. It was a demonstration of what is possible when local actors take ownership and use the resources within reach.

A biomedical engineer who participated in this initiative at Dessie Comprehensive Specialized Hospital says, "We didn't need to wait for new machines or outside experts. Everything we needed the skills, the tools, even most of the spare parts was already here. All we had to do was connect the dots."

The results were immediate and visible. Health centers reported improved maternal and laboratory services. One facility noted an increase in antenatal care testing just weeks after its hematology analyzer was repaired. Across the board, services resumed, staff morale improved, and patients began receiving more timely care.

"Before, our lab test menu was below the expected standard due to down of lab equipment, now due this maintenance our test menu is increased and we can provide the services for our clients, on time and with quality," says head of Mekoye Health Center.

When communities are empowered to act using what is in their hands, they do not just repair equipment. They rebuild systems, restore hope, and strengthen care from the inside out.



110 medical devices kept functional through maintenance using locally available resources





Amref Health Africa in Ethiopia
Office: +251 116 630 552
E-mail: info.ethiopia@amref.org
P.O.Box: 20855 Code 1000 Addis Ababa, Ethiopia

www.amref.org [@amrefethiopia](https://www.facebook.com/amrefethiopia) [@amrefethiopia](https://www.linkedin.com/company/amrefethiopia)