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የጤና ሚኒስቴር
Federal Democratic Republic of Ethiopia
Ministry of Health



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FROM THE AMERICAN PEOPLE

USAID Transform: Health in Developing Regions Project

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USAID Transform: Health in Developing Regions Project is implemented by Amref Health Africa in partnership with Project HOPE, IntraHealth International and General Electric.



Editorial:

A look at the USAID Transform: Health in Developing Regions project's progress.

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Anyone who wants to contribute health and health related content in the form of articles, research findings and photos regarding the four developing regions can share with us via the address mentioned below. We highly value and acknowledge your contributions.

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USAID Transform: Health in Developing Regions (Transform HDR) is a five-year (May, 2017-April, 2022) cooperative agreement funded by the United States Agency for International Development (USAID) and implemented by Amref Health Africa in partnership with IntraHealth International, Project HOPE and General Electric.

Transform HDR was awarded in May 2017 to contribute to the Health Sector Transformation Plan of Ethiopia by supporting the public health facilities in their effort to reduce maternal and child deaths in 58 woredas of the Developing Regional States (DRS) of Afar, Benishangul-Gumuz, Ethiopia Somali and Gambella. Since inception, Transform HDR has been engaging in various Capacity Building, Mentorship, Coaching, Quality improvement, System Strengthening, etc. supports at various level.

Until end of March, 2019, more than 6000 health workers have received capacity building trainings on Maternal and Neonatal Health, Family Planning, Health Systems, Gender, Immunization, etc. Gender is also integrated in all health service provision and as a result, Transform HDR in collaboration with Afar RHB, Dubti Hospital, WHO, Regional Bureau of Women, and Children affairs, and Bureau of Justice and other stakeholders established a One-Stop Centre for the management of Gender-Based Violence Survivors at Dubti Hospital. This will help provide comprehensive health and psychosocial support to the survivors among other things. Transform HDR has also purchased and distributed medical equipment's worth USD 900, 000 to 24 learning facilities to improve the quality of MCH services. Through the medical re-supply mechanism under Project HOPE, Transform HDR has also donated medicines worth USD 3.2 Million to the four DRSs and two referral hospitals in Addis Ababa.

Using the medical equipment, some of the health workers have already identified more than nine women who suffered from obstetric fistula and referred them to nearby fistula centers for further treatment. After the introduction of a "Safe Childbirth Checklist," and partograph, midwives are now capable of improving delivery services at the health facilities. The introduction of the Integrated Pharmaceutical and Logistics System (IPLS) capacitated health workers in forecasting their drug needs and improving the pharmaceutical supply chain system and services. On-the-job mentorship conducted at the health facilities of the project sites are helping lab technicians to use the laboratory equipment properly and provide services that otherwise would be referred away from their domicile with additional cost and loss of productivity.

The GPS mapping conducted by Transform HDR in selected Afar woredas also help understand the mobility patterns of pastoralists and identify human health services, water points, animal health services, market points, seasonal grazing areas. The mapping exercise will also inform Transform HDR's provision of mobile as well as outreach health services to pastoralist community. The mapping exercise for Somali region is underway. Transform HDR have also managed to establish Quality Improvement Task Force in 32 targeted Health Facilities. The continuous Quality improvement effort made by the task forces will help follow-up and document changes observed from time to time as a result of the project intervention.

