

USAID/ETHIOPIA REPORTING TEMPLATE

Maternal Child Health Integrated Program

Submitted by Jhpiego

PROGRESS REPORT FOR

2011 - 2012

October 1, 2011 – September 30, 2012

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October, 2012

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Contents

General information 5

Background/Introduction 6

Summary of key accomplishments and successes..... 6

Detailed description of achievements by results..... 7

Technical assistance/STTA 24

Publications/reports 25

International Travel..... 25

Monitoring Visits..... 25

Major constraints/challenges and actions to overcome them..... 26

Major activities planned for next period 27

Environmental compliance 27

Issues requiring the attention of USAID management 27

Data sharing with the host government 27

Appendices..... 27

List of acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AMSTL	Active Management of Third Stage of Labor
ANC	Antenatal Care
ART	Anti-retro Viral Therapy
ARV	Anti-retro virals
BEmONC	Basic Emergency Obstetric and Newborn Care
CKMC	Community based Kangaroo Mothers Care
C-MNCH	Community based Maternal Newborn and Child Health
CTS	Clinical Training Skills
EMA	Ethiopian Midwives Association
ENC	Essential Newborn Care
ETS	Effective Teaching Skills
FP	Family Planning
FMoH	Federal Ministry of Health
HBB	Helping Babies Breathe
HC	Health Centre
HEW	Health Extension Workers
HIV	Human Immune deficiency virus
HSC	Health science colleges
iCCM	integrated Community based Case Management of common childhood illness
ICASA	International Conference on AIDS and Sexually Transmitted Infections in Africa
IDM	International Day of Midwives
IFHP	Integrated Family Health Program
IMNCI	Integrated Management of Newborn and Child Illnesses

IRT	Integrated Refresher Training
IUCD	Intra-uterine Contraceptive Device
KMC	Kangaroo Mother Care
LQAS	Lots Quality Assurance Sampling
ModCAL [®]	Modified Computer Assisted Learning
MCHIP	Maternal and Child Health Integrated Program
MNCH	Maternal Newborn and Child Health
NBC	Newborn Corner
NCSWG	National Child Survival Working Group
PFSA	Pharmaceuticals Fund Supply Agency
PMP	Performance Monitoring Plan
PP-FP	Post-Partum Family Planning
PP-IUCD	Post-Partum Intra Uterine Contraceptive Device
PQI	Performance Quality Improvement
PSE	Pre-service education
RHB	Regional Health Bureau
SM	Safe Motherhood
SMS	Short Message Service
SNNPR	Southern Nations Nationalities and Peoples Region
TOT	Training of Trainers
TSC	Technical Service Contract
TVET	Technical, Vocational Education and Training
TWG	Technical Working Group

General information

Program/Project title	Maternal and Child health Integrated Program (MCHIP)
Prime partner	Jhpiego
Cooperative agreement(contract) number	GHS-A-00-08-00002-000
Program/project start date	March 2011 Approval for year 2 activities received March 2012
Program/Project end date	September 30, 2013
Life of Project budget	<p>Year Two Obligations: MNH: \$2,444,000</p> <p>POP/FP: \$1,000,000</p> <p>PMTCT/PEPFAR \$1,200,000</p> <p>Malaria/PMI \$500,000</p> <p>Total Year Two Field Funds: \$5,144,000</p> <p>Plus Urban Health MCHIP Core funds:</p> <p>\$400,000 UHEP</p> <p>\$31,517 MCHIP</p> <p>Year One Carry over: \$1,700,000</p> <p>Total Budgeted for Year Two: \$7,275,517</p>
Reporting period	1 st October 2011 – 30 th September 2012

Background/Introduction

The goal of the MCHIP Ethiopia program is to reduce maternal and newborn morbidity and mortality in Ethiopia, with the strategic objective 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 in four regions, namely Tigray, Amhara, Oromia, and Southern Nations and Nationalities People (SNNP), which have been identified by USAID as priority regions. Within these regions there are a number of existing USG-funded programs, including the Integrated Family Health Program (IFHP) and the Community-based Prevention of Mother to Child Transmission Project. MCHIP's physical presence in these regions is allowing a stronger focus on facility based Maternal Newborn and Child Health (MNCH) and better aligned coordination efforts and maximization of USG and Government of Ethiopia funding resources amongst USG partners, as well as the other partners working in the area of MNCH and PMTCT. In addition to the regional level support, MCHIP also provides national level technical assistance in a number of critical areas, such as roll out of the national essential newborn care program and strategic guidance to the national Midwifery Education program and family planning program as well as support to national and regional technical working groups.

Summary of key accomplishments and successes

During FY12, MCHIP has strengthened its partnership with and support to the Federal Ministry of Health (FMOH), Regional Health Bureaus (RHBs) and other partners working to improve MNCH in Ethiopia. This was facilitated through technical and financial support to related programs for MNH communication, relevant in-service training and pre-service education, performance improvements at facility level, and targeted community level interventions. MCHIP conducted its first **MCHIP annual regional review meeting** starting with Amhara region in September 2012, in Bahir Dar. A total of 60 participants from regional, zonal and woreda health offices, as well as MCHIP supported health facilities and health science colleges (HSC), and MNCH partners working in the region attended the review which was designed to share MCHIP year 2 accomplishments, lessons learnt and challenges and to receive input to enrich MCHIP's year 3 implementation approach in the region.

MCHIP collaborated with the FMOH and RHBs and conducted site visits to verify selected **promising practices in MNH** were actually in place and met the agreed-upon criteria. Results from the site visits have been documented in the first draft report and is now being reviewed by the FMOH Safe Motherhood/Prevention of Mother to Child Transmission (PMTCT) technical working group (TWG).

MCHIP provided considerable technical support to the Ethiopian Midwives Association (EMA) this year to: conduct **continuing professional development sessions** on pre-eclampsia and eclampsia, and for the association to develop the **scope of practice for midwives** for Ethiopia, an assignment that will eventually lead to midwifery regulation and licensure.

In Year 2 MCHIP **expanded its PQI activities** to an additional **52 health centers** in Oromia, Amhara and SNNP regions utilizing an innovative "contracting out" approach to woreda health offices. 224 health care providers are now orientated in PQI, its tools and standards, and how to link achievement of standards to outcomes.

MCHIP used the **Lots Quality Assurance Sampling (LQAS)** methodology to review performance of facilities of quality indicators not routinely reported by the Health Management Information System (HMIS), in six MCHIP supported hospitals and five health centers.

Under MCHIP support efforts to improve the quality of midwifery education have now **expanded from five to ten midwifery schools** in SNNP, Amhara and Oromia regions. Midwifery faculty from all HSCs have had their teaching and clinical training skills enhanced, and also learnt of the experiences of other colleges how to organize and manage skills labs. MCHIP also tested the use of **blended learning** for the faculty, the first time this has been done in Ethiopia. This innovative approach aims to reduce the time staff spend away from their work station while attending training.

In Community Kangaroo Mother Care (CKMC) **195 Health Extension Workers (HEWs)** and their supervisors were trained on KMC. In West Shoa and South West Shoa Zones in Oromia, **601 HEWs** were trained on Integrated Community Case Management (iCCM).

Detailed description of achievements by results

Intermediate Result One IR1: MNCH and PMTCT services improved by enhancing and strengthening the enabling environment for MNH care

Communication and advocacy

Through its participation in the Safe Motherhood/PMTCT TWG nationally and regionally, MCHIP used the TWGs as forums to provide continuous updates on ongoing MNH activities, success stories and lessons learnt in MCHIP program implementation. Additionally:

- In collaboration with the FMOH, MCHIP supported the finalization of the draft National Accelerated PMTCT Communication Strategy which was submitted to the Health Promotion and Disease Prevention Directorate. However, the State Minister does not see the need for a communication strategy and the document has been put on hold while discussions take place.
- MCHIP provided technical and financial support to Tigray RHB to organize a consultative meeting on strengthening the referral linkages within the MCHIP implementing woreda and its health facilities and community level interventions MCHIP is engaging in in this woreda. The consultative meeting brought together the key actors to improve MNCH services and was instrumental in showing that the role of community level actors is crucial to improve health seeking behaviors of pregnant women and their families. It also showed that health facilities and their providers are ready to provide culturally sensitive services to women during the pregnancy continuum.
- MCHIP provided technical and financial support for the Amhara RHB Safe Motherhood Month celebration. Messages on MNH were developed and aired on the regional radio. The Regional MCHIP team provided technical support to monthly pregnant women gatherings in Adet and Merawi health centers. The monthly sessions are enabling pregnant women to discuss the quality of MNH services and their satisfaction of the services they received. It is hoped that the gatherings will result in increases in utilization of key MNH services if services continue to improve.

