



Integrated Family Health Program

INTEGRATED FAMILY HEALTH PROGRAM PLUS/ EVIDENCE TO ACTION (IFHP⁺/E2A)

Cooperative Agreement No. AID-OAA-A-11-00024

YEAR 8 – 3rd QUARTER REPORT
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Acronyms and Abbreviations

APR	Annual Program Report
BC	Behavioural Change
CC	Community Conversation
CM	Community Mobilization
CORHA	Consortium of Reproductive Health Associations
CPR	Contraceptive Prevalence Rate
EMOC	Emergency Maternal and Obstetric Care
ENA	Essential Nutrition Actions
EOS	Expanded Outreach Service
EPI	Expanded Program of Immunization
ESHE	Essential Services for Health in Ethiopia
ETAT	Emergency Triage Assessment and Treatment
FHC	Family Health Card
FMOH	Federal Ministry of Health
FP/RH	Family Planning/Reproductive Health
GBV	Gender Based Violence
HC	Health Center
HEP	Health Extension Program
HEW	Health Extension Worker
HF	Health Facility
HH	Household
HMIS	Health Management Information Systems
HP	Health Post
HTP	Harmful Traditional Practices
HWs	Health Workers
ICCM	Integrated Community Case Management
IFHP+/E2A	Integrated Family Health Program
IYCF	Infant and Young Child Feeding
IMNCI	Integrated Management of Newborn and Childhood Illness
IPO	Implementing Partner Organization
IRT	Integrated Refresher Training
ISS	Integrated Supportive Supervision
LAFP	Long Acting Family Planning
LMIS	Logistics Management Information System
MNCH	Maternal, Newborn and Child Health
OF	Obstetric Fistula
PHCU	Primary Health Care Unit
RHB	Regional Health Bureau
RPO	Regional Program Office
SAM	Severe Acute Malnutrition
SIA	Supplementary Immunization Activity
SARS	Semi Annual Review Sheet
TAC	Technical Advisory Committee
TVET	Technical Vocational & Education Training
USAID	United States Agency for International Development
VCHW	Volunteer Community Health Worker
WAC	Woreda Advisory Committee
WBP	Woreda Based Planning
WorHO	Woreda Health Office
YFS	Youth Friendly Service
ZHD	Zonal Health Department

I. General Information

Project Title:	Integrated Family Health Program (IFHP+/E2A)	
Prime Partner:	Pathfinder International	
Cooperative Agreement No.:	AID-OAA-A-11-00024	
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II. Background

The Integrated Family Health Program (IFHP+/E2A) is a USAID-funded health program through Evidence to Action (E2A) bridging fund support under the cooperative agreement number of AID-OAA-A-11-00024. The program has been implemented by Pathfinder International and John Snow, Inc. (JSI) in collaboration with local Government and Non-government partners.

The program supports USAID-Ethiopia’s Strategic Objective of ‘Investing in People’, with an overall life-of-program goal of Improved Family Health. The program area related elements are: Family Planning, Reproductive Health, Maternal, Newborn and Child Health including malaria. The program sub-objective is “Increased use of high impact family planning, maternal, newborn and child health practices, products and services.” The four results are:

1. Improved health practices at the household and community levels
2. Improved availability and quality of health services, products and information
3. Key elements of health system strengthened to support health services
4. Systematic program learning to inform policy and program investment

The program now operates in 300 Woredas of Amhara, Oromia, SNNPR and Tigray, and to a lesser extent in Benishangul Gumuz and Somali regions. The program establishes links with HIV/AIDS and Malaria programs.

This report refers to the period April through June 2016, which is the third quarter for FY2016. The report is organized by each of the four program results.

III. Major Accomplishments

IFHP+/E2A performed well during the past nine months . Most of the planned activities of the past nine months were executed and the performance level is becoming promising as measured against the annual plan. It is highly likely to meet annual targets that will contribute to meeting targets of the Life of Program (see Annex 2 for details). The following are some of the key nine months(Oct 2015 – June 2016) achievements of IFHP+/E2A for PMP indicators:

- 3,079 pre-arranged marriages cancelled/deferred
- 3,632 people attended training on communication and counselling skills
- 3,868 religious and community leaders attended training on Womens and Girls' health
- 970suspected obstetric fistula cases identified and referred for services.
- 3,644 persons trained in FP/RH service provision
- 794 HWs attended training on the MNH service provision
- 4,537 persons received training on Child Health and Nutrtrion (CHN) service provision
- 3,518 health managers from public sector attended training on Integrated Supportive Supervision (ISS) and Use of Data for Decision Making (UDDM)

Support provided to the information revolution and vital registration. IFHP+/E2A is a member of the National Advisory Committee that is established by the planning and monitoring directorate to coordinate the implementation of the road map for the infomraion revolution of the HSTP. IFHP+/E2A consistently worked NAC on different manual standardization (Model site selection criteria, HMIS Mentorship guideline, manual for performance measuring and identification of best performing HP, HC, WorHO, ZHD and RHB). In addition support provided in the process of Vital Events Registration, Information revolution road map and audiovisual material development Process with FMOH- PPD

IFHP supported the 6th Annual Health sector Women and Youth Affairs structure review and planning meeting. The 6th Annual Health Sector Women and Youth Affairs Structures review and planning meeting were held in Assosa town Benshangul Gumuz Region. This annual gathering has brought together more than 80 participants from the Parliament, regional, city administrations and federal agencies working on mainstreaming gender issues in the health sector and priority program areas. The annual review was opened by his Excellency state Minister Dr. Amir Aman who emphasized prioritizing women and youth

issues are the key millstone of development, as a result the health sector strategies and policies focus on equity and quality health services for all citizens.



