

USAID Transform: Primary Health Care



Background

USAID Transform: Primary Health Care worked to prevent child and maternal deaths by strengthening health care systems across Ethiopia, enhancing their capacity to deliver quality care.

Ethiopia's government and partners made an intensive investment in primary-level care, with a focus on quality improvement that aligned with the National Healthcare Quality and Safety Strategy. Through this intensive investment, primary health care at the woreda level in primary hospitals, health centers, and health posts were supported to strengthen the following:

Management and performance of the Ethiopian health system;

Sustainability of quality service delivery across the continuum of primary health care;

Household and community health practices and health-seeking behaviors; and

Program learning to impact policy related to preventing child and maternal deaths.

Funder: USAID

Dates: January 2017 – September 2022

Coverage Area: Amhara, Oromia, SNNP, Sidama, SWE, and Tigray

Implementing Partners: Pathfinder International, JSI Research & Training Institute, Inc., Abt Associates, EnCompass LLC, Malaria Consortium, and the Ethiopian Midwives Association

The Activity faced numerous challenges throughout program implementation, including the COVID-19 pandemic, coupled with widespread damage and health service interruptions in the Amhara, Tigray, and Oromia regions due to ongoing conflicts that left more than 2.3 million internally displaced persons (IDPs) in need of humanitarian support. Despite these challenges, Transform: Primary Health Care worked across the country to strengthen health systems while responding to urgent needs.

Impact At A Glance

57.4 MILLION
people reached
through the Activity's
programs

8.8 MILLION
unintended
pregnancies
averted

85,600
maternal
mortalities
averted

894,186
infant mortalities
averted

Goals

Improved management and performance of the Ethiopian health system

Developed and implemented performance standards, strengthened leadership

The performance of health systems depends on the capacity of leaders, managers, and systems. Transform: Primary Health Care worked to set and improve standards across woreda health offices, primary hospitals, health centers, health posts, communities, and households. The Activity also worked to build the competencies of health workers at all levels.

Accomplishments:

Trained health workers on minimum national standards, and supported health workers with skills to identify and address root causes of challenges

Supported implementation of continuous performance measurement

Developed twinning partnerships between high-performing districts and health facilities and medium- or low-performing districts and health facilities

Provided short- and long-term coaching and training on leadership, management, and governance

Conducted specialized trainings on child health, adolescent and youth health, immunization, family planning, maternal and neonatal health services, health financing, gender, data use, health sector reform, and more

Highlights

4,065

Health workers, managers, and communities trained on performance management

111,667

health workers trained one or more times in 15 different technical areas

3,373

people trained on leadership, management, and governance; 19% were women

50%

of leadership management projects were on maternal and newborn health, 20% on health systems strengthening, 20% on family planning, and 10% on cross-cutting issues like tuberculosis case detection and malaria prevention

116

woredas supported to accelerate their performance through twinning partnership strategy



Masresha Assefa, Youth-friendly service focal person at Agew Gimja Bet health center, Ethiopia. Photo: Genaye Eshetu

Improved health information systems (HIS)

Ethiopia's health sector has been challenged with lack of quality data from its routine health management information system (HMIS). To overcome this, the Ethiopian Ministry of Health (MOH) introduced the connected woreda strategy (CWS), a locally developed HIS performance-monitoring tool. Transform: Primary Health Care supported implementation of the CWS in selected districts to improve HIS capacity, data quality, and information-use culture.

Accomplishments:

Facilitated the inventory of HIS resources, identifying gaps, and provided technical and financial support to improve HIS systems

Provided technical support in the implementation of HIS at points of care

Promoted use of HIS at the community level, including improving the HIS governance system at health posts by strengthening the capacity of health information technicians

Highlights

Increased woreda health offices implementing the CWS from 19% in 2019 to 56% in 2021

908

health professionals, health managers, and health Information technicians trained on use of data for decision making, District Health Information System 2 (DHIS2), and health management information systems

Health Care Financing

Out-of-pocket spending on health remains high in Ethiopia, with 4.2% of households facing catastrophic health expenses. The Activity undertook steps to address out-of-pocket spending and increase access to health services.

