



# Sustainability of Health Management Approaches Supported by Integrated Family Health Program in Ethiopia



to improve performance of health systems across primary health care units, focusing on building capacity and institutionalizing the following management approaches:

- Woreda Based Planning
- Integrated Supportive Supervision
- Use of HMIS Data for Decision Making at all levels; and
- Performance Review Meetings at woreda and kebele (ward) levels.

To assess the potential of Woreda Health Offices to sustain these management approaches after IFHP comes to end in 2015 and to discern the conditions under which the management approaches could be sustained, USAID/Ethiopia requested that IFHP, with technical assistance from the E2A Project, conduct a sustainability assessment. At the time of the assessment report described in this brief, IFHP had worked in 292 woredas in Amhara, Oromia, SNNP, Tigray, Beneshangul, and Somali regions to assure broader service coverage and higher service quality among primary health care units, effective mobilization and behavior change at the community level, and effective referrals to the health center. By the time the assessment was conducted, IFHP had supported the aforementioned management approaches in Ethiopia for over four years.

## About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this five-year project is led by Pathfinder International, in partnership with the African Population and Health Research Center, ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

## About the assessment

This policy brief is derived from a comprehensive assessment report that can be downloaded at: [www.e2aproject.org/publications-tools/sustainability-of-ifhp-supported-management-approaches](http://www.e2aproject.org/publications-tools/sustainability-of-ifhp-supported-management-approaches).

## Introduction

With more than 80 million people, Ethiopia has the second largest population in sub-Saharan Africa, the vast majority of which live in rural areas. Recognizing that there needs to be a healthy, educated workforce to achieve and sustain economic development, the Government of Ethiopia is leading an ambitious Health Sector Development Program (HSDP), which is implemented in a phased approach. The Health Extension Program, introduced during the third phase of HSDP, provides key preventive health education and an essential package of services in areas such as water and sanitation, immunization, family planning, and nutrition interventions at the household and community levels. The USAID-funded Integrated Family Health Program (IFHP) has fully supported the Health Extension Program.

For the past six years, IFHP has been working jointly with its government counterparts at the regional, zonal, woreda (district), and primary health care unit levels to support implementation of government policies and procedures for effective management, oversight, and performance of the Health Extension Program. IFHP has worked in 301 of Ethiopia's 770 woredas

## Methodology

The study team collected data from service statistics, structured interviews, random follow-up visits, and in-depth interviews. A review of project documents supplemented the primary data sources. The team collected primary data by working closely with heads or representatives of Woreda Health Offices and health center staff in 33 woredas in Amhara, Tigray, SNNP, and Oromia regions, where IFHP implements family planning, reproductive health, and maternal, newborn, and child health programs.

## Methodology (Continued)

Indicators used to measure the potential sustainability of the management approaches in this study were:

- The capacity of Woreda Health Office staff to retain staff trained in the management approaches
- Inclusion of management approaches in Woreda Health Office plans and allocation of separate budget line for their implementation
- The perceptions of Woreda Health Office leaders regarding their ability to continue implementing the management approaches

The study team measured the potential of Woreda Health Offices to sustain implementation of the management approaches by their ability to partially or totally take over the technical, logistical, and financial support that IFHP has been providing for the four management approaches identified in this brief. Data collection instruments included:

- Semi-structured questionnaire for Woreda Health Office heads or representatives to obtain information on how the management approaches were implemented
- Semi-structured questionnaire for health center manager/staff to obtain information on how the management approaches were implemented at the health center
- Cost estimate tool (integrated into the questionnaire) to obtain information on recurrent costs of the management approaches to IFHP
- In-depth interview guide for discussions with zonal health office staff on the implementation of management approaches in non-IFHP supported woredas
- Service delivery form to obtain service data that could be analyzed to examine trends in service delivery performance during the implementation of the management approaches (using pre-study selected indicators)

## Study Limitations

Since IFHP support for the standards had not ended at the time of the assessment, the data collected relate more to the *potential* to sustain, rather than actual sustainability of the standards. To assess actual sustainability of the standards, the assessment would have been conducted at some point after IFHP had ended. By doing the assessment while support was still ongoing, it was impossible to capture what the actual situation would have been had support ended.

Study limitations also include the inadequacy of financial data to determine the relative financial contributions of IFHP and

the Woreda Health Offices to the implementation of each management approach, and a lack of clearly defined financial and technical criteria to determine which woredas were ready for graduation from IFHP support. The study team was also hindered in its ability to determine the effects of implementing the management approaches on system strengthening and service delivery, and instead examined the trend in some health outcomes in the IFHP-supported woredas. Additionally, it was difficult to determine with precision the adequacy of the staff trained in each woreda.

## Key Findings

### Capacity has been built in the different management approaches.

A large number of Woreda Health Office staff have been trained on the different management approaches and the majority of these trained staff were still employed by the Woreda Health Offices at the time of the assessment. This finding implies that some level of capacity has been built among the offices to implement the management approaches.

