



**International Institute for
Primary Health Care in
Ethiopia**



**Hawassa field visit
report**

February 7-10, 2017

Table of contents

1 Introduction	2
2 Meeting with the Regional Health Bureau (RHB)	2
3 Visitation of primary health care facilities	
3.1 Meeting with the Head of the Sidama Zone Shebedino Woreda Health Office	4
3.2 Model house visit	5
3.3 Remeda health post	6
3.4 Habela health center	7
3.5 Leku primary hospital	8
4. Hawassa Health Science College	10
5. De-briefing with the RHB	
5.1 Strengths and weaknesses of the PHC facilities	12
5.2 Recommendation for the RHB	13
6. Conclusion	14
7. Recommendation of the visiting team	14
8. Acknowledgement	15
Annexes	
Annex I: SNNPR trip schedule	16
Annex II: Checklist questions	17
Annex IV: SNNPR contact persons.....	19
Annex III: Revised checklist questions suggested	20

I. Introduction

The IIfPHC team, constituting Prof Mengesha Admassu, Tilahun Debebe and Emebet Zerfu, visited Hawassa from February 7 to 10, 2017 with the following objectives:

- to create/strengthen relationships with the Regional Health Bureau and promote IIfPHC
- to visit PHC facilities (a primary hospital, a health center, a health post, a model household) and a HEW training center with the aim of selecting sites suitable for field visits for international trainees
- to collect documentation on each site visited relating to feasibility and accessibility of sites as well as to document the PHC facilities in pictures and films
- to look for collaborators, discuss the way forward and establish points of contact at RHB, PHCUs or with other stakeholders met during the trip
- to collect materials on PHC for IIfPHC Resource Center.

2. Meeting with the Regional Health Bureau (RHB)

February 7, 2017

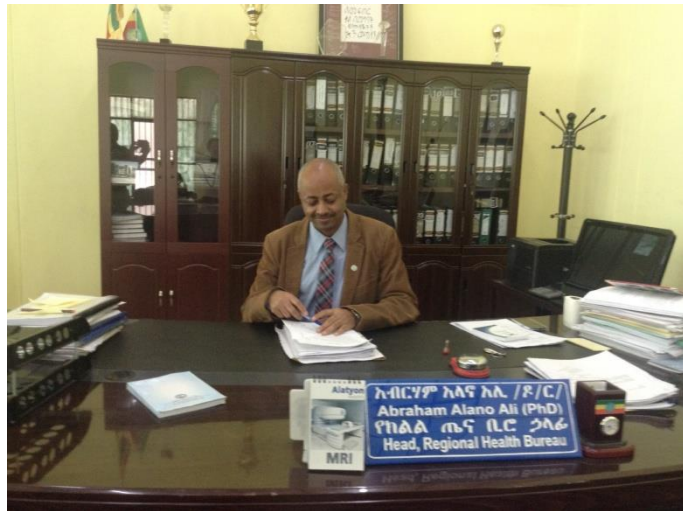
The IIfPHC team met up with Dr Abraham Alano Ali, Head of the Regional Health Bureau. Dr Abraham worked with Prof Mengesha on Carter Center project in the 1990s. First, Prof Mengesha introduced his team and clarified the objectives of the visit. He mentioned IIfPHC's plan to select PHCU sites from the nine regional states for international trainees' site visitations.

Explaining why IIfPHC has been established, Prof Mengesha stated that almost 50% of African countries, 22 in number, visited Ethiopia to learn from the successful health extension program. The establishment of IIfPHC has been important to share Ethiopia's experience to other nations that wish to make progress in improving the health of their nations. Prof Mengesha stated that the Institute was officially opened on 1 February 2017 and that Gates Foundation is supporting IIfPHC in its first year of operation. He said about 40% of the grant is used to provide technical support by Johns Hopkins University, Bloomberg School of Public Health.



SNNP Regional Health Bureau

In relation to the training programs that IlfPHC plans to conduct, Prof Mengesha mentioned the three types of trainings. These were: three-day training for policy makers with a plan to bring positive attitude and political commitment; a two-week training with 2 or 3 days field visit for health professionals; and a six-week training for PHC implementers. Prof Mengesha stated delegates from four countries (Nigeria, Zambia, Tanzania and Lesotho) were given training and shared experience on the health extension program. He clarified that field visits were organized for some trainees, mainly in Debre Berhan.



