

# Notes of Field Visit to Oromia Region

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21 July 2015

## Introduction

On 18 July 2015 I was part of a group of officials from the ministries of health and finance from across Africa who took a day trip to observe and learn about the Ethiopian Ministry of Health's program in Oromia Region. There were about 40 of us altogether, including officials from Nigeria, Liberia, Lesotho, Togo, and South Sudan, among others.

We traveled in two buses and first visited a "primary hospital" (also referred to as a district hospital although it serves more than one district), then a primary health care center, then a health post, and finally made a home visit.

What follows is a summary of my notes.

## **Overview of the Oromia Region Health Program** (from presentation given by the Human Resources for Health Director for the region)

Oromia Region has 34 million people and 300 districts. It is Ethiopia's largest and best-performing region, and it borders on all other regions in the country except Tigray and it borders with Sudan and Kenya. It has 54 hospitals, and 60 new ones are currently under construction. It has 1,326 health centers and 6,519 health posts. The health workforce has grown from 30,000 in 2010 to 55,000 in 2015. Health Extension Workers (HEWs) are the "flagship" of the health system. There are 13,000 in the region – 2 per 5,000 population.

About 30% of the health centers and 70% of the health posts do not have water.

## Health Extension Workers

At the outset, the HEWs only provided counseling and referral for family planning, but their role has gradually expanded to (1) provision of pills, the (2) provision of injectable contraceptives, (3) then insertion of long-term contraceptive implants and most recently (4) insertion of IUDs.

Similarly, with respect to childhood illness, the HEWs at first provided only promotion and referral. But then their role has expanded to (1) rapid diagnostic testing for malaria and administration of anti-malarial medication, and (2) outpatient management of severe malnutrition and (3) community case management of pneumonia and then (4) integrated

community case management (of pneumonia, malaria and diarrhea) and most recently (5) community-based neonatal care (CBNC) and management of neonatal sepsis (still in pilot phase).

HEWs are also engaged in HIV counseling and referral for HIV as well as adherence support for patients on HIV drug therapy. Pregnant women who test positive for HIV are put on medication for the rest of their lives. HEWs also provide treatment for patients with TB, and they identify suspects and refer them for testing.

HEWs are gradually doing more and more. The current plan is to increase the number of HEWs at each health post so there will be 3 instead of 2. One of these will be a slightly higher level (level 4).

The annual turnover of HEWs is about 5%.

An urban HEW program is now beginning that has a stronger focus on chronic diseases such as hypertension.

#### Health Development Army

There are 4.5 million of these now in the Oromia Region. They identify pregnant women and provide support for them to seek a facility-based delivery.

The HEWs are starting to feel that the HDA Volunteers know as much as they do, and they are gradually task shifting/task sharing with the HAD Volunteers.

#### Midwifery

Ethiopia has begun a program of Accelerated Midwifery Training and Development. In 2010 there were 687 midwives. In 2015 there are now 3,213. They work at health centers (ideally 3 per health center) and health posts. Midwives are trained by independent training centers. They have to pass a competency test that is administered by an independent regulatory body.

#### Integrated Emergency Surgical Officers (ESOs)

These are non-physician clinical officers with 3 years of initial training followed by 3 years of surgical training at university teaching hospitals. They are gradually being deployed to primary hospitals – two at each. In the Oromia Region there were 9 ESOs in 2012 and in 2015 there are now 73.

## Family planning

The CPR increased in the region from 6.6% in 2000 to 43.6% in 2014. 80% of family planning services are provided at health posts or in the households. The total fertility rate declined from 6.4 to 4.0 during the same period. 8% of deliveries were by skilled attendants in 2000 compared to 72% at present, which take place at a health post or health center.

## Malaria

There were 950,000 cases in 2010 and only 250,000 cases in 2015.

## Strategies to motivation the health workforce

We recognize outstanding performers. We provide salary “top ups” for some of them, and we provide further educational opportunities for some of them.

## **The Primary Hospital in Bishoftu**

The Medical Director of the hospital in Bishoftu talked with us. The primary hospital service 1.6 million people and has 273 staff. It is the hospital for three districts and 15 primary health care centers. The hospital has a governing board composed of local people. It has 100 beds and an average occupancy of 70-80 patients. They are adding another 100 beds. About 40% of the hospital’s revenue comes from locally generated sources and 60% from the government.

The hospital has a CASH program (Clean and Safe Health Facility) and a campaign for keeping the hospital clean and planting trees that involve all staff. The hospital uses check lists for quality assurance. The director said that they reason for the hospital’s success has been its committed leadership, the quality of its staff, and community involvement.

The hospital was first a prison camp of the Italian Army during World War II. At present, the hospital performs 3,000 deliveries per year, and 15% of these undergo C-section. The patients stay for 6 hours after delivery and then are discharged. There is 1 gynecologist and 15 midwives. The gynecologist does 5-6 gynecological procedures each week. There are three Emergency Health Officers who do most of the C-sections.

## **The Modjo Primary Health Care Center**

Modjo is a city of 70,000 people. The primary health care center is in the Lume District, which has 109,000 people. The district has a total of 5 health centers and 35 health posts. It conducts 60-70 deliveries per month and has a maternity waiting home. The HIV prevalence rate is 0.5%. There are 36 patients on TB medication served by the PHC Center. HEWs refer patients for diagnosis and then they supervise their treatment.

The PHC center sends staff to each health post once a week, and they take supplies needed by the HEWs. The HEWs go to the PHC center once a month for meetings, supervision and continuing education. The primary health care center has an ambulance to pick up women from the village who are in labor but it does not provide transport back home after the delivery, which is a problem. They try to provide culturally appropriate deliveries, including providing a coffee ceremony. The health centers collect 1 kg grain from all households and then provide new mothers with a gift of grain (another cultural practice).

The cost of care at the PHC center is free for all MCH services and disease control services. Adult consultations cost about \$0.25.

### **The Jorro Health Post**

This health post has two HEWs and has a catchment area of 2,500 people. One HEW stays at the health post while the other is in the community, and then they switch the following day. Each HEW does on average 8-12 home visits per day when they are in the community, and there are on average 4-5 patients who come to the health post each day. The HEWs go out to the village on a bicycle. The furthest village is one hour away by bicycle.

All health post services are free.



**The Jorro Health Post**



**The Modjo Health Center**



**The medical director (left) and the gynecologist (right) of the Bishoftu Primary Hospital**