Furthermore, the MCHIP team has also used other MNCH forums to promote the importance of the continuum of care. Such forums included presenting at the Female University Students Conference held in Gondar, the Amhara Women's Association, and a conference with the Ethiopian Orthodox Church to sensitize the church to the importance of MNH care.

MNH programs informed on cultural barriers to accessing MNH care

MCHIP hired a national consultant to conduct a literature review on cultural barriers in Ethiopia that affect women's utilization of MNCH services. The draft report has undergone review by the FMOH and USAID and findings presented at the MCHIP Technical Consultative Meeting in January 2012. MCHIP has since refined and strengthened the document to address the main research gaps and provide a summary of the key research findings. Having observed some of the research gaps from the literature MCHIP conducted key informant interviews with providers in MCHIP supported facilities to identify how women centered, culturally sensitive care is understood and perceived and how it can be integrated. MCHIP also amended the questionnaire for the CKMC study to include questions on cultural barriers to seeking facility based maternal healthcare. The amendment of the protocol was submitted to Johns Hopkins University and the Ethiopian Health and Nutrition Research Institute and has been approved by both institutions.

Documenting promising practices in MNH

MCHIP worked through the FMOH Safe Motherhood TWG to identify criteria to select promising practices in MNH. Based on the selection criteria, 11 potential promising practices were shortlisted. Two of these promising practices were subsequently removed¹. MCHIP hired a national consultant to work on verifying the shortlisted promising practices and develop the final report. The verification questionnaires were strengthened and field level sites visits were conducted for nine promising practices with the FMOH and respective RHBs to ensure that the selected nine practices were actually happening and met the agreed-upon criteria. The report has now been compiled and is undergoing review by members of the Safe Motherhood TWG.

Strengthening the Professionalization of the Ethiopian Midwifery Association

- MCHIP provided financial and technical assistance to the EMA to scope of practice for midwives, an assignment that will eventually lead to midwifery regulation and licensure. The document has been consolidated and is now with the Food, Medicine and Health Care Administration and Control Authority of Ethiopia for their next actions.
- MCHIP provided technical support to the EMA to develop messages on MNH for the association's external publications (e.g. calendars and posters for health care providers, and a documentary film advocating for the role of the midwife). UNFPA provided financial support for materials development and production and printing; MCHIP provided financial and technical support to develop the association's newsletter that was distributed during the International Day of the Midwife and annual general assembly for members and partners. The newsletter is aimed to raise the profile of the association and featured major EMA events that took place in 2011 and 2012, many of which were supported by MCHIP.
- MCHIP provided EMA members with a knowledge update on the management of pre eclampsia and eclampsia for 125 participants from all regions. The training evaluation showed that the majority of the participants were satisfied with the new information and skills they received from the update session. In addition, MCHIP provided technical assistance to EMA to enable them to develop their own knowledge update on the use of partograph; these were conducted during the International Day of the Midwife celebrations EMA organized in SNNP and Somali Regions. MCHIP has agreed with EMA that they will expand similar updates through the EMA regional chapters, and that the

¹ One was for PMTCT¹ and the other was removed by the applicants themselves for unknown reasons. The SM TWG had decided that promising practices should refer to MNH and not PMTCT as these had previously been reviewed in an earlier exercise.

association will follow-up to identify if there have been changes in the practice of those that received the knowledge update.

- With MCHIP support EMA initiated networking amongst midwifery departments at HSC and universities. An analysis of the gaps in pre-service midwifery education and how to strengthen pre-service education (PSE) in midwifery was carried out. The meeting concluded with HSC agreeing to communicate frequently with other schools and share good practices.
- MCHIP provided technical and financial support to the EMA to finalize the terms of reference for their regional chapters.
- MCHIP provided technical support to EMA to plan their annual general assembly to be held in October 2012. The assembly will include the award for Midwife of the Year for 2012, using standard criteria and questionnaires that have been distributed to all regions.

Intermediate Result Two IR2: Availability, accessibility and quality of key MNH and PMTCT services improved

Performance Quality Improvement (PQI)

To improve facility level MNCH service delivery, MCHIP has expanded its PQI support to 73 facilities in the four regions. MCHIP supported facilities to conduct baseline and internal assessments to continuously measure the progress made after the introduction of PQI. This also helped the facilities to own the PQI process and improve their quality of service. Each woreda health office now has a focal PQI team. Table 1 summarizes the orientation and the implementation training conducted as part of the PQI process².

Table 1 Performance Quality Improvement Orientation

Region	Implementing Sites	PQI Activity/Facility	Participants	Dates
Oromia	Phase I Sites	Module Two workshop: 2 HC; 1 hospital	- 25 including woreda/zonal health officials	- April 2012
	Phase II Sites	Module One workshop: 5 HC; 1 hospital	- 51 including woreda/zonal health officials	- May 2012
		Module Two workshop: 5 HC; 1 hospital	- 62 including woreda/zonal health officials	- September 2012
Amhara	Phase I Sites	Module Two workshop: 4 HC; 2 hospital	- 41 including woreda/zonal health officials	- March 2012
	Phase II Sites	Module One workshop: 25 HC;	- 95 including woreda/zonal health officials	- May 2012 - June 2012
		Module Two workshop: 11 HC;	- 49 including woreda/zonal health officials	- September 2012
SNNP	Phase I Sites	Module Two workshop: 4 HC; 2 hospital	- 22 including woreda/zonal health officials	- March 2012
	Phase II Sites	Module One workshop: 17 HC	- 78 including woreda/zonal health officials	- May 2012 - June 2012
		Module Two workshop: 9 HC	- 43 including woreda/zonal health officials	- September 2012
Tigray	Phase I Sites	Module Two workshop: 5 HC; 1 hospital	- 45 including woreda/zonal health officials	- March 2012

² Phase I and phase II sites are sites where MCHIP started its support in year I and year II respectively.

- MCHIP signed Technical Service Contracts (TSC) with 11 Woredas to roll out the PQI implementation to Phase II sites (three in Oromia, four in Amhara and four in SNNP Regions). The TSCs are designed to develop the capacity of woreda health offices to own the PQI implementation process, institutionalize it and lead quality improvement efforts for HC in the woredas they are responsible for. MCHIP orientated woreda and zonal administrative and health officials on accountability and reporting matters as they relate to the TSC and ensured they understand the deliverables expected of them.
- In response to the knowledge and skill gaps identified in the PQI baseline assessments, MCHIP conducted five BEmONC trainings for a total of 80 health care providers for all Phase I and II health facilities. To fill essential material resource gaps, MCHIP supported facilities to mobilize local resources where available. Furthermore, MCHIP has also procured essential materials and supplies to fill the remaining identified gaps.
- A general increase in the quality of MNH services has been noted in a number of MCHIP facilities since the introduction of PQI when comparing the first internal assessment results from all MCHIP Phase I sites with results from the baseline assessment. These results are supported by improvements in selected MNH outcome indicators (Figures 1–3). Some of the improvements observed include:
 - Healthcare facilities have started implementing clinical standards using standards from the PQI tool;
 - Providers have stated that they feel better able to effectively manage basic emergency obstetric complications and provide timely referral.

