Transforming District Health in Mota: A Case Study

Convening Key District Administration for Strategic Problem Solving

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"I [will] never forget the team building exercises that were used to transit between chapters. It was so practical and aligned with the topic under discussion. The grouping was very important…the team composition involving different members facilitated the role, the community representative was the instigator during our field assignment"
-Mota Woreda administration communication head

Executive Summary

In early 2015, Mota Hospital and its surrounding Hulet eju enese woreda health facilities were selected as a demonstration site for Amhara in the Primary Health Care Unit (PHCU) reform efforts of the HEPCAPS2 project.

Mota served as a learning lab for PHCU reform and development that was envisioned by the Ethiopian Federal Ministry of Health (FMOH), with the goal of addressing weaknesses in the design and implementation of the current PHCU structure.

As a key PHCU reform demonstrative site, Mota considered alternative structures of managerial leadership, governing boards, and how the health centers relate to the primary hospital and woreda health office.

Key challenges of Mota PHCU reform included limited relationships among woreda stakeholders as well as weak management and leadership among administrators. To this end, Yale, as part of the HEPCAPS2 project, delivered an executive-style, management certificate program to strengthen problem solving and collaboration across various multi-level stakeholders. The 4-month program was an important convening mechanism, problem-solving skill building opportunity, as well as a reliable platform for district-level administrators to collaboratively address challenges of the woreda.

Challenges

A situational analysis and self-reflection process among key district administrators of Mota identified a major gap throughout the woreda: the inability to bring together stakeholders from the woreda health office with other key decision-makers in the woreda to problem solve effectively. As a result, governing boards of primary health care facilities did not conduct regular meetings, there were minimal efforts to integrate activities among health facilities, and no problem solving was done as a cohesive woreda unit. Notable, those in leadership roles at the woreda level (the woreda administrator, woreda health office head, hospital CEO and health centers directors) expressed personal gaps in management and leadership capacities.

The woreda faced low skilled birth attendance rate (35%); insufficient health staff trained in key health service delivery areas such as infection prevention, family planning and PMTCT; drug and supply shortages; and water and electricity shortages; all which compromised the quality of health service provision at most health centers.

The primary hospital functioned in isolation from the woreda health office and did not provide technical support to staff working at the health centers. This isolation negatively impacted the relationships between facilities, which in turn strained the referral, and referral feedback systems.

Strategy

In consultation with the woreda working group, Yale designed and delivered the Primary Heath Care Management Development Program (PMDP), an executive-style certificate program for key district administrators. The PMDP was designed to build management and leadership capacity of the participants (woreda health officers, woreda administration officers, health center directors, Regional Health Bureau staff, hospital managers, and community representatives) and serve as a convening mechanism for collaborative problem solving. A total of 15 participants completed the program.

Participants were taught an 8-step strategic problem solving approach through interactive lectures, work sessions, and team building exercises. Each team identified a problem, conducted a root cause analysis, determined viable options of strategies to solve existing woreda problems, and executed implementation of their selected strategy as a woreda team.

The training combined problem solving, management, and leadership courses and emphasized practical application of the problem solving process through fieldwork exercises that addressed prioritized problems that limited PHC performance, and effectively engage key stakeholders at the woreda level.

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Results

The PMDP training enabled participants to distinguish problems from their root causes and strategically solve problems collaboratively as a cohesive woreda unit. During and after the training, Mota woreda leadership developed strategies and took action to address major issues plaguing different aspects of the woreda.

A memorandum of understanding was established between the primary hospital and health centers to improve the relationship between the two entities. Hospital medical doctors now provide routine technical mentorship and training to the health center staff, and exchange medical supplies and equipment.

Other strategies focused on filling skill gaps identified during the root cause analysis and baseline assessment of the woreda. Woreda leadership facilitated a training program for 15 health center midwives and nurses on maternal and childcare --medical doctors and surgeons from the primary hospital administered the training. The training focused on how to use a partograph, administer magnesium sulphate in patients with severe hypertension and how to prevent post-partum death from hemorrhage using non-pneumatic anti-shock garment (NASG). Subsequent to this training, 45 NASG were also obtained from the RHB and distributed to all health centers.

Mota PMDP graduates with training facilitators

On the issue of infection prevention, training on standard precautions was conducted for 15 participants, health centers and hospitals instituted a new weekly campaign focused on making health facilities clean and safe, and hand washing containers were fitted with tap water and made available in all outpatient departments.

Woreda leadership also allocated budget to hire new staff. Health centers assigned liaison officers, who work primarily to strengthen the referral linkage with primary hospitals. Referrals were mapped, and primary health care facilities prepared standard referral guidelines and forms to improve referral linkages.

The woreda leadership, in collaboration with the regional health bureau, also provided a 4-day training to 42 participants that included directors and key staff of health centers on the use of Ethiopia Health Center Reform Implementation Guideline (EHCRIG) and Key Performance Indicators to help measure and standardize the health facility performance. The woreda has regularized data collection and review processes to improve reliability of woreda data.

Overall, the Mota reform effort demonstrated that a mechanism for multi-level engagement using practical problem solving techniques could foster important woreda improvements. The PMDP training helped administrators address root causes of long lasting woreda problems using new strategic problem solving skills and strengthened relationships.