

Key findings from Learning Visit of Comprehensive HPs

(Report from pilot testing sites)



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MINISTRY OF HEALTH-ETHIOPIA

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HEALTHY CITIZENS FOR PROSPEROUS NATION!

October 3-4, 2022

Dire-Dawa



Objectives of the assessment

- The overall aim of the visit was to assess the current implementation status of the Woredas which initiated the provision of Comprehensive HEP packages as per the HEPO roadmap implementation

Specific objectives

- To assess the fulfillment of minimum standards for HPs;
- To provide guidance on the implementation of HEPO implementation manual.
- To learn from the ground, to identify gaps and propose possible recommendations.



Methodology used

Sampling technique

- As per the RHB reports **21 CHPs** started providing comprehensive HEP packages.
- The plan was to cover all; whereas the team excluded 6 CHPs due to:
 - Road Inaccessibility (rainy season)
 - Sites with security problem
 - Frequently visited sites (Ex; Setema Gore CHP)

Assessment technique

- Filling the checklist by conducting group interview at RHB, Woreda , HC and CHP level
- Document review
- Facility observation
- Interview guide & Data collection tool prepared & orientation provided to the team
- Experts from MOH and RHBs was participated on the assessment

Dates of data collection

- The assessment was conducted from **August 9 - 20, 2022**



Focus areas of the assessment

1. Leadership, Governance, and Resource Management
2. HEP service operational standards and verification
3. Pharmacy Services assessment
4. Human Resources Management
5. IPC and Clean and Safe Health Facilities
6. Community engagement implementation
7. Health Information System and monitoring implementation
8. Challenges
9. Conclusion
10. lessons learned
11. Recommendations



Findings



Basic information of the HPs

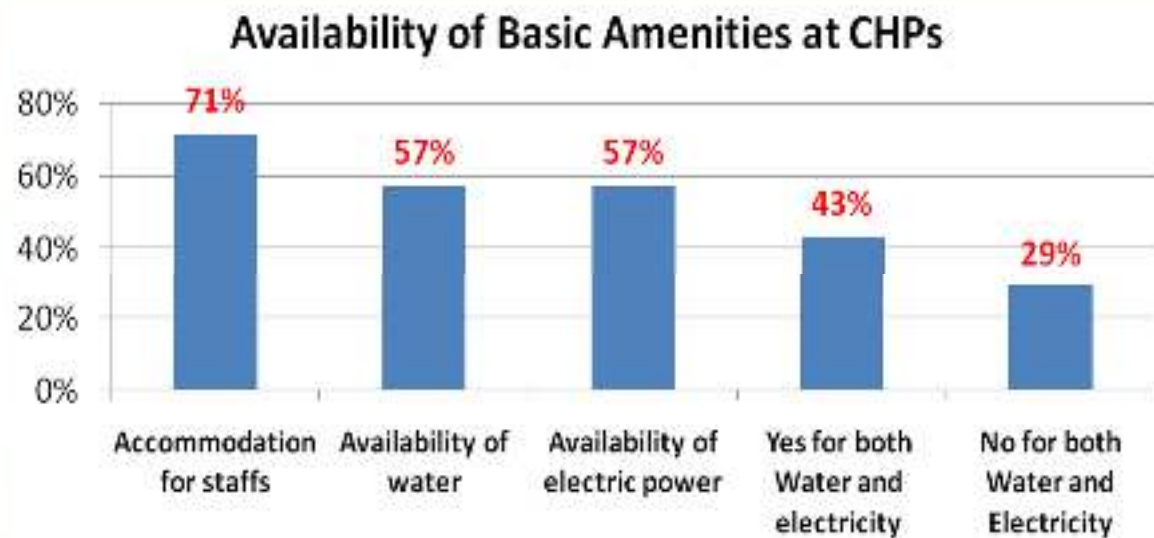
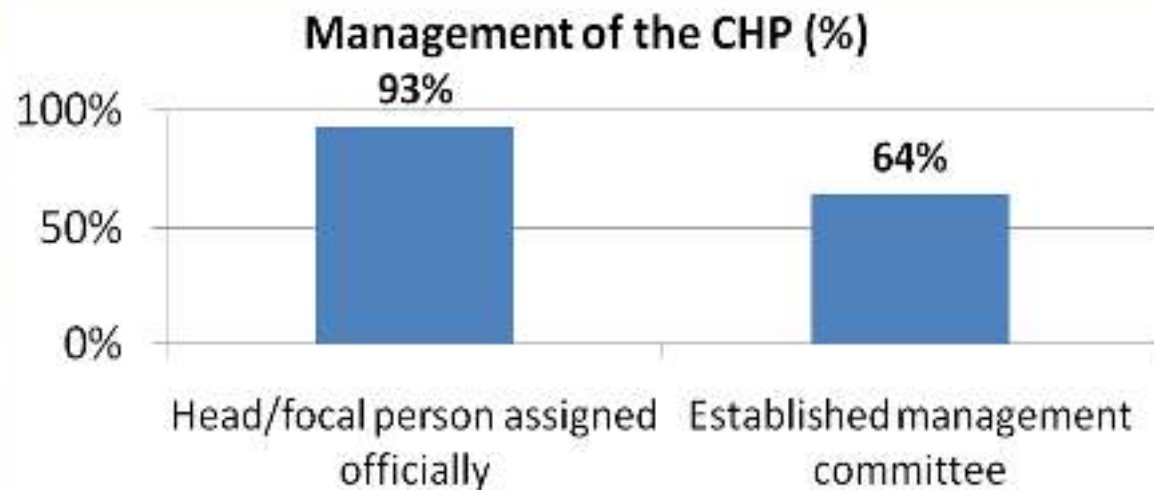
S/N	CHPs	Region	Population	Distance (Km)
1	Hantazo CHP	SNNPR	5,540	5
2	Tigir CHP		3,428	8
3	Bansa Ware CHP	Sidama	14,047	6
4	Gobayr CHP	Somali	15,312	30
5	Isgoys CHP		4,000	40
6	Bicile CHP		5,000	40
7	Kebele 10 CHP		7,091	7
8	Koloji IDP CHP		95,000	7
9	Saaso CHP			1,800
10	Diz/Semano CHP	Oromia	4,287	6
11	Kola Kimbibit CHP		7,532	25
12	Dalacho CHP		25,000	13
13	Karfe CHP		11,280	10
14	Doho CHP	Afar	6,383	15
15	Awuberkele CHP	Hareri	10,077	20

