IMPROVING PERFORMANCE TOGETHER: TWINNING PARTNERSHIP BETWEEN MEDIUM AND LOW PERFORMER DISTRICTS IN ETHIOPIA

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Abstract

This article describes the United States Agency for International Development Transform: Primary Health Care Activity supported a twinning partnership strategy, which was implemented between districts (woredas) in the different performance categories. This study presents the details of the partnership and the result observed in health systems strengthening in Ethiopia. The twinning partnership strategy was implemented with six steps. The established relationship helps the health systems to build the skill and capacities of the health workforce at primary healthcare entities. Both partner woredas improved their performances through the established win-win relationship and institutionalized the characteristics of a learning organization.

Keywords

Twinning Partnership • Performance Improvement • Learning Organization • Ethiopia

Introduction

In the past two decades, Ethiopia successfully implemented Health Sector Development Programs (HSDP I to IV) and invested heavily its resources in health systems strengthening interventions [1]. As a result, Ethiopia has done remarkably well in meeting most of the Millennium Development Goal (MDG) targets. Among the notable achievements of MDG-4 with a 67 percent drop in under-five mortality from the 1990 estimate that contributed to an increase in average life expectancy at birth from 45 in 1990 to 64 in 2014. And a 69 percent decrease in maternal mortality ratio from a high estimated base of 1400 per 100,000 live births. In addition, an improvement in contraceptive prevalence rate from 3% to 42% has led to a drop in the total fertility rate from 7.7 in the 1990s to 4.1 in 2014 [1].

However, the Ethiopian Federal Ministry of Health (EFMOH) in its Health Sector Transformation Plan (HSTP: 2015-2020) envisions to further reduce maternal, neonatal, and infant mortality by more than half [2]. More specifically, The Government of Ethiopia (GOE) committed to achieving another success through Ending Preventable Child and Maternal Death (EPCMD). To achieve this ambitious plan, need substantial investments and innovative approaches to strengthen the health system to overcome key gaps [2].

USAID Transform: Primary Health Care Activity starts its technical, financial and other resource support for over 300 woredas with three different categories [3]. The categorization was made based on selected maternal and child health indicators which include: 40 (13.0%) woredas were high performers, 95 (32.0%) woredas were medium performers and the rest 165 (55.0%) woredas were low performers [3].

To narrow these performance differences the project adopted an innovative way to strengthen the capacities and skills of the primary healthcare workforce through establishing a twinning partnership [3, 4].

This article presents the results of the twinning partnership strategy implemented for performance improvement between Machakel and Bibugn districts of Amhara region, Dabmoya and Hadero-Tunto districts of Southern, Nations, Nationalities and Peoples (SNNP) region. In addition, the article argues that a twinning partnership can help the health systems to increase the number of learning organizations in the era of woreda transformation.
Operational Definition

A twinning partnership is defined by Cadée et al (2018) as a “cross-cultural reciprocal process where two groups of people work together to achieve joint goals” [5]. Similarly, the World Health Organization (WHO) defined twinning as a formal and substantive collaboration between two organizations [4, 6-8]. Formal means that there is a verbal or written agreement between the two organizations. Substantive means that the interaction is significant, and it lasts for a specific period i.e. it is not a one-time interaction. Collaboration means that the two organizations work together on a specific cycling project or to exchange information or skills. Ideally, twinning should be a two-way process whereby each organization benefits from the collaboration [4, 6, 7].

Materials and Methods

A case study design was employed for this study. This study was conducted in Amhara and SNNP Regions. The study conducted in four districts, namely; Machakel, Bibugn, Damboya and Hadero-Tunto, where the twinning partnership strategy implemented for more than one year. This study was conducted from April to May 2019. Data collection guides were developed based on research objectives and questions. In addition, data abstraction forms were developed based on the principles of the twinning partnership strategy implementation guidelines and measurement variables identified for health sector reforms (additional files 1, 2, 3 & 4). The data were collected using the following methods: in-depth interviews with healthcare professionals of primary health care entities and reviewing records/documents. The qualitative data were transcribed verbatim and translated into English, then manually thematically analyzed. The quantitative data were four district (woreda) management Standards where 26 standards and 81 validation criteria assessed and rated out of hundred; seventeen health centers were assessed using Ethiopian Health Center Reform Guidelines with ten chapters, 81 standards with 209 validation criteria [9] and rated out of hundred. Eighteen key performance indicators were collected from all 17 health centers where 453307 inhabitants live and rated out of hundred. Community based Health Insurance new membership and renewals was targeted 103024 households. Proportion of active membership was collected from all seventeen health centers and rated out of hundred. The data were checked for completeness and consistency and thereafter entered into the computer program Microsoft Excel 2010 [10]. Descriptive statistics was used to calculate averages, frequencies and percentage where result was presented in figure. Permission to conduct the study was sought from selected primary health care entities and informed written consent was taken from all study participants. The researchers maintain ethical principles which include anonymity, privacy, and confidentiality of the participants.

Results

The twinning partnership strategy was implemented for over 18 months. Table 1 below depicted the six steps followed in the implementation of the twinning partnership and current status. The first step implemented after facilitating preliminary discussions with Zone Health Department, and district health offices. This critical step [11] helps the project to get the buy-in from the implementing partners and coordinating body. The second step, needs assessment, was conducted by all four partner district health offices. Baseline data, strength, and gaps of each primary health entities were made. The third step, with the help of USAID Transform: Primary Health Care project, 59 (14 females) health workers were trained on strategic problem-solving tools and analyzed the identified gaps. The fourth step was, action plan development, completed with identifying team vision, desired measurable results, obstacles, and prioritized solutions. In addition, detail of fishbone analysis, prioritizing proposed solutions, stakeholder analysis, resource mobilization, monitoring, and evaluation plans help the twins to actively engage the next step. The fifth step was implementing the action plan stated in step four. Some of the major activities implemented by twins include preparing reciprocal experience sharing event, organize onsite and off-site technical pieces of training, facilitating coaching and learning collaboration or knowledge sharing workshop [6, 8]. In the sixth step, the project, and twins conducted a midterm evaluation and facilitated a number of performance review meetings.

Performance improvement

Based on the health sector reform criteria, the baseline data revealed that Bibugn and Hadero-Tunto districts were classified and low performing district. While Machakel and Damboya districts were classified as medium performing district. During the midline and end-line assessment, all four districts were narrowed their performance gaps and achieved high medium and high performing status. Figure 1 below clearly depicts that Woreda Management Standards (WMS) scores [2] improved from 40.0% to 70.0%; Ethiopian Health Centers Reform Implementation Guidelines
(EHCRIGs) scores [12] improved from 58.0% to 78.0%; Key Performance Indicators (KPIs) score [2] improved from zero percent to 84.0%, and active Community-Based Health Insurance (CBHI) membership score [2] improved from 56.0% to 62.0%.

The result of the qualitative data showed that both low and medium performer districts were benefitted from the partnership. The twinning partnership strategy helped districts with a difference in performance status to work together and improved their categories. The following verbatim clearly reflects the win-win relationship, level of collaboration and institutionalization of learning organizations.

“…with the twinning partnership, our organization benefitted through the exchange of experts, sharing of standard operating procedures and other resources… we improved our performances in a short period of time…”

“…we arranged reciprocal experience sharing event, our district council members were inspired by what they saw at our lead facility in twinning partnership. After the field lesson, the district council allocates over 20,000.00 (twenty thousand USD) to replicate the observed best practice in lead district, which was a clean and safe health facility in our district interventions…”

“… Though our woreda seam in higher performance category at the starting point of the twinning “partnership, we learned a lot from our partner for specifically, we get to know in detail how they facilitate the external auditing of health center, then we also follow similar steps and achieved our gaps…”

Conclusion and Recommendations

Based on the result of this study the implemented twinning partnership strategies, helps partner districts to work together and achieved a higher performance category within 18 months. In addition, the partnership helps twins to institutionalize learning organization and culture of performance improvement at primary health care entities.

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Conflict of interest statement

Conflict of interest: none declared.

