



Federal Democratic Republic of Ethiopia
Ministry of Health

Ethiopian primary health care clinical guideline implementation manual

Outline of presentation

- Purpose and objectives
- Contents of the implementation guideline
- Implementation standard
- Level of Supportive supervision
- EPHCG mentorship
- M &E framework.

Purpose and objectives of the implementation manual

Purpose

- To give overall guidance for health workers and health managers to uniformly implement the primary health care clinical guideline in health centres to improve quality of medical.

Purpose and objectives.....

Objectives

- To standardize the implementation of EPHCG
- To facilitate the conduct of supportive supervision across all health centres.
- To outline the mentorship system for the implementation of EPHCG.
- To outline theory of change for EPHCG

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Implementation standards and checklists for EPHCG

A. Implementation standard

1. The health centre shall ensure cascading of the onsite training according to the national EPHCG training cascading scheme (for new health centres not yet started the EPHCG).
2. The health centre shall ensure availability of all necessary resources to cascade the implementation of EPHCG.
3. The health centre management shall ensure EPHCG implementation is integrated with the health centre core activities

Implementation standards and checklists....

4. The health centre shall advocate the importance of EPHCG for the community.
5. The health centre shall ensure continuous mentoring is conducted on EPHCG
6. The health centre shall ensure the full implementation of EPHCG in the health centre.

Implementation standards

No	Standards	Verification points	Met	Unmet	Remark
1	The health center shall ensure cascading of the onsite training according to the national EPHCG training cascading scheme (for new health centers not yet started the EPHCG).	➤ Check onsite trainings are conducted by facility trainers			
		➤ Check the action plan has been developed by facility trainers, signed and approved by health center management.			
		➤ Observe individual and facility trainer records' completeness.			
		➤ Ask at least 2 health workers listed in facility trainer records form about: <ul style="list-style-type: none"> ○ Norm and the four steps of onsite training steps were posted? 			
		○ Game board played?			
		○ Completed 8 weeks of training and saw at least 12 cases?			

Implementation standard...

2	The health center shall ensure availability of all necessary resources to cascade the implementation of EPHCG	<ul style="list-style-type: none"> ➤ Observe whether the EPHCG guidelines are adequate, distributed and available at all places (OPDs, Emergency, MCH, ART and TB clinics) 			
		<ul style="list-style-type: none"> ➤ See intra-facility report and resupply (IFRR) report and Stock card and observe essential drug lists and laboratory reagents (as per EPHCG) are available. 			
		<ul style="list-style-type: none"> ➤ Observe the health center essential laboratory monitoring log sheet and see whether essential laboratory tests (as per EPHCG) are being done. 			

Implementation standard...

3	The health center management shall ensure EPHCG implementation is integrated with the health center core activities.	<ul style="list-style-type: none">➤ Check whether EPHCG implementation team is part of the health center quality committee (see their plan, activity report)➤ Check whether the facility trainers are team members of the HC quality committee (see their assignment letter)➤ Observe EPHCG implementation plan is included in the health center yearly, semiannually, quarterly, monthly plan.➤ Check the EPHCG implementation team has done monthly supportive supervision for the first six months, and quarterly afterwards			
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Implementation standard...

4	The health center shall advocate the importance of EPHCG for health workers and community	<ul style="list-style-type: none"> ➤ Check EPHCG is integrated with the onsite health education program (see H/E schedule and log books). 			
		<ul style="list-style-type: none"> ➤ Check minutes held with public forum whether EPHCG is discussed with the public. 			
		<ul style="list-style-type: none"> ➤ See any advocacy efforts made (fliers, banners etc) made by the health center. 			

Implementation standard...

5	The health center shall ensure continuous mentoring is conducted on EPHCG.	<ul style="list-style-type: none"> ➤ Check whether mentoring group is officially assigned (see official letter of assignment for establishment of mentoring group). 			
		<ul style="list-style-type: none"> ➤ After the 8 weeks onsite training, biweekly (every two weeks) regular clinical forum is conducted (see the minute produced on the regular clinical forum) 			
		<ul style="list-style-type: none"> ➤ Check activity reports and minute produced of mentoring groups (one on one mentoring, team meeting, chart review and support provided etc). 			

Implementation standard...