- The team able to reach **15 (71%)** of the CHPs;
 - Five from each of Oromia and Somali
 - Two from SNNPR
 - One from each of Afar, Hareri and Sidama
- Among the visited HPs **8/15** were among the planned for CHPs at the beginning of the year



Basic information of the HPs...

Basic information of the CHP	Measurement	Ranges
Average # of population utilizing the CHP (2015 EFY)	15,385 Population	1,800- 95,000 (Saso CHP of Buno Bedele zone and Koloji IDP CHP of Somali Region respectively)
Average # of Kebeles utilizing the CHP	2.4 Kebeles	1-5 kebeles (Gobayir CHP is serving 5 Kebeles)
Average distance of the CHP from supporting HC/PH	15.6 Km	2.5 -40Kms (Saso CHP of Buno Bedele zone and Isgoys and Bacile CHPs of Somali region respectively)



Descriptions

- **Except Isgoys** all the assessed CHPs have officially assigned Head/FP (FHP, HO, BSc)
- **9/14** have established a min-management committee; But the approach is different
 - All professionals are involved
- **Four CHPs** do not have both water and electric power

Professionals requirement for CHPs

Standard

5.3.3 Professionals

5.3.3.1 The CHP shall be directed by a licensed family health professional or health officer.

5.3.3.2 The CHP staffs shall provide both facility-based and community-based services.

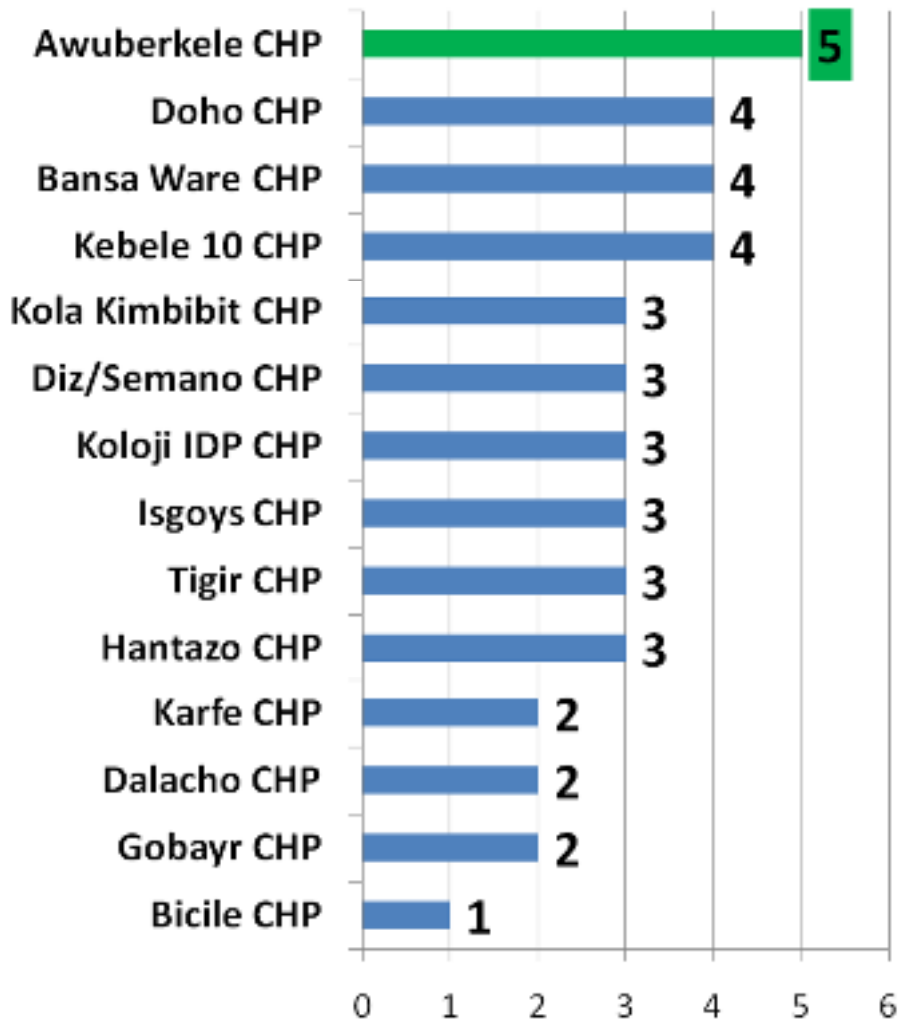
5.3.3.3 The CHP shall have the following professionals.