Authors Contribution

The authors of this manuscript are MDA BFD, MGA, EM, TG, WK, CG and TAB made a substantial contribution to conceiving and designing the study. MDA, MGA, and EM were responsible for overseeing the field work, cleaning the data, transcribing qualitative data. MDA and BFD analyzed the data, interpreting the analysis and drafting the manuscript. All authors read the final document and approved it. MDA, the corresponding author, submitted the manuscript for publication.

References

1. Federal Ministry of Health (FMOH). Health Sector Transformation Plan (2015/16 - 2019/20) [Internet]. FMOH: Addis Ababa, Ethiopia; 2015/16 [cited 2020 Jan 28]. Available from: https://www.globalfinancingfacility.org/ethiopia-health-sector-transformation-plan-201516-201920

2. Federal Ministry of Health (FMOH). Woreda Transformation Implementation Manual. FMOH: Addis Ababa, Ethiopia; 2015/16.

3. USAID Transform: Primary Health Care Project. Theory of change in practice. USAID Transform: Primary Health Care, Addis Ababa, Ethiopia; 2017.
4. United States Agency for International Development (USAID): Transform Primary Health Care. Implementation guidelines: Twinning partnership strategy to improve performance of woredas and primary health care units. USAID: Transform Primary health care: Addis Ababa, Ethiopia; 2017.

5. Cadée F, Nieuwenhuijze MJ, Lagro-Janssen AL, De Vries R. The state of the art of twinning, a concept analysis of twinning in healthcare. Glob Health. 2016;12(1):66. https://doi.org/10.1186/s12992-016-0205-5

6. World Health Organization. Twinning partnerships for improvement: recovery partnership preparation package: building capacity to reactivate safe essential health services and sustain health service resilience [Internet]. World Health Organization; 2016 [cited 2020 Jan 22]. Available from: https://apps.who.int/iris/handle/10665/206542

7. ICAD, Interagency coalition on AIDS and development. Beyond Our Borders: A Guide to Twinning for HIV/AIDS Organizations [Internet]. S.N.I.O. Calle Almedal, UNAIDS, et al., editors. Canada; 1999 [cited 2020 Jan 18]. ISBN: 0-662-28211-6. Available from: http://www.icad-cisd.com/pdf/Twinning/Beyond_Our_Borders_Twinning_Manual.pdf

8. Partnership Preparation Package. A practical guide to implementing twinning partnerships. WHO Twinning Partnerships for Improvement [Internet]. Geneva: World Health Organization; 2018 [cited 2020 Jan 02]. Available from: https://apps.who.int/iris/bitstream/handle/10665/273158/WHO-HIS-SDS-2018.13-eng.pdf

9. Argaw MD, Desta BF, Bele TA, Ayne AD. Improved performance of district health systems through implementing health center clinical and administrative standards in the Amhara region of Ethiopia. BMC Health Serv Res. 2019;19(1):127. https://doi.org/10.1186/s12913-019-3939-y

10. Microsoft Corporation. Microsoft Excel [Internet]. 2018 [cited 2020 Jan 02]. Available from: https://office.microsoft.com/excel

11. Saha N, Saha P. Twinning strategy: Is it a vehicle for sustainable organizational learning and institutional capacity development? [Internet]. WSEAS Transactions on Business and Economics. 2015[cited 2020 Jan 02];(12):317–24. Available from: http://www.wseas.org/multimedia/journals/economics/2015/a585807-365.pdf

12. Federal Ministry of Health (FMOH). Ethiopian health centers reform implementation guidelines. Addis Ababa: Federal Ministry of Health of Ethiopia; 2016.
The table clearly presents the six twinning partnership implementation steps and its status during the data collection time. The first step was partnership development: is the first step of twinning partnership strategy implementation and is a critical step for the success and sustainability of the program [11]. USAID Transform: Primary Health Care Project facilitated a brief preliminary discussion with the zone health department. The assigned twinning partnership focal person facilitated the relationship building between the medium (Machakel) and low (Bibugn) performing districts in East Gojjam Zone of Amhara Region. Similarly, the event was facilitated between Medium (Damboya) and low (Hadero Tunto) performing districts of Kembata Tembaro Zone of SNNP region. The second step was needs assessment: both districts collected baseline data and the information captured was used to prioritize the intervention areas as well as to monitor and evaluate the twinning partnership strategy. The third step was gap analysis: the project facilitated a three-day training on strategic problem-solving, performance management and mentoring & communication tools. Participants recruited from partner districts attended the training. The fourth step was action planning: through the training process, participants were engaged in scanning organization mission, identifying a team vision, major obstacles, priority activities, and developed detailed action plan. The desired measurable results for partners districts were to achieve a high-performance status. The fifth step was implementing the action plan: partner districts prepared a reciprocal experience sharing, onsite- and off-site training and implemented all agreed activities. The sixth step was review and evaluation: on site-support supervision and mutual performance review meetings were organized. Mid-year review meeting and annual evaluation are planned.

| Steps       | Activities |
|-------------|------------|
| Step 1      | Partnership Development |
|             | Commitment and willingness; MOU signed; Focal Person assigned; budget allocated | Completed |
| Step 2      | Need Assessment |
|             | Baseline; Strength and Gap identification | Completed |
| Step 3      | Gap Analysis |
|             | Strategic Problem-Solving and Gap Analyzed | Completed |
| Step 4      | Action Planning |
|             | Developed shared vision; desired measurable results (goal), obstacles, prioritized solution, stakeholder analysis, resource mobilization develop twinning projects | Completed |
| Step 5      | Action/Implementation |
|             | All four districts prepared a reciprocal experience sharing event; organize onsite and off-site training; coaching and mentoring; | Completed |
| Step 6      | Review and Evaluation |
|             | Organize knowledge sharing events; midterm and end term review | Partially completed |
**Figures**

**Figure 1.** Baseline, Midterm and End-line scores of twinned districts May 2019
Each bin represents the average score by district against District (Woreda) Management Standards, Ethiopian Health Center Reform Implementation Guidelines, key Performance Indicators and Community-Based Health Insurance at three point in time measurements. The chart clearly shows the significant positive improvements on district management standards; Key Performance Indicators and Ethiopian Health Center Reform Guidelines.
**Supplemental Data**

**District (Woreda) Management Standards**

| Governance and Organizational Capacity | Data Source | Indicate | Met, Unmet |
|---------------------------------------|-------------|----------|------------|
| **WM1** The organizational structure of the Woreda Health Office reflects its core functions. The organizational structure of the woreda health office has core processes and case teams responsible to execute the following core functions. | Indicated in the Woreda health office organogram, adequate staff working in these function are available. Reports indicating these functions in past quarter are available at woreda health office. |          |            |
| a. Planning, monitoring and evaluation of health promotion, disease prevention and curative health care activities in the woreda. |          |          |            |
| b. Coordinating mentoring and technical support among Primary Health Care Facilities, (Primary Hospital, Health Centers and Health Posts) |          |          |            |
| c. Planning and coordinating supportive supervision of Primary Health Care Facilities, and monitor quality of service. |          |          |            |
| d. Coordinate resource mobilization for primary health care. |          |          |            |
| e. Ensuring community engagement and ownership |          |          |            |
| f. Disease surveillance and coordinating and planning, emergency response for public health emergencies. |          |          |            |
| g. Conducting regulatory functions. |          |          |            |
| h. Coordination with other sectors at the woreda level. |          |          |            |
| i. Provision of oversight on finance, human resources infrastructure and supplies to Primary Health Care Facilities. |          |          |            |

**WM 2** Woreda Health Office ensures governing boards of Primary Health Care Facilities (HCs, PHs) are functional.

| Data Source | Indicate | Met, Unmet |
|-------------|----------|------------|
| a. All governing boards meet monthly. Woreda health office, presenting the case to the woreda administration, ensures that corrective action is taken on governing boards that do not meet monthly. | Governing board meetings reports and minutes for meeting conducted in past quarter indicate these activities and the reports are available at woreda health office |          |            |
| b. Minutes of governing board meetings include; review of action points from previous meeting, performance review using KPIs and way forward action points |          |          |            |
| c. Financial and programmatic performance targets are reviewed using facility-level Key Performance Indicators (KPIs), quarterly. |          |          |            |

