

USAID/ETHIOPIA REPORTING TEMPLATE

THE MATERNAL CHILD HEALTH INTEGRATED PROGRAM (MCHIP)

JHPIEGO and SAVE THE CHILDREN-US

PROGRESS REPORT FOR

OCTOBER 2010 – SEPTEMBER 2011

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ADDIS ABABA

List of acronyms and abbreviations

BEmONC	Basic Emergency Obstetric and Newborn care
CKMC	Community-based Kangaroo Mother Care
EMA	Ethiopian Midwives Association
EPS	Ethiopian Pediatric Society
FP	Family planning
FMoH	Federal Ministry of Health
HBB	Helping Babies Breath
HEW	Health Extension Workers
ICM	International Confederation of Midwives
IRB	Institutional Review Board
IUCD	Intra-uterine Contraceptive Device
JHU-IIP	Johns Hopkins University Institute for International Programs
KMC	Kangaroo Mother Care
MCHIP	Maternal and Child Health Integrated Program
M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn and Child Health
PQI	Performance Quality Improvement
RHB	Regional Health Bureau
WRA	White Ribbon Alliance

Table of Contents

List of acronyms and abbreviations	2
General Information	4
Background/Introduction	5
Summary of key accomplishments and successes.....	5
Detailed description of achievements by results.....	6
Partnership and coordination	6
Technical assistance/STTA,	8
Publications/reports	9
International Travel.....	9
Monitoring Visits.....	9
Major constraints/challenges and actions to overcome them.....	9
Data quality issues	9
Major activities planned for next period	10
Environmental compliance	10
Issues requiring the attention of USAID management.....	13
Data sharing with the host government	13
Appendices.....	13

General Information

Program/Project title	Maternal and Child Health Integrated Program (MCHIP)
Prime partner	Jhpiego
Sub-partner(s)	Save the Children-US
Cooperative agreement(contract) number	GHS-A-00-08-00002-000
Program/project start date	October, 2011
Program/Project end date	September 30, 2013
Life of Project budget	Year 1: 2,840,000 plus \$500,000
Reporting period	October 1, 2010 - September 20, 2011

Background/Introduction

The goal of the MCHIP Ethiopia program is to reduce maternal and newborn morbidity and mortality in the country, and the strategic objective is to increase use of and coverage of high impact maternal and newborn interventions including the reduction of maternal to child transmission of HIV. The program builds upon current and previous USAID supported efforts and works in four regions, namely Tigray, Amhara, Oromia, Southern Nations and Nationalities People (SNNP), which have been identified by USAID as priority regions. These regions are also the same ones where the USAID funded Integrated Family Health Program (IFHP) is working, thus allowing for maximization of USG resources. MCHIP also provides national level technical assistance in a number of critical areas, such as roll out of the national newborn resuscitation program.

Summary of key accomplishments and successes

- Orientated FMOH and targeted RHBS to the MCHIP program objectives, and collaborated on site selection and program approaches.
- Introduced a PQI process, Standards-Based Management and Recognition (SBM-R), to improve the quality of MNCH services provided in the 21 facilities.
- Completed a literature review on cultural barriers affecting women's utilization of health services and optimal health practices in Ethiopia; the report has been drafted and preliminary copy submitted to USAID;
- Initiated the documentation of best MNH practices and approaches among MNCH partners. Once the promising practices are identified in year two, MCHIP will work with the FMOH to identify the appropriate implementation mechanism for scale-up of the selected practices.
- Provided technical support to the FMOH for the implementation of the National MNCH Communication and Advocacy Plan.
- Sponsored Ethiopian regional representatives to attend the "Africa Regional Meeting on Interventions for Impact in Essential Obstetric and Newborn Care", hosted in Addis Ababa from February 21-25, 2011. MCHIP also sponsored 20 Ethiopian participants in the Regional HBB Training of Trainers (TOT) in Addis Ababa, February 24 – 25, 2011.
- Supported the Ethiopian Midwives Association (EMA) to build the capacity of internal operational functions and to increase visibility of the association in the arena of MNH advocacy.
- Initiated the "Midwife of the Year" award to recognize the invaluable efforts midwives make throughout the country in saving lives and will inspire and motivate many other midwives. The first prize for Midwife of the Year was awarded during the EMA Annual General Assembly.
- Supported five health science colleges (Amhara and SNNP Regions) to improve the quality of pre-service midwifery education using the PQI approach and in selected colleges through direct financial assistance.
- Orientated over 300 midwives to the WRA during the Midwifery Association's Annual General Assembly organized in September 2011.
- Provided support to the FMOH in strengthening the National Family Planning training manual.
- Assessed and selected 18 facilities to implement KMC in four regions (Amhara, SNNP, Oromia and Tigray regions), and has commenced training providers on KMC as an integral part of the BEmONC training.
- Developed protocol for evaluating the feasibility of CKMC was submitted to Johns Hopkins University and the Ethiopian Health and Nutrition Research Institute (EHNRI) IRBs for ethical approval; provisional approval was obtained from JHU.