Figure 1 PQI Improvement vs. Skilled Birth Attendance by Region in MCHIP supported Phase I Health Centers

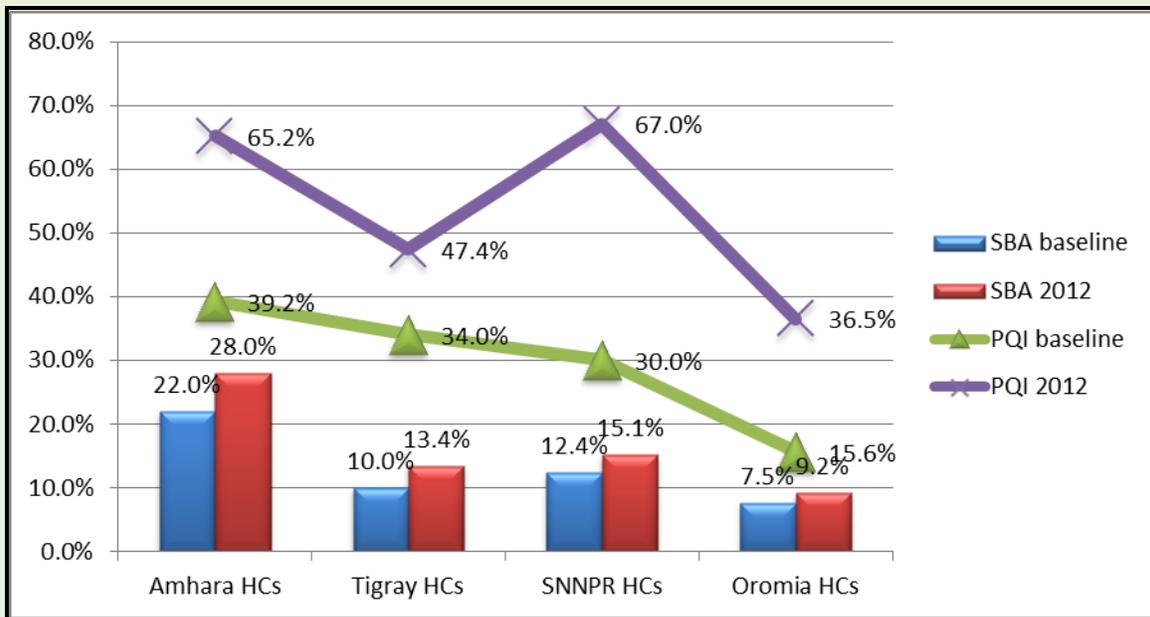


Figure 2 Performance of MCHIP Supported Facilities in selected HMIS Indicators – Phase I sites

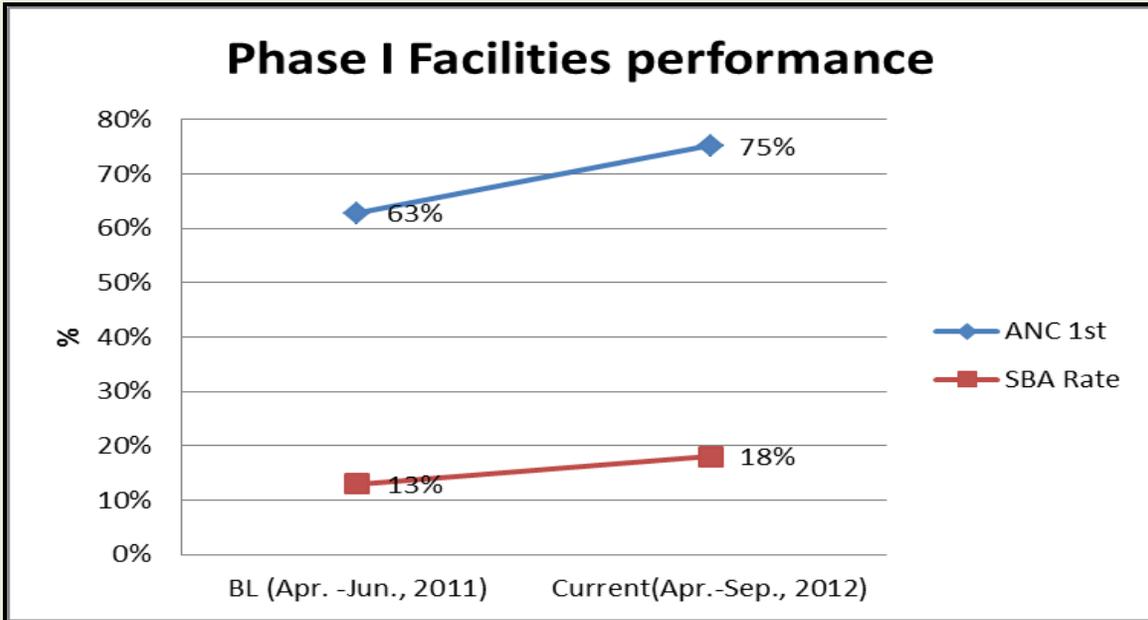
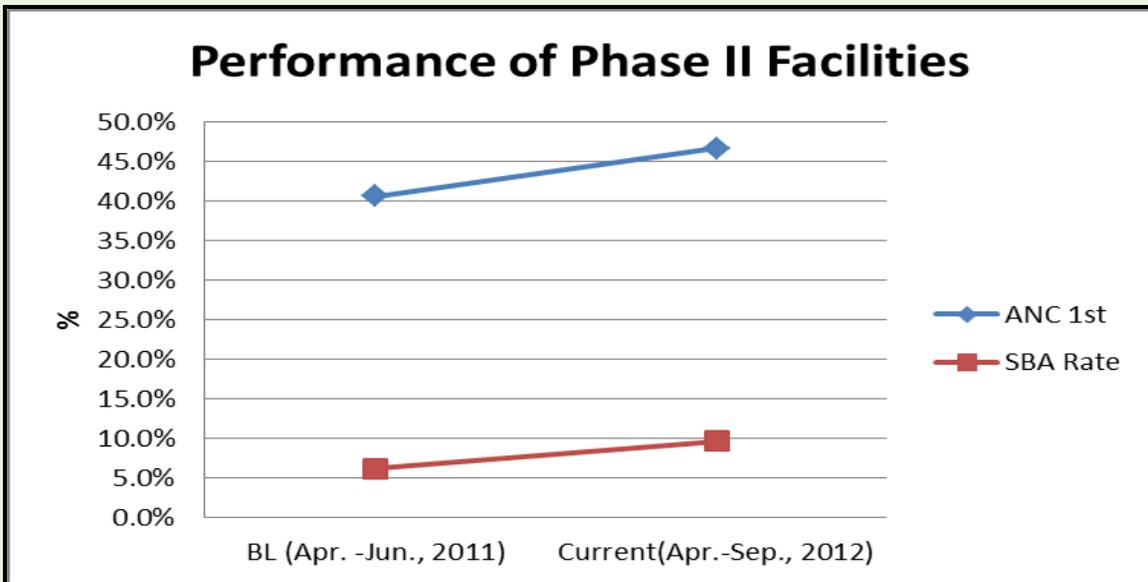


Figure 3 Performance of MCHIP Supported Facilities in selected HMIS Indicators – Phase II sites³



³ Note: For Phase II sites, MCHIP interventions started in March 2012

In its efforts to facilitate women friendly, culturally sensitive care and services and to increase the number of mothers delivering at the health facility, MCHIP is collaborating with the 15 Phase I HC to fill some very essential infrastructure gaps such as installing curtains in the delivery room, painting the maternity area of the facility, fixing hand wash basins. These are minor infrastructure gaps the facilities have identified as one of the barriers to women seeking health care; it also motivates providers to provide quality care if they have an enabling environment. Additionally facilities have begun adapting their services to be more women centered and sensitive to local cultural norms e.g. setting up waiting areas for partners and relatives of laboring women, allowing relatives to prepare traditional foods and perform the traditional coffee ceremony in the facility after the delivery to celebrate the birth.