**WM 3** Coordination and communication among governing boards of Primary Health Care Facilities.

| Data Source | Indicate | Met, Unmet |
|-------------|----------|------------|
| a. Woreda Administrator organizes quarterly joint meeting of all governing board representatives from Primary Hospitals (PHs) and Health Centers (HCs). | Joint governing board meetings minutes conducted in past quarter indicates this activity took place and report available at woreda health office |          |            |
| b. Minutes of governing board joint meetings include; review of action points from previous meeting, performance review using KPIs and way forward action points. |          |          |            |
| c. Priorities of governing boards are defined, financial and programmatic performance targets are reviewed, using KPIs combined from Primary Health Care Facilities. |          |          |            |
| WM 4 | Woreda health office and Primary Health Care Facilities is led by qualified personnel | Data Source | Indicate | Met, Unmet |
|------|---------------------------------------------------------------------------|-------------|----------|------------|
| a. | Woreda health office head has educational qualification and experience based on requirements of Ethiopian civil service guidelines. | HR personal profile of staff indicates the requirement |
| b. | PHCU Directors have educational qualification and experience based on requirements of Ethiopian civil service guidelines. |
| c. | CEOs of primary hospitals have educational qualification and experience based on requirements of Ethiopian civil service guidelines. |
| d. | All primary health care facility and woreda managers have certificate-based, on-the-job management, leadership, problem solving training. |

| WM 5 | Woreda health office ensures Primary Health Care Facilities are staffed. | Data Source | Indicate | Met, Unmet |
|------|--------------------------------------------------------------------------|-------------|----------|------------|
| a. | Woreda health office keeps updated record of staffing of; woreda health office and Primary Health Care Facilities (filled positions and vacancies) | HR records and reports of the woreda and primary health care facilities in last quarter indicated the stated activities |
| b. | Woreda health office ensures that woreda health office and Primary Health Care Facilities are staffed with the required number and qualification of staff. |
| c. | Woreda health office ensures equitable allocation (professional mix and number) of health professionals among the Primary Health Care Facilities in the woreda based on patient volume. |
| d. | Woreda health office recognizes and motivates high performing woreda health office and primary health care facility staff. |

| WM 6 | Woreda health office ensure adequate finance allocation and provides financial oversight to Primary Health Care Facilities | Data Source | Indicate | Met, Unmet |
|------|---------------------------------------------------------------------------------------------------------------------------------|-------------|----------|------------|
| a. | Woreda health office secures a minimum of 15% budget allocation to health from the total woreda level government expenditure. | Woreda health office annual, biannual and quarter financial reports indicated the activities enlisted |
| b. | Woreda health office reviews income statements and balance sheets, and provides feedback to all Primary Health Care Facilities quarterly. |
| c. | Woreda health office monitors execution of internal financial audits of Primary Health Care Facilities every six months. |
| d. | Woreda health office in coordination with woreda finance plans and executes external financial audits for all Primary Health Care Facilities annually. |

| WM 7 | Woreda health office provides oversight and facilitates procurement of goods and services by Primary Health Care Facilities. | Data Source | Indicate | Met, Unmet |
|------|------------------------------------------------------------------------------------------------------------------------|-------------|----------|------------|
| a. | Woreda health office compiles procurement needs (goods and services) including essential drugs by each primary hospital and health centers. | Woreda health office procurement plan, activities and supervisions report indicated the activities are conducted in past quarter |
| b. | Woreda health office monitors that procurement are executed timely by primary hospital and health center and maintains checklist showing list of items requested vs procured. |
| c. | Woreda health office has ensured implementation of LMIS (Logistics Management Information System) in Primary Health Care Facilities. |
| d. | The Woreda health office oversees zero stock out rates across all essential drugs Primary Health Care Facilities. |
| WM 8 | Woreda health office ensures that Primary Health Care Facilities have basic infrastructure requirements: buildings, communications, electricity and water. | Data Source | Indicate | Met, Unmet |
|------|-----------------------------------------------------------------------------------------------------------------|-------------|----------|------------|
|      | a. Woreda health office keeps a record of status of buildings, communications, electricity, and water availability for each primary health care facility. | Woreda health report and plan of action indicates the activities are conducted in the last 6 months |
|      | b. Woreda health office develops a plan of action in consultation with facility governing boards, Woreda Administration and other relevant stakeholders to fill identified infrastructure gaps in building, communications, electricity, and water. | |

**Service Delivery**

| WM 9 | Woreda health office ensures availability of essential package of basic health care services at Primary Health Care Facilities (Review of essential package of services, site visits of facilities). | Data Source | Indicate | Met, Unmet |
|------|-----------------------------------------------------------------------------------------------------------------|-------------|----------|------------|
|      | a. Woreda health office maintains an updated record of essential package of basic health care services available in each Primary Health Care Facilities. | Woreda health office service directory profile updated every quarter on basic health care services provision at health facilities |
|      | b. Woreda health office ensures essential package of basic health care services are available in each Primary Health Care Facilities. | |

| WM 10 | There is a referral and linkage system between Primary Health Care Facilities in the woreda. | Data Source | Indicate | Met, Unmet |
|-------|-----------------------------------------------------------------------------------------------------------------|-------------|----------|------------|
|       | a. All Primary Health Care Facilities use standard referral protocol including standard referral forms and registers. | Referral feedback meetings conducted last quarter and minutes showed all facilities uses standard referral protocol and ambulance policy utilization is functional. |
|       | b. Woreda health office organizes referral feedback meeting quarterly between Primary Health Care Facilities where data on referral, feedback, and unnecessary referrals are reviewed. | |
|       | c. Ambulance administration policy is in place and operational. | |

| WM 11 | Woreda health office coordinates quarterly clinical audits in all Primary Health Care Facilities to ascertain adherence to clinical guidelines, SOPs. | Data Source | Indicate | Met, Unmet |
|-------|-----------------------------------------------------------------------------------------------------------------|-------------|----------|------------|
|       | a. Woreda health office identifies clinical audit areas for each primary health care facility in collaboration with Primary Health Care Facilities. | Clinical audit report conducted in the last quarter and prepared quality improvement plan based on clinical audit |
|       | b. Woreda health office monitors Primary Health Care Facilities conduct clinical audits on the areas identified quarterly. | |
|       | c. Woreda health office ensures implementation of quality improvement activities in all Primary Health Care facilities based on clinical audit findings. | |

| WM 12 | Woreda health office coordinates clinical mentoring between primary hospital and health centers. | Data Source | Indicate | Met, Unmet |
|-------|-----------------------------------------------------------------------------------------------------------------|-------------|----------|------------|
|       | a. Woreda health office working with the CEO of Primary Hospital organizes clinical mentoring sessions between primary hospital and all health centers monthly. (Clinical mentoring may include one-on-one case management and observation, chart reviews, attachments, and didactic sessions). | Woreda health office and hospital CEO developed quarterly clinical mentoring schedule and document the activity report |
|       | b. Woreda health office organizes knowledge and skills assessments of mentees semi-annually in collaboration with primary hospital to monitor the outcome of mentoring. | |
|       | c. Woreda health office organizes trainings or mentoring sessions in collaboration with the primary hospital based on knowledge and skills gap identified. | |
### WM 13 Monitor outbreak and public health emergencies (Surveillance report and Emergency response plan)

| Indicate | Met, Unmet |
|----------|------------|
| a. Case surveillance for reportable diseases is in place. | Case surveillance and reportable disease report made monthly in the last quarter and Public health emergency plan prepared |
| b. Resources and systems to respond to public health emergencies are in place. | |

### Community engagement

### WM 14 Community are organized in 1-5 networks and developments teams (Health Development group command post reports).

| Indicate | Met, Unmet |
|----------|------------|
| a. All health development teams and 1-5 network leaders have undergone training and started implementation of activities. | Health development team and 1-5 network quarter activity report review |
| b. All health development teams are functional (meet regularly and document minutes of meetings). | |
| c. All health development team leaders are accredited to level 1 qualification. | |