Professionals required	Level of education	Number required
Family health professional	BSc	1
Health officer	BSc	1
Midwife	Level 4	1
Nurse	Level 4	1
Environmental health	Level 4	1
Health extension worker	Level 4	2
Cleaners		2
Guard		3

HEPO implementation manual

Milestone	Comprehensive HP
2025	Midwife (1) Health Officer (1) Level 4 HEW (2)
2030	Family Health Professional (1) Midwife (1) Comprehensive Nurse (1) Environmental Health Professional (1) Health Officer (1) Level 4 HEW (1)
2035	Family Health Professional (2) Midwife (1) Comprehensive Nurse (1) Environmental Health Professional (1) Health Officer (1)

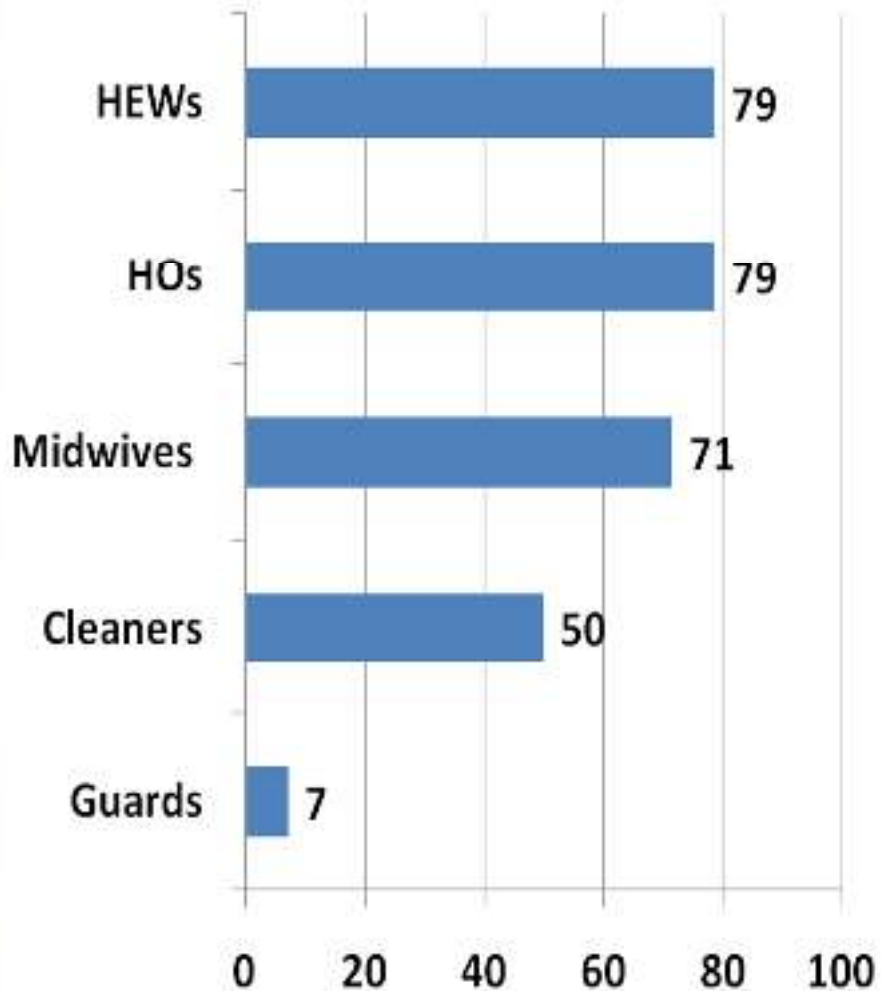
Number of CHPs Met HR requirement



HR related requirements

- Except Awuberkele HP none of the visited HPs met HR related requirement.
- Bicile CHP of Somali met only 1/5 (HEWs)
- Kebele 10 and Koloji CHPs of Somali region have **no HEWs** at all
- **Only half** of the visited HPs assigned cleaners as per the standard
- Except Awuberkele no HP met the standard for Guard **but all have at least one.**

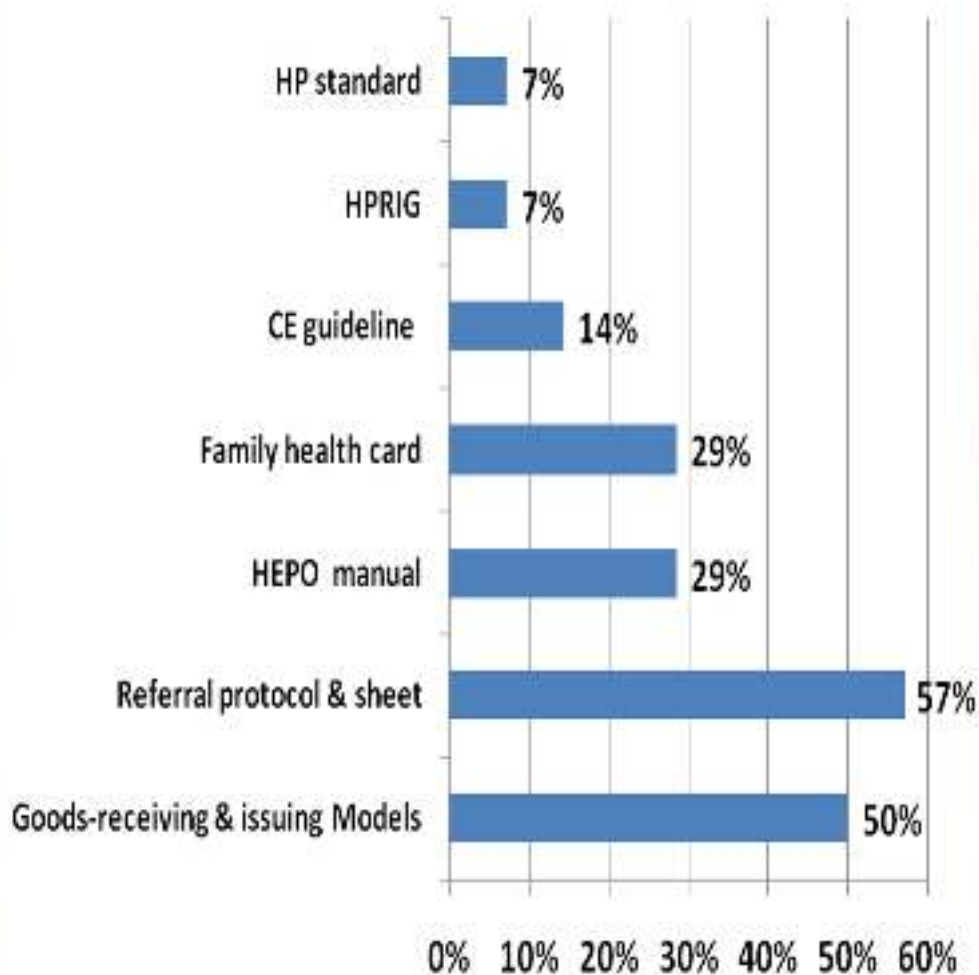
Availability of HRH for CHPs (%)