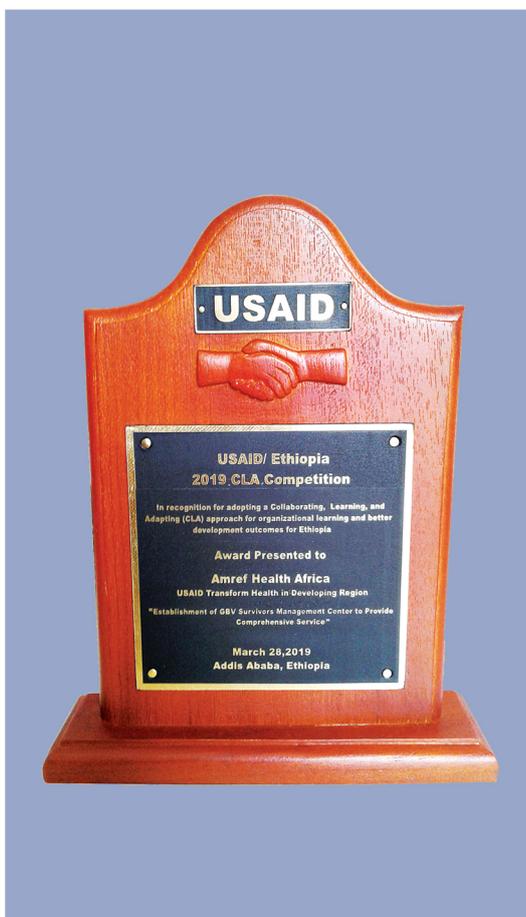


Afar Region Women's Affairs Bureau heads, Justice Bureau head and Dubti Hospital CEO along with participants visiting the new OSC.

Transform HDR collaboratively establishes a One-Stop Center (OSC) for GBV survivors in Afar

Transform HDR inaugurated the One-Stop Centre (OSC) at Dubti Hospital in Afar, on March 27, 2019. The main objective of the Centre is to provide integrated and holistic health services for survivors of Gender-Based Violence (GBV). The establishment of the Centre is expected to help the region facilitate strong institutional linkages among key sectors at the OSC; provide quick medical treatment, legal counselling services; and promote confidentiality of the case reporting system, among other things.

The Centre was established based on lessons learned from the multisectoral team visit on December 2018 to the one stop center at Gandhi Hospital and Adama Medical Colleges. The establishment of the OSC was also recognized as one of the four FY 2019 CLA award winners by the USAID mission in Ethiopia.





Rabiya Seid, a midwife, filling the checklist while providing delivery services at Chifra HC.

Effective Utilization of Safe Childbirth Checklist and Partograph Improve Quality of Delivery Service



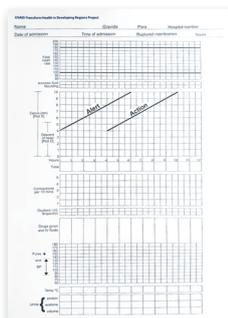
After being introduced and oriented to the Safe Childbirth Checklist (SCBC) and partograph in Ada'a Health Center of Berhale Woreda in Afar, midwife Marta Kahsay and her team in the Maternal and Child Health (MCH) department saw a remarkable improvement in their service quality for facility-based skilled delivery services.

During a visit to the health center, the USAID Transform HDR team met with Marta Kahsay, who shared her experience on use of SCBC as follows:

“The checklist and the partograph helped me provide quality care during assisting births in the health facility”

“After I obtained the SCBC onsite orientation that had been given by USAID Transform Health in Developing Regions project staff, the MCH department team set and reviewed the Checklist again and well understood the purpose and decided to use it for any pregnant mothers while giving birth at the health facility. Since the checklist is well organized and each critical action and procedure to be taken and followed before, during and after birth are listed chronologically, it helped me focus and follow all critical steps for every delivery.”

The proper utilization of the checklist enable her to register all the information starting from the admission of a pregnant mother until discharge from the facility. It also recounts all the services the pregnant mother could receive from the health facility and is used as a follow up checklist that in turn enables the health facilities to standardize their delivery services. As Rabiya Seid, a midwife at Chifra Health Center, explained:



“As a health professional, we all know that any mother giving birth is at risk, complications might happen unpredictably and could lead both the mother and the baby to death. Therefore, from my experience with Safe Childbirth Checklist and partograph, they improve our readiness and consciousness on how to safely support a mother during birth. We are now recognizing poor progress of labour easily with the use of partograph and the prevention of prolonged labour significantly reduce the risk of postpartum and other complications. Currently, we have provided around 19 deliveries within the last two months and all are assisted using the checklist and partograph. In doing this, we feel that we are providing quality delivery services taking the right action following the right procedure. Safe Childbirth Checklist and partograph helped me provide high quality care for mothers during assisting births in health facility. I advise all health professionals like me to use the Safe Childbirth Checklist and and partograph properly. They will help them to follow the provision of the services that have been proven to reduce harm to mothers and newborns during delivery.”



Abdu Buksa (left), Woama HC's Head here supervising the delivery of medicine to Mujahid Hamid (middle), Health Worker for Ander Kelo Kebele HP by Betre Mariam Amare (right), Pharmacy Head and Store Keeper of the Woama HC that serves as a hub in the distribution of essential medicine to the HPs (Amuli HP, Semsem HP, Wambz HP, Ander Kelo HP and Meglala HP) under his catchment area.