### WM 15 All kebeles in the woreda are verified as model in health service delivery.

| Indicate | Met, Unmet |
|----------|------------|
| a. Woreda health office compiled and analyses health extension package performance of all kebeles and categorizes them into; high, middle and low performers. | Health development team and 1-5 network quarter activity report review |
| b. Woreda organizes annual mobilization (ignition) meeting with the community focusing on creation of model kebeles. | |
| c. Woreda health office monitors model kebele initiative performance quarterly. | |

### WM 16 Establish and maintain community feedback mechanisms (Town hall meeting minutes and Community score card report).

| Indicate | Met, Unmet |
|----------|------------|
| a. Woreda health office working closely with the woreda administration, Health Centers and Primary Hospitals organizes quarterly community town hall meetings where community provides feedback on quality and access to services. | Woreda health office conducted community score card and town hall meeting in the past quarter |
| b. A system of community score card is established and maintained at Primary Health Care Facilities quarterly. | |
| c. Woreda health office in consultation with Primary Health Care Facilities, coordinates the implementation of activities responding to feedback from the community quarterly. | |

### WM 17 Woreda starts and maintains Community Based Health Insurance (CBHI) scheme.

| Indicate | Met, Unmet |
|----------|------------|
| a. The woreda meets and maintains minimum community enrollment to start CBHI. | Woreda met minimum community enrollment rate and conducted CBHI coordination meeting in the last quarter |
| b. Woreda health office in collaboration with woreda administration organizes quarterly meetings with CBHI agency, PHC facilities, and kebele administration to review progress on CBHI. | |

### WM 18 Woreda health office coordinates community contribution and ownership on community based public health interventions.

| Indicate | Met, Unmet |
|----------|------------|
| a. Woreda health office has identified health projects which can be implemented with montitory and in-kind support from the community. | Woreda coordinated and reported back to the community in montitory and in-kind community contribution for infrastructure projects in the last quarter |
| b. Woreda health office coordinates monetary and in-kind community contributions in infrastructure projects such as building health posts, HEW residences, community latrines, maternity waiting areas, and other projects. | |
| c. Woreda health office oversees and coordinates all monetary and in-kind contributions of the community and reports back to community on achievements. | |
# Coordination with other key sectors in the Woreda

| WM 19 | Inter-sectoral coordination mechanisms established. | Data Source | Indicate | Met, Unmet |
|-------|-----------------------------------------------------|-------------|---------|-----------|
| a.    | Woreda health office ensures integration of health sector related activities with other sectors' plans such as education, agriculture, infrastructure, electricity, water, finance, civil service, and others. | Woreda reported to cabinet on intersectoral collaboration and presented planned jointly activities quarterly. Minutes of inter-sectoral steering committee meetings. |         |           |
| b.    | Woreda health office implemented joint planned activities with other sectors. |          |         |           |
| c.    | Woreda level inter-sectoral steering committees monitor jointly planned activities and makes decisions to address potential bottlenecks quarterly. |          |         |           |

| WM 20 | Coordinate and align activities of development partners, and civil society organizations. | Data Source | Indicate | Met, Unmet |
|-------|---------------------------------------------------------------|-------------|---------|-----------|
| a.    | Woreda health office maintains updated mapping of development partners, and civil society organizations working in the health sector. | Updated partner map available and quarterly partners joint planning and review meetings made |         |           |
| b.    | Woreda health office works with the woreda administration to organize joint planning and review meetings with development partners, and civil society organizations working in the health sector quarterly. |          |         |           |

| WM 21 | Private health facilities work in alignment with priorities of the woreda and operate within the national regulatory framework. | Data Source | Indicate | Met, Unmet |
|-------|------------------------------------------------------------------------------------------------|-------------|---------|-----------|
| a.    | Woreda health office has included all private facilities related with the health sector in the woreda such as; private health facilities, food and drink provides, schools, industrial sites, etc. in its regulatory plan. | HMIS report from private sectors collected in all months of last quarter, bi-annual consultative meeting with private health facilities workers conducted, FMHACA based inspection conducted in the last quarter |         |           |
| b.    | Woreda health office organizes periodic inspections in private facilities based on FMHACA regulatory standards and set up a system for follow-up. |          |         |           |
| c.    | Woreda health office organizes joint consultations with private facilities semi-annually. |          |         |           |

## Performance Management

| WM 22 | Woreda health office develops woreda based plan and targets. | Data Source | Indicate | Met, Unmet |
|-------|-------------------------------------------------------------|-------------|---------|-----------|
| a.    | Woreda health office develops 5-year strategic plan for health. | Five year strategic plan and woreda based plan developed and reviewed in the past quarter |         |           |
| b.    | Woreda health office develops woreda based annual plan and targets aligned with strategic plan and allocates targets to Primary Health Care Facilities. |          |         |           |
| c.    | Woreda health office organizes quarterly review meetings with the participation of Primary Health Care Facilities and stakeholders to review implementation of activities and provide feedback. |          |         |           |

| WM 23 | System for performance review established and operational in Primary Health Care Facilities. | Data Source | Indicate | Met, Unmet |
|-------|------------------------------------------------------------------------------------------|-------------|---------|-----------|
| a.    | Woreda health office and all Primary Health Care Facilities staff conduct monthly performance reviews based in balanced score card and semi-annually 360 performance evaluations. | 360 performance review report. PHC facilities peer performance review and result oriented performance review reviewed by woreda health office and used for human resource and management decision |         |           |
| b.    | Woreda health office monitors implementation of result oriented performance review in Primary Health Care Facilities semi-annually and ensure performance review results are used for human resource and management decisions. |          |         |           |
### WM 24 Performance of Primary Health Care Facilities is monitored using evidence from; KPIs, EHRIG, EHCRIG.

| Data Source Indicate | Met, Unmet |
|----------------------|------------|
| PHC facilities use KPI, HMIS, EHRIG and EHCRIG in the last quarter and HMIS LQAS conducted at least once |

- a. Woreda health office and primary health facility managers and boards use KPIs to monitor performance and take corrective action on a monthly basis.
- b. Woreda health office makes quarterly EHRIG, EHCRIG assessments of PH and HCAs.
- c. Woreda health office monitors HMIS data including: timeless, quality, and completeness of data in each of the Primary Health Care Facilities and provide feedback on a quarterly basis (LQAS).

### WM 25 Woreda health office compiles and disseminates national and regional policies, guidelines and manuals used as references for performance management.

| Data Source Indicate | Met, Unmet |
|----------------------|------------|
| Woreda health office made last quarter check on availability of national and regional guidelines, policies and manuals at PHC facilities |

- a. Woreda health office compiles and disseminate national and regional policies, guidelines, and manuals to all Primary Health Care Facilities.
- b. Woreda health office monitors availability of a list of policies, guidelines and manuals at Primary Health Care Facilities quarterly.

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**Monitoring and supervision by woreda**

### WM 26 Supportive supervisions to Primary Health Care Facilities (Supportive supervision report)

| Data Source Indicate | Met, Unmet |
|----------------------|------------|
| Woreda health office made last quarter check on availability of national and regional guidelines, policies and manuals at PHC facilities |
### Additional file 1: Quasi-experimental assessment tool

**Instruction:**
The questionnaire has 4 pages containing 81 questions divided among 10 chapters. First you will find the informed consent. First assess the validation criteria and then if all positive (Yes) score 1 (met) for the standard otherwise score zero (not met).

