Federal Democratic Republic of Ethiopia

Ministry Of Health

Woreda Transformation Implementation manual (Summary)

October 2017

Addis Ababa

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Contents

1 Introduction

The Ethiopian Federal Democratic Republic has nine Regional States and two City Administrations with decentralized Zonal and Woreda structures. Woredas serve an estimated 100,000 people and are governed by an elected Woreda council. Woredas are further decentralized into Kebeles, which are the lowest administrative structures in Ethiopia.

Based on health system of the country, on average, Woredas have 20 health posts, 4 health centers, and one primary hospital. One health center with its five health posts make up the Primary Health Care Unit (PHCU). Rural health centers serve from 15,000 to 25,000 people whereas urban health centers serve up to 40,000 people. A health post serves from 3,000 to 5,000 people. Heath centers provide basic health service packages and are centers for referral and practical training for health extension workers.

Primary hospitals serve an average of 60,0000 to 100,000 people and provide blood transfusion, and minor and emergency surgeries, in addition to services typically provided at the health center level. Primary hospitals serve as a referral center and practical training institution for professionals working at PHCU level.

The Ministry of Health (MOH) has set ambitious goals in the HSTP 2015-2020 (Health Sector Transformation Plan) to provide quality and equitable essential health services for all. To achieve this, four transformation agendas have been identified; 1) Woreda Transformation, 2) Health Service Quality and Equity, 3) Information Revolution, and 4) Caring, Respectful and Compassionate health workforce (CRC).

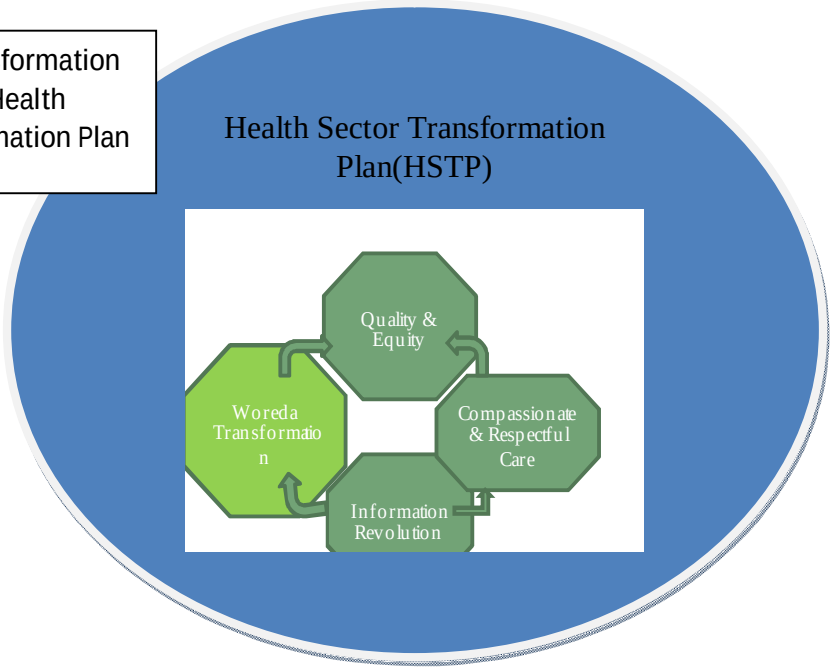
The Woreda Transformation agenda serves as a vehicle to achieve accessibility, quality, and equity in primary health care services; to increase community ownership, and to create a resilient Woreda health system. Furthermore, it helps to to achieve HSTP goals and drive other transformation agendas forward. Hence, Woreda Transformation aims to create high performing Woredas that fulfill the vision of the health sector and meet the demands of the community they serve.

2 Why Woreda Transformation?

Ethiopia has made great strides in improving health outcomes of its population. However, there are considerable performance gaps across regions, Woredas, and health facilities, which makes difficult to provide equitable and quality basic health service for all segments of the community. Limited implementation capacity; shortage and inefficient distribution of human resources and shortage of financial resources are some of the main reasons for the variation in implementation. Lack of efficient and smooth managements of service delivery system; gaps in data collection, analysis and use; lack of a standardized and sustainably organized Health Development Army (HDA); shortage of supplies and leadership capacity; low enrolment of Community Based Health Insurance (CBHI) are also among causes for poor performance. Understanding the root causes of the gaps identified is important in order to develop appropriate and Woreda-led strategies to close the gaps between high and low performing woredas, regions and health facilities.