Accomplishments:

Expanded community-based health insurance (CBHI) and provided the necessary trainings for its implementation

Developed public service announcements on CBHI

Institutionalized health care financing into current health structures

Program Highlight – Community Based Health Insurance

Increased program participants protected against financial hardship from 7.6 million in 2017 to 23.2 million in 2021

9,557 CBHI implementers, managers, supervisors, and health service providers trained on CBHI-related issues

Increased three-fold the number of households enrolled in CBHI from 1.55 million in 2017 to 4.74 million in 2021

290,000 CBHI brochures produced and disseminated in local languages, and public sector announcements aired on media channels to promote CBHI enrollment and renewal



CBHI covers 10 members of Mira's family

Living a five-minute walk away from Ifajalala Health Post, the 37-year-old mother of seven joined the scheme in 2018. “Before joining, we had no information on CBHI, so when we would fall ill, we would wait until we saved up enough money to seek medical care,” she recounts. “This was agonizing, especially when I would see my children’s health deteriorate.”

Everything changed when Malia Yusuf and Mahlet Wubishet, health extension workers stationed at Ifajalala Health Post in Jarso Woreda in the Oromia region, visited Mira’s household and informed the family about CBHI. Mira is happy to pay the 250 Ethiopian Birr (ETB) (US\$5) annual fee, as she previously would spend, on average, 600–700 ETB (US \$12–14) for medical services.

“It was a huge relief to realize that 10 family members are covered, and we can visit the health center whenever we feel unwell,” said Mira.

Caption, above: Mira, 37, and mother of seven, is a CHBI member.



Mulunesh Jembere, 25, at a maternity ward in Kidamaja health center. Photo: Genaye Eshetu

Increased sustainability of quality service delivery across the primary health care unit continuum of care

Newborn Health

The main causes of newborn mortality are preterm birth complications, birth asphyxia, and severe infections. Unskilled delivery is a major contributor to mortality, in addition to limited newborn care in health facilities and inadequate newborn care-seeking behaviors by caretakers. Transform: Primary Health Care supported the MOH to meet its priorities by scaling up essential newborn care in communities, at health facilities, and at neonatal intensive care units (NICUs) in primary hospitals.

Accomplishments:

Led trainings and supportive supervision for health care providers

Improved service delivery at health facilities through support with rearranging service delivery units, managing supplies, and maintaining medical equipment

Introduced innovations such as a modified WHO safe childbirth checklist, ultrasound services, clinical skills labs, and solar suitcases

Highlights

1,310 newborn corners strengthened through supply and maintenance of medical equipment; 46,054 sick newborns treated in NICUs

19 NICUs strengthened through training of 393 NICU nurses and orientation of 119 general practitioner physicians in NICU

Family planning and reproductive health (FP/RH)

Transform: Primary Health Care invested in strengthening existing FP/RH services and improving the health care system by implementing innovative interventions.

Accomplishments:

Provided post-training and gap filling supplies to health facilities to ensure initiation immediately after training and continuity of the initiated services

Supported systems-strengthening interventions, including planning exercises on FP/RH services, onsite Implanon trainings of health extension workers, FP service integration, and integrated back-up long-acting reversible contraceptive (LARC) service support

Provided post-activity follow-up mentorship and supportive supervision

Highlights

3,486 health managers, FP service providers, and logistics officers trained in an exercise on planning FP/RH services and mobilizing local resources using routine health service data

35.5 million couple years of protection generated

6,408 facilities given post-training supplies to ensure initiation of services immediately after the training

10,633 persons trained on FP/RH, including use of Implanon and other LARCs

Maternal Health

Maternal mortality from major issues such as hemorrhage, anemia, hypertensive disorders of pregnancy, and infection/sepsis is common. The MOH introduced interventions, including ultrasounds for all pregnant women before 24 weeks of gestation, expansion of maternity waiting homes (MWHs) to more facilities, and mandatory 24-hour facility stays after delivery.

Accomplishments:

Equipped and staffed health facilities

Improved referral networks for women during complications

Supplemented training for health care providers and health managers with clinical mentoring, clinical skills practice, and supportive supervision

Highlights

35 clinical skills labs established and used by 10,050 mentees

1,206 MWHs and 460 health facilities equipped with MWH materials and medical equipment; 134,041 women stayed in MWHs

Program Highlight – Adolescent and Youth Health and Development

In Ethiopia, adolescents and youth ages 10 to 24 account for 33% of the total population. This demographic is often affected by multiple challenges—such as early sexual debut and early or forced marriage—associated with unintended pregnancies, sexually transmitted infections (STIs), and maternal health problems.

