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MINISTRY OF HEALTH, ETHIOPIA



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FROM THE AMERICAN PEOPLE

USAID Transform: Health in Developing Regions Activity

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Civil Engagement for Community Health Services

The health service delivery gap is pronounced in certain areas of Somali Region where there is a weak link between communities and health posts or health centres. Even when health extension workers are active and present, in some communities they are inundated with competing responsibilities and are consequently unable to provide adequate health information and/or connect the community to the closest health service centre. Unfortunately, many communities lack awareness on the importance of seeking health services that are readily available to them. As a result, many suffer from preventable diseases, particularly women and children.

Health service communication and delivery gaps are addressed by Umulgargar, an indigenous Community Based Association (CBA) in Awbare Woreda, an area with a population of 373,238 in Somali Region. The USAID Transform Health in Developing Regions (HDR) activities engage 50 female members of the Umulgargar CBA, equipping them to create linkages between the community and the Awbare Health Centre.

Working closely with Umulgargar has enabled Transform HDR to reach community members with

essential health services. This approach provides an alternative structure to engaging the wider community and leads to better communication of health messages on family planning, pregnancy, the benefits of child delivery at health facilities, the importance of breastfeeding, and hygiene. The platform increases community members' engagement and accountability and leads to a better track record of referrals due to closer follow-ups. With minimal support, Umulgargar's members travel miles to reach community members. Most importantly, Umulgargar women engage their community in decision making on the services provided, resulting in a sense of ownership. Additionally, and at their own expense, all 50 members contribute ETB 50 each month to support mothers who face complications during pregnancy and delivery.

The association covers transportation fees to and from the health facilities, and in some cases, extends support by purchasing household commodities. At Awbare Health Centre, the association members successfully established a Maternal Waiting Home through money they contributed; Transform HDR matched their effort by providing basic equipment.

Transform HDR has strengthened the capacity of Umulgargar's women, equipping them with



Members of Umulgargar, a Community Based Association in Awbare Woreda, Somali Region.
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community mobilization and health messages communications skills. It also provided health communications materials on Ante Natal Care (ANC), institutional delivery, postnatal care, immunization, and Family Planning (FP); guidelines on how to conduct pregnant mothers conference (PMC) and audio-visuals in Somali language to facilitate mother support groups and PMC sessions. The activity also covered minimal expenses of some of the Umulgargar members to encourage them to expand their service model to neighbouring kebeles and woreda. In the past six months, this partnership has resulted in the referrals of 1,800 mothers for ANC, 900 mothers for institutional delivery, 324 mothers for FP, and 2,400 children for immunization. To date, Transform HDR has also provided training to 322 individuals (55% female) on Reproductive, Maternal, Neonatal and Child Health (RMNCH) and health systems strengthening in Awbare woreda.

Awbare Health Centre is also one of the 24 facilities selected as Centres of Excellence, which has received technology solutions to improve quality of care during ANC, delivery, and new born care.

The partnership that started with Umulgargar has now been expanded to four more kebeles: Jaare, Sheedher, Gelbob, and Shilcseley with 100 new volunteer mothers. This expansion has resulted in increase of communities' demand for health services by building and strengthening the capacity of CBAs at the community level and by showcasing how to leverage such partnerships to create a win-win engagement. Transform HDR will continue strengthening this approach and refining this model for social accountability and engagement that could be easily replicated and scaled

Thank You to All Frontline Health Workers of Afar, Benishangul Gumuz, Gambella and Somali Regions

For Working Endlessly to Support Our Communities during the COVID-19 Pandemic and Ensuring Continuity of the Essential Reproductive, Maternal and Child Health Services

Transform Health in Developing Regions



Integrated Mobile Outreach Service in Hard to Reach Areas of Adaar Woreda, Afar Region, June 2020



Integrated Supportive Supervision for RMNCH/FP Interventions at Meti Health Center in Godere Woreda, Gambella Region, June 2020

Effective Engagement of Woreda Leadership for Bringing Facility Based Changes

In order to bring fundamental changes to woreda administration and health facilities, the Ministry of Health (MOH) is implementing the Woreda Transformation Plan as part of its Health Sector Transformation plan that started in 2015. This initiative seeks to create model kebeles with targeted health indicators to improve maternal and child health, cover all individuals with community-based health insurance, and turn health facilities into high-performers. Though its implementation has shown progress across the regions, cascading interventions to lead towards model kebeles are limited in the developing regions.

