## Planning and Scoping Visit Report

## Scoping Visit

**Aims of the scoping visit:**

1. At the zonal level to establish which woreda (district) offices will be the in the feasibility study.
2. At the zonal level to establish which private health facilities will be in the feasibility study.
3. At the woreda level to establish which health centers and health posts will be in the feasibility study.
4. At the woreda level to establish which private health facilities will be in the feasibility study.
5. At the woreda level to establish which NGO will be in the feasibility study.
6. To establish a schedule for the feasibility study
7. To introduce the project to key contact persons in the zone and woreda offices and facilities.
8. To set appropriate time and date for the feasibility study with the identified key contact persons.
9. To establish travel route for the feasibility study.
10. To establish accommodation where necessary.

Proposed regions, zones and woredas (districts) for DIPH scoping and feasibility study

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Region**  | **Zone**  | **Name**  | **Estimated Distance from Addis** | **Number of days required**  |
|  |
| Oromiya  | West Showa (Ambo) | Ambo (Zone office) | 140 KM | June 18th -20th  |
| Dendi Woreda | 130 Km  |
| Amhara | North Showa (Debre Berhan) | Debre Berhan (Zone office) | 140 KM | June 20th-23rd  |
| Baso Worea | 130 Km  |

In selecting the woredas we took into consideration the following:

* Language: we ensured that language would not be a barrier.
* Accessibility: woredas had to be accessible by vehicle.
* Grantee presence
* Proximity: preference was given to weredas that were closer to the capital, Addis Ababa.

## Planning

Meeting with MoH Policy and Planning Directorate Director

June 5, 2012

Present: IDEAS and JaRco investigators

The meeting started with a brief presentation of the IDEAS project. This was then followed by an introduction to the DIPH, including objectives of the DIPH, planned activities above (scoping visit, feasibility study, report writing, pilot study and implementation).

He then gave an overview of the work that the ministry is doing with respect policy, planning and M&E.; specifically he talked about the following:

* Maternal and Newborn Health is an important issue for the MOH. The major challenges facing Ethiopia with this respect are cultural barriers to seeking health care, inability to reach a health facility and proper training of health care workers. Given the importance of MNH, the Ministry wants to be engaged in work dealing in this area.
* With respect to the DIPH, He was very happy with the concept and expressed a strong interest to work together. Given that certain regions do not have zones (Tigray), and that others zones almost function as a region (SNNP), he suggested that the DIPH would work best at the woreda (district) level. He also said that the woreda is somewhat autonomous and has the power to make decisions.
* He agreed to write a support letter to the two regions where scoping and feasibility study is planned. He also assigned an individual as the focal person for the DIPH work. If necessary, he also offered to call the different regions and kindly request for their cooperation.
* MOU: He agreed that there is a need for a MOU and suggested that IDEAS/JaRco draft one and submit it to Director General, Policy, Planning & Finance (PPF) Directorate of FMOH.

Support Letters

The director asked that we submit a letter requesting the MOH to write a DIPH support letter to the regional offices where feasibility study will be conducted. Such a letter was drafted on behalf of LSHTM and JaRco and submitted to the MoH on June 8th. On June 11 we met with an M&E officer from FMOH assigned as the DIPH focal person. The following day we received the DIPH support letter addressed to Oromia and Amhara regions. JaRco then delivered these letters to the regional offices. Within two days both regional offices provided support letters addressed to the respective zones.

In Oromia region we visited the zone capital, Ambo as well as Dendi woreda. In Amhara region, we visited the zone office in Debre Berhan and health facilities in Baso woreda. We chose to visit two regions to better capture the variability that exists between zones and woredas in different regions. We also decided to visit zonal health offices to see their level of interaction with NGOs and also compare the decision making power of woredas vs. zones. To capture variability within a woreda we chose to visit 2 health facilities and 2 health posts in each woreda. In addition we planned to visit woreda health offices, NGOS and private for profit and non-profit health facilities.

June 18, 2012

On the first day of the scoping visit we travelled to Ambo, the capital of west showa zone. There we met with the head of the Ambo zonal health department office. After a brief introduction of IDEAs, and in particular DIPH project, we submitted the support letter from the region and asked for similar letters to be written from the zone to the two woreda health offices (Ambo and Dendi) and to the zonal referral hospital. The head of the zonal department linked us with the zonal MCH department head, who wrote the letters to the woredas and zonal hospital.

