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Kebri Dehar Hospital operating room built using retained revenue

Kebri Dehar General Hospital in Somali Region transforms services using retained revenue

Somali is one of Ethiopia's four Developing Regional States. It started implementing HCF reforms later than the reform-advanced agrarian regions of Amhara, Oromia, Tigray, and Southern Nations, Nationalities and Peoples' Region.

Although the Somali regional government issued its proclamation to implement HCF reform in 2012, the endorsement of other legislations, the adaptation of the HCF implementation manual, and other activities that support the region's capacity to implement reforms has been a slow process. However, considerable progress has been attained over the past few years with USAID technical assistance. Building implementation capacity for the HCF reforms has been a key area of USAID technical assistance.

An important component of the HCF reforms to augment the inadequate government budgets allocated to the public health facilities and thereby ensure improved service provision is the revenue retention and utilization (RRU) intervention. RRU allows health facilities to keep the revenue they generate primarily from patient fees, and use it to fund quality improvement activities. A number of health centers and primary care hospitals in the region are successfully implementing the RRU intervention, including the Kebri Dehar General Hospital. Leadership at Kebri Dehar have successfully utilized retained revenue to expand the range, quality, and availability of diagnostic and treatment services that the hospital delivers.

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Mahamud Mahamed Sofe, CEO of the hospital and an emergency surgeon, first focused on making specialized services like obstetrics and radiology available at the hospital, including by improving its human resources capacity. Five specialists – one each in surgery, gynecology and obstetrics, internal medicine, pediatrics, and radiology – were hired using retained revenue.

Improvements to hospital infrastructure and equipment were the next priorities. The hospital:

- Renovated hospital space to configure an x-ray room and installed a new, digital x-ray machine provided by the Ministry of Health. The digital x-ray transformed radiology services in a number of ways, including by providing clear images that can be viewed on a computer monitor within seconds of being taken, and images that can be enhanced and enlarged for better diagnostics. Digital x-rays also expose patients and staff to far less radiation than traditional film x-rays.
- Constructed a new, well-equipped operating room which upgraded their surgical facilities.
- Replaced stairs with ramps to better transport patients between the operating room and hospital wards.
- Purchased a Doppler ultrasound machine. Previously, the hospital could not conduct blood flow tests because they cannot be done using traditional ultrasound.
- Purchased chemistry, electrolyte, and complete blood count equipment which enables the hospital to provide more comprehensive and better quality laboratory diagnostic services.
- Purchased electronic patient monitors that display the essential body functions of patients in the intensive care unit.

Advances in these areas enabled the hospital to have better diagnostic and treatment services and reduce patient referrals. Previously, patients that required surgery were referred elsewhere because the hospital lacked chemistry equipment to conduct investigations, for example. According to the hospital's general surgeon, Dr. Mekbib Berga, "There were many diseases we could not diagnose."

Fewer referrals and better quality on-site capabilities also mean that physicians can make more timely and accurate decisions regarding care. These investments also contributed to increased service uptake by community members. Last year, there were 46,000 patient visits at the hospital. The hospital CEO says up to 50,000 are expected this year.

The USAID Health Financing Improvement Program has extended technical assistance to the Somali Regional Health Bureau in adapting HCF legal frameworks and reform implementation manuals for use in the region, and developing a dedicated HCF organizational structure currently under review by the region that once put in place will facilitate the operationalization of HCF reform implementation.

Through advocacy and technical support, the USAID Health Financing Improvement Program supported the Somali region to deploy finance officers to health facilities in order to improve their capacity to implement HCF activities. The Program has also provided a series of trainings on health facility governance and financial management and undertook periodic field-visits to the facilities, including Kebri Dehar General Hospital, to provide on-site technical support and help ensure the proper implementation of the reforms. Current work under the USAID Health Financing Improvement Program includes assistance to the region in extending another HCF reform – the community-based health insurance program.

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