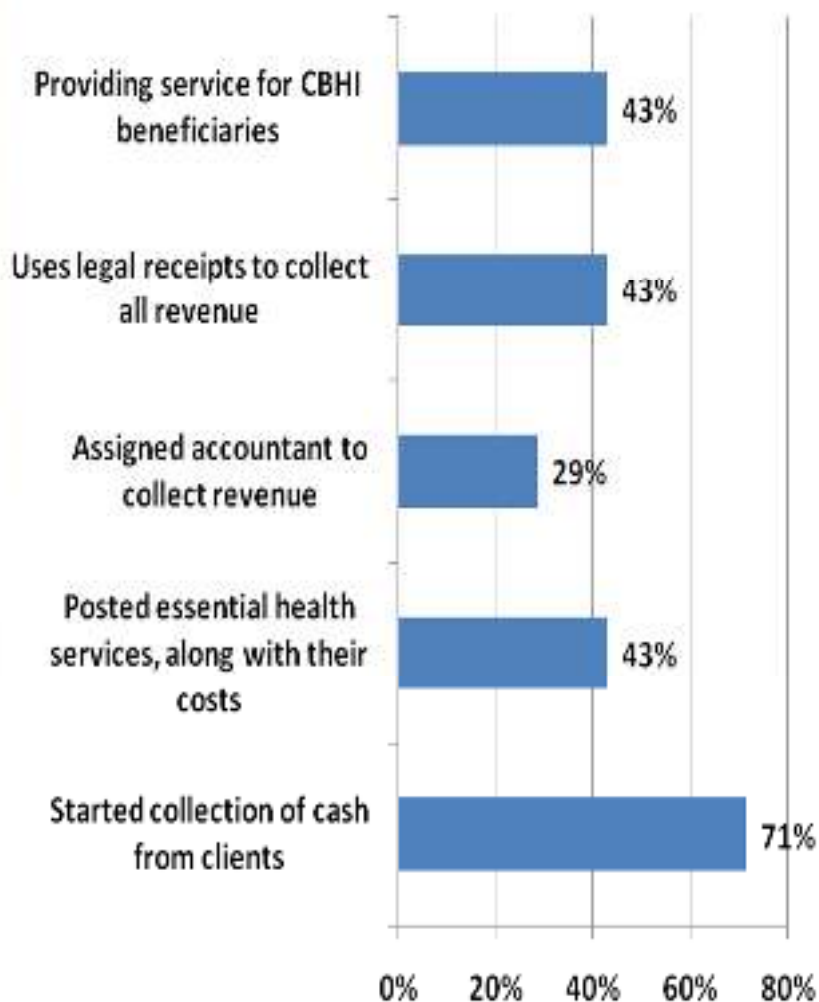
HR related requirements...

- Only 1 FHP has observed at karfe HP of Adea Woreda
- None of the HPs assigned EH professional
- Four of the CHPs assigned at least one **pharmacy** professionals
- Five of the CHPs assigned at least one **laboratory** professionals

Availability of tools/Job-aids at CHPs (%)