One of the key interventions of USAID Transform Health in Developing Regions (HDR) activity is to support the regional health bureaus (RHB) in the developing regions in health systems strengthening, including quality improvement of RMNCH services at health facilities, in line with the MOH's plan to increase the number of model kebeles. Below is a case at Kurgeng Health Center, locat-

ed in Lare Woreda, about 70 km away from Gambella town. Lare is one of the Transform HDR activity learning woredas, where a series of complementary interventions, from health communications to facility-level technical support, are provided to improve RMNCH outcomes. At Kurgeng Health Center, basic health services were nearly halted due to inadequate infrastructure, insufficient medical equipment and medicine, improper uses of resources such as ambulances, frequent delay of staff salaries, and lack of mechanism for staff motivations. Many health staff, including health extension workers officially on duty, were absent from the health center. As a result, community members, including pregnant women, were forced to travel from Kurgeng Health Center to Itang, 45 km away from Gambella town and 70 km away from their woreda, to get health services. Pregnant women particularly faced further complications en route and spent large sums of money for transportation and other related costs.

With these findings in hand, Transform HDR Gambella Regional Office engaged with the Gambella RHB to analyze the challenges and determine joint solutions to improve RMNCH



Bol Yen Bawang, CEO of Kurgeng Health Center, Gambella Region

services in Kurgeng Health Center. Interventions started with training of the Woreda Health Office administrative team on Leadership, Management, and Governance with a goal of active involvement and finding solutions for change. Additional support included the provision of medical equipment, intensive joint supportive supervision follow-up, and on-site coaching by the Transform HDR activity Team with the woreda health office, leading to the health workers and HEW, to return to their service. Over time, Kurgeng Health Center has now shown progress—pregnant women are now not only giving birth at the health center, but are also benefiting from two traditional maternity waiting homes built through contributions from the community and staff members of more than 215,000 birr.

Recognizing these changes in his health center, Bol Yen Bawang, CEO of Kurgeng Health Center states “We have accomplished a lot with Transform HDR. With their onsite support and training, our staff members are now highly motivated. They work closely with the community and have built two maternity waiting homes for pregnant mothers to stay in after they deliver. Medical equipment is now available to support safe delivery at our health facility, and we sincerely want Transform HDR support to continue.” The interventions from Transform HDR serve as a catalyst for change. Engaging the leadership, providing basic RMNCH inputs, and motivating the staff and the community has a lasting effect on government and communities, enabling them to come together for improved RMNCH outcomes.



Kurgeng Health Center, Gambella Region

Mothers Waiting Homes Help Reduce Maternal Mortality and New-born Death

Evidence shows more than 75% of maternal and new-born deaths occur during pregnancy, delivery, and after giving birth. In resource limited countries such as Ethiopia, factors contributing to such health outcomes are enormous and include barriers such as lack of trained health professionals, poor health facility infrastructure and inaccessible geographical locations, lack of transport, and unaffordability of health services related costs. Since 2014, the Ministry of Health has supported the construction of maternity waiting homes within the health facilities, and evidence has shown their use contributes to reduced maternal and new born death and increased service utilization of maternal health services - particularly among women living in areas where distance, topography, and road access are barriers to timely access to health institutions.

To support this initiative, USAID Transform Health in Developing Regions (Transform HDR) is working to address these barriers in developing regions of Ethiopia, Afar, Benishangul-Gumuz, Gambella, and Somali regions, by providing health systems strengthening support to health facilities where women and children can obtain reproductive, maternal, and child health services. Such support includes providing training on Basic Emergency Obstetric and New-born Care (BemONC), Integrated Management of Neonatal and Child-

hood Illnesses, and Infection Prevention for health workers as well as conducting continuous supportive supervision to improve the quality of health services. Encouraging staff and communities to construct maternal waiting rooms themselves is also a critical component in this effort to increase quality of care, with Transform HDR providing some start-up equipment and supplies staff to provide on-site mentoring, including tools to monitor and evaluate maternal and child health service provisions.

Bekuji Health Centre in Metekel zone of Benishangul-Gumuz region is one of the health centers supported by Transform HDR activity. Its maternity waiting home, built with the effort of the community and health workers, demonstrates how beneficial the service is for the nearby communities. The health facility's staff were motivated to collaborate with community members, resulting in the construction of a new maternal waiting home through in-kind donations and a financial contribution of 76,000 birr - both from the community and the health center staff members. As a result, pregnant mothers, who now come from remote places, receive comprehensive healthcare service in the maternal waiting home and find a place to rest and to recover after delivery without being rushed out of the health center.