Post-partum family planning (PPFP)

MCHIP conducted facility level assessments in 22 health facilities in Tigray, Amhara and Oromia Regions and Addis Ababa City Administration. Among these health facilities, 16 were selected for the initiation of Post-Partum-IUCD insertion services. Selection was based on their ANC and delivery caseloads. To date eight facilities are providing PP-IUCD insertion services (Table 3 outlines service utilization). Prior to the PP-IUCD skills training Post-Partum Family Planning (PPFP) Counseling and Contraceptive Technology Update courses were conducted for 63 participants from the 16 health facilities and PP-IUCD Insertion Skills training for a total of 33 participants from 8 facilities as follows:

Table 2 Family Planning Training Conducted in year 2

PP-FP/PP-IUCD Activity	Region/Facility	Participants	Date
Three rounds of PP-FP Counseling and Contraceptive Technology Update course	Oromia: Adama, Geda, Bulchana, Shashemene HC, Adama & Shashemene Hospitals	24 providers	- February, 2012 - August, 2012
	Amhara: Dessie and Buanbua HC, and Dessie Hospital	10 providers	
	Addis Ababa: Gullele, Bole, Woreda 23 HC, and St. Paul Hospital	19 providers	
	Tigray: Mekele, Semen HC, and Mekele Hospital	10 providers	
Two rounds of PP-IUCD Insertion Skills Training	Oromia: Adama & Shashemene Hospitals	9 providers	- March, 2012 - August, 2012
	Amhara: Dessie Hospital	5 providers	
	Addis Ababa: Gullele, Bole, Woreda 23 HC, St. Paul Hospital	14 providers	
	Tigray: Mekele Hospital	5 providers	

- To support service delivery MCHIP provided PP-IUCD insertion kits for all of the implementing facilities and procured and distributed infection prevention materials to support PP-IUCD insertion services. MCHIP also adapted and provided PP-IUCD service registration log books for all PP-IUCD facilities to capture essential information about mothers who have had a PP-IUCD inserted.
- Two rounds of follow up visits were conducted in all the PPFP/PP-IUCD sites to assist the providers technically and to monitor the progress of program implementation.

- A total 2,151 pregnant mothers received counseling for PP-FP; a total of 217 newly delivered mothers had an IUCD inserted post-partum (Table 3).

Table 3 PP-IUCD performance in 16 facilities

Facilities implementing PP-FP	# facilities providing PP-IUCD insertion	# PP-IUCD insertions (Mar-Sept 2012)	# PP-FP counseled in ANC	# mothers returned for 1 st follow up visit (4-6 weeks after insertion)	Reported spontaneous expulsion
16	8	217	2,151	106	5 (2%)

- MCHIP has adapted PP-FP counseling and PP-IUCD insertion job aids from the MCHIP India program. The job aids will be printed and distributed to all implementing facilities in the next quarter. MCHIP has also adapted a PP-IUCD insertion animation video that was developed for the MCHIP India program. The video will be used for knowledge and skill training for health care providers.
- MCHIP continue to play an active role in the national FP TWG meetings. A couple of key activities were assisting with the writing of a concept paper to expand permanent FP methods to support the FMOHs plan of scaling up permanent FP methods, and providing technical support for an ETS course for an FMOH supported training of trainers course on long acting FP methods. MCHIP is also providing technical support to the National Communication and Scientific Committees of the National Family Planning Symposium which is scheduled to take place in November 2012.

Pre-service Midwifery Education

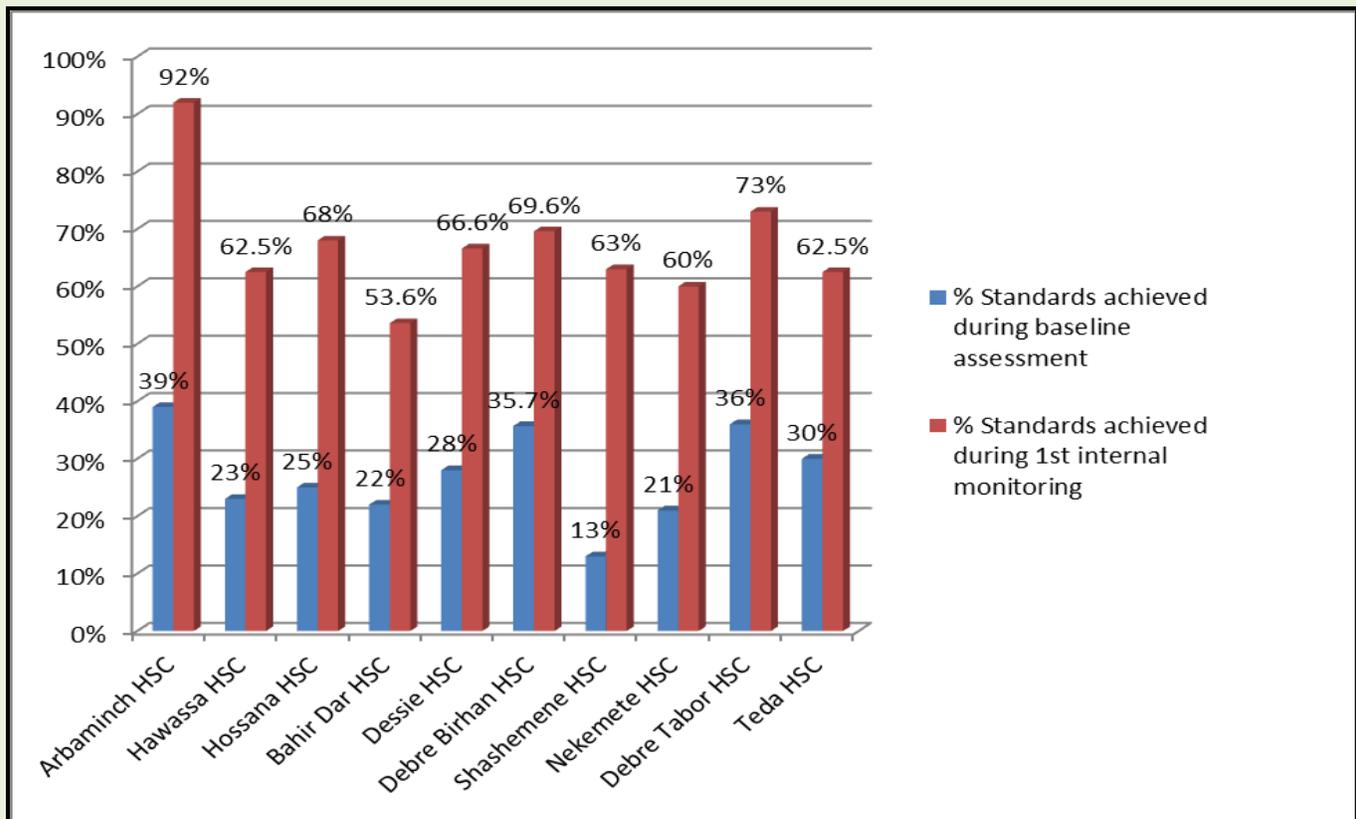
MCHIP expanded its support to midwifery PSE by expanding to an additional five HSC in Oromia and Amhara; the total number of HSC midwifery departments receiving support from MCHIP is ten. To improve the quality of education, teaching and coaching capacity of instructors and clinical preceptors the PQI approach for education was introduced through the modular training and baseline assessments with gap identification, followed by the first internal monitoring assessment (Table 4) for summary of PQI orientation conducted). Experience sharing amongst other colleges supported by MCHIP was also facilitated.

Table 4 Educational Performance Quality Improvement orientation and training

Region	Implementing Sites	PQI Activity/ Facility	Participants	Dates
Oromia	Phase II Sites: Nekemte & Shashemene HSCs	Module One workshop	- 28 Instructors	- December 2011 - January 2012
		Module Two workshop	- 12 Instructors	- June 2012
Amhara	Phase I Sites: Bahir Dar & Dessie HSCs	Module Two workshop	- 9 Instructors	- April 2012
	Phase II Sites: Teda, Debre Tabor & Debre Berhan HSCs	Module One workshop	- 20 Instructors	- November 2011
		Module Two workshop	- 17 Instructors	- April 2012
SNNP	Phase I Sites: Hawassa, Hossana & Arbaminch HSCs	Module Two workshop	- 13 Instructors	- June 2012

MCHIP supported HSCs to fill the gaps identified in the baseline assessment of the PQI process by empowering them to mobilize local resources, examples include: one college managed to procure used desktop computers from a local Government office at a reduced rate; another mobilized the staff from the colleges' ICT department to set up internet for the midwifery school, rather than wait for the Telecommunication office to set it up at a price. MCHIP also worked with the FMOH to ensure the colleges had the national guidelines and reference. For a number of material gaps MCHIP procured and supplied teaching aids, anatomical models and other materials for classroom and demonstration room teaching. Figure 4 shows improvements from the baseline assessment with the first internal monitoring assessment.