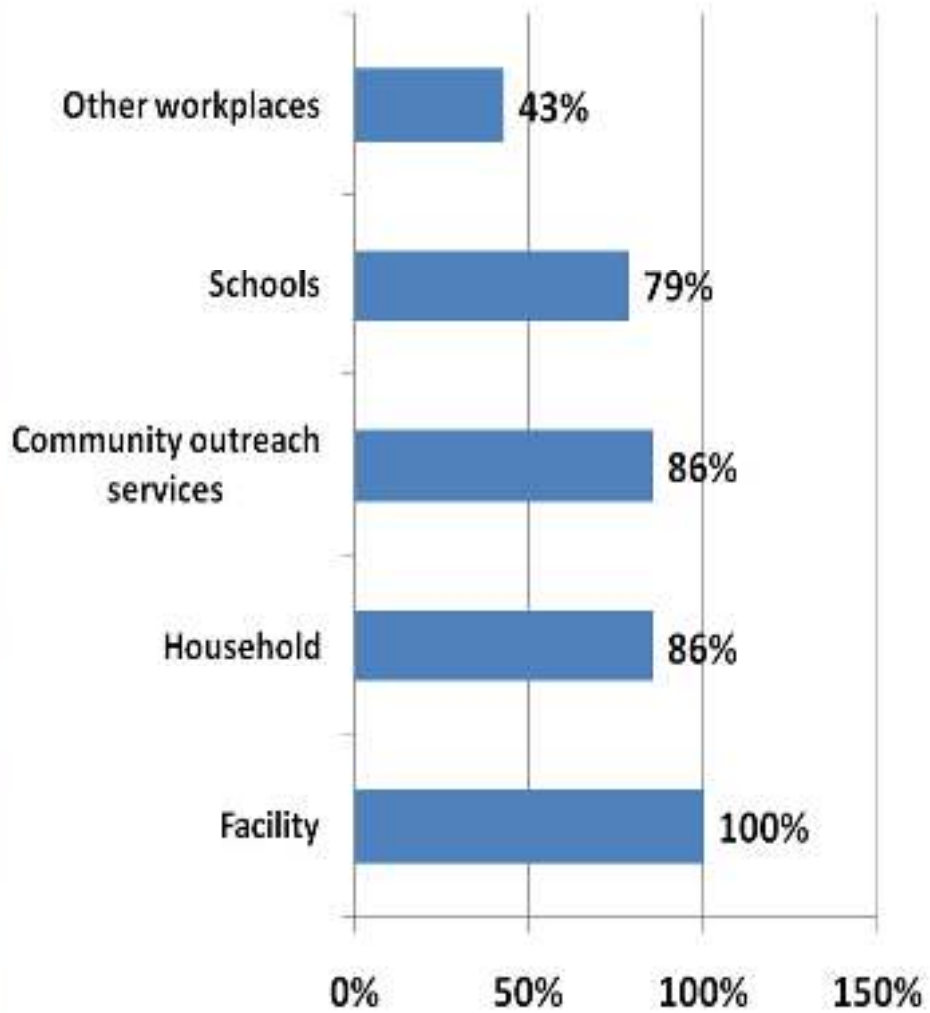
Financial management at CHPs (%)



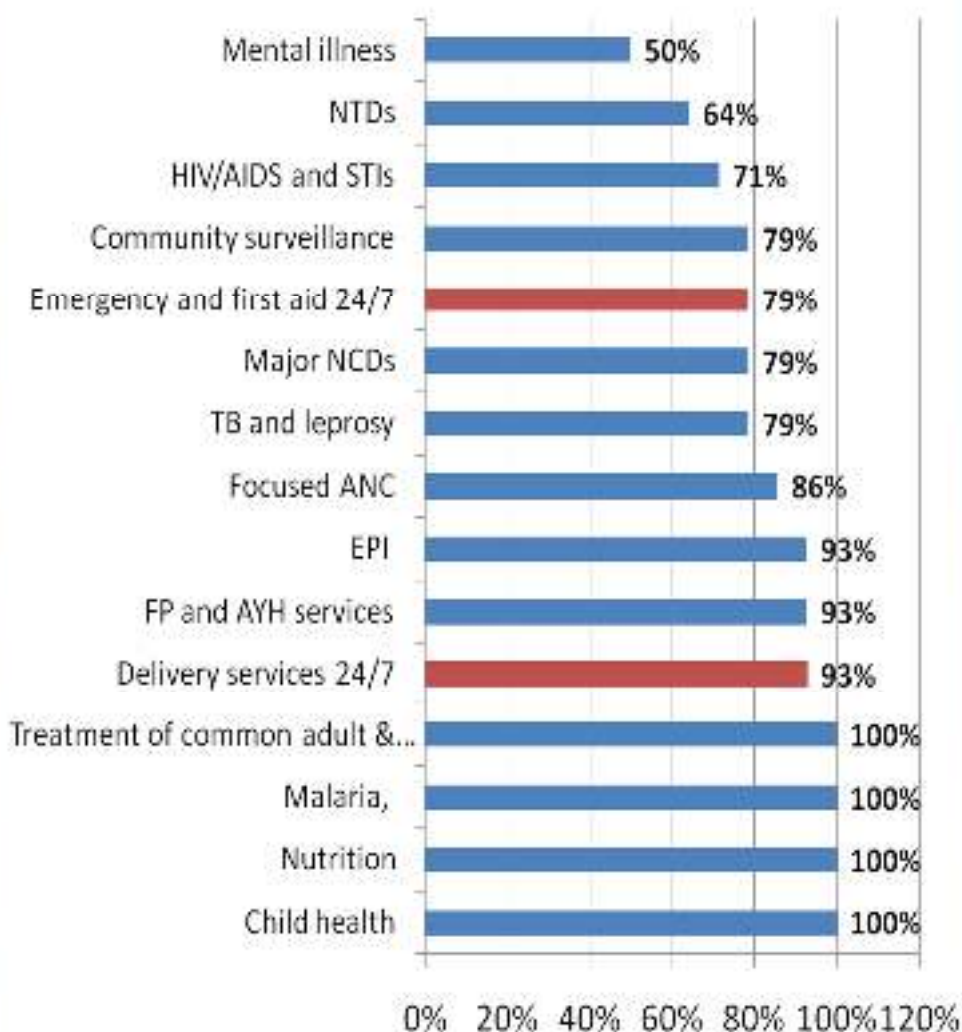
Financial management at CHPs

- Except 4/14 (Bensa, Kola kimbibit, Dalacho & Koleji IDP CHPs) all started collecting cash in different ways, for example:
 - In one of the CHP the cash is collected from the client without legal receipt by the HWs and they give away the cash to woreda health office head without any receipt,
 - One of the CHP collects cash without legal receipt, utilizes some of the collected cash for procurement of consumables and deposit the rest to HC cash collector by legal receipt,
 - In two of the CHPs the cash is collected by assigned cash collector but without legal receipt and submitted to woreda revenue bureau by legal receipt.