Youth-friendly services (YFS)

Transform: Primary Health Care supported the expansion of YFS, an evidence-based one-stop-shop approach implemented through meaningful engagement of adolescents and youth to ensure access to quality, age-appropriate, and comprehensive health information, including counseling and health services.

Peer education program

The Activity trained adolescents and youth as peer educators to meaningfully engage in YFS implementation, from planning and implementation to monitoring and evaluation with strong youth-adult partnerships.

Reaching very young adolescent girls

Very young adolescence (between ages 10 and 14) is the time to lay the foundation for education, financial, and communication skills; positive health behaviors; and other important abilities for transitioning to adult life. This requires a safe and supportive environment for adolescent girls. The Her Space initiative, supported by Transform: Primary Health Care, is a mentor-led, girl-only space that follows a life-skill-based and participatory methodology.



Caption, above: Her Space participants hold up learning materials.

“My parents agreed to give me away for marriage to someone I do not know. It happened without my consent.”

– Belaynesh Adane, age 14



Mulu Getahun, 25, and her daughter Mahlet Belay, 12, read booklets as they wait for medical treatment at a YFS room in Addis Kidam Health Center. Photo: Genaye Eshetu

Highlights

10,651 peer educators trained to create demand for YFS and ensure referrals

13.9 million adolescents and youth reached with health information and counseling

5.6 million adolescents and youth provided with comprehensive YFS

1.9 million young women accepted modern contraceptives, of which 205,756 (11%) accepted LARCs

6000+ young girls graduated from Her Space after completing 40 hours of sessions

Belaynesh’s story

The culture of early marriage and its impact run deep in the Amhara region says Nitsuh Mitiku, a Her Space mentor. She recalls when one of her 13-year-old mentees, Belaynesh Adane, told her about her impending marriage, arranged by her parents.

“As soon as we heard,” says Nitsuh, “the school director and I took time off to visit Belaynesh’s home, where we met both parents and spoke to them about Belaynesh’s stellar performance in school and the news we had recently heard about her betrothal. We discussed with them, helped them understand their obligations and responsibilities, but most importantly addressed the opportunities they will have if Belaynesh continues with her education.

Finally, after hours of discussions detailing the legal, psychological, and physical ramifications of early marriage, they were convinced and unanimously gave their blessing for Belaynesh to continue her education, as well as Her Space mentoring sessions. She has successfully graduated from Her Space mentoring sessions and has continued her education.”



Yeshi Aynalem receives information from a peer educator on maternal health. Photo: Genaye Eshetu

Improved community health practices and health-seeking behaviors

Social and behavior change (SBC)

To improve health-seeking behavior and bridge the gap in service utilization, Transform: Primary Health Care implemented various evidence-based and impact-driven SBC interventions.

Accomplishments:

Supported individuals, households, and communities to achieve good health by improving their knowledge, attitudes, and practices

Systematically addressed socio-cultural and environmental barriers to health by engaging communities and multisectoral platforms

Highlights

36.4 million+ individuals reached with recorded health messages using audio-mounted vehicles

266 experts from 31 woredas trained on community mobilization

268 journalists oriented on priority health issues and media engagement

1,116 health post open house events conducted

693,000 family health guides printed and distributed in three local languages

Gender

Social determinants of health affect men, women, boys, and girls differently. One in five women have an unmet need for family planning, fewer than one in three women complete all four recommended antenatal care visits, and one in four women have experienced physical or sexual violence from an intimate partner. Transform: Primary Health Care's gender integration approach identified and addressed gender-related gaps through advocacy, capacity enhancement, evidence generation, mentorship, and onsite follow-up visits.

Accomplishments:

Developed a gender-responsive work environment, elevating women to leadership positions and increasing availability of post-gender-based violence (GBV) services at the primary health care level

Provided mentorship in gender analysis and action planning for woreda health offices and health facilities

Included gender-responsive messages in SBC materials and in awareness and education sessions

Strengthened GBV prevention and response capacity

Highlights

3,195 people trained on gender-related issues including early marriage, female genital mutilation, GBV, health response for people who have experienced sexual violence, and mental health awareness creation

Advocacy led to the creation of women-only leadership, management, and governance cohorts, out of which some individuals were promoted to leadership positions following their trainings



Alemtsehay Hamsalu, 22, with her newborn son, Dinakra Health Center. Photo: Genaye Eshetu

Enhanced program learning to impact policy and programs

The Activity's work to build evidence and document program learnings will guide future development of policies and programs. Evidence generated and disseminated will bridge existing disconnects among research, policy, and practice.