Figure 4 Comparisons of Averages from First internal Assessment and Baseline Assessment



MCHIP staff conducted onsite supportive supervision to all HSC to observe improvements in the quality of taught instruction and clinical preceptorship. All instructors and clinical preceptors observed in the supported HSCs are now utilizing updated teaching methodologies and technical updates resulting in improved classroom, demonstration room and clinical site teaching assisting in the development of competent midwives. Additionally a variety of faculty development trainings and MNCH technical updates were provided for faculty and clinical preceptors (Table 5).

MCHIP has piloted innovative blended learning approaches for in-service training. Blended learning utilizes a combination of approaches including approaches such as home study prior to the taught course, and reducing the number of taught hours. The end result is to shorten the number of days a

provider is away from their workplace. For the ETS course conducted for midwifery faculty, MCHIP requested participants complete the preparatory learning through the ModCAL© course prior to attending the taught class. All participants successfully completed the online course prior to coming to the classroom based teaching⁴. As a result the ETS was reduced from five to three days. For BEmONC training, MCHIP piloted a blended learning course for 15 midwifery instructors. The blended BEmONC course is different in that participant knowledge is drawn out of them rather than the usual knowledge they receive from presentations. The knowledge sharing is centered around key themes based on signal functions and is a reinforcement of key knowledge using a variety of knowledge tests e.g. multiple choice questions, small group discussions on case scenarios. Participants then move to the skills practice, following the standard BEmONC training package but allowing more time for skills practice. At the end of the training participants receive an orientation on the follow up they will receive in the form of SMS: they will receive a daily SMS question related to the BEmONC training for 2 months; reminders are sent if they fail to respond and they will receive a response as to how they answered. If they answered incorrectly they will receive the correct answer and a reinforcement message. All of this is managed through Frontline SMS from the MCHIP country office and runs automatically once set up. The course certificate is awarded *only after* completion of series of SMS which is considered part of the training. This approach has reduced the BEmONC course from 18 days to 10 days, meaning providers are away from their facility for less time. MCHIP will continue to test this with other courses it rolls out.

Table 5 Faculty development and technical update trainings

Training	Participants	Dates
ETS for HSC instructors	77 Instructors	- February 2012 - September 2012
Blended BEmONC training for HSC instructors	16 Instructors	- August 2012
PMTCT Training for HSC instructors	16 Instructors	- July – August 2012
CTS for clinical preceptors from hospital & HC that students are assigned for clinical practice (9 Hospitals 12 HC)	46 Preceptors	- May 2012
Simulation training for technical assistants working in clinical demonstration rooms	25 Instructors	- September 2012

MCHIP has actively participated in the working group under the Medical Education TWG on the development of skills labs to develop guidelines for the standardization of skills labs; these are now undergoing review. The project also participated in two Technical and Vocational Educational Training (TVET) Model Curriculum Development workshops which were jointly organized by the FMOH and Ministry of Education with partners, TVET schools and HSCs. The objective of the workshops were to develop a new model curriculum for different mid-level health service providers based on revised occupational standards of the Government of Ethiopia. MCHIP was actively involved in the development of the Level IV midwifery curriculum and provided support to the Center of Competency examination for Level IV midwives.

⁴ This is verified with online generated certificates that can only be awarded upon completion of the course.

At the request of USAID, MCHIP provided direct financial assistance to three HSC in SNNP region (Hossana, Arbaminch and Hawassa HSCs) with the aim of improving the quality and scale of midwifery education in the region. While the financial assistance could be said to have resulted in better final completion results for the specified colleges, there have been challenges with accountability and ensuring that college workplans were closely aligned with the budget.

Finally, this is the last year of support from MCHIP for the HSC for midwifery. Technical support is being transitioned to a new Strengthening Human Resources for Health project and MCHIP will work closely with the new project to effect a smooth transition for activities and to ensure no lost gains.

PMTCT

At the national level MCHIP supported the FMOH in the revision of the national PMTCT guidelines as per the WHO 2010 recommendations. The revisions take into account issues that were not sufficiently addressed⁵ in the current guidelines and have been made taking into account the country's context. Additionally, MCHIP was represented in the Early Infant Diagnosis implementation manual development. The manual has been drafted and is undergoing endorsement from the FMOH. MCHIP also provided technical support to the national Accelerated PMTCT Plan TWG on the development of Quality Improvement tool which is expected to be used by PMTCT implementing health facilities nationally. The tools build on the PQI approach.

To better support regional level PMTCT activities, MCHIP hired two PMTCT officers, based in SNNP and Amhara regions. The officers will provide close technical support and mentoring to PMTCT implementing health facilities to their respective regions. To expand PMTCT implementation in response to the national Accelerated PMTCT plan, MCHIP conducted a baseline assessment for 10 new sites in north and south Gondar zones (in 9 woredas that do not receive support from other USG partners). Taking the gaps identified in the baseline, MCHIP will develop its implementation plan for PMTCT for these sites.

At the site level MCHIP currently supports a total of 31 sites. Of these 11 sites fulfill the New Generation Indicator definition of a PMTCT site (i.e. provision of ARV in the facility).

- In the 31 MCHIP supported sites a total 3,238 women were counseled and tested for HIV and received their results: in ANC (2897 (89%), Labour & Delivery 191 (7%), EPI/FP 204 (6.3%) and outreach 75 (2.3%). 274 pregnant mothers (9.5%) were counseled and tested with their partners in 8 of the health facilities. Of these, six pregnant mothers from the Health Centers tested positive for HIV and were placed on ARV prophylaxis. One of these mothers received the ARVs from the MCHIP supported site while the remaining five were referred to the nearest ART site. Before their referral, eligibility for ART was assessed using the WHO clinical staging and regular follow up was conducted by PMTCT trained health workers to ensure the mothers are taking their medication as required.
- MCHIP ensured the availability of ARV drug supplies to eight health facilities in Hadiya and Gamogofa zones in SNNPR through repeated discussions with the RHB and Pharmaceuticals Fund Supply Agency (PFSA). Similarly, efforts have been made to avail ARV drugs to the remaining MCHIP supported sites through discussions with the PFSA at central as well as regional level.
- MCHIP conducted three rounds of comprehensive PMTCT trainings for 65 skilled providers from 28 MCHIP PMTCT implementing sites in SNNPR, Oromia and Amhara regions between April to September 2012.
- To ensure midwifery faculty were up to date with the latest PMTCT knowledge and integrated the knowledge in the taught instruction to midwifery students, MCHIP conducted PMTCT update training for 22 midwife tutors from the MCHIP supported midwifery schools.

Support to the deployment of Integrated Emergency Surgical Officers (IESO)

To support the FMOH in the deployment of the new IESOs, MCHIP participated in the selection of sites for deployment of the new graduates. An FMOH led assessment with MCHIP, key partners and related RHB was conducted to identify gaps in essential supplies, staffing, infrastructure and training needs. MCHIP mapped out and identified available resources from different government and partner sources and took the lead in coordinating the mobilization of these resources and identified logistical support to

⁵ Points raised in the revised guidelines were: the enrollment of lactating mothers once they were eligible for ART, treatment of infants who came late for care and treatment, treatment of HIV positive pregnant woman who come with a mild or moderate anemia.

distribute the supplies from Addis Ababa to the regions, and follow up the distribution to the health facility level. Of the 43 IESO graduates to date, 41 of them are now deployed to their sites. Data on their caseload is being collected by the FMOH.