State Minister Dr. Amir opening the 6th annual Women and Youth Affairs structures review meeting

Following the opening remarks, annual performance reports were presented by gender focal persons from each regions, agencies and FMOH women and Youth affairs directorate where the major activities in the year are:

- Strengthening institutional structures at regional, Zonal and Woreda level and the inclusion of Gender focal in management bodies
- Awareness raising about gender issues in the health sector for different levels of health workers during March 8 and 16 days of GBV activism
- Bringing women to leadership positions and follow up implementation of affirmative actions to employ female health workers as per the civil service proclamation
- Coordination and Participation in other programs for eg conducting ISS, program specific review meetings, supporting Woreda based planning
- Following up the generation of sex disaggregated data
- TOT training on Gender and Health

The major challenges discussed in the review meeting include institutional structures are not uniformly established across the regions, capacity gaps of the gender focal persons and budget limitations to conduct awareness raising activities.

Based on the review of progress and challenges participants developed the core plan for the coming year. In the meantime there was blood donation program, photo exhibition that displayed key activities of the year and award ceremony for best performing regions and institutions. Finally, closing remark was made by Mrs. Yamrot Andualem, Director, FMOH Women and Youth Affairs Directorate.



Participants discussing on the core plan



Closing remark by Mrs Yamrot Andualem.

Religious and Community leaders sensitized. In collaboration with the Family Health Directorate of Benishangul Gumuz National Regional State Health Bureau, a sensitization event was conducted on the use of RH/FP services. The event was conducted in Assosa town on April 1-2, 2016. The session attendants included Muslim, Orthodox Christian, and other church leaders. Besides discussing the national, regional and zonal FP service utilization status of the previous six months, the health and economic benefits of FP for couples and individuals and the role of religious and community leaders in enlightening their constituencies regarding religious and socioeconomic development have been discussed to the satisfaction of the participants. Pathfinder international's experience in both Christian and Muslim dominated countries was presented. At the end of the workshop, all participants unanimously agreed on the need for FP information dissemination and the utilization of FP services, and the role of religious and community leaders in educating their constituencies.

IV. Detail description of Achievements by result

a. Result One: Improved Health Practices at Household and Community Level

Equipping families and communities with the knowledge and skills for safer health practices is an important element of creating positive health outcomes. The first result area of IFHP+/E2A focuses on increasing the knowledge, skill and capacity of communities towards early recognition of illnesses and health complications, timely health care seeking behaviour, and safer health practices at the household and community levels. IFHP+/E2A applies a variety of approaches and strategies to achieve this goal. The major approaches include: building the skills of health workers, HEWs and health development armies (volunteer community health workers) on effective behavioral change through training; post training review meetings and mentorship: production and distribution of customized, and harmonized IEC/BC materials that convey health messages in an easily understandable way; and the use of outlets such as public gatherings, campaign, pathways to change game, religious ceremonies, market , and mobile vans to educate the community.

Post IRT/C-MNCH training review meetings conducted with HEWs, Supervisors, and Health Managers IFHP+/E2A coordinated review meetings with trained HEWs and Supervisors to discuss successes, challenges, and opportunities during implementation of Community Mobilization (CM) and Behaviour Change (BC) activities. The review meetings were also used for experience sharing among Frontline health workers. Woreda-level health managers also attended the review meetings to better understand community level issues and find solutions. These review meetings are also one of the mentoring strategies used by IFHP+/E2A to improve the technical competency of community level workers, in particular the HEWs. In most cases, assessments will be conducted before each review meeting in order to discuss and share the findings at the meetings. During the reporting period, 32 review sessions meetings were conducted and a total of 1,219 HEWs supervisors, health managers and experts attended these meetings.

Key CM/BC materials Distributed to Frontline health workers and families:

Behavioural Change materials are vital for facilitating education/counselling at household/family level. In line with this, IFHP+/E2A has been distributing key BC materials to health institutions and HEWs, and HEWs in turn to Health Development Army's (HDAs). HEWs and HDAs have in turn been distributing BC tools, such as the Family Health Cards (FHCs), to households and families to be used on a daily basis. During the reporting quarter 121,387 CM/ BC materials (different types) were distributed by IFHP+/E2A based on need.



Mobile AV car mobilize the community on AWD prevention, Guji zone, Oromia

The community at large sensitized on health issues through audio visual system using mobile vans and audio mounted car:

A variety of venues (e.g., religious festivals, community meetings, market places) were used to transmit educational messages on health related issues, such as on FP/RH and MNCH. A total of 935 mobile vans and audio mounted car sessions were coordinated. These sessions reached an estimated number of 960,079 people in the communities with various health messages, such as family planning, Obstetric Fistula, HIV/AIDS, Maternal and child health, IYCF, malaria prevention and other related health issues.

Training on Gender and HTP for non-health workers: IFHP+/E2A coordinated review meetings on gender and HTP for non- health workers to discuss the current practice and future plan of elimination of HTPs such as FGM, early marriage, rape and abduction . Also, they discussed their successes, challenges and other possible opportunities to eliminate these HTPs . During the reporting period, 1,664 religious and community leaders (non-health workers) were trained on gender related issues.