Dr Abraham Alano,
Head, Regional Health Bureau

Later, Prof Menegesha explained IlfPHC's involvement in strengthening the capacities of Regional and Woreda health bureaus and offices. Transformational leadership training has been given in line with this program and about 120 woreda heads and health officers were trained in two rounds from SNNP and Tigray Regions so far. The SNNP trainees came from Bench Magi and South Omo. Prof Mengesha stated the training was discontinued due to the nationwide civil servants' meetings and that it is scheduled to be resumed within two weeks.

Then, Prof Mengesha explained the schedule of the field visit that has been sent via email to Dr Abraham. He expressed IlfPHC's interest to visit a care giver at household level, a health post, a health center and a primary hospital. Prof Mengesha requested for the assignment of a guide from RHB to visit these facilities.

Following that, Ato Aknaw Kawza Halefie, the Deputy Director of the Regional Health Bureau and the head of the health extension program, joined the meeting upon the request of Dr Abraham. He explained that he has seen the schedule and has discussed with Sidama Zone Health Department and Sebedino Woreda health office to facilitate the selection and visitation of the health facilities. Ato Aknaw further explained to the team that the sites selected are about 20km from Hawassa, on the way to Yirgalem.



Ato Aknaw, Dr Abraham and Prof Mengesha
(left to right)

Ato Aknaw stated that the visit to the health extension program's training at the Health College could not be arranged for the afternoon as planned since the College staffs were on civil servants' meeting. He said the visit could be scheduled for the 9th February.

Prof Mengesha elaborated that once the sites are selected from all the regions, IlfPHC will conduct training for HEWs and other staff who will be involved in providing information for international trainees. He gave example where by a HEW explained to a group of trainees that she worked 18 hours in a day. Although this statement expressed how busy she was, Prof Mengesha said it was not realistic. He stated the way HEWs present their work is sometimes not right and that it needs to be corrected. IlfPHC will train HEWs and HC staff on how to handle international trainees and will try to standardize the practice across the country. Dr Abraham agreed and added there is high expectation from the experience sharing visit and need to be carefully planned.

Finally, Prof Mengesha stated IlfPHC team will provide feedback to the RHB after the visits. The de-briefing was scheduled for Thursday, 9th February.

3. Visitation of primary health care facilities February 8, 2017

The IlfPHC team was joined by Ato Tesfaye Ordolo, monitoring and evaluation specialist for the RHB. He led the team in the visitations of the health post, health center, the primary hospital and the Health Science College. Ato Tesfaye suggested contacting the Sidama Zone Shebedino Woreda Health Office prior to the visits and the team accepted the suggestion.

3.1 Meeting with the Head of the Sidama Zone Shebedio Woreda Health Office

Ato Buriso Bullasho greeted the team and said that he was informed of IlfPHC's visit. Prof Mengesha explained what IlfPHC is doing and the objectives of the visit to him. He also mentioned about the training the Institute would like to organize for selected model staff members to standardize the practice. Ato Buriso stated that there are 39 HPs, 9 HCs and a primary hospital and in the woreda.



Ato Buriso, Prof Mengesha & Ato Tesfaye
(left to right)

Ato Buriso explained that 21 HEWs got a chance to attend level 4 training from the Woreda based on their performance. He said 10 HEWs are on level 4 training in the current year.

Ato Buriso took some time to coordinate with the HP and HC staff. He stated that the Health Office will take IlfPHC comments and will take corrective actions. He, then, accompanied the team in their HP and HC visits.

3.2 Model house visit

The IIfPHC staff members visited Wro Aster Artesa's house that was selected as a model. When Prof Mengesha asked her who she thought is the health care provider in the family, Wro Aster said she is responsible for providing care to her family on the day to day basis; from providing breakfast to her children, to sending them to the school.

Wro Aster explained the importance of cleanliness. She said that there is a waste disposal in her compound and that she burns the waste to keep her environment clean. Wro Aster has also constructed a toilet and a shower.

Wro Aster said she uses water tap and keeps the water in a container that has lid. She explained that there

is non-visible bacteria in the water that could cause illness. She advises her children not to drink contaminated water.