Accomplishments:

With the support of local universities, trained workers from research institutes and regional health bureaus to perform operations research, and lent research institutes support to establish regional knowledge hubs

Generated knowledge via operations research using program data to produce numerous technical briefs and success stories

Learnings disseminated via national and international conferences, journals, webinars, and websites

Highlights

80 public-sector staff trained in operations research; 2 knowledge hubs established

51 articles published in peer-reviewed journals, 6 knowledge-sharing webinars held, 168 success stories documented and shared, and 14 thematic briefs developed and distributed

Building resilience

During the continued conflict in the northern part of the country and amidst the COVID-19 pandemic, Transform: Primary Health Care provided support to the government of Ethiopia to improve access to essential health services and thereby strengthen the health system's response capacity at different levels. This approach looked at short-, mid-, and long-term goals, encompassing emergency response, stabilization, and development.

Accomplishments:

Emergency response (short-term): Provided coverage during COVID-19, epidemics and outbreaks, natural and manmade disasters, and conflict, and provided support to prevent disease outbreaks and malnutrition in IDP sites

Stabilization and service continuity (mid-term): Supported health facilities to restore or continue provision of services during emergencies, and procured and distributed medical equipment and supplies

Development response (long-term): Supported public health surveillance activities, and mapped, coordinated and engaged relevant stakeholders for response

Highlights

327,475 women and children reached with FP and maternal and child health services by mobile health and nutrition teams in IDP sites

1,369 health workers and relevant cadres provided with gap-filling trainings on FP, basic emergency obstetric care, nutrition, YFS, GBV, and CBHI, to restore essential services post-conflict

More than 15,000 different basic humanitarian supplies provided to IDP sites and health facilities, including dignity kits and water, sanitation, and hygiene-related materials

110 health facilities received medical equipment and supplies to restore health services in conflict-affected areas

366,982 people (including 189,238 women and girls) reached through mass awareness sessions on hygiene and sanitation, communicable/non-communicable and waterborne diseases, mental health (psychosocial support), nutrition, GBV, FP, antenatal care, postnatal care, and other topics



Bizuayehu Esubalew, 26, midwife, with Asayech Belay, 18, at a maternity ward, Kidamaja Health Center. Photo: Genaye Eshetu

“As Chief of Party for the USAID Transform: Primary Health Care Activity, I have seen firsthand many of the program’s accomplishments and the impact we’ve made on millions of people across Ethiopia.

On behalf of the people we serve, I would like to extend my heartfelt appreciation to the American people and the United States government for their generous financial and technical support through USAID. As Transform: Primary Health Care ends, I sincerely hope the lessons learned from the past few years will be instrumental in sustaining accomplishments and public sector ownership. We must continue to extend our solidarity and direct our time and resources to transform health care services for the millions who desperately need them. No child, mother, or person—be it young or old—should be left behind from receiving the most basic health care services.” - **Mengistu Asnake Kibret (MD, MPH), Chief of Party**

Conclusion

Sustainability—a core principle of Transform: Primary Health Care from the design stage—was achieved by collaboration across the government and public sector. Routinely involving woreda health office staff in annual activities, joint supervision, and monitoring facilitated ownership at the woreda level. Locating the Transform: Primary Health Care offices within Zonal Health Department (ZHD) offices also helped foster close collaboration and partnerships with the ZHD staff daily and ultimately ensured ownership and sustainability.

Pathfinder International is driven by the conviction that all people, regardless of where they live, have the right to decide whether and when to have children, to exist free from fear and stigma, and to lead the lives they choose. As a global health organization with locally led, community-driven programs, we support women to make their own reproductive health decisions. We work with local partners to advance contraceptive services, comprehensive abortion care, and young people’s sexual and reproductive rights in communities around the world—including those affected by poverty, conflict, climate change, and natural disasters. Taken together, our programs enable millions of people to choose their own paths forward.

Caption, top left: Yeshe Aynalem receives information from a peer educator on maternal health at Fendeka, Gimjabet town, Agew Awi zone, Amhara region, Ethiopia. Photo: Genaye Eshetu

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