### IFHP support to Woreda Health Offices varied slightly by management approach and type of support.

The data show that not all Woreda Health Offices received IFHP technical and/or financial support to implement all four management approaches, although they all received IFHP support in at least one or more management approaches. More offices reported to have received technical than financial support.

### The financial contribution of Woreda Health Offices increased over time.

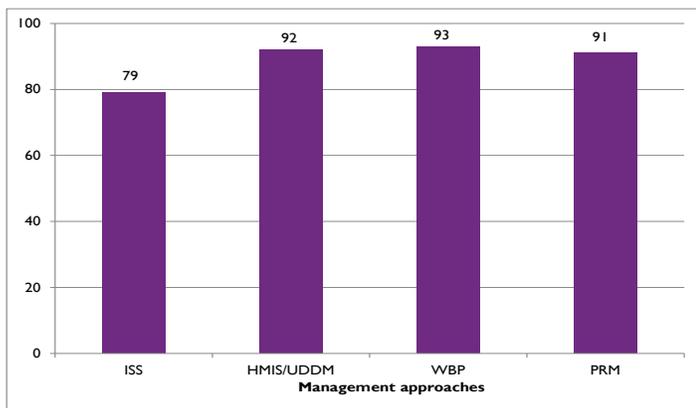
The Woreda Health Offices that provided financial support to the implementation of the management approaches reported an increase in their financial contribution over time, and this suggests an increased commitment among Woreda Health Offices to the implementation of the management approaches.

### Woreda Health Offices' perception of their ability to sustain the management approaches at the IFHP-supported scale varied by management approach.

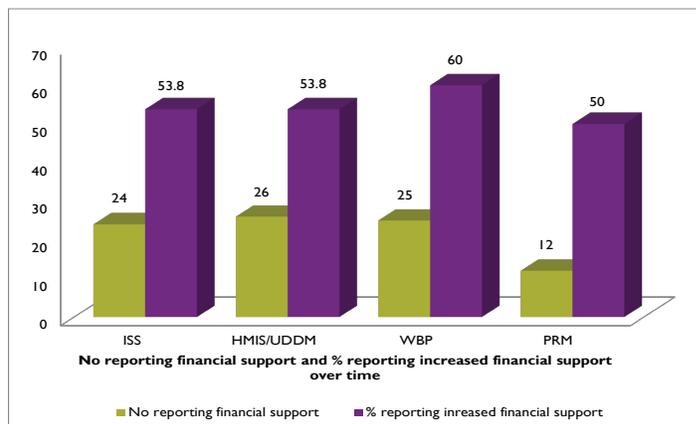
Only three Woreda Health Offices reported an ability to continue the implementation of all four management approaches with their own staff and resources should IFHP support end. Except for HMIS/data use for decision making, most Woreda Health Offices would "reduce scale of implementation and continue implementation with only their staff/resources" in order to sustain the implementation of the approaches after IFHP ends. However, given that only a few Woreda Health Offices considered discontinuing implementation when IFHP support ends, the assessment data suggest some commitment on the part of managers to seek ways of sustaining implementation of the approaches beyond IFHP.

## Key Findings<sup>1</sup>

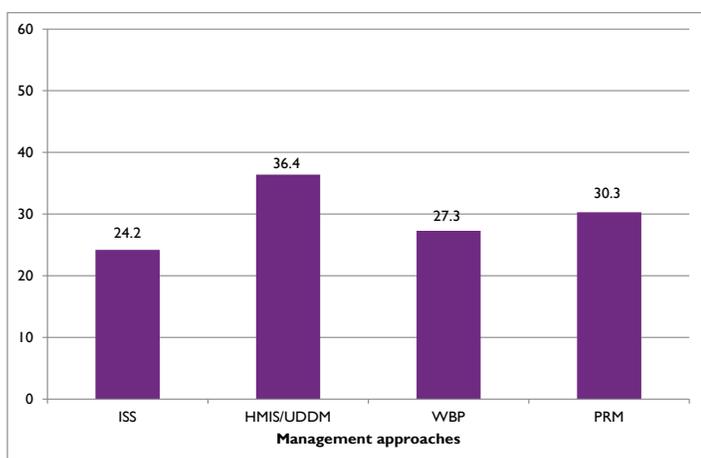
Percentage of WorHO staff trained in management approaches that were in the service of the WorHO at the time of the survey