- Supported the FMOH in the national rollout of the HBB initiative and its performance monitoring and evaluation.
- Participated in the revision of different MNCH related training materials for Accelerated Midwifery Education, Essential Newborn Care (ENC), Integrated Refresher Training (IRT) and neonatology.

Detailed description of achievements by results

- Following a series of in-country discussions with partners and stakeholders, the Ethiopia MCHIP work plan was developed and submitted to USAID offices in Addis Ababa and Washington. A provisional work plan approval for the project was received in February 2011, and the final approval was obtained in March 2011. Immediately after acquiring the approval, MCHIP introduced the project objectives and implementation plan to the representatives of FMOH, Regional Health Bureaus, zonal and woreda health departments and facilities. A total of 21 facilities, six hospitals and 15 health centers, previously supported by the USAID/IFHP were selected. MCHIP would thus support:
 - Felegehiwot and Dessie Hospitals, and Merawi, Adet, Kombolcha and Haik Health Centers in Amhara
 - Shashemene Hospital and Aresi Negele and Kore Health Centers in Oromia
 - Arbaminch and Hossana Hospitals and Birbir, Homicho, Morsito and Shelle Health Centers in SNNPR
 - Mekele Hospital and Hager Selam, Mariam Korao, Alasa, Tikul (Adia-Azmera) and Adi-Mizan Health Centers in Tigray
- MCHIP introduced a PQI process, Standards-Based Management and Recognition (SBM-R), to improve the quality of MNCH services provided in the 21 facilities. Between May and September 2011, the first Module PQI workshops and baseline assessments were conducted in all sites. The workshops and baseline assessments helped the facility staff, managers and providers to understand MNCH performance standards and to identify gaps in provision of MNCH services in their facilities. In response to identified performance gaps, two training courses in BEmONC were conducted to improve the knowledge, skill and attitude of 32 skilled providers to provide quality essential MNH care.
- A review of literature was conducted by MCHIP to identify cultural practices and harmful traditional practices that affect utilization of maternal health services and optimal health practices. This consisted of an exhaustive desk review of more than 200 published and unpublished literature obtained on-line and in the archives of universities in country. The resulting report will be shared with stakeholders who will be encouraged to strengthen the services currently provided by addressing the practices identified. A first draft has been shared with USAID;
- MCHIP has initiated the documentation of best MNH practices and approaches among MNCH partners. 43 representatives of partner organizations attended the consensus building workshop held in July 27, 2011, discussed the criteria for nominating promising practices, and formed a technical working group for selecting and recommending the most promising ones. Based on the inputs provided at the meeting, a working document was developed for identifying promising practices. The working group is led by the FMOH and comprises experts from USAID, CDC, UNFPA, UNICEF and WHO. A questionnaire was also distributed to partners working in MNCH to submit their nominations to the technical group; MCHIP is compiling the questionnaires.
- MCHIP is providing technical support to the FMOH for the implementation of the National MNCH Communication and Advocacy Plan. Potential partners that have a role to play in MNH advocacy were identified. MCHIP is still looking for opportunities to revitalize the WRA for Ethiopia and initiated discussions with the FMOH's Public Relations and Urban and Agrarian Health Promotion

Disease Prevention Directorates to explore their policy, advocacy and communication plans. MCHIP also consulted the WRA Global Secretariat about facilitating a consultative meeting to discuss the mechanisms for a WRA for Ethiopia. As part of the revitalization plan for WRA, MCHIP also orientated over 300 midwives to the WRA during the Association's Annual General Assembly organized in September 2011.