When asked about her husband, Wro Aster said he is a merchant and she treats him well. She knows the importance of hand washing and gives him water to wash his hands before eating.



The model house (left) vs the traditional hut (right)



Wro Fetlework (HEW); Wro Aster; Ato Gebre and Prof Mengesha listening to Wro Aster (left to right)



Wro Aster standing in front of the shower room

3.3 Remeda health post

The IIfPHC staff, accompanied by Ato Buriso and Ato Tesfaye, visited the HP. Ato Gebre Sanbaba, Hawassa Lida PHCU Director, stated three HEWs are assigned to work for the HP and that one is currently on level 4 training. The second HEW, Wro Fetlework Gezahegn, has completed level 4 training. The third is on her maternity leave.

Ato Gebre explained that in Habela kebele, there are about 14,000 residents and there are two health posts. There are 2,400 households. Explaining why there are 3 HEWs instead of the standard 2 HEWs per HP, Ato Gebre said the population in Sidama is high. Five kebeles have 3 HEWs. For instance, in Shebedino woreda, the population is 261,000 and in Hadiya it is over 300,000. Using 2 HEWs will not be enough to provide PHC services to such densely populated areas.



Prof Mengesha interpreting data to Ato Gebre and Ato Tesfaye

Ato Gebre stated the catchment area of Remeda HP is 5,842 people (male:female ratio is 49.8% [2909] and 50.2% [2933]; respectively. There are 1,192 WDA. Wro Fetlework explained that she alternates her work with her partner H to make home visits on Mondays and Thursdays. She stated they mainly treat children in the HP. Fetle said when there is too much work in the HP, such as vaccination service, the HEWs stay at the HP to attend to patients. She also elaborated how they use different IEC materials posted on the wall to create awareness on medical concerns to mothers. Malaria case is approaching 0% and mosquito net distribution is 100%.



Wro Fetlework explaining the filing system

keeping the family folders up-to-date is a cumbersome task and that WDAs help in updating and organizing the folders. The data, is then, sent to the HC.

Then, Fetlework stated all information of the kebele is in the family folder. They have classification system for HHs. Tickler boxes are used to follow-up on patients for ANC, PNC, EPI, etc. Prof Mengesha advised Fetlework to re-organize the patients' cards based on date, instead of month, to follow-up on patients' attendance. When asked how the HEWs are collecting data, Fetlework said the 1:5 team and the 1:30 development army help in collecting data. Ato Gebre stated

Prof Mengesha requested if the HP conducts active surveillance and Fetlework responded they have surveillance when patients are not visiting the HP. She stated the WDA and HDA assist in finding the patients.

When asked if HHs construct toilets, Fetlework said all HHs have toilets; but there is shortage of water in the kebele. Even, the HP does not have a pipeline.

3.4 Habela Lida health center

Ato Gebre Sanbaba Samago, Hawassa Lida PHCU Director, stated the health center (HC) has 39 staff members consisting of: 10 health officers, 5 midwives; 2 pharmacists, 2 laboratory technicians, and 20 clinical nurses. When asked about staff turnover, Ato Gebre explained that it has not been much.

Ato Gebre said the HC is linked to 3 surrounding health posts. The catchment of the HC is 28,391 people, which is more than the 25000 limit of the FMoH guideline. A new HP is under construction to reduce burden.

Ato Gebre explained the HC provides services with and without payments. Services without fees include: delivery, follow-up visits, vaccination, complicated cases, TB, malaria and treatment of babies. OPD attendance for other diseases is usually with fees. He said the community based health insurance is practiced and that the service is given to residents.

The HC has a waiting room for expecting mothers. But mothers do not want to stay in the HC because of its proximity and availability of ambulance service. The HC has two delivery beds and three rooms for maternal care. Ato Gebre mentioned that from the planned 983 delivery services, 80% (786) has been achieved in the past six months. The center has incinerator and dry waste disposal mechanism.

Ato Gebre stated the HC makes supportive monitoring visits to the 3 health posts every month. Also, urgent issues are addressed in between the visits. Finally, he explained that the CASH system has been under implementation since the past two years using the guideline.



