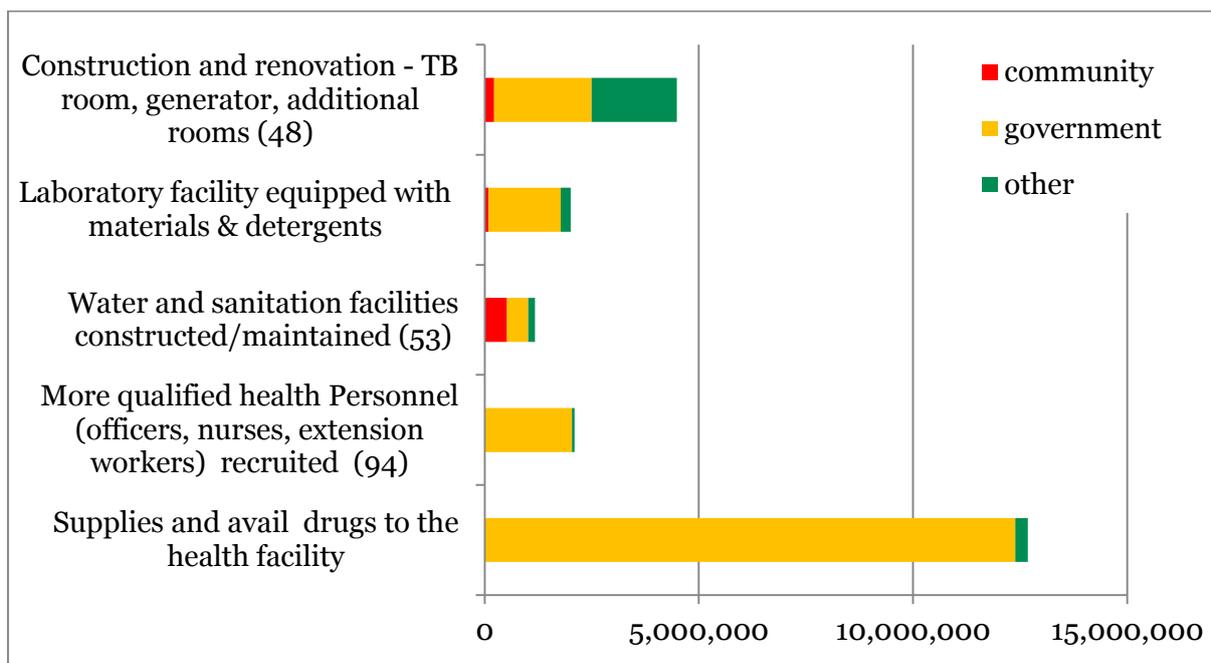


ESAP2 – RESULTS, FINDINGS AND JOINT ACTIONS IN THE HEALTH SECTOR

The Ethiopia Social Accountability Program2 has seen 40 social accountability implementing partners implementing health sector interventions in 103 woredas across all regions of Ethiopia. This summary presents the most interesting results and investments, and the main joint actions that were undertaken by communities, service providers and local governments to overcome sector performance issues.

Service Improvement Results and Investment



Increase in outpatient numbers and facility deliveries

A sample of facility data from 22 different clinics and health posts (out a total of 204 health facilities targeted through ESAP2) shows:

Outpatient increase from a total of 8,601 recorded patient visits in February 2013 to 14,499 in March 2015: a 68.6% increase in outpatients within a space of just over two years. The Ethiopian trend shows a steady increase in outpatient department usage, due to continuous investment in the health sector – yet health facilities where SA intervened performed slightly better than the national average of outpatient attendance¹.

Facility birth increased at every facility where SA intervened. Even clinics that saw a modest increase in facility deliveries at the health facility, such as in Gulele Kebele 6, Addis Ababa, where 15 births were recorded in February 2013 and 31 births in March 2015, still witnessed a doubling in deliveries. The facilities in Ambo and Liben Chequale saw rises from

¹ Annual Ministry of Health user statistics show there were a total of 30,927,623 OPD visits in EFY 2006, an average of 0.35 OPD visit per person per, which was an increase compared to the previous year, which counted 28,932,439 OPD visits, 0.34 OPD visits per person, and in 2004 EFY there were only 0.29 OPD visits per person.

2 births in February 2013 to 44 and 62 deliveries in March 2015. Many other clinics saw five and six-fold rises in facility births.

These SA targeted facilities increased their capacity and quality of service by adding more beds, more staff, more medicine, more electricity, longer opening hours, friendlier service and sometimes even better access roads, which is bound to encourage additional usage.

Joint actions to solve health service problems

Communities, service providers and local governments agreed on and implemented the following joint actions to overcome problems in the health sector:

1. Health centers recruited additional staff, increased the number of beds, and improved laboratory services – because communities have come to know ‘the standard’ in health, and worked jointly with health service providers to meet this standard.
2. Behaviour change of staff makes health centres more welcoming places for all, including vulnerable groups.
3. Trust has been restored through SA: patients are now confident that they will get a proper treatment at the clinic, and health workers have confidence that they can treat patients well because facilities have improved.
4. Cross-sector issues like absence of electricity, water supply and access roads at health centres were solved by bringing community and woreda offices together.
5. Citizens discovered that those with disabilities, people living with HIV and Aids, the elderly, orphans and other groups that are stigmatised for some reason are the most vulnerable. Communities and service providers found ways to support such vulnerable groups so they can gain access to basic services.
6. SA revealed that suboptimal drug purchasing systems leads to medicine shortages in health centres. In many cases these problems were not known by the local government. Through SA interventions catchment figures were updated, budgets were increased, and health care financing was more effectively used so that drugs shortage is a problem of the past.
7. SA can lead to the uncovering of incorrect practices, like payment for ambulance services. Woredas took measures to deal with such issues, so that patients can enjoy the free, 24-hour service they are entitled to.
8. SA has highlighted the safe disposal of medical waste. Waste disposal standards were implemented to reducing contamination risks for health workers, patients and the community alike.
9. SA has helped to improve access to healthcare in remote locations of Somali Region, Gambella and Benshangul Gumuz.

Location specific solutions

For vital monthly check-ups, PLWHAs from Adet town had to travel more than 1.5 hours every month, because the ‘CD4 count’ machine is only available at hospitals. Due to the SA process, regional health authorities discovered that there were over 600 PLWHA in the area. Considering this situation, the regional health board decided to provide more extensive services for PLWHA in the Health Center of Adet Town – so they no longer have to travel to the hospital in Bahir Dar.