Alem Belay is a midwife at Bekuji Health center: "This month is my turn to take care of mothers in the waiting home. Every month, we take turns to help mothers in their last ante-natal follow-up



Maternity Waiting Home, Bekuji Health Centre, Benishangul-Gumuz Region

appointment, and after they give birth. We provide them with post-natal healthcare services. Most importantly, we try to make them feel as if they were at their home until they are discharged.” Agegnehush Nesibu, a mother who just delivered at the facility states: “This mother’s waiting home is very helpful for mothers like me. Ten months ago, I was here for a few days during my last week of pregnancy. After I gave birth, they brought me here, gave me porridge and coffee; I found it comfortable. They made me feel like I was at home. They provided me with all sorts of care I needed”.

Such interventions make a major difference for mothers coming to deliver from remote areas. It becomes an incentive for them to travel far distances to at least get a space where they are comfortable enough to deliver and stay for few days. Perhaps most importantly, they will go back to their communities and spread the word about the changes in service provision at the health facilities, encouraging others to deliver at the facility, as well. Health workers also get inspired while doing their best to provide respectful and companionate maternity care to improve access to maternal and child health services to hard to reach women, while dealing with their own limited resources. There is still a lot to do in our developing regions, but celebrating successes is a critical one as we embark on the path to development with the support of USAID Transform HDR.



Alem Belay, Midwife at Bekuji Health Center, Benishangul-Gumuz Region



Agegnehush Nesibu, beneficiary at Bekuji Health Center, Benishangul-Gumuz Region

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“This month is my turn to take care of mothers in the waiting home. Every month, we take turns to help mothers in their last ante-natal follow-up appointment, and after they give birth. We provide them with post-natal healthcare services. Most importantly, we try to make them feel as if they were at their home until they are discharged.”

Alem Belay, Bekuji Health Center:



Anab Farah, Awbare district of Somali Region

"I thank you, Lafaisa Health Center and USAID Transform HDR teams, and I now want to serve my community as a volunteer to participate in fistula case identifications and reintegration to the community."

Anab Farah

A Coordinated Referral System to Increase Access to Fistula Treatment

Lafaisa is a town located in the Awbare district of Somali region with a population of 373,238. With only one health centre in the area, home delivery, unfortunately, is very common, and skilled birth attendance in the woreda is a major issue, with rates as low as 26.4%.

Twenty-one year old Anab Farah is a married woman who lives in the Lafaisa Kebele. Soon after her marriage, Anab and her husband Mahad, were very eager to welcome their first child. Unfortunately, Anab had to face obstructed labour, which lasted more than one day at her home with a traditional birth attendant (TBA) instead of in a health center. Anab was finally referred to Lafaisa health center where a midwife confirmed that her labour had resulted in fourth degree tears due to the prolonged labour. After much intense pain and tearing, the midwife finally assisted her to give birth to a son and discharged her from the health center after only 24 hours of postpartum care. Once at home, Anab observed urine and stool incontinence.

Her midwife at Lafaisa Health Center had no knowledge about or skills to respond to the identification, referral, or management of obstetric fistula, and sent her home without any advice on treatment. Due to shame around her condition, Anab began avoiding friends and refrained from using public transportation and sometimes even traveled by foot to visit family members in Awbare and Borama. Anab states: "There was time where I had my child on my back and I urinated on myself; my pain was horrible. I felt like a child." Anab was not aware she was suffering from Fistula. Finally, she travelled to Boroma where her family lives and visited a clinic, but they only sent her back with some antibiotics. Anab then spent several months with her family and returned home in Lafaisa, still in pain and still ashamed of her condition. Finally, Anab decided to confide in her husband about her health problems, which came at great risk as in her culture this disclosure could result in a divorce. "I prepared myself ready for any action he would take. But the situation was

the reverse, "she remembers. As soon as Anab's husband heard about her health condition, he talked to the Medical Director of Lafaisa Health Center, who advised him to take her to the health center in Boramo, where again, they simply prescribed antibiotics.

Anab's husband met another midwife, Ferdawsa, from the Lafaisa Health Center who obtained training on obstetric fistula identification and management by the USAID Transform Health in Developing Region (HDR) activity. She informed him about the availability of treatment in Harar, located 200 km away from Jijiga. With this news and hope for treatment, Anab visited Lafaisa Health Center again with her husband, where she met the trained midwife who finally correctly diagnosed her and confirmed that she was suffering from obstetric fistula. Immediately, the midwife contacted the USAID Transform HDR team for support to transport Anab to Harar for fistula treatment. Arrangements were made and the treatment was successful.