The health center – side view



Prof Mengesha (right) discussing the cold chain concept to HC staff



The HC staff, Ato Buriso & Prof Mengesha in front of the maternity waiting room

3.5 Leku primary hospital

IIfPHC team visited Leku primary hospital and met with Dr Helina Hailu, the Medical Director. Prof Mengesha introduced the Institute and the purpose of the visit. Briefing on the hospital, Dr Helina explained that the hospital has 15 doctors (all GPs); 5 nurses; a specialist/surgeon; 37 nurses; 14 midwives; 20 nurses (BSc level); 14 health officers (2 have Masters degrees); 10 pharmacists; and 7 drugists. Five of the doctors are currently on further education with the hospital paying for their training fees. Two of the doctors are in Jimma University; 2 in Addis Ababa University and 1 in Hawassa University.



Leku primary hospital

Dr Helina said the catchment area of the hospital is 800,000. Prof Menegesha indicated that the hospital is highly crowded and that a primary hospital is expected to serve from 60,000 to 100,000 people. He stated theoretically about 20 health centers would be needed for 800,000 residents. Dr Helina agreed with the comments. She said a doctor sees up to 60 patients per day at OPD. She explained that there is no health center in Leku. There are 9 health centers in the woreda; but they are far from Leku hospital. Dr Helina said many people come to the hospital for its' quality service and accessibility. Even residents come for family planning service. If a HC were close by, youth clinics and family planning services could have been expanded.

Discussing the hospitals capacity, Dr Helina stated it has 61 beds, including emergency beds. The hospital actively works in partnership with the woreda HC. The hospital has an ambulance and a generator. A modern inseminator is going to be constructed. Prof Mengesha advised to keep the traditional inseminator made of bricks since it is useful.

Dr Helina explained that CASH (clean and safe hospital) is being implemented. She stated equitable service is given to all patients and no patient is returned without being seen. Dr Helina said the staffs are capable and that there is good team spirit and interaction. The senior management responds to staff needs. Midwives are respectful and provide good services. She said there was no single maternity death in the hospital so far.

When asked about the turnover in the hospital, Dr Helina clarified that there is high turnover. Two doctors and 2 pharmacists resigned in 2 quarters and 20 nurses have been hired in the current year.

Dr Helina explained that there are no enough rooms to provide additional services in the hospital. She said there is a plan to expand the hospital by including adjoining neighbourhoods and converting the hospital to a general hospital. Prof Mengesha advised to keep the primary hospital and build a new general hospital.

Unlike other government structures, Dr Helina said Leku hospital reports to Sidama Zone and not to the woreda. There is woreda partnership for logistics supply. The hospital is also present in public forums.

Following her explanation, Dr Helina showed the services and facilities of the hospital to the IIFPHC team.



Digitizing patients' notes currently on process

The hospital received award from “Ethiopian Hospital Alliance for Quality” and received a grant amounting ETB



4. Hawassa Health Science College

February 9, 2017



The IlfPHC team had a meeting with Ato Wosenyelah Semeon Bagajjo, Dean of the College. Ato Wosenyelah informed the team that the college provides level 3 and level 4 trainings on health extension program. Level 3 training is given for beginners and Level 4 training is offered for those who have two years of work experience as health extension worker (HEW). Ato Wosenyelah stated the curriculum and operational standards of the courses were developed by the Ministry of Education. He said the four health science colleges in the SNNP work together using the curriculum.



Ato Wosenyelah Semeon
Dean of the College

Ato Wosenyelah indicated that the RHB recruits the candidates for the two categories of trainings. The catchment areas are Gedio, Sidama and partially Hadiya. Both level 3 and 4 trainings are given for one year, with a maximum of 16 months. He mentioned the College has started the urban health extension program training in the current academic year. Nurses with diplomas are trained for three months. The contents of the curriculum address urban issues and the training focuses on theory, skill and community practice. The program focuses more on the prevention aspect. Ato Wosenyelah stated the modules were developed in collaboration with AMREF.



Demonstration room

Discussing the challenges, Ato Wosenyelah mentioned the lack of enough demonstration rooms for 500 to 600 students. He emphasized the need for the expansion of some of the facilities. Moreover, Ato Wosenyelah stated students come from different kebeles and the RHB is not that much engaged in the follow-ups.

Ato Wosenyeleh stated that the training program has been successful so far. Based on the the courses, professional staffs are assigned to give quality training. Students enrolled for level 4 have skills gap; but they are able to share experience with nurses and trainers who have public health background. In the MCH part, midwives are involved. Ato Wosenyeleh said students who could not pass the exam could sit for re-exams. At the end of their training, students are assessed by external examiners. If they have competent skills, attitude and practice, then they will graduate.