Early marriages cancelled or delayed: IFHP+/E2A is supporting marriage cancellation committees at the community level through its work with Women’s, Children and Youth Affairs office at the woreda level and with local NGOs. That is, IFHP+/E2A has been providing trainings to partners who in turn will provide training to members of community level marriage cancellation committees who are responsible for teaching the community on how to prevent early marriages and support the victims. During the quarter, a total of 1,156 pre-arranged early marriages were cancelled/delayed by marriage cancellation committees in IFHP+/E2A target areas.



*Peer Educators after training ,
Tocha HC, SNNPR*

AYRH specific CM/BCC activities conducted: Educating adolescents and youth through peer education using different venues is a strategy used by IFHP+/E2A to cascade behavioural change activities among the target groups. The following are key activities of the reporting period under this thematic area.

- *Training provided to Peer-educators.* During the reporting period, a total of 1,242 youth attended peer education training sessions. They have since been actively participating in information dissemination and awareness creation activities at Youth Friendly Service (YFS) sites.
- *Review meetings coordinated for peer educators.* Peer educators quarterly review meetings can create opportunities to encourage, update, and motivate the peer volunteers by facilitating experience sharing, identifying , and solving critical gaps. In line with this, a total of 193 sessions of review meetings was coordinated for peer educators and 5, 556 persons attended the review meetings.
- As a result of the activities of existing and new peer educators, a total of 1,096,725 youth received information on key health issues such as FP, Maternal and child health, Post Abortion Care (PAC), HTP, early marriage and HIV and AIDS at YFS sites during the reporting period. During the report period, 19,829 different AYSRH Program related IE/BCC materials were distributed which include the peer education and counselling training manuals, YFS posters, different AYSRH flyers & brochures, and poster labelled as Key Points to be considered at YFS sites.
- The Ethiopian Cultural Coffee ceremony is among the approaches used to educate the youth at YFS sites and youth centres. A total of 762 coffee ceremony sessions was conducted and over 58, 635 youth received key health information.
- **Pathways to change (Ptc)** game is among the approaches used to educate adolescents and youth with the objective of identifying and solving RH related problems. In this reporting period 14 sessions of the Pathway to Change game were played and 341 participants attended.

b. Result Two: Improved Availability and Quality of Services, Products and Information

In order to address the demand created for different FP/RH and MNCH services through community mobilization and behavioural change efforts, it is essential to ensure the availability and quality of health services at various levels. To this end, IFHP+/E2A continues building the technical capacity of health service providers, including HEWs through the provision of tailored packages of trainings in areas of FP/RH, MNCH, including HIV and AIDS and malaria to improve access and to maximize the delivery of quality service to the community. The changes in the knowledge and skills of trainees have been measured through pre/post tests and competency based skill checklists in all trainings that have been provided by IFHP+/E2A.

Family Planning/Reproductive Health

IFHP+/E2A continued to support the health system in the provision of quality reproductive health and family planning services, including LARCs, to underserved communities. Key strategies include the provision of information on the full mix and the use of long and short acting methods of contraception, including healthy timing and spacing of pregnancies; enhancing the capacity of service providers at different levels of health facilities; ensuring the availability of commodities at service outlets; integrating FP with HIV/AIDS services; Women's and Girls' Health mainstreaming in the health sector; and reaching youth and adolescents with information and services.

Family Planning

Service Delivery Based Training on LARCs (IUCD and implants): Increasing the use of long-acting reversible contraception use is one of the focus areas of IFHP+/E2A, employed side by side with improving the use of short-acting methods. Continuous technical capacity-building support through training was provided to health facility workers, including HEWs. Specifically, IFHP+/E2A provided service delivery-based training on LARCs to clinical service providers focusing on the IUCD (health workers other than HEWs), while Implanon insertion service training was provided to HEWs. Allowing HEWs to provide Implanon insertion services brings LARC service to the doorsteps of families and will highly improve access to a broader method mix of contraception at community levels.

- During the quarter, a total of 580 people were trained on LARC provision (359 on Implanon insertion of which 268 were HEWs and 91 on IUCD insertion). After each training, complete IUCD and Implanon insertion kits, including necessary equipment and consumables, were given to service providers to enable them immediately start routine services upon returning to their workplace
- A total of 7 session post LAFP/Implanon/IUCD/PPIUCD training review meetings was conducted and 526 participants attended.



Trainees observing IUCD insertion and removal skill demonstration using anatomical model, Amhara



Fig3: The HEW is inserting Implanon NXT during practicum session, North Shoa, Oromia

- As part of the clinical practicum of the trainings, 2195 clients were served with a variety of FP services, of which 1,136 and 283 clients received Implanon and IUCD insertion services, respectively, 231 and 32 received Implanon and IUCD removal services, respectively (see Annexes 3.2 for details). Most of the removals were performed for the reason that they had reached their removal periods.

Back-up service for LAFP: IFHP+/E2A has been supporting the coordination of back up services for LAFP through providing technical and financial support to the health sector. Back-up services on LAFP has been coordinated by the health sector with the objective of responding to cumulative demands for LAFP in specific areas, in particular at Health Posts (HP). IFHP+/E2A has provided financial and technical support to back-up service sessions. This strategy is one of the mechanisms to address demands for Implanon removal services at HP levels. During this quarter, a total of 788 sessions of back-up support was conducted in 123 HCs with the support from IFHP+/E2A. All types of contraceptive methods were available during all sessions for maintaining the choices of a client, as a result of which 13,155 FP clients were served, of which 9,384 insertions and 2,787 removal services for LAFP, and 988 served for short acting FP methods (See Annex 3.2 for details).