Improving the Weakest Link in the Supply Chain

According to Abdu Buksa, Woama Health Center Head in Chifra Woreda, IPLS improves information recording and reporting, storage, and distribution systems, as well as the availability of essential commodities at service delivery points if it is implemented properly. He has started to continuously visiting the HC's store and supervising the way how the store dispense essential medicine to its pharmacy and the health posts. He assumes the training on IPLS that had been given by USAID Transform HDR were essential for the changes. He also takes the supportive supervision visit and the follow-up conducted by the team as milestone to strengthen the changes and ensure its sustainability.

In another situation, it has been indicated that Dubti Referral Hospital has made progressive change in its stock management and service provision. Previously, there were delays due to stock outs, expire dates, and non-integrated service delivery. Today, things are being transformed. Dr. Hassen Mohammed, Dubti Hospital Managing Director and one of the trainees of the USAID Transform HDR project, says,

Imparting IPLS knowledge and skill to heads of health facilities in Afar





Dr. Hassen Mohammed,
CEO, Dubti General Hospital

transformed. Dr. Hassen Mohammed, Dubti Hospital CEO and one of the trainees of the USAID Transform HDR project, says, “*Now I am witnessing the improvement of the pharmaceutical services given at the Hospital. The implementation of Integrated Pharmaceutical Logistics System (IPLS) as part of SCM improves the service delivery and helps us know the stock out and expire date early, use the resources properly, minimize wastages and cost. It also creates client satisfaction as end-user in the chain and minimizes death specifically [of] pregnant women and children who could, otherwise, become difficult to save their lives in the situations where there have been a number of supply shortages, fragmentation in service delivery and mismanagements in the chain. For that, I thank USAID Transform HDR for the capacity building, technical as well as financial support we have been enjoying todate.*”

It is painful to see situations where significant numbers of women and children die due to medical conditions that could have been cheaply and easily prevented and treated through access to existing medicines and other health commodities.

According to the formative assessment conducted by USAID Transform HDR, availability of child health medicines was only 67% in the four developing regional states, with average availability of Zinc dispersible tablets as low as 21%.

Transform HDR supported the government in the implementation of child health commodities IPLS integration in the four developing regional states by training and orienting more than 150 stakeholders.

Following Transform HDR support, health facilities in the implementation woredas have already started reporting, ordering and receiving child health commodities through IPLS.

According to Dr. Hassen Mohammed, Dubti Hospital CEO, “*The structures of the IPLS in the supply chain management are very important. The IPLS training that was given by Transform HDR gave me a good insight. I never had such a training before. After the training, I started to evaluate reports on IPLS and identify the gaps submitted by going to the store, dispensary unit and holding discussion with the staff. It is after the knowledge you start to raise question. If you don't know, there is no question. I have now started to see the Bin card even and lists of medicine available and stock out. I started to see the medicines in the store and their price. How IRRF is developed and sent to PFSI. I start to see all these after the IPLS training. How we should approach to PFSI and the interaction that has to be. Before that I had no knowledge of what to see and check before signing any query in relation with IPLS.*”

As stated here, health commodities supply chain in such developing regions are fraught with many problems. And ineffective supply chains weaken the overall health system's ability to respond to the healthcare needs of the population and put treatment programs at risk. But a strategic execution along with such practical efforts can bring drastic changes and reinforce the weakest links in the supply chain.

Are you providing
RESPECTFUL AND COMPASSIONATE
MATERNAL CARE

in a way that
your wife or mother or you
want to be treated?

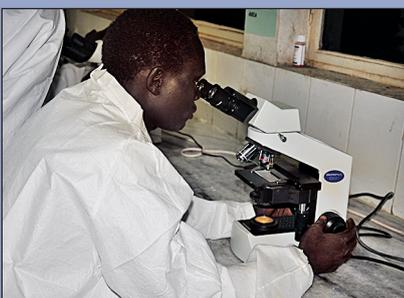
It is time to do so!



During supportive supervision visit at Itang health center in Gambella.