Service Delivery outlets of the CHPs (%)

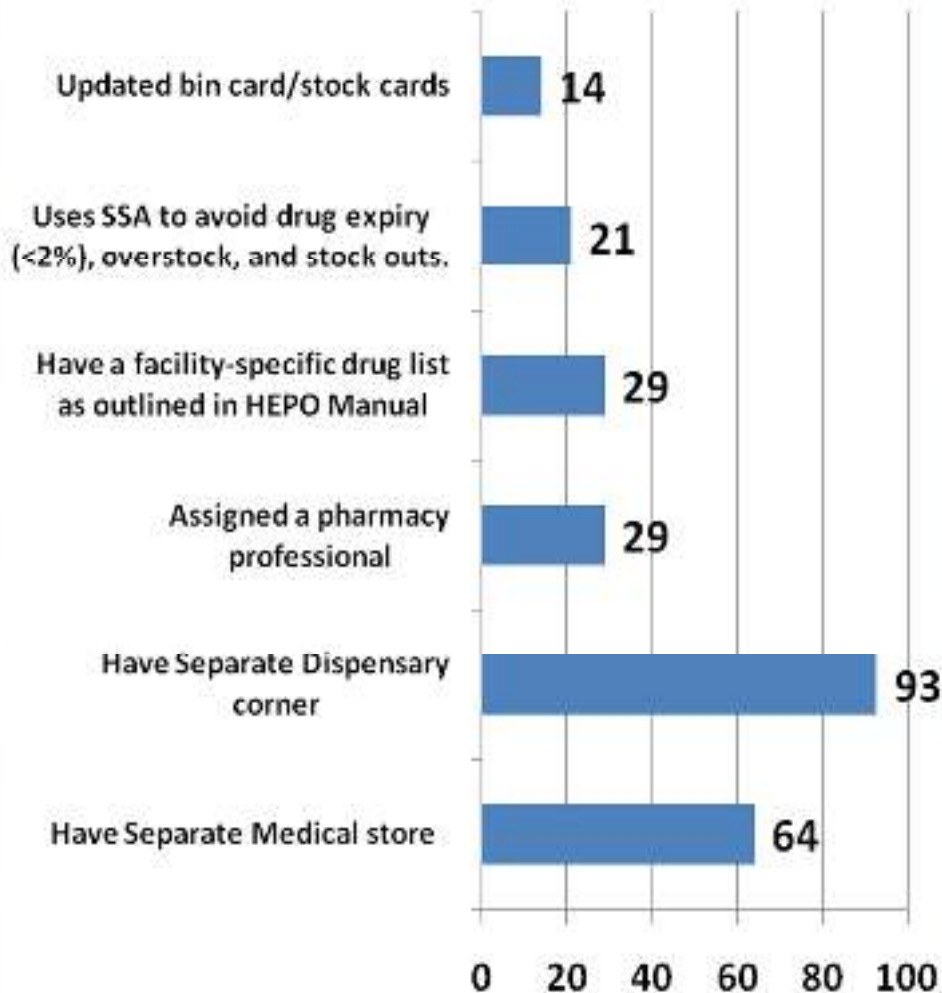


The CHP started providing the following services (%)



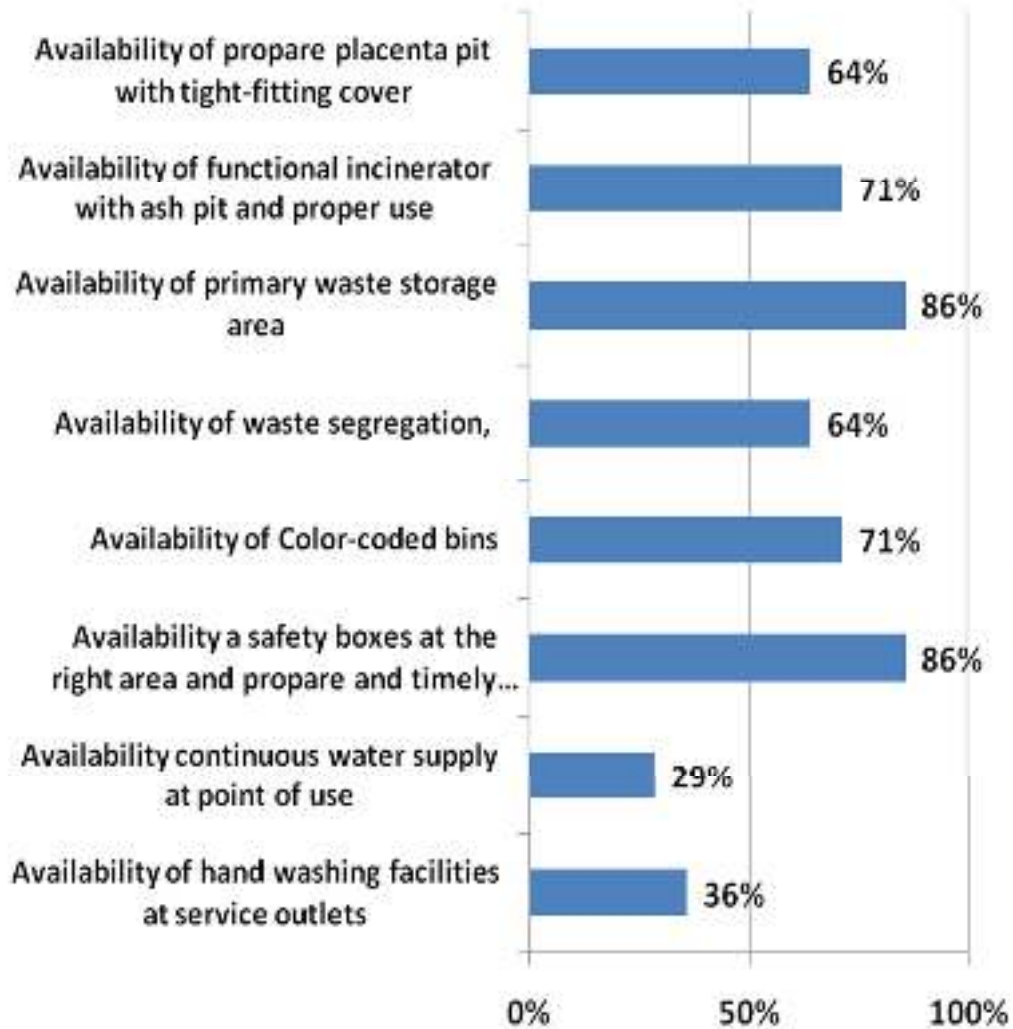
- All the CHPs started to attend SBA have at least one HO or Midwife
- Since the launching
 - Tigr HP has attended 40 SBAs
 - Awuberkele HP attended 77 SBAs
 - Doho CHP of Afar region attending 4-5 delivery per month,
 - Which has no electric power