Service provision through private franchise programs supported: Private, for-profit clinics are one of the outlets for RH/FP services. In line with this, IFHP+/E2A has been supporting these clinics to deliver family planning services through integration with their routine services. Contraceptive logistics and technical support are some of the key supports provided in order to capacitate these clinics, with more than 70 private, for-profit clinics receiving support from IFHP+/E2A. A total of 11,930 new family planning clients was served by these clinics, and 15,001 repeat visits made by FP clients at the private clinics during this quarter alone.

Women's and Girl's Health

Women's and Girl's health is a cross cutting issue at IFHP. Mainstreaming in the health sector, fistula identification and referral for services are some the key activities. The following are some of the achievements in the reporting period.

Obstetric Fistula Elimination: Existing IFHP+/E2A efforts to address obstetric fistula (OF) are being augmented with additional funding from USAID, to place a renewed focus on the prevention and treatment of obstetric fistula. By building on the existing integrated programming platform, the current program infrastructure is being used to achieve targeted impact. This approach, designed to support the Ethiopian Federal Ministry of Health's plan to eliminate Obstetric Fistula by 2020, is funded under the Congressional Earmark for Obstetric Fistula, through E2A for three years, from June 2014 to June 2017 and has three key results areas:

Result 1: Potential OF cases identified at community level and referred to treatment facilities. Activities under this result contribute to building community capacity to identify potential OF cases (sub-result 1.1), strengthening PHC-level provider capacity to correctly screen and refer for OF (sub-result 1.2), removing financial barriers to facilitate access to services (sub-result 1.3), and the provision of quality post-repair services in order to

decrease the recurrence of OF and to improve reintegration into home communities through the support of Healing Hands of Joy (sub-result 1.4).

Result 2: Strengthen Hamlin Fistula Ethiopia's (HFE's) capacity for program management and monitoring in order to foster the enhanced contribution to fistula elimination. Activities under this result area include organizational development with particular emphasis on program monitoring and evaluation and providing whatever support necessary to enable their absorption of the additional OF referrals generated by this program.

Result 3: Strengthened collaboration at all levels towards elimination of OF by 2020. Activities under this result include active participation in the FMOH led National Taskforce for the Elimination of Obstetric Fistula by 2020 (sub-result 3.1), the adoption of a government led National Action Plan for the Elimination of Obstetric Fistula by 2020 by key stakeholders (sub-result 3.2), the strengthening of the evidence base around female urinary incontinence (FUI) for national policy and programming (sub-result 3.3), and the standardization of messaging around OF prevention and treatment among key partners (sub-result 3.4).

The key accomplishments of the OF project include:

- Mid-level HWs trained in fistula diagnosis. During the reporting quarter, a total of 381 health workers at HCs were trained on fistula and Pelvic Organ Prolapse (POP) case identification and diagnosis. There was continued expansion of supplementary training for mid-level health workers in OF and POP diagnosis, with trainers from HFE and WAHA, focusing on suspected hot spots.
- Community and religious leaders sensitized about fistula. During this quarter, a total of 1,458 influential people such as community and religious leaders was trained in fistula prevention, supporting women with fistula, and other related issues.
- Community mobilization and awareness creation events conducted on fistula. Community mobilization activities have been integrated with other IFHP CM/BC activities. In line with this, during the quarter a total of 173 sessions of educational events was coordinated and 77, 056 people were reached with the message on OF.
- Fistula case identification and referral activities supported. During the reporting quarter 314 suspected cases were identified and referred for diagnosis, of which 197 confirmed cases were referred for treatment. Using a variety of means, the program reaches women in need of repair services, makes referrals, and provides treatment support.
- International Obstetric Fistula Day is marked Globally on, May 23, . To mark the event in 2016, IFHP in collaboration with Oromia RHB, East Hararge Zone Health and Women and Children affairs offices organized and hosted an OF Elimination advocacy workshop. The aim was to raise awareness among participants from the Woreda Health and Womens and Childrens Affairs officials about OF, the causes, prevention strategies, its impact, the importance of case identification and referral for diagnosis as well as support for rehabilitation and re-integration of women



Participants of OF diagnosis training on group photo, Kelem Welega, Oromia



Partial view of participants of OF sensitization meeting, W/Arsi zone,

treated for OF.. The 77 participants came from different sector organizations, such as the Oromia Regional Health Bureau, East Hararghe Zonal Health Office, East Hararghe Zonal Administration, Zonal and Woreda Women and Children Affairs Offices, Oromia TV and Radio, Fana Broadcasting Corporation Karsa branch station, women treated for fistula, some HEWs, as well as Harar Hamlin Fistula Treatment Centre staff.

- IFHP+ also supported and facilitated a panel discussion at a US Embassy led the event at Bahir Dar University, to also mark the International Fistula Day,

Adolescent and Youth Reproductive Health (AYRH)

AYRH activities have been one of the key program support areas of IFHP+/E2A. Improving the quality of services to the in-school and out of school youth by supporting the YFS sites is one of the strategies of the program. IFHP+/E2A continued to support existing and new YFS sites in its catchment areas, a total of 248 YFS sites.

The following are some of the key achievements of the quarter:

- A total of 216 health workers from YFS sites were trained on YFS and STIs service provision.
- A total of 271,016 visits (1.26 times more achieved by quarter plan) made by the youth for health services at existing YFS sites during the reporting period. In addition, consumables and necessary logistics were distributed to YFS during the quarter.