We then visited the zonal hospital and met with the hospital administrator, and explained the purpose of our visit. With his assistance we identified key individuals (the department heads for MCH, Paediatric and Gynaecologist as well as the medical director) that could be interviewed during the feasibility study. He gave us their contact information and asked that we directly contact them to make an appointment for the feasibility study.

Following the visit to the hospital, we went to the Ambo woreda health administration office and attempted to meet the woreda health office head, but were unable to do so as he was attending meeting elsewhere. On our second visit, we were able to talk to the deputy head, who assisted us in selecting a health centre and health post in Ginchi. He told us that there were no NGOs or non-profit health service delivery institutions operating on the MNH program in the woreda. He said that there were some private health service providers, however he noted that they do not have a reporting linkage with the woreda health office.

June 19, 2012

On the second day we travelled to Dendi woreda and met with the woreda health office deputy head. After a brief introduction to the purpose of the visit, we identified key individuals (woreda health office head and MCH head) and took their contact information. With his the MCH head assistance we were able to identify one health centre, one health post, one NGO and one non-profit clinic (Catholic clinic) operating in the woreda.

 We then visited all of the institutions identified above. First we met with the NGO (Save the children USA) program coordinator. After a brief introduction to IDEAs and the purpose of our visit, we obtained contact information for the program coordinator working on MCH. Following this we went to Mecha Borodo non-profit (catholic) clinic and similarly met with the clinic head and identified key individuals and their contact information.

Our initial plan was to visit two woredas per region, however, upon closer inspection of the aims of the feasibility study and our time constraints we decided to visit one woreda from each of the regions. Consequently, we decided to focus the feasibility study in Dandi woreda (where there was an NGO presence as well as a non-profit private clinic) and excluded Ambo woreda. We also decided to visit the zonal health office and referral hospital in one of the regions (Amhara) and excluded the hospital, zonal health office in Oromia region.

June 20, 2012

On the third day of the scoping visit, we travelled to North Showa zone where we first visited the zonal health department office. There we met with the deputy head, and gave him the support letter from the region. After introducing the IDEAs project and the DIPH study, we requested, and received, letters of support from the zone to Bosa woreda and zonal referral hospital. Prior to our departure, we also obtained contact information for the head and deputy head of the zonal health office for the purpose of scheduling an appointment for the feasibility study.

From the zonal office we travelled to Basso woreda health office where we met with the deputy head. With his assistance we identified one health centre and one NGO for the feasibility study. In the afternoon we visited the Keyit health centre and met with the health centre head. With his assistance, we indentified key staff members at the health center as well as a health post (Bakelo) functioning under the health center. Next we visited Bakelo health post and met with health extension workers. Finally we visited ***Semen Showa Tesfa Birhan, Children and Family Development Program*** (NGO)***,*** which works on maternal and child health in the region. We met with the program coordinator where we again explained the purpose of our visit and took contact information for key individuals in the organization

June 21, 2012

On the fourth day of the scoping visit, we visited one additional health centre and health post to see the potential variability that exists between health centers/posts within one wored. We asked the wored health office to identify less performing facilities. Compared to Keyit health centre and Bakelo health post that we had visited the previous day, the Goshe Bado health centre and health post were identified as less performing facilities. We meet with Goshe Bado health centre head, at the woreda health office where he was attending a meeting. We then visited Goshe Bado health centre and health post where we were able to meet with the health centre staffs and health extension worker, respectively.

We also visited the Debre Berhan referral hospital. However, we were unable to physically meet with the hospital medical director. Instead we explained the purpose of our visit over the phone and informed him that we will contact him over the next few days to schedule an appointment for the feasibility study.

June 22, 2012

On the last day of the scoping visit we returned to Dendi woreda to visit a health post and health center that, compared to Ginchi health center and healh post, were identified has being low performing health facilities. We met with woreda health office headand selected Welenkomi health centre and Ehud Gebeya health post. We met with the head of Welenkomi health center and made arrangements to contact him for the feasibility study. We then visited Ehud Gebeya health post and met the two health extension workers and informed them that we will contact them to set an appointment for actual feasibility study.

June 25, 2012

We prepared a schedule for the feasibility study and accordingly contacted relevant individuals at each of the offices and health facilities. We informed them of the time and date we were planning to visit their office/facility and confirmed their availability.

We also developed a visit guide that could be used during our visits.