One of the gaps identified in the facilities assessment was a lack of knowledge on basic infection prevention; consequently MCHIP conducted 15 rounds of onsite Infection Prevention and Patient Safety Training for 300 health providers and 300 support staff from 15 the IESO sites. In addition MCHIP provided technical and financial support to Tigray, Amhara and SNNP regions to provide in-service training for operating room nurses assigned to the new IESO deployment sites.

Support to the National Child Survival Technical Working Group (NCSTWG)

As a member of the NCSTWG of the FMOH, MCHIP is advising the ministry in overall planning and coordination of the newborn and child health programs in the country. MCHIP is also part of the Newborn working group, a sub-group in the NCSTWG, and is providing continuous technical support to the group in planning and coordination of the newborn care programs in the country. To date MCHIP has supported the development of a concept paper to establish Neonatal Intensive Care Units (NICU) at university teaching and regional referral hospitals. MCHIP also provided inputs on the development of terms of reference for consultants to develop/adapt a training resource package and an implementation guideline for the intensive care units. These two documents are now being used by the ministry as references in the implementation of NICUs in hospitals. Additionally, MCHIP advised the NCSTWG to standardize the resuscitation component of the national ENC, BEmONC and PMTCT training materials for health workers, and in collaboration with the Ethiopian Paediatric Society conducted a training update for 24 national BEmONC trainers on ENC to ensure they were standardised on the ENC components.

Helping Babies Breath (HBB)

The strategy that the FMOH follows to rollout the HBB in Ethiopia is through integration of the intervention into existing training packages such as ENC, BEmONC, PMTCT, Integrated Management of Newborn Child Illness, integrated community case management (ICCM) etc, rather than running vertical programs. Aligning to this strategy MCHIP supported the FMOH and lead implementing partner (Ethiopian Pediatric Society) to standardize the resuscitation component of the ENC training package. In addition, MCHIP ensured HBB is adequately addressed and adequate practical sessions are made available in the BEmONC training packages. So far a total of 176 health workers from hospitals and health centers (SNNPR in 84, Amhara in 57, Oromia in 20 and 15 in Tigray) were trained on HBB as part of the ENC training. Additional 80 health workers from the four regions have received skill based training on HBB as part of BEmONC training. Seventy three health facilities (7 hospitals and 66 health centers in the four regions) where the health workers who received the aforesaid trainings are working were provided with bag and mask equipment for neonatal resuscitation. In addition, facilities were also provided with at least two Neonatal Newborn Simulators to help trained health workers mentor other health workers on HBB, including health extension workers (HEW). As a result of these trainings and additional support provided for the health facilities health workers were able to successfully resuscitate more than 578⁶ babies who were born asphyxiated.

⁶ This figure could be much lower than the actual number of asphyxiated babies at birth who were resuscitated as the HMIS registers do not have a field to capture asphyxiated newborns and asphyxiated newborns who have been successfully resuscitated; MCHIP is following up facility by facility and interviewing providers after training to document whether providers are successfully resuscitating newborns.

Facility based Kangaroo Mother Care (KMC)

Implementation of KMC at hospital and health center levels is endorsed by the FMOH at policy level. However, hospitals and health centers in regions have no KMC/ENC unit to help mothers keep their low birth weight babies in KMC and keep them until newborns are stabilized and mothers are comfortable to continue the thermal care at home. As part of ENC training MCHIP trained 176 health workers on KMC and set up KMC corners in the 73 health facilities in the four regions; through provision of KMC equipment and supplies, including KMC beds with mattresses and pillows, KMC comfortable chairs and baby hats. Health workers in the facilities have started providing counseling and coaching on KMC for mothers during ANC and PNC visits. MCHIP is working with facilities to capture data on number of mothers who received KMC counseling and babies who were provided with KMC care. Some facilities started capturing and reporting these data (Facilities in Tigray reported that 638 mothers received counseling and coaching on KMC during ANC/PNC visit and 246 babies were provided with KMC care).

Intermediate Result 3: Care takers' knowledge and behaviours on key MNH/Post-partum FP/PMTCT household and care seeking practices improved

Community Kangaroo Mother Care (CKMC)

MCHIP is evaluating the feasibility of implementation of Kangaroo Mother Care at community level in Ethiopia. The study has two components – program implementation and program evaluation. As part of the program evaluation component baseline survey was conducted, data entry and analyses completed and technical report on the survey is being finalized and will soon be distributed to MNCH partners in country and globally. In addition, an abstract from the baseline survey was developed, submitted to the International Conference on KMC in India and accepted for oral presentation in November 2012. MCHIP also submitted the abstract to the EPS annual conference and it was accepted as oral presentation for the conference in November 2012.

To improve the CKMC implementation through informing the program with evidence on factors that affect the quality and acceptability of CKMC, a midline qualitative assessment on CKMC implementation process was conducted in four of the ten woredas implementing CKMC. The qualitative assessment involved focus group discussions with recent mothers, community groups and HEWs and in-depth interviews with program managers at health facility, woreda and region level. Analyses on the data from the qualitative assessment will be completed in the coming quarter.

As part of the program implementation MCHIP developed CKMC training modules on CKMC including facilitator and participants modules, a counseling flip chart for HEWs and job aid for the Health Development Army (HDA) leaders; all materials were translated into local languages and distributed to HEWs supervisors, HEWs and HDAs. MCHIP conducted a CKMC training of trainers for HEWs' supervisors (27 HEWs' supervisors from the ten health centers implementing CKMC in their catchment health posts). Upon completion of the training each health center developed a detailed plan to cascade the training to HEWs in their catchment health posts and to provide continuous support to HEWs and HDAs after the trainings. Based on the plans health centers developed and with technical and financial support from MCHIP HEWs' supervisors in the four regions trained a total of 171 HEWs under the ten health centers who in turn orientated 6543 HDA leaders (1080 in Tigray, 1083 in Amhara, 2527 in SNNPR and 1853 in Oromia). So far a total of 246⁷ newborns were provided with KMC care at home.

⁷ This figure could be much lower than the actual number of babies who received KMC at home. Several health posts did not provide data on the number of babies provided with KMC care at home due to poor recording and/or timely reporting.

Integrated refresher training (IRT) for HEWs

As part of strengthening the community level MNCH activities MCHIP is supporting the FMOH and regions in the rollout of the IRT for HEWs (c-MNCH module). Upon request from the FMOH and RHBs, MCHIP supported the regional level rollout of c-MNCH module of the IRT for HEWs. MCHIP provided technical and financial support for the training of 94 masters' trainers on IRT (30 in Amhara and 64 in Oromia) who in turn trained regional level trainers who trained thousands of HEWs and their supervisors. In addition, MCHIP provided training of HEWs on IRT in the two woredas in Amhara, a total of 140 HEWs were trained on c-MNCH. MCHIP is working with these two woredas to document the contribution of the c-MNCH training on the community based MNCH services HEWs and HDAs are providing. In addition, MCHIP has been providing integrated supportive supervision to the community based MNCH services.

Integrated Community Based Case Management (iCCM)

The other community based child survival intervention MCHIP is implementing in two zones of Oromia region is iCCM. After MCHIP has successfully launched iCCM in West Shoa and South West Shoa Zones, iCCM TOT was provided to 31 facilitators from each zone. Following this, the iCCM training was rolled out in the two zones and 1242 (83%) HEWs were trained on iCCM in 44 rounds of trainings. All trainings were facilitated by TOT trained certified trainers using a ratio of one trainer to five trainees; and included both theoretical as well as practical sessions. The trainings were provided at the sites where adequate cases for the practical sessions could be found. At the end of each training iCCM training kit was provided to each HEW. The training kit and the training materials including chart booklets, registration books, essential drugs and job aids were all supplied by UNICEF.

In addition, 118 supervisors received seven day long training on iCCM and supervisory skill. To strengthen the primary health care unit⁸ by capacitating the health centers, 135 health workers were trained on Integrated Management of Newborn and Childhood Illness (IMNCI).

A total of 37 health posts have received a post training follow-up visits and we were able to witness that the HEWs have started treating under-five children in their communities. Staff were busy rolling out the training and during the past two months access to the health post was difficult following the rainy season. During this visit, a total of 440 cases of common childhood illness were reviewed, the assessment and the classification agreed in 79% of cases, and the classification and treatment agreed in 86% of cases. As a first visit this result is very encouraging and it is hoped that with subsequent visits and review meetings the quality of service will improve even further.