Therefore, in the HSTP period, quality and equitable health for all ambitious goal has been set. The decentralized federal system in Ethiopia makes the Woreda central to development efforts. Woredas govern by locally elected governance structures, the Woreda Council, responsible for planning, resource allocation, implementation, and monitoring and evaluation of social services including primary health care services. Considering the Woreda is the most important political and administrative structure responsible for delivery of health service, its role in achieving the ambitious HSTP goal of improving quality and equity in primary health care services is invaluable. The concept of woreda transformation is to lay down ambitious goals and make every effort to achieve these goals. Hence, Woreda Transformation aims to build implementation capacity of Woredas, promote transparency and accountability, and improve health literacy of the community, and increase participation and ownership of community for expanded coverage, equity and quality of primary health service.

Fig. I: Four Transformation agendas of the Health Sector Transformation Plan



3 Goal, objectives and expected outcomes

Goal: *Ensure universal health coverage in all parts of the country through creation of high performing Woredas, which provide quality and equitable health services.*

Objectives

- *Create high performing Woredas, PHCUs and kebeles.*
- *Ensure community participation and ownership*
- *Ensure transparency and accountability at primary health care unit level*
- *Build a resilient health system able to provide quality, sufficient and timely response to man-made and natural disasters.*
- *Ensure financial protection of people while accessing health services.*
- *Create capacity at the Woreda level for effective data collection, analysis, interpretation, and use including research to improve program implementation for expansion of quality and equitable health services.*

Outcomes of Woreda Transformation

- *Model kebeles*
- *High performing PHCUs (health centers and health posts)*
- *Universal Community Based Health Insurance (CBHI) enrollment*

Key Implementation Strategies

Human resource development	*Good governance*	*Strengthening financial capacity and utilization*	*Strengthen inter-sectoral collaboration*	*Community participation & ownership*	*Monitoring and Evaluation systems*	*Improve structure and processes*

4 Woreda Transformation Outcomes

4.1 Creating model kebeles

Since the launch of the health extension program, creation of model families has served as a key implementation strategy. The model family program was designed using theories of diffusion of innovation, which has shown encouraging results. However, gaps have been observed in achieving desired level of performance using this approach.

To address this, the government introduced scale up strategy. The scale up strategy strongly promotes involvement of women in organized way called the health development army, which has increased the creation of model families at the kebele level, and improved the training and implementation processes. During the HSTP period, the focus will be to address structural and implementation gaps and improve the scope of modeling from family to kebele, PHCU, and Woreda levels. Furthermore, systematic approaches will be designed to create model kebeles, recognize and make them learning centers for others to address implementation gaps using objectively verifiable measurements.

Model kebele selection criteria: Creation of model kebeles refers to having families in a kebele that have gone beyond achieving model family status individually to creating a socially responsible, organized and sustainable transformation of the health status of the community.
Model kebeles should fulfill the following criteria;

1. At least 85% of families in the kebele have achieved model family status
2. Home delivery free kebele
3. Open defecation free kebele
4. Full coverage (100% enrollment) of CBHI
5. All schools in the kebele have achieved model status by fulfilling the following criteria. Note that types of school and expected services in respective types should be taken in to account during the verification of the following activities.
    a. more than 90% coverage for deworming and immunization
    b. standard toilets and hand washing facilities for boys and girls, and no open defecation
    c. availability of water in the school facilities as per the standard
    d. Functional waste disposal and sewerage facilities, and clean compound.
    e. availability of first aid kit for emergencies and minor injuries
    f. active participation of school health clubs in various public health issues such as HIV, malaria, reproductive health
    g. HEWs in collaboration with health centers' staffs regularly provide various public health intervention: HIV, malaria, reproductive health, hygiene and sanitation which includes provision of health education and screening

4.1.1 Model kebele verification process

All Woredas should set up model kebele verification committees. The head of the Woreda health office should lead the committees, with representatives from woreda health office, all PHCUs directors and health extension workers represented as members. The committees should receive orientation by the Woreda before starting their work. There should have clear understanding on verification criteria and process by all committee members prior to conducting site visits. Then the committees conduct site visits to verify model kebeles using a checklist, which outlines verification criteria. .

Model kebele verification involves two stages. At the first stage, the kebele command post and PHCUs will verify the model status of their kebele and will request approval from kebele council. Once model kebele status is verified, the kebele council informs the Woreda model kebele committee. The second stage involves the Woreda committee conducting a site visit and verifying that the kebele has indeed fulfilled all criteria and has achieved model status. When all members of the committee reach consensus on verified model status, they prepare a report signed by all members, submit the report to the Regional Health Bureau.