6	The health center shall ensure the full implementation of EPHCG in the health center	<ul style="list-style-type: none">➤ Observe 5 HW- patient interactions using a checklist. <i>(use Annex I)</i>➤ Take five patient charts (from different departments) and audit according to a checklist prepared for chart abstraction. <i>(Use Annex II)</i>➤ Pick randomly 3 referrals (cases) from the referral registry, see the reason for referral, and compare with the criteria set on the EPHCG. <i>(Use Annex III)</i>➤ Pick randomly 6 patients at exit and interview them (use annex IV)➤ Conduct a focus group discussion (FGD) with five health workers and interview them <i>(use Annex V)</i>			
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ANNEX I: Health worker with patient interaction while using PHCG

No	Standards	Verification points	Yes	No	Remark
1	Health workers apply good communication skills throughout the whole consultation process	➤ Introduce him/her to the patient			
		➤ Asking patient's name and calling patient by name			
		➤ Friendly interaction with patients			
		➤ Practicing active listening			
		➤ Non-verbal communication with patients			
		➤ Showing empathy with patients			
		➤ Ask open questions			
		➤ Ask detail of symptoms in line with EPHCG			
		➤ Use clear questions and explanations			
		➤ Respond properly to patient questions			
		➤ Do pertinent physical examination as per EPHCG requirements			
		➤ Ask questions about what has not been asked			
		➤ Summarizing the result of the consultation properly			
		➤ Explain the health problem to the patient.			

Annex I.....

2	Gathering Holistic Information (ICE: Ideas, Concerns and Expectations)	<ul style="list-style-type: none"> ➤ Are the ideas of the patient about a possible diagnosis, treatment, or prognosis expressed in the consultation? (Yes/No) <li style="padding-left: 20px;">If yes, what ideas are expressed? 			
		<ul style="list-style-type: none"> ➤ Is concern (fear/worry) of the patient about a possible diagnosis or therapy present in the consultation? (Yes/No) <li style="padding-left: 20px;">If yes, what are the concerns about? 			
		<ul style="list-style-type: none"> ➤ Is the expectation (what the patient wants) for a treatment, a diagnosis, or a therapy present in the consultation? (Yes/No) <li style="padding-left: 20px;">If yes, what are the expectations of the patient? 			

Annex I.....

3	The provider should use PHCG to treat the patient	➤ Asking the patient complaint				
			➤ Go to content page			
			➤ Go to specific page that can address patient complaint			
			➤ Follow the PHCG algorithm			

Annexes

- Annex II: Chart abstraction
- ANNEX III: summary of findings of referrals (cases) from the referral registry
- ANNEX IV: EPHCG FGD interview Guide
- ANNEX V: PATIENT EXIT INTERVIEW FORM

Annexes...

- ANNEX VI: Patient chart documentation form: General adult and paediatric conditions, chronic diseases new diagnosis
- ANNEX VII: Patient chart documentation form: chronic conditions, routine care

Level of supportive supervision

- National: once per year
- Regional/zonal: twice per year
- Woreda: Four times per year

Internal supportive supervision

- Assign a team formally in written
- For the first six months of PHCG: Every month, then four times per year
- It should be formal and properly documented as part of the standard
- Brief Supportive supervision report

EPHCG Mentorship

- **Who are mentors?**

- ✓ Facility trainers
- ✓ Those who finished the onsite trainings and enthusiastic, at least implemented PHCG for 6 months
- ✓ Master, facility trainer, or certified for finishing onsite training and a treating clinician using the EPHCG for at least 6 months.

Effective mentoring and coaching skills

- Ability to utilize effective mentoring techniques and coaching and communication skills.
- Establish an effective learning environment.
- Capacity and desire to motivate the mentee to perform well.
- Ability to gather and analyse information.