Ato Wosenyeleh stated that the training system varies from region to region and that the evaluation system is different as well. For instance, SNNP has a system which is different from Tigray, Oromia and Amhara Regions. In SNNP, the four Health Science Colleges work with the RHB.

After the explanation, Prof Mengesha raised the following questions:

1. If the urban health extension program (HEP) has hands-on-training that is different from the rural HEP and if there is any other package
2. The reason why students fail their exams and if it has to do with their different backgrounds that may affect performance
3. If a tracer study is conducted to find out the status of former graduates. Prof Mengesha said HEWs are engaged in different activities and there may be task shifting.

Ato Wosenyeleh responded to the queries as follows:

1. The urban environment is different and the science is also different. The curriculum addresses the urban environment and students practice in Hawassa. The College has started hands-on-training; but more facilities are required. The College has a plan to work with stakeholders.
2. While on training, level 4 students stressed they were not given enough training previously. Thus, the College provides one-month refresher training. The other problem is language since some students do not understand English and Amharic. Ato Wosenyeleh elaborated that the guideline allows using local languages as media of instruction, which has its own challenges.
3. There is research and program development unit and it is not specific to the health extension workers. Overall, all graduates are followed-up. A survey on the health extension training has not yet been undertaken.

When asked how many HEWs drop out, Ato Wosenyeleh stated that there is no significant drop out rate. Students are allowed to sit for re-exams, 3 to 4 times. He said in the previous academic year, from 337 students who were enrolled into the program, 334 graduated. (A student discontinued her class because of pregnancy; another one is admitted in the current academic year.)

Finally, Prof Mengesha highlighted the need to screen students more carefully and that RHB need to consider the interest, language skills and other requirements upon enrolment.

5. De-briefing with the RHB

9 February 2017

5.1 Strengths and weaknesses of the PHC facilities

A de-briefing session was held with Dr Abraham and Ato Aknaw. Prof Mengesha thanked Dr Abraham for taking his time to meet up with IIPHPC team out of his hectic work schedule. He also thanked Ato Aknaw and Ato Tesfaye for facilitating the field visit by selecting the PHC service sites. Prof Mengesha stated that at the Woreda Office, his team met Ato Buriso, whom he called “an excellent model of a leader”. He thanked Ato Buriso for accompanying the team to the health post and health center visits.

At household level, Prof Mengesha found Wro Aster to be a brave lady who speaks with confidence. He said she has managed the house very well as a care giver and the head of the house. Prof Mengesha mentioned although there are decomposable materials for biogas production, it has not yet started in SNNP, unlike Tigray Region.

On his comments about the health post facilities, Prof Mengesha stated the HP has enough rooms when compared to other HPs. Also, the HP has waiting room for expecting mothers, which is not the case with other HPs. He said the statistics records were in percentage, which was easy to remember for any reader. Prof Mengesha stated that the recording system has been efficient. In general, a health post has two health extension workers. But, the IIPHPC team was informed that the HP has 3 HEWs. He said the health extension worker he met is bright and she described every process to the team’s satisfaction. Prof Mengesha admired the ANC teaching aid that was posted on the wall of the exam room.

Discussing the weaknesses identified at the HP, Prof Mengesha indicated that 14,000 people are provided services. As per the standard, he indicated two more HPs would be required to give service to residents. The team was informed that there were three HEWs; but only one HEW was picked up from her village for IIPHPC’s visit. That meant, there was no one at the HP, which needs to be corrected in the future.

Prof Mengesha indicated that the model house is next to the HP. The HH has electricity and water; but unfortunately the HP has none. He stressed the need to give attention to the HP and to have water and electricity.

Then, Prof Mengesha elaborated the findings at the HC. As strengths, he mentioned the implementation of CASH, and the nice Sidama hut that serves as a waiting room for expecting mothers. The facility has its own toilet and washing basin. As a weakness, he indicated that there is no model house. The HC should construct a model household and be a demonstration center for the residents. He felt that there is enough space in the compound for the work.