Laboratory Quality Improvement On-site Support Pays-off

Continuous supportive supervision visits elicit professionals in the health facility



Wondmu Abdi is a Laboratory Technician at Itang Health Center in Gambella Region. He used to see a hematocrit centrifugal machine at one corner of the laboratory. He thought it did not work. Now he feels happy because he has started to use the machine after on-site training. *“I thought the machine was damaged and nonfunctional, but the cleaners of the laboratory rooms usually cleaned it with rugs while they cleaned the laboratory. I hadn’t asked anyone about it. After the on-site mentorship and training, we realized that it was functional. We have now started to provide hematocrit test in the ANC clinic.”* he said.

Getnet Hailu, malaria and laboratory quality assurance officer for Transform HDR, says, *“It was during the supervision visit conducted in the first quarter; we found a hematocrit centrifugal machine at Itang Health Center that provided no services. It was covered with cloth. Then, we asked them why they hadn’t used it. And they responded that it was a new machine and no one in the laboratory knew how to use and maintain it. Then we gave them on-site training. The main objective of the visit was not only to identify gaps [but] support them to fill their gaps.”*

The hematocrit centrifugal machine had been distributed to the health centers of Gambella regional state two years back. The major function of the machine is to test hemoglobin states of pregnant women when they go to the health center for antenatal care (ANC) follow up.

On-site coaching helped further improve technical skill and quality of services

The supervision team organized by USAID Transform HDR and Gambella Public Health Research Laboratory provided on-site training on how to use the machine, how to perform a patient sample, and how to read and report the result. In addition, the team performed a patient sample and reported the result together with laboratory staff.

“It is good to conduct such supportive supervision visits at the health centers, identify their gaps and support them to elicit their potential and provide quality health services they are supposed to give. It is one of the ways to reduce deaths of pregnant mothers and newborn,” Getnet says.

“There are huge number of turnover coupled with skill gap of the professional that challenge developing regions like Gambella. How could it have been practical if you hadn’t come and seen the machine? Thus, the supervision has to continue to identify their gaps in the health system and provide supports that are practical,” Biadgign Dagne, Regional Laboratory Viral Load Focal Person, told the USAID Transform HDR team.



Discussion held between USAID Transform HDR supportive supervision team and Bon Yeil, Lare HC head, for feedback and further actions to be taken after the visit conducted at Lare Health Center.

The Revised BEmONC Training Piloted in Somali Region

In USAID Transform Health in Developing (HDR) project sites in Ethiopia, many women and new-borns die of pregnancies and birth related complications more than the average maternal as well as new-born deaths elsewhere in the country. Yet nearly all of these life-threatening conditions can be addressed effectively with safe low-tech interventions by skilled providers at health centre and health post levels closer to the community. Because of these, the Basic Emergency Obstetric and New-born Care (BEmONC) training is considered as critical entry point for improving maternal and child care and standardizing the quality of health care in developing regions.

USAID Transform Health in Developing Regions (HDR), in collaboration with the Federal Ministry of Health, Somali regional Health Bureaus and Maternity Foundation, offered the first of its kind BEmONC training based on the revised 12 consecutive days package for 21 skilled health care providers.

The training was given for midwives and nurses represented from different health facilities of the region. Anecdotal evidence suggested that due to BeMONC training HWs have already started using the seven signal functions and managed to decrease complications in pregnancy, childbirth and new-borns which lead to normal birth.





Trained technicians working on the installation of medical equipment donated by USAID Transform: Health In Developing Regions at Dubti General Hospital, Afar Region.

Medical Equipment and Medicines Handed Over to the Regional Health Bureaus (RHB)

USAID Transform: Health in Developing Regions handed over more than USD \$4 million (approximately 115 million ETB) worth of new medical equipment and medicines at a ceremony held on February 14, 2019 in the presence of H.E. Minister Amir Aman and H.E USAID Deputy mission Director, Alicia Dinerstein, to 24 health centers situated in the regional states of Afar, Benishangul-Gumuz, Gambella, and Somali and two referral hospitals in Addis Ababa. The type of equipment includes Anesthesia machine, mobile ultrasound machines, incubators, and Baby warmer.

All the equipment and medicines donated were all deployed to the four regions and Addis Ababa immediately after the handing over ceremony held on February 14, 2019.