- Ethiopia hosted the MCHIP “Africa Regional Meeting on Interventions for Impact in Essential Obstetric and Newborn Care”, focusing on prevention and management of postpartum hemorrhage, pre-eclampsia and newborn asphyxia, in Addis Ababa for over 300 participants from different MCHIP implementing countries from February 21-25, 2011. MCHIP sponsored Ethiopian representatives from Gambella, Benshangul Gumuz, Somali, Dire Dawa, Addis Ababa and SNNP Regions to attend the meeting. MCHIP also sponsored 20 Ethiopian participants in the Regional HBB Training of Trainers (TOT) in Addis Ababa, February 24 – 25, 2011. A discussion on efforts to rollout HBB in Ethiopia was initiated with FMOH and partners. The integration of HBB into different MNCH training packages by the FMOH and partners is underway. MCHIP is supporting the FMOH in developing the national HBB implementation plan which will be an integral part of the National Child Health Program. MCHIP will continue to work with the FMOH and partners (including UNICEF) in the rollout of HBB nationally, as well as support an evaluation where appropriate.
- MCHIP supported a workshop for the EMA to build its capacity to better manage its organization's operational functions. The workshop resulted in the finalization of the association's Human Resource and Financial manual. MCHIP sponsored the EMA to celebrate the International Day of the Midwife on May 5, 2011, which led to increased visibility of the association in the arena of MNH advocacy. Additionally, MCHIP sponsored five midwives (one midwife from the human resource department at the FMOH, a Board Member of EMA and three MCHIP project staff) to attend the ICM Triennial Conference in Durban, South Africa from June 16 to 24, 2011.
- During the EMA Annual General Assembly the first “Midwife of the Year” award was presented to Hodan Ahmed a midwife selected by the selection panel. The selected midwife was recognized for the tremendous work she is doing in a remote and often extremely harsh work conditions in Somali region. It is anticipated that this will be an annual award that recognizes the invaluable efforts midwives make throughout the country in saving lives and will inspire and motivate many other midwives.
- MCHIP introduced a PQI approach in the educational setting to improve the quality of pre-service midwifery education. Five health sciences colleges, namely, Arbaminch, Hosanna, Hawassa Health Science Colleges from SNNPR, and Bahir Dar and Dessie Health Science Colleges from Amhara Region were supported. After adapting the educational performance standards for midwifery education, Module I PQI training and baseline assessments were conducted in all schools in June 2011. 24 faculty members of Hosanna, Hawassa, Bahir Dar and Dessie Health Science Colleges were trained on ETS from June 27 – July 1, 2011 and 23 on combined Clinical Testing Skills and student Performance Assessment from September 19 – 24, 2011. The trained faculty will now have the skills required to improve the teaching/learning process. Additionally MCHIP signed an agreement with SNNPR RHB to provide financial assistance to Arbaminch, Hosanna and Hawassa Health Science Colleges.
- MCHIP has identified partners and stakeholders working on family planning logistics that can be leveraged in the next project year to increase the availability of post-partum FP methods at facility level. At the request of FMOH, MCHIP reviewed the Comprehensive Family Planning Training Package.
- MCHIP assessed and selected 18 facilities to implement KMC in four regions (Amhara, SNNP, Oromia and Tigray regions), and has commenced training providers on KMC as an integral part of the BEmONC training.

- The protocol developed for evaluating the feasibility of Community-based Kangaroo Mother Care (CKMC) was submitted to Johns Hopkins University and the Ethiopian Health and Nutrition Research Institute (EHNRI) IRBs for ethical approval; provisional approval was obtained from JHU. Additionally, a training module on CKMC for HEWs was prepared and the necessary equipment and supplies for establishing CKMC are being procured.
- MCHIP supports the FMoH in the national rollout of the HBB initiative and its performance monitoring and evaluation. MCHIP received a technical assistance visit from Dr Abdullah Baqui of the JHU-IIP to assess the potential for a program performance evaluation of a national rollout of HBB in Ethiopia. Discussions with the FMoH, USAID, UNICEF, EPS, IFHP and Addis Ababa University (AAU) reached a consensus that the performance evaluation of HBB is useful but needs to be considered within the context of the national comprehensive newborn care plan and not as a separate evaluation. Should the evaluation take place, MCHIP has identified a potential national Principal Investigator (PI) from AAU.
- MCHIP participated in the revision of the following training materials;
 - MCHIP participated in the adaptation and development of core competencies of the Accelerated Midwifery Education curriculum. MCHIP also sponsored a national 3-day curriculum review workshop conducted 17 – 19 March, in Adama. The curriculum aims to address the country’s huge need for midwives by training diploma level trained nurses in one year;
 - In discussions with UNICEF it was agreed to integrate HBB and KMC into the Essential Newborn Care (ENC) training materials, which have been developed with technical assistance from EPS, and to add CKMC into the clean delivery training materials for HEWs. Through the National Child Survival Working Group, MCHIP participated in the revision of ENC materials and co-trained with UNICEF/EPS on ENC;
 - MCHIP participated in the development of the national implementation plan for rollout of the modular¹ IRT (Integrated Refresher Training) for HEWs. The training guidelines address amongst other areas the strategy to rollout and cascade the IRT, the role of stakeholders and resources needed to roll out the IRT and monitoring and evaluation of the rollout. MCHIP participated in the master trainers training on IRT (Module II) for HEWs organized by the FMoH, and MCHIP is closely working with the RHBs in the rollout of IRT for HEWs;
 - MCHIP took part in the technical review meetings organized by FMoH to review the standards and training modules for in-service training on neonatology for nurses assigned at regional hospitals to provide advanced care for neonates. In the meeting the draft national newborn action plan was also reviewed.