HIV/AIDS/ PMTCT/STI

FP/HIV integration support continued. Regarding FP/HIV integration sites, though we had succeeded in training an average of 1-2 health providers in each of the supported facilities, because of staff turnover and rotation of duty, there was a gap in training provision in some facilities. Fifty three health facilities provide VCT and ART services of trained health service providers. As part of the routine FP/HIV integrated service, 1,846 clients were provided with FP at the ART outlet clinics in Tigray, 838 condoms were provided and a total of 108 clients received different types of FP services including condoms. SNNPR region provided FP/HIV integration refresher training for 61 health providers.

Post Abortion Care (PAC): IFHP has been providing a competency based training on PAC in collaboration with the health sector. The objective of the training was to equip the midwives and other care providers with knowledge and skills of PAC to properly manage cases and prevent the tragedy of maternal death due to complications of unsafe abortion. During the quarter, a total of 41 HWs attended the PAC training. After successful completion of the theoretical and model simulation sessions, clinical attachment was made for practical sessions. IFHP not only provided training, but also supported the need for medical equipment's based on critical needs through the use of private funding.

Maternal and Newborn Health (MNH)

The IFHP maternal and newborn health initiative was started in select IFHP implementing woredas for the purpose of learning the implementation of a comprehensive intervention to promote skilled delivery service. The program components include improving health practices at the household and community level through increasing knowledge of the benefits of the skilled attendant at birth, danger signals related to pregnancy during delivery, and postnatal period. At the health facility level, IFHP works to ensure the minimum package of services for pregnant women, including focused ante-natal care, intrapartum care, including management of basic emergency obstetric and newborn care, ensuring the availability of essential drugs and supplies, and strengthening referral system between health centre and ultimate CEmONC.



BEmONC trainees visit at Hamlin fistula with fistula Victims, SNNPR

Major accomplishments during the quarter include:

- **BEmONC training:** Building the technical competency of HWs is one of the key strategies at IFHP. A total of 107 health care providers received BEmONC training and 81 health managers received BEmONC orientation. The training has an input in improving access to facilities with capabilities to provide emergency obstetric care (seven BEmONC signal functions) and facilitate an emergency referral system for complicated cases needing further management.
- **Maternal Death Surveillance and Response (MDSR) rollout training in progress.** A total of 103 people attended training on MDSR with integration of **PHEM in Oromia region**. The main objective of the training is to reduce maternal mortality through the involvement of both the community and public sector individuals. The system provides a method to track any maternal death caused by obstetrical complications either at a community or health facility level so that the data is to be utilized locally to prevent further deaths by intervening on the causes of death, as per the action plan developed at the grass root level.
- **MNH Clinical Mentoring provided** A total of 70 HCs (8 in Oromia, 24 in Amhara and 38 in SNNP) received MNH clinical mentoring during the reporting period. Post clinical mentorship review meeting also coordinated and 448 participants attended. The objective of the review meeting was to discuss the extent and progress of mentorship provided, share experiences among woredas, health centers and mentors, and describe challenges faced during the actual mentoring, as well as outlined remedial actions points for the future.

Child Health (CH)

Child health related activities of IFHP attempts to strengthen key child survival interventions through building the capacity of health workers in the public sector. This includes immunization (EPI), and integrated management of newborn and childhood illness (IMNCI), and ICCM/CBNC. IFHP works closely at national, regional and woredas levels in designing, implementing and monitoring child health and nutrition interventions. The following are key achievements of the quarter:

- **Support to the Integrated Community Case Management (ICCM) continued:** The Federal Ministry of Health has introduced treatment of childhood illnesses, including pneumonia by HEW with the overall goal of contributing to reduce mortality in children less than five years of age. IFHP+/E2A has been supporting the MOH/RHBs in the training and mentoring of HEWs to start providing ICCM of common childhood illnesses at the health posts. During this reporting period, 74 HEWs were trained in ICCM by IFHP+/E2A in the four focus regions. The trainings were complemented by practical exercises.
- **ICCM performance review meetings coordinated.** IFHP+/E2A not only trained HEWs on ICCM, but also created opportunities to review performance, share experiences and refresh the technical competency of service providers in review meetings held after trainings. During the quarter, ICCM review meetings were integrated as part of 19 sessions of PRRT.
- **IMNCI:** IFHP+/E2A continues its support to the public sector in building the IMNCI technical competency of health workers at health facilities, in particular at the health centre. During the quarter, a total of 216 health workers were trained on IMNCI during the reporting quarter.
- **EPI:** According to the routine HMIS there is a steady increase and relatively high national and regional EPI coverage (>80%) in the last five years and more in Ethiopia. But presently it has stagnated even though there is a significant improvement in the health service access. The future effort should, however, aim at achieving universal coverage. There is now a firm commitment in IFHP+/E2A to promote participatory micro planning, particularly at the primary health care unit by building capacity of the health workers in the HCs. IFHP+/E2A has been contributing to increasing the coverage and improving the quality of immunization services. In this reporting period, 208 health workers were trained on EPI and cold chain management. IFHP+/E2A not only provided training on EPI, but integrated refrigerator maintenance, to address the problem of cold chain management, as part of the training by providing technical assistance, logistics and financial supports.
- **Community Based Newborn Care (CBNC):** CBNC is a new initiative by the MOH to treat newborn illnesses at community level by HEWs. IFHP+ already started implementing this program in three IFHP+/E2A target regions (Oromia, SNNP and Tigray). The following are some of the achievements during the reporting period.
- 109 people were trained on CBNC during the quarter with the objective of building the capacity of HWs and HEWs. HWs will be responsible to provide backstopping support for HEWs.
 - Post training follow up conducted and on-site technical assistance provided for HEWs to improve their skill in managing a sick child in most target areas.
 - Post CBNC issues were discussed as an integral part of the integrated Performance Review and Refresher Training (PRRT) for most of the target areas. Zonal level review meetings were also conducted with participation of all target woredas and key stakeholders with the objective of reviewing the status of implementation and discussing performance related issues.