Pharmacy Services at CHPs (%)



- The majority of the HPs are receiving drugs and medical equipments from supervising HC
- As an initial capital Woreda health offices allocated budget
- There is an interruption of essential drugs including ORS

IPC and Clean and Safe Health Facilities (%)

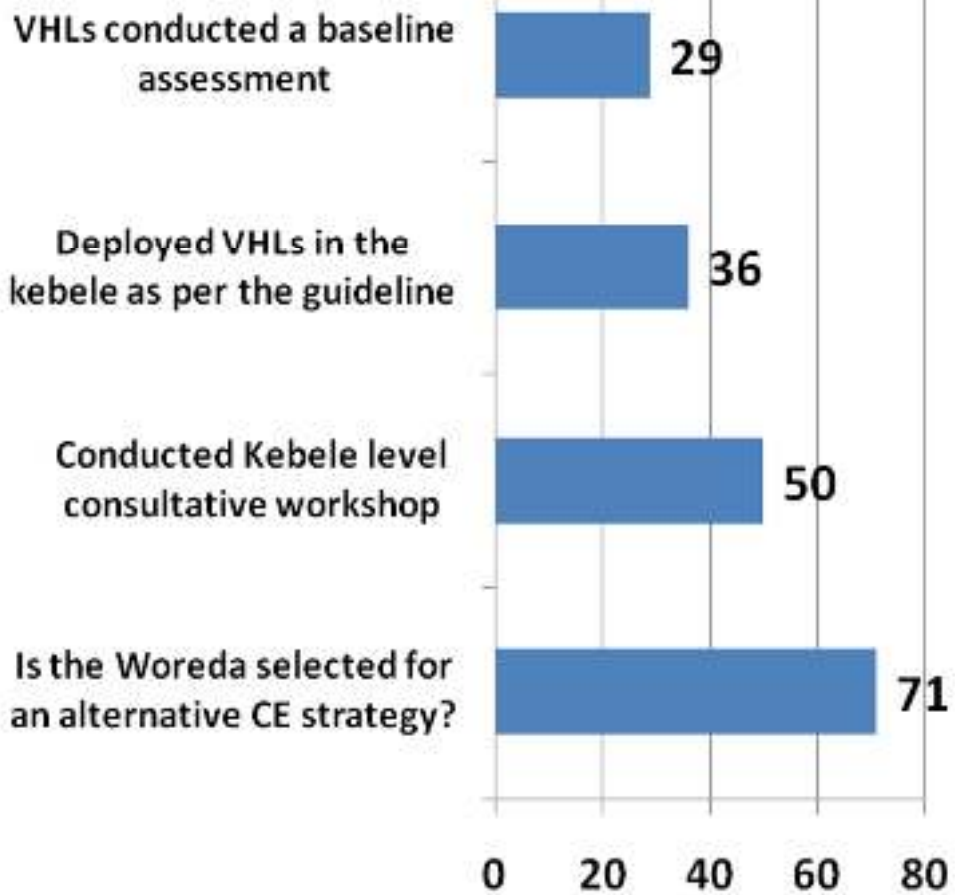


Kolla Kimbibit CHP

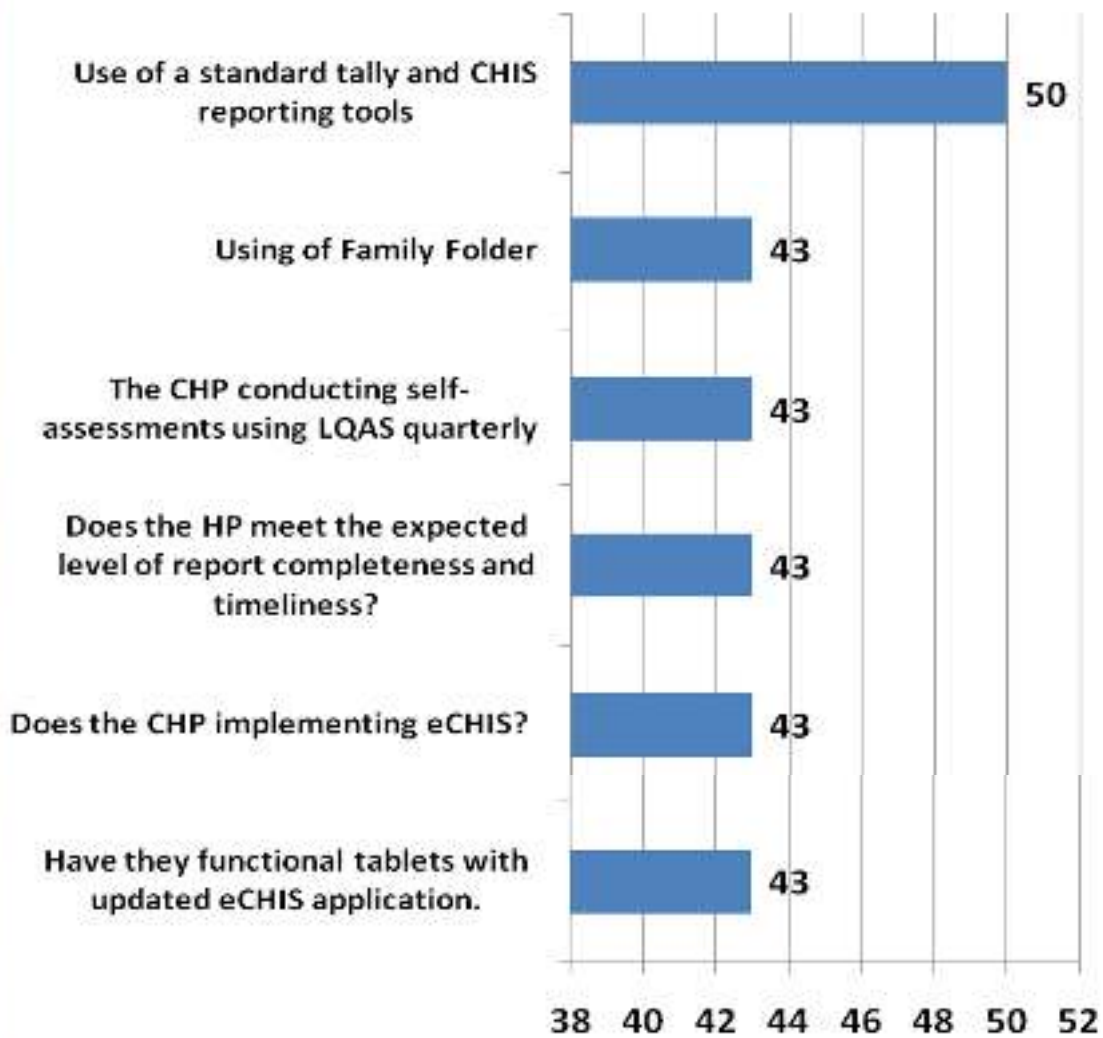


CHP with no fence

CE activities at these Woredas



HIS and Performance monitoring (%)



Some of the Challenges raised by implementers

- Interruption of drugs and medical supplies.
- Absence of electrical and water supplies to the HP
- Absence of motivation mechanism for HP staffs.
- Space/Room shortage.
- Budget shortage
- Absence of clear structure & unique code of HP as specific facility.
- Lack of infrastructures like fence, placenta pit etc
- Low political attention for health in general and HEPO specifically
- Training gap for health workers working in CHP

Some of the Challenges raised by implementers...

- Absence of clear direction/guide on how to lead finance in the CHPs
- Transportation shortage
- The region and Woreda focus only on war-affected areas
- Lack of support and monitoring;
- Leaved the activities for WoHO and HC
- Duty payment has not started
- Absence of incinerator
- Lack of examination bed
- CBHI is not started

Conclusion

None of the assessed CHPs fulfilled the required minimum criteria.

Lessons learned