Partnership and coordination

- MCHIP is working closely with FMoH and partners e.g. IFHP and UNICEF to coordinate efforts and integrate where appropriate.
- MCHIP will benefit from the national BEmONC training efforts underway, currently funded by UNICEF. As Jhpiego is a partner in the national BEmONC program it will ensure that national BEmONC training sites are used for the MCHIP BEmONC trainings. MCHIP will also ensure that

¹ The five modules of the IRT consist of: Module I – integrated Community Case Management; Module II – community-MNCH; Module III – Immunization; Module IV – Tuberculosis/HIV; Module V – First Aid.

support to the five midwifery colleges is linked with hospitals selected as national BEmONC training sites.

Technical assistance/STTA,

- Dr Abdullah Baqui, Professor JHU-IIP, May 2011

Publications/reports

None

International Travel

- Ephrem Daniel, MCHIP M&E advisor from May 1-7, 2011 Nairobi, Kenya to attend the global Jhpiego/MCHIP M&E workshop.
- Hannah Gibson, MCHIP Program Director, Mintwab Gelagay, MCHIP MNH Advisor, Azeb Admassu FMoH Midwifery Program Officer, Daniel Nadew, EMA Board Member, from June 17- 24, 2011 Durban, South Africa to attend the ICM conference.
- Alemnesh Tekleberhan, MCHIP Program Manager from June 13- 24, 2011 Durban, South Africa to attend the ICM Council meetings and ICM conference.

Monitoring Visits

Conducted baseline assessments for 6 hospitals and 12 health centers (report attached).

Major constraints/challenges and actions to overcome them

- Approval of the Year 1 work plan took longer than anticipated and activities could not start till 3rd quarter of FY11. Facility level activities began in the last quarter of FY11 therefore making it challenging to collect and attribute service delivery reports in the last remaining quarter. Ultimately many activities from MCHIP Year 1 will be carried forward into Year 2.
- The FMoH is still exploring the potential benefits of conducting a separate performance evaluation of the national rollout of HBB. At this stage Ethiopia will not be part of a multi-country HBB evaluation. However, MCHIP will work with the FMoH to support the development of an evaluation in the context of the national newborn care program of which HBB will be a component.
- In following FMoH requirements to standardize all refresher training for HEWs by following the Integrated Refresher Training, MCHIP is required to adapt its training materials on newborn care (including HBB and KMC) in order to train HEWs and the newly titled community health promoter². For MCHIP the IRT poses some limitations as it does not sufficiently address CKMC. However, as the CKMC study will be research, in discussion with the RHBs and the FMoH it may be possible for MCHIP to use its training materials for the study alone.

² Previously called voluntary community health care workers

Data quality issues

Data completeness was a challenge for the baseline facility assessment. To tackle this challenge MCHIP plans to include standards that focus on data quality and functional HMIS in the PQI standards. A session on M&E will be included in the PQI Module II training; additionally MCHIP will also focus on record review as an area for performance improvement during mentoring and coaching visits.