Other Activities – these are activities MCHIP was asked to support that aligns with its support to the FMOH and RHB to strengthen MNH.

- At the request of the FMOH and RHBs, MCHIP supported the regional level rollout of the Community-MNCH module of the IRT for HEWs. MCHIP supported the development of the C-MNCH training and provided technical and financial support to the training of 94 master trainers (30 in Amhara; 64 in Oromia regions) in December, 2011. These master trainers will train regional level trainers who in turn will train HEWs and their supervisors.
- MCHIP participated in a joint learning visit to Tigray with Tigray RHB, USAID and other MNH partners, in November 2011. Sites in Axum and Adwa Woredas were visited where services across the continuum of care were observed including community level newborn and child health care

⁸ In the Ethiopian health setting Primary Health Care Unit serves 25,000 people and consists of five health posts and a referral health center.

services. The visit was also an opportunity to learn more about the Health Development Army and how they work on the ground and the link with the HEWs. The visit enabled MCHIP to strengthen its partnership with the RHB and MNCH partners, identify commonalities as well as complementarities and ways to work together to ensure the continuum of care.

- Three MCHIP staff participated in the MCHIP Program Learning Meeting in Washington DC in November 2011. The program learning meeting created an opportunity for the Ethiopia team to learn from other MCHIP countries and identify how to strengthen the program's learning agenda.
- Five MCHIP staff participated in the 16th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) Meeting in Addis Ababa from December 4-8, 2011. The meeting provided an opportunity for MCHIP staff to exchange the latest evidence and best practices in Africa and globally to scale up evidence-based responses on HIV/AIDS/STIs and TB. The launch of the FMOH Accelerated plan for PMTCT at the ICASA Conference also provided MCHIP with the opportunity to further cement our PMTCT implementation strategy.
- MCHIP supported the High Burden Countries initiative to determine the costing of the maternal newborn health work force. MCHIP was identified as the in-country coordinating partner and is a member of the MOH led Core Group. In their role MCHIP collaborated with the EMA to conduct primary and secondary data collection as it relates to the MNH workforce. MCHIP contracted a national consultancy agency to conduct the data collection and support the development of the national report. The draft report which was supported by an international research agency, Intergare, funded through UNFPA headquarters, was reviewed and presented to the Minister of Health through the Core Group. Discussions on incorporating comments from the FMOH are continuing.
- MCHIP participated in Woreda Based Planning in Oromia region and supported woredas to set appropriate MNCH performance targets based on available resources and national priorities and provided targeted support to South West Shoa Zone in finalizing its woreda plan.
- Provided technical and financial assistance to the FMOH to establish the Ethiopian Hospitals Alliance for Quality (EHAQ) with membership of all hospitals in Ethiopia. The alliance aims at improving services by replicating best practices of well performing hospitals categorized as LEAD (L=Leadership, Excellence, Action and Dissemination) hospitals to mentor others.
- Participated in the Gender and Health Workshop organized by Gondar University for the students' union for universities from all over the country. This was an opportunity to highlight the effect of gender on women's reproductive health and particularly female students to empower them to make choices about their reproductive health.

Partnership and coordination

- MCHIP provided financial and technical support to hold annual review meetings in zonal health departments that the program has activities in. Participation in the meetings creates an opportunity to share MCHIP's experience with others, and builds partnerships and collaborative relationships.
- MCHIP has held a series of meetings with the IFHP to review the PQI efforts implemented in the IFHP prior to MCHIP⁹. A joint visit was made in January 2012 to sites to document the PQI efforts in 11 health centers and review progress towards local ownership for scale-up and sustainability. The assessment report has since been finalized.
- MCHIP held a series of discussions with the FMOH and USG partners to align current PMTCT implementation strategies and implementation sites and to identify areas of collaboration and to prevent overlap. Following these discussions 28 PMTCT sites which are not supported by partners

⁹ Jhpiego was a sub-partner under the IFHP for one year to introduce PQI for MNH in selected health centers.

were identified and MCHIP has commenced support for PMTCT services in these sites. Additionally there are continuing discussions with the FMOH, RHB and partners on existing PMTCT implementation modalities as well ensuring a unified front in supporting the national Accelerated PMTCT Plan. At the regional level coordinating with PMTCT and care and support partners has been critical to ensuring regional level sites identified as priority sites by the RHB receive support by partners.

- MCHIP met with the MaNHEP project to discuss the community-based MNCH activities both programs are implementing to seek coordination where there is site overlap. MaNHEP is conducting implementation research, including training of HEWs and community groups on MNCH, and quality improvement and behavior change in one of the MCHIP supported woredas in Amhara region (Merawi health center, Mecha woreda. Based on these discussions MCHIP has excluded the catchment area for the health posts for this health center from the CKMC evaluation study to avoid contamination of outcomes of both MCHIP's and MaNHEP's studies. MCHIP continues to support PQI efforts in the HC and hospitals that are within MaNHEP's project area to ensure the supply side as MaNHEP focuses on the demand creation.
- MCHIP has collaborated with UNICEF to ensure essential supplies for newborn care (called Newborn corners) and facility-based KMC.
- MCHIP continues to collaborate and partner with the FMOH and partners to coordinate efforts and maximize use of resources. MCHIP has benefited from using the national BEmONC training sites established through UNICEF funding to conduct the training to health care providers from MCHIP supported facilities.
- Support to the new IESO graduates has required considerable coordination efforts with the FMOH, RHB and other partners that are supporting this program. MCHIP took on the role of ensuring the distribution of essential equipment and materials to the regions where IESO graduates will be deployed and further coordinated the supplies move beyond the RHB stores and are distributed to the actual sites. MCHIP has communicated directly with the regions to ascertain if the surgical officers have been deployed. MCHIP has also organized and conducting Infection Prevention and Patient Safety training to clinical and support staff and supported the scrub nurse orientation for nurses to be deployed to the IESO sites.
- MCHIP's role on the High Burden Countries Initiative and on the Core Group was a developing partnership with EMA and the UN H4 partners. Considerable coordination efforts were required to ensure that the FMOH and Core Group members were in agreement over primary and secondary data collection and how the report should be completed.

Technical assistance/STTA

Name	Travel Dates	Summary Scope of Work
Anita Gibson, Deputy Director MCHIP & Dr. Joseph de Graft-Johnson, Newborn Health Team Leader	January 20–February 01, 2012	Review of MCHIP Program Learning plan and review of site implementation
Dr. Jennifer Callaghan, Assistant Scientist at Johns Hopkins University IIP	December 12-22, 2011; August 22 - 28, 2012	to assist with the CKMC evaluation study (50% charged to MCHIP with second trip)
Dr Tsigue Pleah, Senior Reproductive Health Advisor & Dr. John Varallo, Senior Reproductive Health Advisor	February 24 – March 5, 2012	Conduct PP-IUCD training for trainers from PP-IUCD implementation sites
Dr Tsigue Pleah, Senior Reproductive Health Advisor & Minati Rath, Clinical Officer	August 4 - 12, 2012	Conduct PP-IUCD training and transfer of learning at PP-IUCD implementation sites
Joygrace Muthoni, Program Officer	January 30 – February 10, 2012	Contraceptive Technology Training updates
Mizan Gebremichael, Financial Administrator	February 17 - 29, 2012	Provide support to MCHIP financial management systems (50% charged to MCHIP)
Kathleen Tedford, intern UNC-Chapel Hill Gillings School of Global Public Health	May 18-August 11, 2012	Finalization of cultural barriers literature review on MNH service utilization and conducting key informant findings to support program implementation
Maya Tholandi: M&E Advisor,	June 27 – July 4, 2012	Support high burden countries initiative (25% charged to MCHIP)
Katherine Wingert, intern JHU Bloomberg School of Public Health	July 5 – October 3 2012	to support midline qualitative assessment of CKMC implementation
James Bon Tempo: Learning Technology Advisor	July 19 – 31, 2012	Support setting up SMS post-training mentoring for Blended Learning for BeMONC (50% charged to MCHIP)

Publications/reports

Poster Presentation by Alemnesh Tekleberhan titled “Women’s Perceptions and Attitudes about PMTCT Services in Ethiopia” during the 16th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) Meeting, December 5, 2011 in Addis Ababa.