- At early stage of the implementation key lessons were learnt; these have to be taken in consideration for the realization of the HEPO roadmap. Some of the key lessons include:
 - The feasibility of CHP has been proved
 - To meet the HRH related compulsory requirement of the standard for the CHPs, the **Woreda leadership has shown a great commitment** to assign key staffs
 - The CHPs have able to **providing SBAs 24/7** together with other MNH interventions.
 - The CHP has set **local solutions** to collect fee for services from clients for selected curative services.
 - The CHPs have started **providing services for CBHI beneficiaries** by signing the agreement with the CBHI scheme.

Recommendations

- Subsequent advocacy to equip the CHPs with minimum requirements (RHBs, WoHo).
- Adequate orientation/training to staff assigned at CHPs (RHBs, WoHo)
- Work closely with the regulatory department to verify the fulfillment of minimum requirements (RHBs, WoHo)
- Don't initiate **comprehensive HEP packages** at the CHPs without fulfilling the minimum requirement.

Recommendations...

- Financial and logistic management system has to be established (MOH, RHBs)
- Directions on data management for CHP and merged HPs has to be finalized (MOH, RHBs)
- Use only legal cash collecting receipts for revenue collection
 - Receive the receipts from supporting HC
 - Deposit the collected cash to the HC's finance officer
- Avail necessary job-aids/supporting documents and tools for the CHPs (RHBs, ZHDs and WoHO)

Thanks