Trainees demonstrating essential NBC, Tigray

Nutrition

IFHP+ has been implementing Maternal Infant Young Child Nutrition (MIYCN) as part of child health activities. The following are some of the achievements of the quarter.

- A total of 233 HWs was trained on MIYCN/SAM training. The training was aimed to equip health workers and woreda experts with basic skills and knowledge specifically needed for management of children with SAM at the health centres and health posts.
- During the quarter a total of 4,296 different types of CM/BC materials were distributed. 53 mobile van sessions were conducted and received 67,940 people in the community to ANI intervention woreda health offices, health centres and health posts specifically in Amhara, Oromia and SNNP region intervention areas.
- During the reporting period a total of 602 HW, HEW, teachers and kebele agricultural extension workers trained in adolescent nutrition focused on micronutrient.
- Facilitate different training activities like SAM, blended and integrated nutrition, emergency nutrition conducted by regions and FMOH,



AMIYCN trainees Demonstrating CF preparation, Wukro town, Tigray

Emergency Nutrition response

- **Sensitization on emergency nutrition:** During the reporting period emergency nutrition sensitization was conducted with the sensitization on emergency RH/FP and gender related conduct at PHCU level and attends 1,347 participants from the drought areas.
- The community mobilization through audio visual system using mobile vans and audio-mounted cars provided a variety of venues (e.g., religious festivals, community meetings, market places) were used to transmit educational messages on health related issues such as on FP/RH and MNCH. A total of 56 sessions were coordinated. These sessions reached an estimated number of 82,250 people in the communities with various health messages from hotspot priorities woreda.
- **Adolescent maternal infant and young child nutrition (AMIYCN) training for HWs:** IFHP+/E2A continues its support to the public sector in building the AMIYCN technical competency of health workers at health facilities, in particular at the health centre in drought affected areas as part of the emergency nutrition response intervention. During the quarter, a total of 79 health workers was trained on AMIYCN.
- **FP/RH and Gender related responses:** Comprehensive service delivery based LAFP-IUCD basic and refresher trainings were provided. During the report period 62 HWs received the basic and refresher trainings. During the practical sessions of these trainings a total of 1335 clients were served; of which 475 were IUCD, 748 were Implanon NXT and 43 were Jadelle users. The remaining included eight IUCD and 61 Implant removal services provided.

- **Peer educators sensitization on emergency nutrition response:** During the reporting quarter, 503 PEs in the YFS sites in drought affected areas were sensitized on emergency nutrition.
- **Severe acute malnutrition management (SAM) training for HWs:** During the reporting period a total of 241 HWs trainings on SAM basic training. The participants were from woredas with high food insecurity and priority one hot spot focusing to fully involve health centres to provide full scale case management of their health facility and support their catchment health posts.
- **Orientation on FP/RH, and GBV issues and service for emergency nutrition hotspot woredas:** IFHP+/E2A, with the collaboration of child and women's affairs office, provided FP/H and GBV orientation to a total of 532 participants for at on emergency nutrition.
- During the reporting period a total of 35,391 different types of materials were distributed, 351 FP/RH related, 844 printed IEC/CC, 12000 BCC materials on FP/RH and gender related materials, 12,000 multicharts, 200 training guide and 10,000 family cards distributed for utilizing during and after the training.
- Conduct follow-up visit and provide technical support. Routine follow-up visits are an opportunity for the project to provide on-site technical support to target health offices and service centres, and households. During this reporting quarter, a total of four WorHOs, 29 HCs, 52 HPs, 245 HHs was visited. Need-based, on-site technical supports were provided by IFHP+/E2A staff during the visit. Discussions were held with health officials at various levels to identify and solve problems both during and after the visit.

Malaria

IFHP+ helps in scaling-up proven approaches in malaria control in its focus Woredas. These actions include integration of malaria prevention and case management in MNCH activities. Malaria BC messages are incorporated into all materials and disease recognition and care seeking behaviour is strengthened through community awareness activities. IFHP+ follow up checklists incorporate malaria related activities for ensuring the implementation of key activities for case management and epidemic detection and response. In this quarter:

- 129 Health workers (HWs) were trained on malaria clinical case management and epidemic response training and all trainees focus on malaria epidemic detection. HWs drawn from different HCs from areas of high malaria risk within the IFHP supported woredas.
- *Printed and distributed 10,000 copies of the malaria monitoring chart during the quarter*
- *Provide technical support to regions and FMOH for malaria case management training*
- **Supported World Malaria Day:** This year 2016 world malaria day was celebrated in the Tigray region of Axum city. During the World malaria day celebration IFHP also took a part and support 70,000 Birr for different preparation and participated as a committee member for the celebration date.