#### Chapter 1: Health Center Leadership, Management & Governance

**Checklist: chapter I.**

| Ser. No | Description of the standard | Verification Criteria | Yes ✓ No x | met =1 not met =0 | Remark / comment |
|---------|------------------------------|-----------------------|------------|------------------|-----------------|
| 1       | The Health Center Governing Board has been Established. | Board members assigned with letter. Gender balance maintained in board members. Governing board established in accordance with a legislation with minutes. Governing Board developed its Term of References (TOR) and approved by all members Governing board has annual plan. |            |                 |                 |
| 2       | The Health Centre has a functional Governing Board (GB) meets regularly to oversee the overall operations and service delivery of the health Centre. | Minutes available. check availability of all agendas. All board members attended the meetings regularly. Governing board members officially invited by health center head. Agenda shared two days earlier than the meetings |            |                 |                 |
| 3       | The Health Center Governing Board approved strategic and annual plans, monitor achievements against goals on quarterly bases. | Minutes of approval for strategic and annual plans. Proceeding of review meetings on performance reports. Feedback given. |            |                 |                 |
| 4       | Health Center Director has been appointed by the mayor or head of woreda council; health Centre management team represents various departments. | Testimony of official assignment of health Centre director. List of health Centre management team members. Minutes of health Centre management team/committee. Management committee had Term of Reference (TOR) and held regular meetings as per the bylaw. |            |                 |                 |
| 5       | The Health Centre Director is evaluated against the goal of the management committee biannually. | Performance appraisal of health Centre director Proceeding / minutes of Performance appraisal assessment of Health Centre Director. |            |                 |                 |
| 6       | The Health Centre Director has got approval of management committee, GB and before submit report to woreda health office. | Monthly submitted reports to Woreda Health Office. Proceedings of performance evaluation Implementation of plans Feedbacks |            |                 |                 |
| 7       | Exempted services are provided and information about the services is posted in appropriate places in the Health Center and there are bilingual fee posters in each service area. | Menu of services with its cost publicly posted using local language |            |                 |                 |
8 The Health Center signed Memorandum of understanding on credit and waived services with stakeholders.

9 Health Centre Finance Officer prepares and sends monthly reports to appropriate bodies.

10 The Health Center has a procurement plan approved by HC Governing Board.

11 The Health Center has GB approved accounting manual.

12 Every Year External audits are conducted by Finance Office; reports are reviewed by the SMT.

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**Chapter 2: Health Center and Health Post Linkage**

**Checklist: chapter 2**

| Ser. No | Description of the standard | Verification Criteria |
|---------|-----------------------------|-----------------------|
| 1       | Terms of reference developed for Health center and Health post linkage and assigned one focal person who is responsible to follow-up the implementation process. | Health Center Health Post Linkage implementation manuals
Share Action Plan on Linkage
Officially assigned focal person |
| 2       | Strengthen the Women development army and 1-5 network at all catchment Kebeles and make it fully functional. | Health Center _Kebeles Linkage documents
Check the competency assessment documents of 1 - 5 network members (See Criteria in the guidelines) |
| 3       | Annual plan and budget was developed for HC and its Catchment HP as PHCU. | Share Annual Plan with Budget
Proceeding or reports on PHCU plan familiarization workshop |
| 4       | The health center was collecting weekly plan and report from each catchment HP then provided feedback to HPs. | Plan - versus achievement reports
Feedbacks given |
| 5       | The HC staffs were supporting the HPs regularly on weekly bases using standards checklist. | Weekly schedules
Standard Checklists
Performance Improvement plan developed after TA |
| 6       | The HC in the presence of HEWs was evaluated its performance on months bases and documented best practices and scaling it up. | Minutes
Documented best practices |
7. The HC was identified bottlenecks in terms of awareness, skills of HEWs and supplies. Then, the HC was provided capacity enhancement interventions for HEWs.

8. The HC was providing all essential Drugs and supplies for their satellite HPs. Monitor the proper utilization of drugs and supplies.

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**Chapter 3: Patient Flow and Services Organization**

**Checklist: chapter 3.**

| Ser. No | Description of the standard | Verification Criteria                                                                 | Yes ✓ | No x | met =1 | not met =0 | Remark / comment |
|---------|-----------------------------|--------------------------------------------------------------------------------------|-------|------|--------|------------|-----------------|
| 1.      | Health Center service flow procedural manual was developed. Which mainly focus on OPD, Emergency and Delivery service points and decrease patient load in the HC. | Check and observe the following criteria: Patient flow Procedure, Triage protocol, Patient 24 hours services and discharge protocol, Referral protocol, Referral feedbacks. As per the standards of FMOHACA check availability of drugs and medical equipment's in emergency, delivery units. |       |      |        |           |                 |
| 2.      | All Health Center Staffs were aware of the patient flow procedure and protocols and properly implemented it. | Randomly select five health Centre staff and check their knowledge and skill with regards to patient flow and referral services. |       |      |        |           |                 |
| 3.      | There is a patient triage services with trained personnel, necessary materials and equipment's. | Patients who needs emergency services are identified and got priority services. (check with color of cards and services rendered in the facilities) Check the presence of trained staff in the Triage/ Emergency unit. As per the standards of FMOHACA check availability of sufficient drugs and medical equipment's in the emergency units. |       |      |        |           |                 |
| 4.      | There is a written protocol for liaison and patient referral services (receiving into the health Centre and referring outside of the health Centre). The staffs are trained and properly implemented the protocol. | There is presence liaison. The necessary tools and materials (phone, registers, referral forms etc.) availed. There is referral directory. There is patient appointment logbook at OPD. In all OPD rooms, there are functional patient appointment system. |       |      |        |           |                 |
| 5.      | There is labelled direction with pointer displays/ indicates services and location in the HC compound to help the patients ease access to and facilitate free movements in patient care. | There is labeled direction with pointer in the health Centre compound. Emergency and Delivery Units labels are bold and visible to beneficiaries. There is ambulance parking area. There is assigned receptionist. |       |      |        |           |                 |
6. The health center has a single, unified registration system with Master Patient Index for all patients/clients, including out-patients, emergency admissions, chronic care clinics and preventive and promotive services. Each and every patient will have unique Medical Record Number. with a single, self-contained system.

Check the presence of a single unified registration system.

Check easiness of MPI and search for patient card.

Check whether every and each patient has unique identifiers.

Chapter 4: Medical Record Management

Checklist: chapter 4.

| Ser. No | Description of the standard | Verification Criteria | Yes ✓ | No x | met =1 | not met =0 | Remark / comment |
|---------|-----------------------------|-----------------------|-------|------|--------|------------|-----------------|
| 1.      | The Health Center has a single, unified registration system with Master Patient Index for all patients/clients, including out-patients, emergency admissions, chronic care clinics and preventive and promotive services. Each and every patient will have unique Medical Record Number. with a single, self-contained system. | Check the presence of a single unified registration system. |       |      |        |            |                 |
|         | Check easiness of MPI and search for patient card. | Check whether every and each patient has unique identifiers |       |      |        |            |                 |
| 2.      | The Health Center utilizes a paper-based or computer-based system to track where the medical record is located at all times. The health center uses a standardized and uniform set of forms that comprise a complete medical record for the duration of a patient's/client's care. | Check the presence system to locate patient card. |       |      |        |            |                 |
|         | MPI-Box (in alphabetically order) | Computerized registration |       |      |        |            |                 |
|         | Tracer card | Shelves with clear label to store cards in order. |       |      |        |            |                 |
| 3.      | The Health Center has medical records management guidelines for proper handling and confidentiality of medical records | Check Patient medical record management guidelines and its confidentiality in implementation. |       |      |        |            |                 |
|         | Presence of delivery notes. | Focal person assigned to manage medical records inline with forensic matter, and stored in locked cabinets. |       |      |        |            |                 |
| 4.      | The Health Center has organized orientation session, experiences sharing events, and continuous capacity enhancement training programs for medical records personnel so as they can effectively and efficiently execute their assignments. | Training manuals |       |      |        |            |                 |
|         | All medical record personnel should be trained (Check with attendance and other records like schedule etc.) | |       |      |        |            |                 |
# Chapter 5: Pharmacy Services