International Travel

- Hannah Gibson, MCHIP Program Director, Alemnesh Tekleberhan, MCHIP Program Manager, Abiy Seifu, MCHIP Newborn Advisor to attend MCHIP Program Learning Meeting in Washington DC from November 2-4, 2011.
- Dr. Abdu Nurhussien, Sr. Performance Improvement Advisor and Ephrem Daniel, M&E Advisor to attend MCHIP/Jhpiego regional Standards Based Management and Recognition (SBM-R) implementers workshop in Maputo, Mozambique from 26-28 September 2012.

Monitoring Visits to program implementation sites

MCHIP Conducts where programmatically feasible supervision visits encompassing a number of technical areas. Where a specific program intervention requires detailed supervision a separate or additional visit is conducted. All visits are done with woreda and zonal officials and a de-briefing on action items provided to facility staff and management.

Program Implementation: MCHIP conducted a joint site visit with USAID from June 18-21, 2012 to MCHIP supported Phase One sites in SNNP region (Gamogofa Zonal Health Department, Arbaminch Health Science College, Arbaminch Zuria Woreda Health Office, Shelle Health Center, Mierab Abaya Woreda Health Office, Birbir Health Center, Hadiya Zonal Health Department and Nigist Eleni Mohammed Memorial Hospital). PQI efforts were reviewed and improvements are visible in a number of facilities as is the enthusiasm and support for the PQI process amongst facility staff. Provision of women centered care was also viewed; this is an area that MCHIP needs to reinforce particularly in the understanding of what women centered, culturally sensitive care is and how it can be effected. These findings have led to the development of key informant interviews with providers and the addition of questions to the CKMC focused study on birthing preferences. MCHIP continues to provide technical updates to its staff so that they can be better support providers.

PP-FP: MCHIP conducted post training follow up visits to the 16 PP-FP sites to review the progress on immediate PFP counseling and IUCD insertion; this was integrated with supervision on providers who had been trained in BEmONC. Some of the key observations are:

- All health facilities included in the PP-FP training are providing FP counseling services as part of focused ANC. Shashemene, Mekele, Adama, St. Paul’s and Dessie hospitals and the Health Centers have started documenting these services in patient registers. The referral mechanism in the facilities themselves i.e. from counseling in ANC to delivery in the labour units, and then back to the outpatient department for post-partum follow up has been noted as weak. While there are some attempts to refer clients from ANC to labour ward for PP-IUCD, the follow up and feedback mechanism to ensure that women who were referred and had a PP-IUCD inserted are then referred back for postpartum care, is missing. Strengthening efforts include orientating midwives working in the labour ward on PP-FP so that they have basic information about the service and can support program implementation.

BEmONC: A data quality audit using LQAS methodology was conducted to identify gaps in service provision post-BEmONC training. Some of the findings are:

- St. Luke and Arbaminch hospitals have higher level of partograph usage: 100% & 85% respectively whereas Dessie hospital and Hossana hospitals showed 20% and 35% performance on the assessment. Following the assessment comments were provided to health facilities and the facilities has showed improvement in subsequent period. Whereas Active Management of Third Stage of Labor was universally practiced in most facilities except Hossana hospital where it was 75% the coverage of the practice was actually more than that but some cases were not recorded. It is worth noting that sometimes health workers do not record the services they provided. Comments were provided to the hospitals staff on the major gaps observed.
- Following the Safe Motherhood Campaign in Tigray that MCHIP supported in March 2012, MCHIP Tigray staff supported the woreda health office to follow up on the action that was developed during the campaign. The follow up visit engaged a total of 164 staff from five health centers, HEWs from 2 health posts and more than 28 Women Development Army leaders. Some of the feedback received include:
 - A reported increase in the utilization of ANC, delivery and postnatal care service in the HCs of Degu Tembien woreda.
 - HEWs and members of the women's development army are reporting close collaboration in encouraging women to attend facility-based delivery and increasing FP uptake.
 - Discussions with the HC Board by the woreda officials to include maternal health as a priority in utilizing revenue generated at the HC.

Midwifery Pre-Service Education: MCHIP conducted supportive supervision visits to all ten MCHIP supported midwifery schools in the three regions. During the visits the following were observed and feedback provided:

- Instructors were observed during classroom teaching and feedback given to improve their pedagogical skills training, and how to prepare course outlines session plans, teaching notes and exams;
- Skill labs were supervised during students practice and skill lab assistants received coaching on how to better organize the lab so that all students receive the practice they require.

Major constraints/challenges and actions to overcome them

- Though MCHIP uses the HMIS, it is a challenge to calculate the trend of outcome indicators for all sites after introducing MCHIP interventions. This is in part due to the variations in catchment population size with the construction of new health centers. Moving forward, MCHIP will use the updated catchment population information and the number of people that the facilities are expected to serve.
- The turnover of trained staff is a major challenge. After discussing with regional, zonal and woreda health offices it was agreed that an additional criteria in the selection of participants for training is the willingness to work in the facility a minimum of one year after training. However as this cannot be guaranteed in all cases, it was agreed that MCHIP will train more than one provider per facility and for all trained staff to orient their colleagues post-training.
- There were delays at the national level in availing ARV drugs to PMTCT sites. MCHIP raised the issue in different meetings organized by the FMoH, and supported RHBs to discuss with PFSA to address the issue. The consultation has resulted in the PFSA now adding new sites to their ARV drug distribution list.
- Low partner HIV testing rates is observed in PMTCT services so help address this health care providers were advised to integrate activities with the HEWs to create awareness in the community on the benefit of HIV testing by using volunteer couples as models for others to be tested.

- Some mothers do not return for checkup after PP-IUCD insertion. In order to improve the situation, service providers are now calling women and doing phone follow-up to find out why they have not returned and if they have encountered any problems since having the IUCD inserted.

Major activities planned for next period

MCHIP will continue to work with FMOH, RHBs, health facilities, and partners to consolidate activities from years one and two. The MCHIP Ethiopia year 3 work plan outlines planned activities for the coming year. Provisional approval has been granted.

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. Health facility visits conducted by the MCHIP also include monitoring of health facilities waste disposal system. As part of MCHIP support for the deployment of IESO IP training and patient safety training is conducted to 15 IESO deployment site technical and supportive staff.

Issues requiring the attention of USAID management

- At the request of USAID MCHIP provided direct financial support to the midwifery departments of 3 MCHIP Phase Two sites are located in rural areas serving rural populations with very low facility utilization rates. The targets that set for Phase II sites were the same used for Phase I sites which have much higher utilization rates at baseline. MCHIP therefore proposes to review the LOP targets for these two phases of sites in its year 3 work plan.
- RHBs acknowledge MCHIP support and repeatedly requested replication of MCHIP support to additional sites in another woredas. However MCHIP considering the project life time and the direction from USAID prefers to consolidate already started activities in the existing woredas

Data sharing with the host government

Data from in-service trainings for health care providers and midwifery school faculty is shared with FMOH and RHB. Quarterly program and activity reports are also shared with the RHBs.

Appendices

1. Performance Monitoring Plan (PMP). Note that this has been revised since work plan re-submission. The indicator relating to the White Ribbon Alliance has been removed as this activity is no longer part of the work plan.
2. MCHIP Facilities Baseline Assessment, MCHIP Eth, January 2012
3. Post- training Supportive Supervision Report, MCHIP Eth, January 2012
4. C-MNCH Integrated Refresher Training Report
5. Integrated Community based Case Management Assessment, January, 2012
6. MCHIP Technical Consultative meeting report
7. CKMC job aids
8. PFP/PP-IUCD facility assessment report
9. PFP job aids
10. Trip reports STTA.
11. Success Story

Keys - * Indicators to be reported annually

**Site level service delivery has not yet started