Post ICCM/ Nutrition/ Malaria/ EPI training review meeting called Performance Review and Refresher Training (PRRT): This is designed to equip the health workers and health extension workers with the necessary knowledge and skills that are required to effectively manage young infant and child's sickness. The advantage of this program is that, it is conducted at the PHCU level and facilitators are from cluster health centres who come to review their IMNCI, EPI nutrition and malaria programs. It is also an opportunity for PHCU exchange information and distributes drugs and other logistics to HPs and HCs. It is conducted during weekends and does not affect routine health activities. During the review meeting, health posts are grouped with their cluster health centres with their health workers and completed the compilation form which includes their targets for each vaccine, performance, dropout rate and problems in cold chain and all HPs presented in plenary session performances in the last 6 months, bottlenecks and suggested solutions discussed. During the reporting period, 19 PRRT sessions coordinated and 685 persons attended the meeting and refreshed based on identifying gaps.

USAID Environmental Compliance Requirement

In compliance with the USAID's integrated approach, IFHP has embedded environmental compliance in its other program activities. As a result, IFHP conducts annual basic/refresher compliance trainings of IFHP/partners' staff, and environmental compliance awareness-raising is integrated with relevant trainings, refresher trainings, and review meetings that concern infection prevention and environmental contamination. In these regards, the following activities are implemented:

- 2,080 HC and HP staff are made aware of the environmental implications of their activities during 107 sessions of LAFP & MNH basic trainings,
- 1,136 HC & HP staff are oriented during 26 sessions of LAFP & MNH refresher trainings and review meetings,
- 2,802 HC & HP staff are monitored and mentored during RFUVs.
- Out of 290 HCs and 576 HPs, 613 facilities have a water source in the facilities, 304, mainly HCs have IP & PS manual, 690 have staff and client toilets.

c. Result Three: Key Elements of Health System Strengthened to Support Services

System strengthening is an integral part in achieving and sustaining access to and quality service provision to communities and families by the health sector. IFHP+/E2A works in partnership with FMOH and regional health bureaus in building the capacity of the government health service system through targeted training of staffs, technical support to district health management and



HEWs and facilitators were reviewing ICCM registration book, F/S/zone, Oromia

health delivery points and provision of materials (guidelines, manuals, etc.). The strategies include strengthening and supporting, supportive supervision and routine review of programs at all levels, joint continuous follow-up and mentoring after training, enforcing principles and procedures of decentralization which facilitate and enhance ownership, availing planned and need based logistics support for services and working on the principles of partnership and collaboration with actors in the area.

Integrated Supportive Supervision (ISS) supported: Supportive supervision, promotes quality health service provision at all levels of the health system through strengthening relationships within the system, focusing on the identification and resolution of problems and helping healthcare providers improve performance. The role of IFHP in this regard includes capacity building training of health managers on integrated supportive supervision; and provide technical, logistic and limited financial assistance to program beneficiary Regional Health Bureau, Zonal Health Departments and Woreda/Town Administration Health Offices in doing the planned supportive supervision. In line with this, a total of 772 persons from the health sector attended trainings on the ISS. The purpose of the training was to build their capacity and to strengthen the linkage between health centres and health posts. Besides the direct training of staff, IFHP+/E2A has provided support to the health sector to conduct ISS at WorHOs and ZHDs levels. As a result, 64 WorHOs and 9 ZHDs were given financial, logistic and/ or technical support in the coordination of ISS during the reporting period.

Technical and logistic support provided to facilitate the Use of Data for Decision Making (UDDM). The IFHP+/E2A has been strengthening the use of data for decision making by providing technical assistance and material support. In line with this, a total of 772 health service providers/ managers received training on UDDM. This training will help the health sector to improve data use and quality. On-site technical support provided as an integral part of routine follow up visit such as checking data quality by reviewing registry books, monthly/ quarterly reports against tally sheets, and assessing performance against plan, fulfilment of the minimum standard wall charts, and imitation of the performance monitoring team (PMT).

Performance Review supported. Performance review meetings at all levels of the system provide an opportunity to review the performance of the past period and compare achievements against the planned targets for the fiscal year and to identify strengths, weaknesses, opportunities and challenges. Furthermore, periodic review of performance facilitates sharing of lessons learned and best practices and the development of feasible strategies in tackling identified gaps in the process of implementing planned activities. A total of 17 WorHOs and 12 ZHDs were given technical, financial, program, and other related support for the coordination of the performance review meeting.

Contraceptive logistics distributed based on need: IFHP+/E2A provides contraceptive support to address issues related to stock outs. A total of 3176 pieces of female condoms, 113,200 vials of Injectable, 20,160 cycles of pills, 59,508 sets of Implanon, and 5,544 sets of Jadelle and 1700 sets of IUCD were distributed directly to the health system by IFHP+/E2A to the health sector during the reporting period. In addition to contraceptive logistic distribution, the 42 HCG pregnancy test and 5,983 different equipments and consumable supplies were distributed.

Support to the Logistics Management Information Systems (LMIS) continued: Strengthening Logistics Management Information System (LMIS) of the WorHOs and health facilities (HCs and HPs) was one of the activities which has been given due attention during the routine follow up visits and ISS conducted by the public system. IFHP provided technical supports mainly on how to use and proper use of LR or IPLs forms, and overseeing whether the arrangements of drugs as per the recommended standards, checking drug's expiry date and their timely disposal. The major challenges faced were absence or stock out of some tracer drugs at some HPs despite improvements are progressively observed, the presence of non-disposed expired drugs at the WorHOs, HCs and HPs and inefficient drug arrangements and absence or inappropriate use of pin cards at the HPs.

Follow-up visit conducted: Routine follow-up visits are an opportunity for the project to provide on-site technical support to target health offices and service centres, and households. During this reporting quarter, a total of 135 WorHOs (out of 300 IFHP+/E2A target Woredas), 290 HCs, 576 HPs, 347 communities and 2,828 HHs was visited. Need-based, on-site technical supports were provided by IFHP+/E2A staff during the visit. Discussions were held with health officials at various levels to identify and solve problems both during and after the visit.