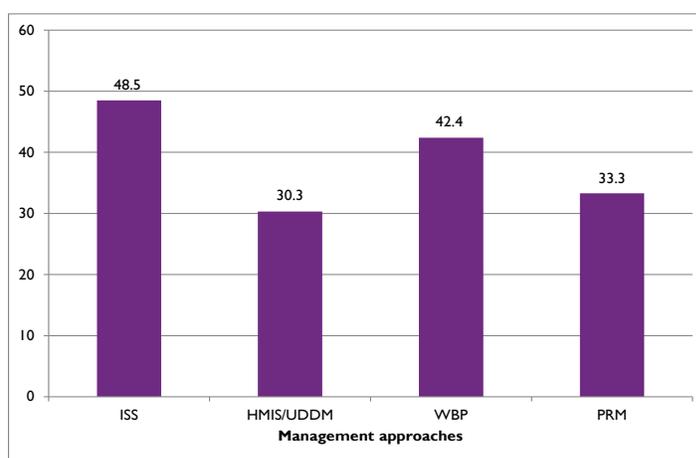
Of the WorHOs that gave financial support to the implementation of management approaches, percentage that reported increased financial contributions over time



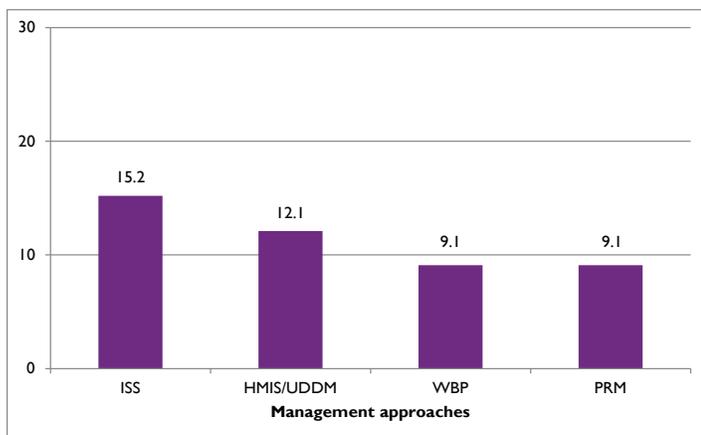
Percentage of WorHOs that will continue implementation of management approaches through only WorHO staff after IFHP support ends



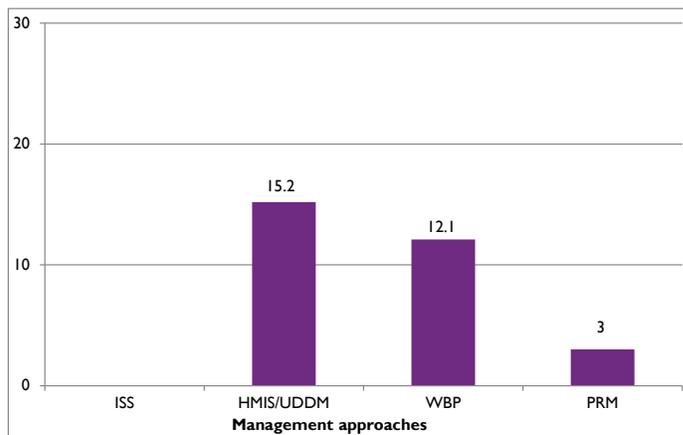
Percentage of WorHOs that will continue implementation of management approaches with only own staff but at reduced scope/frequency after IFHP support ends



Percentage of WorHOs that will continue implementation of management approaches by seeking support from other donors/partners after IFHP support ends



Percentage of WorHOs that might not be able to continue implementation of management approaches after IFHP support ends



<sup>1</sup>WorHo - Woreda Health Office, ISS - Integrated Supportive Supervision; UDDM - Use of Data for Decisionmaking; WBP - Woreda Based Planning; PRM - Performance Review Meetings

## Recommendations

**Develop criteria for determining readiness of Woreda Health Offices to graduate from direct financial and technical support.** In consultation with USAID, the Government of Ethiopia, and the Woreda Health Offices, implementing partners should develop criteria for determining the readiness of a Woreda Health Office to graduate from direct financial and technical support. The criteria could be used to directly assess the capacity of Woreda Health Offices to sustain the management approaches and to inform decisions about the minimum financial allocation each office would need for sustainability.

**Engage stakeholders in early discussions about the scale of programs to be implemented and provide guidance on what they can do to make programs sustainable.** The results from this assessment highlight the need to engage stakeholders at different levels in discussions about the scale of programs to be implemented and be guided on what they could do to sustain such programs. Several Woreda Health Office staff perceived the scale of the management approaches to be above their ability to implement without external support.

**Develop a timetable for graduation, where possible.** For the implementation of the management approaches, there appeared to be no timetable for the graduation process. Consequently, the Woreda Health Offices appear to be operating under the assumption that support from IFHP will continue for a few more years. Expectations regarding the role of district- or community-level stakeholders in sustaining programs should be communicated to them early in the program by government, funding agencies, or implementing partners. If possible, a timetable for graduation should be developed and shared with affected Woreda Health Offices.

**Ensure implementation standards for the management approaches are adequately defined and communicated to the Woreda Health Offices.** A situation where the breadth of activities becomes limited in order to continue implementing the management approach might compromise quality and positive impact on health outcomes.



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