In addition, Prof Mengesha stressed the need to keep active vaccines in the refrigerator, but not in the deep freezer. The vaccines should be in a liquid form and ready for use. He also mentioned the case when HC staff could not give reason why there is an external and internal thermometer outside and inside the fridge. He felt that there is knowledge gap and that refresher training may be useful.

Following that, Prof Mengesha highlighted the outcomes of the PH visit. He stated there are highly committed staffs with good team spirit. He thanked Dr Helina, whom his team found to be excellent. He said she has already taken responsibility and ownership. Prof Mengesha stated that Dr Helina is a good model and that he has observed how staff gives her due respect.

Prof Mengesha stated the PH is over-crowded with patients. He indicated the need to establish HCs in the area. As to the patients' rooms, Prof Mengesha said the rooms were painted dark colors. He suggested painting the rooms with white oil paints. Finally, he suggested having a general hospital to serve 800,000 residents.

On the health science training college, Prof Mengesha admired the committed leader, Ato Wosenyeleh. The campus is clean and has enough space. He suggested that the library may need to be digitized. As to the urban primary health care program, Prof Mengesha indicated that it is not clearly separated. He said it looked that the rural and urban trainings are treated the same way. He said there is no hands-on training.

5.2 Recommendation for RHB

The following recommendations were made by Prof Mengesha to the RHB.

1. Recruitment process for the health extension training - screening technique is important and a guideline needs to be developed. The kebele should work using the guideline to select the right candidates. Screening should consider interest, educational background, and language.
2. Tracer study – after graduation, a survey need to be conducted to check the where about of the graduates. Their performance, feelings, turnover rate, community acceptance and so on need to be assessed. The findings could indicate if HEWs are over engaged or not. The supervision, in turn, keeps HEWs active.
3. Hands-on training for urban health extension program – environmental sanitation and sewerage system models need to be incorporated.
4. Follow-up on health facilities - as the population grows, opening of new HPs, HCs and PHs may be required. It is projected that Ethiopia's population is going to be 4th in the World by 2050. HPs need to be upgraded to HCs; and HCs to PH. The RHB may need to request for budget to construct more health facilities in the Region.
5. Benchmarking visit to share experience - although the Region has a mandate to decide, it is good to share experience from other Regions
6. Training of PHCU staff – trainings may be needed to keep morale and address knowledge gaps.

Dr Abraham thanked Prof Menegesha for the important feedback. He stressed that the Bureau will see the recommendations seriously. Dr Abraham said the RHB have to learn from others' experiences. He indicated that the diversity in the Region has both advantages and disadvantages. There are discrepancies among zones and woredas.

Experience sharing even among the different zones could be useful. Dr Abraham requested IIfPHC to recommend Regions for benchmarking. Prof Mengesha promised to send the documentation of the field visits of the different Regions for Dr Abraham to select a model PHCU.

6. Conclusion

Overall, the visit of the PHC facilities was a success. A model household, a health post, health center and primary hospital, were visited and all the sites are accessible. The health post is in Remeda kebele, which is 20km from Hawassa. The PH is located in Leku kebele, which is about 3km from Remeda. The College for the health extension training was also visited and it is located in Hawassa city. The visitations were recorded through photographs, film and this report. The contact details of stakeholders from the RHB and PHCUs as well as other collaborators were documented. (see Annex III) Materials on the health extension program packages were also collected for the IIfPHC Resource Center.

The HP has good facilities with a maternity waiting room. Although there are 3 HEWs, only one has been actively engaged. At the HC, CASH has been under implementation. There is no model house for residents. The PH is over-crowded. More HCs may need to be constructed to reduce the burden.

7. Recommendation of the visiting team

The visit of the PHC facilities has given the IIfPHC team the exposure on what is being undertaken in SNNPR, particularly in Sadama Zone, Shebedino woreda. However, the team does not recommend the PHC facilities as a model site for international trainees for the following reasons:

- The model household does not have separate kitchen and bedrooms.
- The HP looks an abandoned place. There was no activity on the date of the visit.
- The HC has no model house for residents.
- The PH and the Health College are worth visiting. But the other PHC facilities are not.

Moreover, the team recommends:

- To have meetings with women development army (WDA) and health development army (HDA) members in future visit programs
- To visit more than a health post (usually a HC is linked to 5 surrounding HPs and provides support to these HPs.)