## Checklist: chapter 5.

| Ser No | Description of the standard | Verification Criteria | Verification Criteria | Yes ✓ | No x | met = 1 | not met = 0 | Remark / comment |
|--------|-----------------------------|-----------------------|-----------------------|-------|------|---------|------------|-----------------|
| 1      | The Health Center has a functional Drug and Therapeutics Committee (DTC) which implements various measures designed to promote the rational, safe and cost-effective use of medicines and other supplies. | There is DTC | The DTC has developed Terms of References (TOR) |      |  ✓   |         |            |                 |
|        | Selection of members of DTC is in line with the guidelines. | The DTC has developed Terms of References (TOR) | Selection of members of DTC is in line with the guidelines |      |  ✓   |         |            |                 |
|        | The DTC has Annual Plan. | The DTC has Annual Plan | The DTC has Annual Plan |      |  ✓   |         |            |                 |
|        | Minutes and reports. | Minutes and reports | Minutes and reports |      |  ✓   |         |            |                 |
| 2      | The Health Center has a separate pharmacy department comprising dispensaries and medical store directed by a registered Pharmacist and Pharmacist/Pharmacy technician respectively. | Check testimonies of certification licensures (pharmacist and pharmacy technicians) | Letter of assignment |      |  ✓   |         |            |                 |
| 3      | The Health Center has a health facility specific list of medicines classified by VEN that contains all Drugs, Medical Supplies, consumable-Medical equipment's and Reagents. The List shall be reviewed and updated annually. | List of drugs and supplies using VEN | Updated list for the year |      |  ✓   |         |            |                 |
| 4      | The Health Center ensures that all 3 types of drug transactions and patient-medication related information are properly recorded, documented and auditable. | Forecast | Forecast |      |  ✓   |         |            |                 |
|        | Procurement and Use | Procurement and Use | Procurement and Use |      |  ✓   |         |            |                 |
|        | Disposal reports | Disposal reports | Disposal reports |      |  ✓   |         |            |                 |
| 5      | The Health Center has policies and procedures for identifying and managing drug use problems, including: Identifying and reporting adverse drug reactions, and prescription monitoring. | Take 10 sample prescription and check the following points: - | Date | Date |      |  ✓   |         |            |                 |
|        | MRN | MRN | MRN |      |  ✓   |         |            |                 |
|        | Diagnosis | Diagnosis | Diagnosis |      |  ✓   |         |            |                 |
|        | Prescribers name, qualification & signature | Prescribers name, qualification & signature | Prescribers name, qualification & signature |      |  ✓   |         |            |                 |
|        | Dispenser name & signature | Dispenser name & signature | Dispenser name & signature |      |  ✓   |         |            |                 |
|        | Record the information on drug registration form. | Record the information on drug registration form. | Record the information on drug registration form. |      |  ✓   |         |            |                 |
| 6      | The Health Center provides access to drug information to both health care providers and patients in order to optimize drug use. | Drug information center established | Drug information center established |      |  ✓   |         |            |                 |
|        | Check evidences of service rendered on drug information (Leaflets, posters, etc.) | Check evidences of service rendered on drug information (Leaflets, posters, etc.) | Check evidences of service rendered on drug information (Leaflets, posters, etc.) |      |  ✓   |         |            |                 |
| 7      | The Health Center has policies and procedures for identifying and managing drug use problems, including: Identifying and reporting adverse drug reactions, and prescription monitoring. | Policy and steps available | Policy and steps available |      |  ✓   |         |            |                 |
|        | Reported Side effects and other health problems with feedback | Reported Side effects and other health problems with feedback | Reported Side effects and other health problems with feedback |      |  ✓   |         |            |                 |
8 The Health Center has a supply and inventory management system for drugs, medical supplies and consumable equipment approved by the DTC that describes methods of drug selection, prioritization, quantification, procurement, storage, distribution and use which is in line with national guidance.

Drug and supplies recording system / manuals
Bin card
Stock card

9 The Health Center conducts a physical inventory of all pharmaceuticals in the store and each dispensing unit at a minimum once a year.

Check annual inventory report

10 The Health Center ensures proper and safe disposal of pharmaceutical wastes and expired drugs in line with national guidance.

Drugs and supplies disposal manual
Check list of drugs and supplies disposed as per the guidelines

11 The health Centre's pharmacy team assists and monitors pharmaceutical management activities at the health posts.

Supervision and monitoring plan & report
Feedback

12 All Units of the pharmacy service have adequate personnel, equipment, premises and facilities required to store drugs, medical supplies and equipment and carry out dispensing, and counselling services

As per FMHACA standards ensure availability of HR, Supplies and infrastructures.

13 The Health Centre conducts audits of all drugs, medical supplies and consumable equipment in the store and in each dispensing unit at a minimum bi annually by internal auditor and once a year by external auditor

Audit Report

Chapter 6: Laboratory Services Management

Checklist: chapter 6.

| Ser. No | Description of the standard | Verification Criteria |
|---------|-----------------------------|-----------------------|
| 1       | Current list of laboratory tests provided by the facility with the price of each test is accessible to all clinical staff and patients. | List of laboratory services with cost posted. The service or test and estimated time posted to beneficiaries. |
| 2       | The laboratory management strive to meet the needs and requirements of customers on informing the test reports. | Laboratory professional assigned to counsel patients on lab test results. |
| 3       | The health Centre laboratory have adequate number of staff, necessary space, and materials for work. | As per the EFMRACA standards the necessary work space is available. Number of staff Laboratory supplies. |
4 The laboratory have standard and system for resource management that prevent over or under stock.

Stock management system in place

Check the bin card, and stock card for completeness and updates.

5 The laboratory has standard operating procedures (SOPs) and follows it properly. Ex sample collection, transport, storing and disposal SOPs.

Check the presence of the following SOPs

a. Sample collection

b. Steps and procedures of laboratory services

c. Algorithm

d. Safety procedure and medical waste disposal system

e. Laboratory equipment maintenance and follow up checklist

f. Quality Assurance Scheme with clear steps

g. Laboratory record system established

h. Sample Collection, acceptance transport, storing and disposal SOPs available.

6 The SOPs in place ensure the safety and protection of patients and health care providers in the Health Centre during sample collection, rejection, transport, storing and disposal. The laboratory work environment is organized and clean at all times.

Safe and clean work environment

The sample collection, handling and transportation activities are safe for patients and health workers.

7 The laboratory have a health and safety manual with procedures that include different types of actions. This includes chemical exposure and fire accident prevention.

There is safety manual

There is fire extinguisher or sand to fight

Safety training staff

8 There is an established policy for data safety, confidentiality, protection period disposal and information management.

Check presence of data management manual.

9 The laboratory have and implements a quality assurance policy that covers all aspects of laboratory functions.

Continuous IQA and EQA participation

Chapter 7: Safe Health Facility

Checklist: chapter 7.

| Ser. No | Description of the standard | Verification Criteria | Yes ✓ | No x | met =1 | not met =0 | Remark / comment |
|---------|----------------------------|----------------------|------|------|------|---------|-----------------|
| 1.      | Health Center Management shall supports efforts in infection prevention; technical capacity, financial and human resources required for clean and safe health facility key activities. | Allocated budget for Infection prevention |      |      |      |         |                 |
|         | There is assigned focal person | There is assigned focal person |      |      |      |         |                 |
| 2.      | A designated committee and individual(s) are in place to effectively coordinate the implementation and monitoring of infection prevention activities. | Established Committee with approved TOR |      |      |      |         |                 |
|         | Action plan of IP committee - approved with minutes | Action plan of IP committee - approved with minutes |      |      |      |         |                 |
3. The health center prepares, implements, and monitors a comprehensive operational plan that addresses activities and guidance on Infection prevention and patient safety practices. Proper guidance on implementation of infection prevention and ensure availability of essential supplies and equipment.

4. The health center should support the implementation of safe and clean health facility standards under its satellite to the health extension program (HEP) and health extension workers. Evidence of technical support to Health Extension Workers to implement Clean and Safe health facility initiatives; feedback given during implementation.

5. The health center ensures that equipment, supplies and facilities/infrastructure necessary for effective implementation of infection prevention standards. The following equipment’s, tools and supplies should be available.
- adequate Sweepers and Mops
- Soap, Omo etc.
- Tools essential for gardening

6. All health center staff (support and professionals) should be trained using standard infection prevention training materials. Standard IP training manual
- All staff (Support and health professionals) trained: attendance list

7. The health center provides health education to patients, caregivers and visitors, as appropriate on infection prevention practices. Check Health Education schedules
- Check presence of regular IP Health Education at OPD (report/record)

8. Standard practices to prevent, control and reduce risk of health care associate Infections (HCAIs) are in place and transmission based precautions (TBP) are adequately addressed. Check the proper medical waste sorting, collecting and disposal practices implementation.