EPHCG mentorship

Establishing a mentorship system

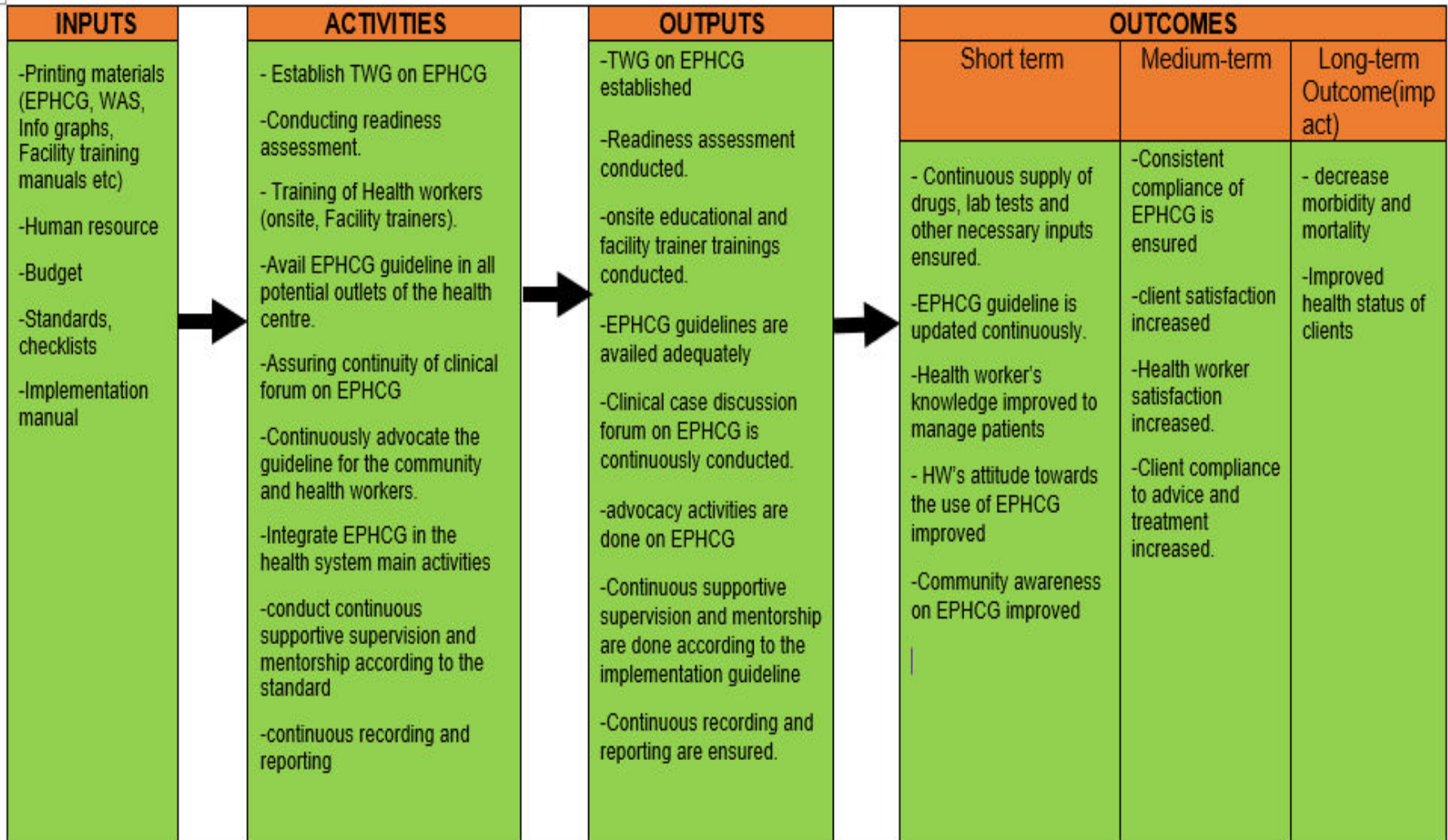
- Mentorship team will be established, could be one as the supportive supervision team, but better to make different– at the health centre level
- Follow the EPAQ structure to mentor
- Role of hospitals(especially primary hospitals)???

Modalities of clinical mentoring

1. One on one case management observation.
2. Review patient records and provider documentation of health care.
3. Team meeting to elicit feedback.
4. Clinical case discussion.

Monitoring and evaluation/theory of change

Ethiopian primary health care clinical guideline implementation logic model



Evaluation framework

PROCESS EVALUATION		OUTCOME EVALUATION		
<ul style="list-style-type: none"> -Minute on establishment and activities of TWG -Readiness assessment report -Training reports, attendance sheet (facility record and individual record), -EPHCG on the site at all outlet of HCs -Clinical forum reports -Minutes of community forum; schedule and minutes of health education - see plan whether EPHCG implementation is one of the major activities in health center monthly, quarterly and yearly plan; in individual BSc plan. - mentoring and supportive supervision team establishment letter -Internal supportive supervision reports from the facilities 	<ul style="list-style-type: none"> - TWG established (Yes/No) -Proportion of HCs done readiness assessment -# of facility trainers trained -proportion of HCs which completed 8 weeks onsite trainings within 14 weeks of placement of Facility trainers. -Proportion of HCs which availed the EPHCG on all possible clinical outlets. -Proportion of HCs established biweekly clinical case discussion forum. -# of advocacy activities done on communities. -essential drugs availability -essential lab tests availability -# of continuous supportive supervision and mentorship done according to the implementation manual 	<ul style="list-style-type: none"> -Proportion of HC availing necessary drugs and lab test as per EPHCG - EPHCG guideline regularly updated -proportion of HWs with minimum acceptable knowledge score on basic areas of EPHCG. -Proportion of HWs with positive attitude towards EPHCG. -Proportion of clients having knowledge about the guideline. - 	<ul style="list-style-type: none"> -proportion of HCs having 100% compliance of using EPHCG - % increase in client satisfaction -% increase in health workers satisfaction. -proportion of clients who comply with advice on selected case types. -proportion of clients who comply with treatments on selected case types. 	<ul style="list-style-type: none"> -Indicators on major types of diseases and conditions will be selected later (infectious, maternal and child health, Non-communicable diseases)

THANK YOU FOR YOUR ATTENTION