Major activities planned for next period

Program Launch and Review

- National MCHIP Review meeting to review activities to date and discuss technical approaches
- Regional review meetings in (Amhara, SNNP, Oromia and Tigray) to discuss progress, success and challenges in program implementation and the way forward

Communication and Advocacy

- Participate in and engage in meetings of the Safe Motherhood and Communication Technical Working Groups (TWG) – nationally and regionally.
- Participate in the review, adaptation and development of MNH advocacy material
- Develop, test, print and distribute a calendar containing key MNH messages
- **Work** closely with FMOH to make sure WRAE actions addressed with existing actions of FMOH
- Conduct two regional sensitization MNCH/WRAE meetings

Cultural Barriers

- Findings from literature review disseminated and determination of whether further study required
- Develop a study protocol to obtain data on gaps identified during cultural barriers literature review conducted in year one
- Finalize field level data collection, analysis and write up of the first draft assessment report

Documenting promising practices in MNH

- Conduct site visits to verify that suggested promising practices are actually implemented and fit criteria
- Organize feedback meeting after field visits to share results and reach consensus
- Collate findings from field visits and develop, print and disseminate final report
- In collaboration with other partners “map” current MNCH programs at national, regional and woreda level

Support Ethiopian Midwifery Association to lead the professionalization of midwifery in Ethiopia

- Provide technical and financial support to conduct professional knowledge and skill updates on pre-eclampsia/eclampsia to EMA members during International Day of the Midwives , May 5 2012
- Provide technical and financial support to strengthen networking and partnerships between the EMA and midwifery schools
- Provide technical and financial support for the development and printing of the annual EMA membership newsletter(1000)
- Host meeting with regional chapters and national association to identify areas for capacity development and strengthening regional chapters

- Collaborate with UNFPA to develop articles and news items for the newly developed EMA web site

Community KMC

- Pre-test CKMC manuals for community level implementation
- Conduct CKMC training for HEWs
- Orient Community Health Promoters to CKMC (from 102 HP catchment areas)
- Establish CKMC in 102 Health Post catchment areas
- Conduct pre-testing of data collection tools and collect the data for the baseline survey (includes household survey)
- Carry out data entry and cleaning
- Conduct ongoing routine data extraction from existing records

Performance Quality Improvement

- Conduct review of the PQI process including review of standards and measuring outcome
- Identify selected standards for comprehensive MNH interventions for the PQI process
- In collaboration with IFHP identify sites for MCHIP MNH interventions in IFHP Woredas (Phase Two sites)
- Obtain baseline health facility data from health centers and woreda offices
- Introduce PQI process to one zonal hospital in Oromia (Wolliso)
- Support Phase one sites to finalize baseline assessment
- Conduct Module 2 workshop for PQI for health care providers and district, zonal and regional managers to strengthen the PQI process
- Conduct supportive supervision to PQI implementing facilities to provide technical assistance and select outstanding facilities for benchmarking
- Conduct Module 3 workshop for health care providers and district, zonal and regional managers to strengthen the PQI process
- Facilitate benchmarking visits at PQI implementing facilities
- Coordinate with relevant partners to ensure the availability of HMIS forms in health facilities and facilitate distribution of forms to MCHIP sites
- Provide essential equipment/materials to health facilities to fill persistent gaps identified in baseline assessments in coordination with USAID procurement

MNH and PMTCT

- Review and adapt existing BEmONC training packages to identify gaps and strengthen PMTCT and ENC components in BEmONC training
- Conduct BEmONC training for skilled providers identified from selected Phase One and Phase Two sites
- Support the Amhara and Tigray regional health bureau Safe Motherhood technical working group to take the lead in coordinating MNCH activities for their regions and conduct regular meetings
- Identify with other partners/ USAID unsupported urban and peri-urban facilities for MCHIP PMTCT interventions
- Introduce PMTCT service in newly identified MCHIP sites who do not have PMTCT program
- Conduct BEmONC and PMTCT training for staffs working in PMTCT sites
- Conduct supportive supervision to phase one and two MCHIP sites

HBB implementation

- Continue to support FMOH to ensure integration of HBB training materials into MNH training materials
- In collaboration with UNICEF facilitate the availability of basic resuscitation equipment at selected health facilities

- Conduct periodic joint integrated supportive supervision on MNH activities to Health Centers and Health Posts
- Support UNICEF and the FMoH in the development, review and finalization of the national newborn care implementation plan
- Ensure linkages with other USG partners involved in PMTCT/HIV Care and Support programs for transportation of dried blood spot samples for early infant diagnosis