Regional Health Bureaus, in collaborations with Zonal Health Departments, will select a sample of model kebeles and conduct site visits to verify model status.

Woreda-level committee will assess model kebeles every six months to verify if they have maintained their status. For kebels which are found to have lost their model status, a flag indicating their status will be put on site and a plan of action will be developed to support them to regain their model status.

4.1.2 Model kebele recognition process

Model kebeles should be continuously assessed and recognized to motivate them and serve as an example for kebeles yet to achieve model status. Model kebles should be recognized in a community conference where kebele and Woreda leadership and representatives are present. The incentive packages may include issuing of certificates and provision of other in kind materials.

4.2 Creating high performing PHCUs

A PHCU consists of a health center and up to five health posts. Government institution and community-based structures in the Woreda should play a role in supporting PHCUs to improve their implementation capacity and meet their targets using available guidelines and different strategies. Essential Health Service Package, which reflects current priorities and realities, should be the main reference point, which informs the type of services provided at the PHCU. The Ethiopian Health Center Reform Implementation Guideline (EHCRIG), Health Center-Health Post linkages implementation manual, second generation health extensions program manual, level 1 and level 2 HDA implementation manual, and other policy documents shall be used to improve access and quality of primary health care services.

What is a high performing PHCU: A high performing PHCU is one that is led by a full time PHCU director, has a strong governing board, maintaining active community participation, meets targets for key performance indicators and keeps the community it serves satisfied.

A high performing PHCU meets the following criteria

- **Created model kebeles**: the PHCU should provide support to kebeles by assigning health workers and implementing key activities to support kebeles achieve model status. PHCUs should at least have 80% of their kebeles achieve model status (this means that if a PHCU has on average five kebeles, four of them should achieve model status).
- **Implemented EHCRIG**: A PHCU should at least meet 80% of the EHCRIG standards.
- **Achieved high in key Performance Indicators (KPIs)**: Meet at least 85% of targets set for all KPIs.

4.3 Community based health insurance (CBHI)

The per capita health service utilization of Ethiopia currently stands at 0.48 visits per year, much lower than the 2.5 visits per year target set by WHO. One of the major barriers for health service utilization in Ethiopia is believed to be user fees. High out of pocket health expenditure discourages health service utilization. This barrier demands alternative strategies for health financing which reduce high economic burden of accessing health services and creates a sustainable model for financing the health sector.

The Ethiopian government has designed and put in place a new health financing strategy, which focuses on mobilizing internal resources and promoting health service utilization by offering protection against catastrophic health expenditures. To this effect, the FMOH ratified health insurance strategy, which includes CBHI in 2008.

Implementation of the CBHI is an integral part of Woreda Transformation. For CBHI to succeed, it is important to expand enrollment, establish transparent and easily understood processes, and provide support for the financial and institutional sustainability of schemes. CBHI should be implemented in accordance with the regulations and procedures ratified by law.

5 Woreda transformation implementation strategies

It is important to identify key implementation strategies in order to meet Woreda Transformation targets, one of which would be building implementation capacity of the woreda.

5.1 Building implementation capacity of the woreda

5.1.1 Improving structure and processes

Building implementation capacity of the Woreda health office and PHCUs is an important strategy to realize Woreda Transformation objectives. It is crucial to look into the organizational structures of the Woreda health office and PHCUs to assess if these institutions are appropriatelyorganized to effectively execute their roles and responsibilities. This does not mean every Woreda health office and PHCU has to have the same type of structure in every Woreda. Organizational structures should be customized to fit regional and local settings.

The governing boards of PHCUs play an important role in planning, monitoring, evaluation, and resource mobilization and allocation. Considering the important role governing boards play for creating high performing PHCUs, it is crucial to build their capacity, create systems for collaboration with other sectors and governing board in the Woreda, maintaining an uninterrupted meeting schedule, and create mechanisms for sharing best practices.

5.1.2 Improving capacity of human resources

It is essential to allocate adequate human resources (in both quantity and distribution) for the Woreda based on the type and volume of work as determined by evidence/research. Furthermore, the knowledge and skills of the Woreda leadership and technical officers need to be developed through short and long-term trainings to enable them effectively support PHCUs. Particularly, Woreda health office heads and PHCU directors should be enrolled in practical leadership and management trainings. PHCU directors should have appropriate educational qualifications and serve as full-time directors. A system should be established to enroll Woreda health office and PHCU directors in long-term trainings and educational opportunities based on their performance.