9. The Health center ensures that equipment, supplies are cleaned as per the standards for infection prevention. Check the implementation of proper decontamination, cleaning, sterilization and storing practices.

10. Health center and health post IP&PS activities are integrated, ensure community engagement through HEWs and 1 to 30 Women Development team. Check activities implemented at satellite health posts, health extension workers and community members.

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Chapter 8: Medical Equipment Management & Biomedical Engineering

Checklist: chapter 8.

| Ser. No | Description of the standard | Verification Criteria | Yes ✓ | No x | met =1 | not met =0 | Remark / comment |
|---------|----------------------------|-----------------------|-------|------|--------|-----------|-----------------|
| 1       | The Health Centre has a paper-based or computer-based inventory management system that tracks all equipment included in the equipment management program. | Check presence of inventory reports |       |      |        |           |                 |
2 All new equipment undergoes acceptance testing prior to its initial use to ensure the equipment is in good operating condition. Equipment is installed and commissioned in accordance with the manufacturer’s specifications. 

Observe the implementation of acceptance testing through checklists.

3 All equipment users are appropriately trained on the operation and maintenance of medical equipment with standard operating procedures readily available to the user.

List of staff trained on equipment uses & maintenances.

4 There is a schedule for preventive and curative maintenance for each piece of equipment as guided by the manufacturer’s recommendations and that schedule is appropriately implemented.

Check regular maintenance schedule check implementation of maintenance services as per schedule.

5 The Health Centre compound are regularly inspected, maintained, and, when appropriate, improved to ensure cleanliness of rooms and compound’s safety of patients, visitors and staff.

Regular inspection schedule maintained.

6 Potable water is available 24 hours a day, seven days a week through regular or alternate sources to meet essential patient care.

Check the presence water supply 24 hours per day, 7 days per week form regular or alternative sources.

7 Electrical services are available 24 hours a day, seven days a week through regular or alternate sources (such as generators, solar,) to meet essential patient care.

Check the presence electric supplies 24 hours per day, 7 days per week form regular or alternative sources.

8 Maintainace request form should be available for new and broken medical equipment’s. Example: (electric, Water, environmental cleanliness, sweeper lines and air cleaning pipe maintenance should be in place).

Check presence of maintenance request, and workorder forms

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Chapter 9: Human Resource Management

Checklist: chapter 9.

| Ser.No | Description of the standard | Verification Criteria |
|-------|-----------------------------|-----------------------|
| 1     | The Health Center (HC) has a HRM case team or case worker staffed by individuals who possess management skills and experience dealing with individual personnel matters and HRM coordinator/case worker is a member of the HC Management committee. | Employment or assignment letter List of Management committee members |
2. The HRM case team or case worker maintains a personnel file for each and every HC employee. Randomly select five files and check the following points.

   a. Employment or assignment letter
   b. Job description

3. The HRM case team coordinator or case worker is responsible to develop HC Human Resource Development plan.

   Human resource development plan

4. The HRM case team coordinator or case worker is responsible to propose and implement different staff motivation strategies as an incentive and benefit packages.

   Staff motivation, incentives and benefit packages

5. The HC has a performance management process in which all employees are formally evaluated at least two times per annual. And proper feedback should be given.

   Select five sample files and check for evaluation and feedback

6. ID badges and appropriate uniforms are worn by employees at all times in the work place.

   Every and each employs should wear badge and uniform.

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Chapter 10: Quality Improvement And Routine Health Information Management System

Checklist: chapter 10.

| Ser. No | Description of the standard | Verification Criteria | Yes ✓ No × | met =1 not met =0 | Remark / comment |
|---------|-----------------------------|-----------------------|-------------|------------------|-----------------|
| 1       | Health Center established committee to follow service quality, and report compilation from different service points. | Established Quality Improvement team of committee, and he committee developed TOR. Regular meetings held supported with minutes. |             |                  |                 |
| 2       | The HC has prepared quality of service improvement plan categorized by month, quarter, biannual, and annual. | the health center has monthly, quarterly, bi-annually and annually categorized. Check all departments take responsibilities and singed agreements to comply with. |             |                  |                 |
| 3       | The HC is implementing the quality improvement strategies on selected and major challenges that leads poor service delivery. | The health center identifies major challenges, their root causes and develop do-able action (prioritized solutions) |             |                  |                 |
| 4       | The HC is responsible to collect, interpret, analyze, and use to improve quality of care and report to next level of the health care on selected key indicators in timely manner. | Check the report monthly, quarterly, and biannually, annually developed reports Health Center in addition, check proceedings, or minutes of community groups and health workers meeting minutes. |             |                  |                 |
| 5       | Client satisfaction and other quality indicators are regularly implemented and use the feedback for quality improvement of service delivery. | Check the assessment protocol and tools used to check patient levels of satisfaction. |             |                  |                 |
| SN | Indicator | Formula | Disaggregation | Data Sources | Reporting level | Remark |
|----|-----------|---------|---------------|--------------|----------------|--------|
| 1  | Contraceptive Acceptance Rate (CAR) | Number of women in reproductive age who use FP x100% | CHIS/HMIS | Village (Kebele), PHCU, WZR, FMoH | CT=80% | Maximum point is 6 |
|    |           | Number of women eligible for modern FP methods |             |              |                |        |
|    |           | The cut off point for this indicator is 80%, that means if the PHCU scores 80% or above, the PHCU will get the maximum weight given to this indicator (i.e. 6). If the PHCU scores less 80%, the point it will score out of the total weight given to the indicator is calculated by multiplying the PHCU's CAR score by 6/80%. For example if the PHCU scores 30%, the weight it will score will be calculated as 30%*6/80%=2.25 |
| 2  | Proportion of pregnant women attending antenatal care clinics tested for syphilis. | Number of pregnant women tested for syphilis x100% | HMIS | Kebele, PHCU, WZR, FMoH | CP=100% | Maximum point 5 |
|    |           | Total number of pregnant mothers attended at least one ANC visit |             |              |                |        |
|    |           | In order to calculate the weight the HC would score in this indicator, the value of the indicator need to be calculated by multiplying by 5 and dividing by 100%. If the HC has 80% ANC syphilis testing, then the score of the health center would be 80%*5/100%=4 |
| 3  | Proportion of births attended by skilled health personnel | The number of births attended by skilled health personnel x100% | HMIS | Kebele, PHCU, WZR, FMoH | CT=85% | Maximum point is 8 |
|    |           | Total number of expected Deliveries |             |              |                |        |
|    |           | The cut off point for this indicator is 85%, that means if the PHCU scores 85% or above, the PHCU will get the maximum weight given to this indicator (i.e. 8). If the PHCU scores less 85%, the point it will score out of the total weight given to the indicator is calculated by multiplying the PHCU’s achievement by 8/85%. For example if the PHCU scores 60%, the weight it will score will be calculated as 60%*8/85%=5.6 |
| 4  | Proportion of women who attended postnatal care at least once during the early post-partum period (within 7 days after delivery) | Number of postnatal visits within 7 days of delivery x100% | HMIS | Kebele, PHCU, WZR, FMoH | CT=95% | Maximum point 6 |
|    |           | Total number of expected Deliveries |             |              |                |        |
|    |           | The cut off point for this indicator is 95%, that means if the PHCU scores 95% or above, the PHCU will get the maximum weight given to this indicator (i.e. 5). If the PHCU scores less 95%, the point it will score out of the total weight given to the indicator is calculated by multiplying the PHCU’s achievement by 5/95%. For example if the PHCU scores 60%, the weight it will score will be calculated as 60%*5/95%=3.2 |
5 Proportion of newborns with sepsis who receive treatment for sepsis within a given period

| Number of neonates treated for sepsis x100% | Estimated number of neonates with sepsis |
|---------------------------------------------|----------------------------------------|

Estimation or targets: 10% of under one-year child is neonate <2 months. And the prevalence of sepsis (VSD is 7.6% of under 2 months neonates.