Post-partum FP

- In discussion with FMoH and partners identify most appropriate approach for integration of post-partum IUCD into service delivery
- Review BEmONC training package and adapt / integrate post partum IUCD insertion into national FP Learning Resource package
- Identify and collaborate with partners and stakeholders working on family planning logistics to ensure IUCD supplies
- Collaborate with partners, RHB and FMoH to support demand generation for PP-IUCD such as development of patient counseling materials
- Support FMoH and working group partners to finalize strategy for permanent FP methods
- Ensure MCHIP Compliance with all Statutory and Policy Requirements for FP Activities

Midwifery Pre-service Education

- Provide financial support to 3 midwifery schools in SNNP region
- Conduct on-site Comprehensive ETS course with the Modified Computer Assisted Learning (ModCAL®) package for 100 faculty teaching diploma midwifery students (including the Accelerated Midwifery Program) in Amhara, SNNPR and Oromia
- Conduct PQI Module I workshop for 5 midwifery schools running the AME program in Oromia and Amhara
- Conduct PQI module II workshop for 5 schools in Amhara and SNNPR
- Conduct PQI module I workshop for 6 new schools running the AME program (Oromia and Amhara)
- Conduct CTS training with skills assessment for midwifery preceptors for 11 midwifery schools
- Share competency based learning and assessment tools with 11 midwifery schools
- Facilitate supply of skills lab learning materials identified in baseline assessment gaps
- Strengthen the Academic Development and Research Center/ Exam Centers of the schools to improve their technical efficiency
- Continue to provide technical support to the EMA and the FMoH and work with partners to support improvements in midwifery education
- Conduct supportive supervision and follow up on PQI and other pre-service interventions

Clinical sites for new Emergency Surgical Health Officer graduates

- Develop action plan with FMoH, USAID, Centers for Disease Control and Prevention (CDC) and UN partners to map out needs to prepare sites and roles and responsibilities of each party
- Conduct joint mission with FMoH/partners to selected sites in 6 regions to identify gaps in site preparedness
- Identify sites for new graduate deployment and linkages with other MCHIP sites and interventions
- Develop site readiness/site strengthening plan for selected health facilities and act as a coordination point for supplies allocation

Community based newborn health

- Training of trainers on IRT community-MNCH for HEWs in MCHIP supported HPs
- Coordinate with ICCM partners to make sure HEWs are trained on community-MNCH module of IRT

- Coordinate with partners to ensure the availability of Family Health Cards and HMIS tools in MCHIP supported health posts and facilitate distribution
- Conduct joint ISS to follow up on community MNCH
- Coordinate with partners (UNICEF) and RHBs to ensure availability of basic MNCH equipment and supplies at the HP level
- Conduct ToTs on ICCM (community management of malaria, pneumonia, diarrhea and severe acute malnutrition for children under 5)
- Review and standardize supportive supervision checklist and indicators for ICCM
- Conduct joint integrated supportive supervision of at least 20% of trained HEWs per quarter on ICCM

Community based family planning counseling

- In collaboration with the IFHP and other stakeholders, identify gaps for strengthening LAM/ transition counseling skills in national FP Training LRP and adapt training materials if necessary/feasible
- Advocate for strengthening integration of LAM into HEW and skilled provider FP training with FP partners

Environmental compliance

Standard infection prevention practices are integrated in all MCHIP training events to ensure environmental compliance. Waste disposal in health facilities is also included in the PQI standards. Future health facility visits by the MCHIP team will also include monitoring of health facilities waste disposal system.

Issues requiring the attention of USAID management

- Approval of the year one work plan did not take place till March 2011. Therefore it is has not been possible for all activities proposed for year one to be completed.
- The direct financial support to three midwifery schools in SNNPR was not included in the year one financial obligation. If MCHIP is to provide financial support in addition to all the other activities additional funding is required.
- A clear scope of work for postpartum FP activities is required to ensure that MCHIP does not duplicate efforts of IFHP and other USG partners.

Data sharing with the host government

The baseline assessment report will be shared with the RHBs.