5.1.3 Good governance

Good governance plays a central role in improving quality of service, effective and efficient utilization of resources, community satisfaction and promoting transparency and equity in primary health care. Good governance practices should be anchored in the following eight principles: 1) rule of law, 2) transparency, 3) inclusiveness, 4) equity, 5) responsiveness, 6) cost effectiveness, 7) effectives, 8) accountability. Central to the government’s efforts to establish good governance in the health sector is creating space for citizens to provide feedback which should then drive decision-making process for political as well as health sector leaders. To this end, good governance issues should be taken as one of the key strategy to implement woreda transformation agenda. It is also important to make sure that good governance issue is included

in plan at all level and regularly monitored. A system to implement community scorecard will be designed in line with this recommendation.

5.1.4 Strengthening financial capacity and utilization

Strong financial capacity and a functioning control system are essential for effective operations of the Woreda health office and PHCUs. Even though the budget allocated for the health sector is constrained by the overall budget allocated for the Woreda, appropriate allocations for the health sectors is essential. Moreover, health facilities need to boost their sources of revenue and improve revenue utilization. Community based health insurance (CBHI) will be given due emphasis to protect the community from the risk of catastrophic health expenditures and create opportunities for health facilities to mobilize resources. Furthermore, community mobilization and engagement activities should be expanded to identify potential source of revenue such as financial and in-kind contributions of the community. There should be increased focus on efficient utilization of resources and putting in place effective control mechanisms to safeguard against wastage and inappropriate use of resources.

5.1.5 Strengthening Inter-sectoral collaboration

Strong collaboration of the health sector at the Woreda level with other government sectors is critical for fulfilling infrastructure needs such as water, electricity, telephone and roads for the health facilities. These infrastructure requirements are essential for the health facilities to maintain quality of service and meet national accreditation standards. The health sector led by the Woreda health office should take the lead on negotiation and convening of other sectors to implement collaborative inter-sectoral activities. In addition, identifying other stakeholders including development partners for support and collaboration is very important.

5.1.6 Improving community participation and ownership

The community is the greatest asset for successful implementation of Woreda Transformation. Effectively utilizing the capacity and resources of the community is achieved through active community participation and ownership. The ultimate objective is to see the community taking charge of its own health and producing sustainable improvement in collective health status. Community ownership, collaboration among community members and the health of citizens is an asset for nation development efforts. There should be increased focus on building the community's decision-making power on issues related to health. The community should have influence on leadership and governance of health facilities, and in the quality and equitable delivery of health service, which in turn positively reinforces the health system.

5.1.7 Monitoring and support systems

An effective monitoring and evaluation framework is the backbone for successful implementation of Woreda Transformation. Monitoring and evaluation efforts for Woreda Transformation should be standardized and integrated with existing systems. The monitoring and evaluation framework for Woreda Transformation will focus on measuring the resources

required accomplishing the activities (inputs), immediate implementation results (outputs), the fruits of immediate results (outcome), and the long-term impact.

Promoting evidence-based decision-making is essential for successful translation of Woreda Transformation plans in to action. For this, there is a need to make a radical change in monitoring and evaluation systems.

The following key monitoring and evaluation strategies will be applied for Woreda Transformation;

1. Integrated supportive supervision
2. Information revolution
3. Performance evaluations and studies

6 Annex 1 Woreda Transformation Key Targets

	Indicator	Numerator	Denominator
1	Model kebele	Number of model Kebeles	Number of kebeles in the woreda
2	CBHI coverage	Number of families enrolled in CBHI	Number of families in the woreda which should be enrolled in CBHI
3	High performing PHCUs	Number of high performing PHCUs in the woreda	Number of PHCUs in the woreda.

Woredas will be classified as high, medium and low performing based on their scores on the indicators above.

High performing	> or = 85%	
Medium performing	from 60-84%	
Low performing	< or = 59%	

Woredas should conduct internal assessments based on these performance indicators and should take corrective measures. Zonal Health Departments and Regional Health Bureaus should identify high, medium and low performing Woredas and customize their support to maintain performance of high performing Woredas, transform medium performing Woredas to high performance, and provide intensive support to low performing Woredas to address their challenges and transfer learnings from high performing Woredas.