The cut off point for this indicator is 95%, that means if the PHCU scores 95% or above, the PHCU will get the maximum weight given to this indicator (i.e. 5). If the PHCU scores less 95%, the point it will score out of the total weight given to the indicator is calculated by multiplying the PHCU’s achievement by 5/95%. For example if the PHCU scores 60%, the weight it will score will be calculated as 60%*5/95%=3.2

Number of neonates treated for sepsis x100% --- HMIS Kebele, PHCU, WZR, FMoH CT=95%

Maximum point 5

6 Proportion of HIV positive pregnant and lactating women who received ART (antiretroviral therapy) at ANC+L&D+PNC for the first time to reduce the risk of mother-to-child transmission

| Number of HIV positive pregnant and lactating women who received ART to reduce the risk of mother to child transmission x100% | Number of HIV positive pregnant and lactating women |
|---------------------------------------------------------------|---------------------------------------------------|

NB: no Option B+; replaced by PMTCT

The cut off point for this indicator is 95%, that means if the PHCU scores 95% or above, the PHCU will get the maximum weight given to this indicator (i.e. 5). If the PHCU scores less 95%, the point it will score out of the total weight given to the indicator is calculated by multiplying the PHCU’s achievement by 5/95%. For example if the PHCU scores 60%, the weight it will score will be calculated as 60%*5/95%=3.2

Number of HIV positive pregnant and lactating women x100% --- HMIS Kebele, PHCU, WZR, FMoH CT=95%

Maximum point 5

7 Proportion of children who had penta 1, but dropped from penta 3

| [Number of children immunized for penta 1] - [Number of children immunized for penta 3] x100% | Number of children immunized for penta 1 |
|---------------------------------------------------------------------------------------------|----------------------------------------|

The cut off point for this indicator is 5%, the following categories will be used for rating dropouts

1. <10% will get max 5 points
2. 10-15 will get 3 points
3. 15 – 20 will get 2 points
4. 20- 25 will get 1 point
5. >25 will get zero point

Number of children immunized for penta 1 - [Number of children immunized for penta 3] x100% --- HMIS Kebele, PHCU, WZR, FMoH CT=5%

Maximum point 5

8 Fully immunization coverage for under one year children

| Number of children received all vaccine doses before 1st birthday x100% | Total number of surviving infants |
|------------------------------------------------------------------------|---------------------------------|

Number of children received all vaccine doses before 1st birthday x100% --- HMIS Kebele, PHCU, WZR, FMoH CT=95%

Maximum point 6
The cut off point for this indicator is 95%, that means if the PHCU scores 95% or above, the PHCU will get the maximum weight given to this indicator (i.e. 6). If the PHCU scores less 95%, the point it will score out of the total weight given to the indicator is calculated by multiplying the PHCU's achievement by 6/95%. For example if the PHCU scores 60%, the weight it will score will be calculated as 60%*6/95%=3.8

9 Iron and folic acid supplementation

| Indicator | Description | Formula | Source | CT |
|-----------|-------------|---------|--------|----|
| 9         | Total number of Pregnant women received IFA at least 90 plus | x100% | HMIS Kebele, PHCU, WZR, FMoH | CT=95% |
| 9         | Total estimated number of pregnant women | --- | --- | Maximum point 4 |

10 Children attended Growth Monitoring and Promotion sessions

| Indicator | Description | Formula | Source | CT |
|-----------|-------------|---------|--------|----|
| 10        | Number of Children less than 2 year weighted during GMP session | x100% | HMIS Kebele, PHCU, WZR, FMoH | CT=80% |
| 10        | Total Estimated children under 2 years | --- | --- | Maximum point 5 |

11 Proportion of all forms of TB (New and relapse) cases detected during a specified time period.

| Indicator | Description | Formula | Source | CT |
|-----------|-------------|---------|--------|----|
| 11        | Number of all forms of TB (New and Relapse cases detected during reporting period) | --- | HMIS Kebele, PHCU, WZR, FMoH | CT=90% |
| 11        | Estimated number of all forms of TB cases in the population during the same period in the PHCU | --- | --- | Maximum point 5 |

The cut off point for this indicator is 90%, that means if the PHCU scores 90% or above, the PHCU will get the maximum weight given to this indicator (i.e. 5). If the PHCU scores less 95%, the point it will score out of the total weight given to the indicator is calculated by multiplying the PHCU's achievement by 5/90%. For example if the PHCU scores 60%, the weight it will score will be calculated as 60%*5/90%=3.3

12 TB case detection contributed by community

| Indicator | Description | Formula | Source | CT |
|-----------|-------------|---------|--------|----|
| 12        | Number of TB cases detection contributed by the community | X100% | HMIS Kebele, PHCU, WZR, FMoH | CT=87 |
| 12        | Total number of TB cases (all forms) notified during the same period | --- | --- | Maximum point 5 |

NB: count number of TB cases detected after HEWs referral

13 Number of malaria cases per 1000 population at risk of malaria

| Indicator | Description | Formula | Source | CT |
|-----------|-------------|---------|--------|----|
| 13        | Number of new malaria OPD + IPD cases (All malaria cases, of any species, should be included – whether clinical or laboratory diagnosis.) *1000 | --- | --- | CT=5/1000 |

The following categories will be used:

- Malaria case load < 5 = 5pts
- Malaria case load 5-25=3pts
- Malaria case load 26-50=2pts
- Malaria case load 51-100=1pt
- Malaria case load > 100=0pt
| **14** | Proportion of HIV positive adults and children who are currently on ART | Number of people currently on ART | --- | HMIS | Kebele, PHCU, WZR, FMoH | CT=90% |
| | Estimated number of HIV positive adults and children eligible for ART | | | | Maximum point 6 |
| | The cut off point for this indicator is 90%, that means if the PHCU scores 90% or above, the PHCU will get the maximum weight given to this indicator (i.e. 5). If the PHCU scores less 95%, the point it will score out of the total weight given to the indicator is calculated by multiplying the PHCU's achievement by 5/90%. For example if the PHCU scores 60%, the weight it will score will be calculated as 60%*5/90%=3.3 | | |
| **15** | Viral load suppression | Number of adult and pediatric patents on ART with an undetectable viral load (<1000copies/ml) in the past 12 months | X100% | PHCU, WZR, FMoH | CT=90 | Maximum point 6 |
| | Estimated number of PLWHIV | | | | |
| **16** | The number of months in which tracer drug was available averaged over all tracer drugs during the month | Sum of tracer drugs x months available in the time period | X100% | Kebele, PHCU, WZR, FMoH | CT=100 | Maximum point 6 |
| | Sum tracer drugs x Sum total number of months in time period | | | | |
| | The cut off point for this indicator is 100%, if PHCU scores less 100%, it will gain the maximum weigh. If the achievement is less than 100%, the point it will score out of the total weight given to the indicator is calculated by multiplying the PHCU’s achievement by 6 For example if the PHCU scores 60%, the weight it will score will be calculated as 60%*6=3.6. | | | |
| **17** | Proportion of functional Health Development army (HDA) | Number of functional 1 to 5 network in the catchment area | X100% | Kebele, PHCU, WZR, FMoH | CT=100% | Maximum point 6 |
| | Total number of HDA in the catchment area | | | | |
| | The cut off point for this indicator is 100%, that means if the PHCU scores 100%, the PHCU will get the maximum weight given to this indicator (i.e. 6). If the PHCU scores less 100%, the point it will score out of the total weight given to the indicator is calculated by multiplying the PHCU’s achievement by 6/100%. For example if the PHCU scores 60%, the weight it will score will be calculated as 60%*6/100%=3.6 | | | |
| **18** | Model Village (Kebele) | Number of villages declared model | X100% | Kebele, PHCU, WZR, FMoH | CT = 80 | Maximum point 6 |
| | Number of villages in the catchment | | | | |
### Community-Based Health Insurance from EFMOH 2015

| SN | Indicator                              | Formula | Disaggregation | Data Sources                      | Reporting level | Remark |
|----|----------------------------------------|---------|----------------|-----------------------------------|----------------|--------|
| 1  | Community-Based Health Insurance       | Number of Household newly registered or renewed membership x100% | CT=80% | CBHI Scheme register | Village (Kebele), PHCU, WZR, FMoH | -      |

The target for community-based health insurance membership is enrolling and renewing at least 80% of households in a defined catchment, village.