Participants of the handing over event with H.E Dr. Amir Aman, Minister of Health and Alicia Dinerstein, USAID Ethiopia Deputy Mission Director.



Amina with her child after receiving fistula treatment.

A Survivor Witnesses Her Fight against Fistula

A year ago, a 37-year-old mother, Amina Ebrahim, was in a poor and discouraging condition. The bad smell from her body kept her family and community at bay. But today, with treatment, she has regained her confidence and her life: *“I am ready to tell my story to my community as I have been doing to my family. I am also very interested and work as a volunteer, if trained, to educate the community about fistula. Now I feel happy to share the information on the treatment to other mothers like me in the hospital.”*

Fistula is almost entirely preventable, yet it continues to occur, largely among the most marginalized, impoverished women and girls. The toll of this injury is devastating. Women and girls are left leaking urine or feces, and can face other physical problems, including frequent infections. They are often shunned, unable to work or go to school, and driven deeper into poverty.

Amina lives in Afar Region, Chifra woreda, Mesjid Kebele. Amina is the mother of five children. She had given birth to ten children. But only five of them are alive now.

“I gave birth for 10 children. Five of them are alive. As I was victim of circumcision like most of the Afari girls, giving birth for child was not easy for me especially during the last two children.”

Amina experienced fistula during the birth of her second to last child, when her delivery or labor was complicated. She said, *“I gave birth for 10 children. Five of them are alive. As I was victim of circumcision like most of the Afari girls, giving birth for child was not easy for me especially during the last two children.”*

Amina experienced fistula during the birth of her second to last child, when her delivery or labor was complicated. She said, *“It was very difficult for me to sit down with people and go out of home even during condolence in the village. The bad smell of the discharge didn’t allow people to sit and stay more with me. I suffered more from the stigma that the community had towards me. In addition, the wound that I had on my belly was so painful.”*

When she gave birth to her last child at the health center, the case and pain became more complicated and difficult. The midwife also identified that she had fistula and told her to get urgent treatment. Since USAID Transform HDR had announced its support for referral linkages for fistula with nearby Hamlin Fistula Hospital during workshops and trainings, the midwife immediately called the woreda health office for referral of Amina to the nearby maternity hospital. As the woredas have full knowledge of Transform HDR project support to identify fistula cases and cover the cost of referral, the woreda health office communicated with the Regional Office of Transform HDR for support.

Immediately, Transform HDR reported the case to the regional health bureau and communicated with Mekele Hamlin Fistula Hospital for availability of a bed. Transform HDR project, Chifra woreda health office and the nearby Mesjid Health Center tried to discuss with the family for her urgent referral. However, some of her family members refused, assuming that her newborn child would suffer and might die. After taking the discussion further, agreement was made with her husband to send her to the hospital after the baby had become three months old.

After three months, when the health center midwives and head advised her husband to send her to the treatment hospital, some of the family members still refused and preferred her to stay at home and get traditional treatment. Finally, the woreda health office was able to minimize their fear and the family members agreed to send her for the treatment.

Amina was referred to Mekele Hamlin Hospital with support from USAID Transform HDR through assigning a vehicle and covering the expenses for Amina and her caretaker nurse.

“When I heard about the availability of the treatment and it is provided free, I didn’t believe that my health would be normal. My feeling was mixed, between fear and hope. Meanwhile I was presenting my prayer to Allah. When I saw the vehicle assigned for taking to the referral hospital. At the same time, I understood that no one from my family was allowed to go with me except the caretaker nurse who had been assigned to deliver me safely to the hospital. I assumed that I would die and no one from my family could know the location of my tomb. Finally, I supplicated Allah to save my life and decided to go as I felt that no worse situation would occur other than that.”

Amina returned from the hospital after receiving intensive care and medication for 27 days, and was linked to the nearby health center for counseling on family planning with her husband. The MCH family health department of the Masjid Health Center provided the proper counseling and convinced Amina and her husband to use long-term family planning methods.

“I would like to thank all [the] USAID Transform HDR project team including the doctors, nurses and the whole hospital community who gave me good treatment and saved my life,” Amina told the project team.



Afar National Regional State
Health Bureau



Benishangul - Gumuz
Regional State
Health Bureau



Gambella Peoples'
National Regional State
Health Bureau



Somali Regional State
Health Bureau



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| Preventing Maternal and Child Death |

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