8. Acknowledgement

The IIfPHC team would like to express its gratitude to all those who make the trip a success. Special thanks go to Dr Abraham Alano, Ato Aknaw Kawza, Ato Tesfaye Ordolo from the SNNPRS Health Bureau for facilitating the visits. Also a special thanks to Ato Buriso Bullasho for accompanying the IIfPHC team while visiting the HP and HC. In addition, special thank you to Dr Helina Hailu, Ato Gebre Sanbaba, and Wro Fetlework Gezahegn for explaining their work and showing the health facilities. Finally, our thanks go to Wro Aster Artesa, a cheerful and real care taker in the model house.

Annex I

SNNPR trip schedule, Hawasa

February 7 – 10, 2017

Day	Time	Activity
Tuesday, February, 7	Morning	Arrive at Hawassa Meeting with Dr Abraham Alano Head SNNPRS RHB
Wednesday, February, 8	Morning	Meeting with Ato Buriso Bullasho Head Sidama Zone, Shebedino Woreda Health Office Household visit Health post visit
	Afternoon	Meeting with Dr Helina Hailu Medical Director Leku Primary Hospital Visit of the hospital
Thursday, February, 9	Morning	Meeting with Ato Wosenyeleh Semeon Dean of the College Hawassa Health Science College Visit HEWs training facilities and trainees Debriefing with RHB heads
Friday, February, 10		Departure to Addis Ababa

IfPHC team: Prof. Mengesha Admassu, Executive Director

Emebet Zerfu, Resource Center Officer

Tilahun Debebe, Training Officer

Annex II
Checklist questions
SNNPR trip, Hawassa
February 7 – 10, 2017

I. Questions for Model Household

1. What are some architectural features of a model household? (Kitchen with chimney, separate bedrooms for adults and children, separate residential quarters for animals and humans, mosquito nets, biogas, water accumulation containers, water disinfection)
2. What portion of the cost of biogas and other model household infrastructure is covered by the home owner and by the government?
3. What is the biogas used for? Cooking? Lighting?

II. Questions for Training College

1. How many HEWs are trained per round?
2. What is the difference between level 3 and level 4 HEWs?
3. How long are the theoretical and practical trainings?
4. Is there a community practicum component? What does it look like?
5. How do you deal with attrition of HEWs?
6. What percent of HEWs that start the program complete it?
7. Do HEWs have to take a national qualification exam (COC)?

III. Questions for Health Post

1. What is the catchment area for the health post?
2. What does the data collection and analysis look like? Is it digitized? Who collects the data?
3. How is the data transferred up the chain? Do they receive data from any one below them?
4. Is employee turnover an issue?

IV. Questions for Health Center

1. What is the catchment area for the health center?
2. What does the data collection and analysis look like? Is it digitized? Who collects the data?

3. How is the data transferred up the chain? Do they receive data from any one below them?
4. Is employee turnover an issue?
5. Does this facility do any active surveillance (community outreach)?
6. How many women deliver in this facility?

V. Questions for Primary Hospital

1. What is the catchment area for the primary hospital?
2. What does the data collection and analysis look like? Is it digitized? Who collects the data?
3. How is the data transferred up the chain? Do they receive data from any one below them?
4. Is employee turnover an issue?
5. Does this facility do any active surveillance (community outreach)?
6. How many beds are there in total in this facility?

Annex III
SNNPR contact persons

No.	Full name	Organization	Position	Phone number	E-mail address
1	Dr Abraham Alano	SNNPR Health Bureau	Head of SNNPR RHB		alanoabraham@yahoo.com
2	Mr Aknaw kawza	SNNPR Health Bureau	D/Head of SNNPR RHB	911992332	aknak77@gmail.com
3	Mr Tesfaye Ordolo	SNNPR Health Bureau	M & E Specialist	911053326	tesfayeordoloe@gmail.com
4	Buriso Bulasho	Shebedino Health Office	Head of Health Office	913463704	burisob@gmail.com
5	Mrs Fetlework Gezahegn	Health Post	HEW	916377825	-
6	Mr Gebre Sanbaba	Habela Health Center	Director of Health center	9164024268	-
7	Dr Helina Hailu	Leku Primary Hospital	Medical Director	945034480	-
8	Mr Wesenyeleh Semeon	Health Science College	Dean of HSC		-