Appendices

ANNEX 1: MCHIP Health Facilities Baseline Assessment Reports, MCHIP-Eth, July, 2011

USAID/Ethiopia Indicator Reporting format (To be used by updating throughout the year)

S#	Name of the indicator(and its disaggregation) by result areas	Targets/plan		Previous Cumulative performance	FY2011 Performances					Current Cumulative performance
		LOP**	FY2011		Q I	Q II	QIII	Q IV	Annual	
	Result 1: MNH and PMTCT services improved by enhancing and strengthening the enabling environment for MNH care									
	Standard indicators									
1.1	# of studies conducted with MCHIP support	2	1	0	0	0	0	0	0	
1.2	Number of (national) policies drafted with USG support	TBD	TBD	0	0	0	0	2	2	2 (this are the financial and human resource manuals developed for EMA)
	Custom indicators									
1.3	Functional White Ribbon Alliance present in Ethiopia	1	0	0	0	0	0	0	0	0
1.4	# of MNH promising practices/ approaches scaled up by partners and FMoH /Regional MoH and used to inform IEC/BCC	NA	NA	0	0	0	0	0	0	

USAID/Ethiopia Indicator Reporting format (To be used by updating throughout the year)

S#	Name of the indicator(and its disaggregation) by result areas	Targets/plan		Previous Cumulative performance	FY2011 Performances					Current Cumulative performance
		LOP**	FY2011		Q I	Q II	QIII	Q IV	Annual	
	services									
1.5	Number of forums and technical working groups relevant to MNH and midwifery that the EMA is a member of and actively participating in	NA	NA	0	0	0	3	3	3	
2	Result 2: Availability, accessibility and quality of key MNH and PMTCT services improved									
	Standard indicators									
2.1	Number of deliveries with a skilled birth attendant (SBA) In USG-assisted programs	TBD	17,210	0	NA	NA	NA	NA		
2.2	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	TBD	8,605	0	NA	NA	NA	NA		
2.3	Number of first ANC visits by skilled providers from USG	TBD	21,594	0	NA	NA	NA	NA		

USAID/Ethiopia Indicator Reporting format (To be used by updating throughout the year)

S#	Name of the indicator(and its disaggregation) by result areas	Targets/plan		Previous Cumulative performance	FY2011 Performances					Current Cumulative performance
		LOP**	FY2011		Q I	Q II	QIII	Q IV	Annual	
	assisted facilities									
2.4	Number of health workers trained by cadre on maternal and newborn health services	TBD	382	0	0	0	165	83	148	
2.5	Number of USG-assisted service delivery points providing FP counseling or services (the focus is PFP)	TBD	TBD	0						Yr2 activity
2.6	Number of people trained In FP/RH With USG Funds	TBD	192	0	0	0	0	0	0	Activity was postponed to year 2
2.7	# of clients undergoing post-partum insertion of IUCD, LAM and tubal ligation as FP method	TBD	TBD							Activity was postponed to year 2
2.8	# of MCHIP supported health facilities demonstrating compliance with clinical standards	TBD	NA							Expected to be achieved at the end of year 2
2.9	# of infants receiving Cotrimoxizole (CTX)	TBD								Activity will be

USAID/Ethiopia Indicator Reporting format (To be used by updating throughout the year)

S#	Name of the indicator(and its disaggregation) by result areas	Targets/plan		Previous Cumulative performance	FY2011 Performances					Current Cumulative performance
		LOP**	FY2011		Q I	Q II	QIII	Q IV	Annual	
	prophylaxis		NA							started in year II
2.10	Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	TBD	NA							Activity will be started in year II
2.11	Number of host-country institutions with increased management or institutional capacity as a result of USG investments involving higher education institutions (Midwifery Schools)	5	5					5	5	5
2.12	Number of host-country individuals trained as a result of USG investments involving higher education institutions	TBD	75	0	0	0	120	0	120	120
	Custom indicators									
2.13	# of facilities implementing performance quality improvement for MNH	TBD	18	0	0	0	0	21	21	

USAID/Ethiopia Indicator Reporting format (To be used by updating throughout the year)

S#	Name of the indicator(and its disaggregation) by result areas	Targets/plan		Previous Cumulative performance	FY2011 Performances					Current Cumulative performance
		LOP**	FY2011		Q I	Q II	QIII	Q IV	Annual	
3.1	Number of IEC/BCC materials printed and distributed on newborn care	TBD	2,400	0						Postponed to year II
3.2	# of health posts that practice CKMC	TBD	60	0						We are waiting for IRB approval to start the activity
3.3	Number of identified very LBW babies referred to health facility by HEWs (reported when it occurs)	NA	NA	0						We are waiting for IRB approval to start the activity
3.4	Number of Newborns received home visits within 3 days postpartum	TBD	5,604	0						We are waiting for IRB approval to start the activity