Four months later, a post treatment follow-up home visit was conducted by the trained midwife, the Medical Director of the Lafaisa Health Center, and

a Transform HDR project officer. During the visit, the team observed that Anab's condition was greatly improved, as well as her relationship with her family and community. Anab praises all who were involved to help her: "I thank you, Lafaisa Health Center and USAID Transform HDR teams, and I now want to serve my community as a volunteer to participate in fistula case identifications and reintegration to the community."

This is a story of one woman, among many, who face similar challenges in Somali Region, where fistula cases are estimated to be 1,838*. Anab was lucky to have a supportive husband, who addressed his wife's obstetric fistula condition, but this is not always the case. With the support of Transform HDR, we aspire that all women in Somali region, have the information on fistula and support close to their home and within their region. We can achieve this with the collaboration of the Somali Regional Health Bureau, Hamlin Fistula, and other implementing partners as we continue working for basic rights for accessing services for lasting health changes.

*Source: DHS 2016



STAY home as much as you can,



KEEP a safe distance,



WASH hands with water and soap often,



COVER while coughing and sneezing,



SICK? Please call ahead!



National and Regional Hotlines

FOR MORE INFORMATION AND ALERT NOTIFICATION ON COVID-19



Building CEmONC Services and Reducing Obstetric Referrals for Blood Transfusion: The Case of Aba'ala Hospital, Afar Region

Part of Transform Health in Developing Region (HDR) health systems support includes strengthening hospitals in the developing regions to provide comprehensive emergency obstetric and newborn care (CEmONC) services. One of the most important infrastructures of a CEmONC center is a blood bank to provide blood transfusion, a life-saving procedure for pregnant women who experience bleeding during and after delivery. In order to better understand the gaps on CEmONC services and to improve CEmONC services' availability and quality, the Transform HDR team conducted a capacity assessment targeting 15 hospitals across Afar, Benishangul, Gambella and Somali regions. Findings from the assessment for readiness and performance of all the nine CEmONC signal functions showed the following results: only 66% (N=10) of the facilities were reported to be fully functional; in particular, the least CEmONC signal function performed was blood transfusion, with only 60% of the hospitals providing that service. One of the key recommendations of this assessment was to provide equipment and uninterrupted supply of reagents needed to provide blood transfusion at the hospitals.

Transform HDR implemented the above recommendations by building the capacity of different health-care cadres and setting up mini blood banks

by procuring blood bank refrigerators and centrifuges for seven of the hospitals. Aba'ala hospital is among the hospitals that benefited from such support, including quality improvement interventions supported by Transform HDR staffs, once the hospital staffs were trained and distribution of materials and equipment were done in February 2020.

As baseline, reviewing quarterly data from January to March 2020, depicts that 23% of the patients at the emergency outpatient department were referred to higher level hospitals due to lack of blood bank services at Aba'Ala hospital. During the same period, 75% of the patients at the obstetrics and gynecology department were referred out due to the same reason, seeking blood transfusion services. Since the establishment of the blood bank at Aba'ala hospital with the support of Transform HDR, the one year data from July 2019 to June 2020 reflects a gradual decline of patient referral to a higher institution for blood transfusion.

This significant decline in referral rates of pregnant women during labor, by 75% from July 2019 to 0% in June 2020, is a great success to showcase as pregnant women no longer have to suffer travelling to other facilities and to incur additional costs for delivery services, and ultimately avoiding and reducing maternal death. Transform HDR will continue to provide such health systems related support to strengthening CEmONC services in the developing regions as it is critical in ensuring basic maternal and child health services.

Table I. Reasons for Higher Institution Referrals (July 2019 – June 2020)

Month/Year	Reasons for Referrals to Higher Level Health Institutions				
	Blood Transfusion	Organ function test	No back up light	Self Referral	Total
Jul -19	4	1	1	0	9
Aug -19	3	0	0	1	4
Sep -19	3	0	1	0	4
Oct -19	0	1	2	2	5
Nov -19	3	1	0	0	4
Dec -19	3	1	0	0	4
Jan - 20	3	1	0	0	4
Feb - 20	1	1	0	0	2
Mar - 20	0	0	0	0	0
Apr - 20	0	0	0	0	0
May - 20	0	0	0	0	0
Jun - 20	1*	3	0	0	4
Total	21	9	4	3	40

*Referral due to low platelets count of patient

Helmer

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Laboratory Technician working in Laboratory department of Aba'ala Hospital, Afar Region



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| Preventing Maternal and Child Death |

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