Annex IV

Revised checklist questions suggested

I. Questions for a model household

1. How is this model house different from the traditional house?
2. What are some architectural features of the model household? (Kitchen with chimney, separate bedrooms for adults and children, separate residential quarters for animals and humans, mosquito nets, biogas, water accumulation containers, water disinfection system)
3. Who is the care giver of the family?
4. Do you have biogas? What is the biogas used for? Cooking? Lighting?
5. What portion of the cost of biogas and other model household infrastructure is covered by the home owner and by the government?
6. Are you a leader of the 'women development army'? If yes, what is your role as a leader?
7. Could you be able to organize the 1:5 team under you to meet up with IlfPHC team for discussion?

II. Questions for WDA leader and a 1:5 team

1. Who selected you as a WDA leader? On what background or selection criteria?
2. What do you discuss regularly with your 1:5 team members?
3. Does your 1:5 team implement the HEP packages? How?
4. In your view, how effective is the 1:5 team and the WDA? Please give some examples how it is effective?

III. Questions for a HDA leader and some of the 30 HH members (1:5 teams)

1. Who selected you as an HDA leader? On what selection criteria?
2. What do you discuss regularly with your 30 HH members? Tell us the process.
3. Does the 30 HHs implement the HEP packages? How?
4. In your view, how effective is the HDA? Please give some examples how it is effective?

IV. Questions for Health Post

1. What is the catchment area for the health post?
2. Who is responsible for the HP's administration? How many staff are there?
3. What do you do with the information in the family folder? How do you use the information? Is there a plan to digitize the data?
4. How is the data transferred up the chain? Do you receive data from any one below you?
5. What do you think are the major challenges? (eg logistic supplies; employee turnover; community engagement and so on)
6. Do you receive any support from the HC and Woreda health office?
7. Do you have any materials for IlfPHC resource center?

V. Questions for a Health Extension Worker

1. How do you see your work as a HEW? Please describe a working day of a HEW.
2. Do you think that you are accepted by the community? How?
3. What difference did you make so far in terms of health for mothers, children and the community?
4. What is your role in preventing communicable and non-communicable diseases?
5. From whom do you get support? (Who are the stakeholders that support your work)?
6. Do you have a successful story that you wish to tell us?
7. What is your working relationship with the WDA and HDA? What are your roles and responsibilities? What is the role of the Kebele administration?
8. Do you know anything about the career progression structure? What is your plan?

VI. Questions for Health Center

1. What is the catchment area for the health center?
2. To which HPs is the C linked? What support do you provide to the HPs?
3. How do you handle patients' notes? How is the data analyzed and for what purpose? Is there a plan to digitize the data collected?

4. How is the data transferred up the chain? Do they receive data from any one below them?
5. Does this facility do any active surveillance (community outreach)?
6. How many women deliver in this facility?
7. What do you think are the major challenges of the HC? (eg logistic supplies; employee turnover; community engagement and so on)
8. Do you receive any support from the Woreda health office?
9. Do you have any materials for IlfPHC resource center?

VI. Questions for Primary Hospital

1. What is the catchment area for the primary hospital?
2. How many beds are there in total in this facility? How many staff (include specialization)?
3. How do you handle patients' notes? How is the data analysed and for what purpose? Is there a plan to digitize the data collected?
4. How is the data transferred up the chain? Do they receive data from any one below them?
5. How many women deliver in this facility?
6. Does this facility do any active surveillance (community outreach) although not required to do so?
7. What do you think are the major challenges of the PH? (eg logistic supplies; employee turnover; community engagement and so on)
8. What kind of support do you provide for HCs linked to the PH?
9. Do you receive any support from the Zonal Health Department and Woreda health office?
10. Do you have any materials for IlfPHC resource center?

VII. Questions for HEW training college

1. How many HEWs are trained per round?
2. What is the difference between level 3 and level 4 HEWs? How do you see the curriculum?

3. How long are the theoretical and practical trainings?
4. Is there a community practicum component? What does it look like?
5. How do you deal with dropout cases? What per cent of HEWs who start the program complete the training?
6. Do HEWs have to take a national qualification exam (COC)?
7. Have you started the urban HEP training program? How is it going? What facilities do you use for the training?
8. Do you have any materials for IfPHC resource center?