Technical Advisory Committee (TAC) field visits and meetings coordinated: Technical Advisory Committee (TAC) visits and meetings were organized quarterly in one of the target regions. The main purpose of the TAC visit was to oversee the overall program implementation of IFHP and to assess the quality of assistance provided by IFHP support to the public health system. During the reporting period TAC field visit was conducted in Tigray region from April 19-21/2016 and TAC members were able to observe the actual works of IFHP+/E2A up to the community level. TAC member visited three Woreda Health Offices, 2 HCs and 2 HPs. Most of the TAC members appreciated the achievements made by IFHP and the working relationship with the public sector.



TAC members while visiting Wukro HC



Hot welcoming for TAC visitors in Debrehiwot community in Hawzien woreda. Tigray

d. Result Four: Systematic Program Learning to Inform Policy and Program Investment

Apart from its role in strengthening the health sector in the provision of better reproductive health, maternal, neonatal and child health service, IFHP+/E2A also serves as learning ground for future policy and program directions. Conducting and disseminating operation/ programmatic researches; documenting success stories and best practices and related activities using different venues are some of the key activities under the result. The following are some of the key achievements of the reporting period.

- Completed research on health service utilization of IMNCI and ICCM in IFHP intervention areas and Routine immunization which was submitted for publication in EPS (Ethiopian Pediatrics Journal)
- Completed research abstract on FP utilization using the 2013 IFHP household survey and submitted to Ethiopian health development journal for publication and received 1st round reviewer comment, and back to submitted the revised abstract based on the editor comment.
- Presented abstracts on the outcome of nutrition intervention in IFHP intervention areas on the 52th round of the EMA annual conference held in Addis Ababa
- Prepared and submitted the final BEmONC assessment analysis and provide BEmONC orientation during ISS for health managers
- Developed the referral and clinical mentoring, assessment tools and provide the procurement of medical equipment

V. Partnership and Coordination

IFHP+/E2A plays a pivotal role in the national and regional level health partners' forum and Technical Working Groups (TWGs). Besides the very strong collaboration with the RHB, ZHD and WorHOs, IFHP+/E2A has been promoting partnership and networking for effective coordination at all levels in the country.

- IFHP+/E2A attended a workshop organized by UNESCO to work with ministry of education to include Comprehensive Sexuality Education (CSE) as part of the curriculum.
- IFHP+/E2A organized monthly USAID Gender Champions meeting
- IFHP+/E2A attended the National Health Sector Women and Youth Structure Annual Review Meeting supported (technically and financially) by IFHP every year
- IFHP+/E2A participated in the management, supportive supervision visit in Tigray
- IFHP+/E2A attended study, dissemination workshop organized by PSI-Ethiopia and FPwatch team: contraceptive landscape analysis
- IFHP+/E2A participated in a meeting with MCSP/Jhpiego on the progress, challenges and close out of the project
- IFHP participated in management supportive supervision, RPO quarter review meeting and nutrition materials block write up workshop organized by FMOH

- IFHP+/E2A attended and contributed to different technical working groups (FP/RH and child survival, Safe motherhood, EPI task force, MDSR task force and HMIS etc...)
- IFHP+/E2A participated and contributed in UHEP- IRT manual development process, requested by FMOH- HEP directorate, for one week at Adama.
- Consistently worked with the FMOH HMIS NAC- Working Group, on different manual standardization (Model site selection criteria, HMIS Mentorship guideline, manual for performance measuring and identification of best performing HP, HC, WorHO, ZHD and RHB).
- Support provided to FMOH:
 - Trainer of data collectors for the national EmONC assessment
 - Provided supportive supervision in MDSR in SNNPR and Amhara
 - Development of audit tools in MNH for quality improvement
 - Development of policy briefs in MNH, HIV/FP and PMTCT as member of research advisory council (RAC)

VI. Program Management, Monitoring and Evaluation

Quarterly review meetings

As part of performance monitoring, each regional program office is expected to coordinate quarterly review meetings with the involvement of RPO, CLO and IPO staffs. Following the regional level review meeting, country office level review meetings were coordinated with the objective of assessing overall program performance with the involvement of management staff, including regional program managers and two selected thematic team members. During this reporting quarter, all IFHP+/E2A regional program offices coordinated their respective quarterly review meetings and followed-up with country level review meetings. Progress towards meeting objectives of the program was discussed and action points for next quarter were identified. Regional M/E staffs conduct random follow up visit data collection to see the progress of each activity outcomes from woreda level up to grass root community level. All M/E officers participated in different operational research activities in different aspects of their expertise.

Data Quality Assessment (DQA)

Lot Quality Assurance Sampling (LQAS) has been used as a routine data quality control mechanism at IFHP+/E2A and in the health sector to measure the levels of transcription errors when reported service statistic data have been extracted from the original source file (i.e. Health facility registers). In line with this, IFHP CO M/E staffs provide routine and random follow up data quality assurance support in Amhara and SNNPR regional program office and front line health managers in conducting LQAS.

VII. Technical Assistance, publications, and international travel

A. Publications in print

N/A

B. Short-term technical assistance during the reporting period

Name	Organization	Date

C. International travel during the reporting period

Name	Date	Country and host organization
Dr. Tesfaye Bulto	June 17-30,2016	USA, JSI
Ismael Ali	April 29-May 13, 2016	USA, JSI
Erkalem Ejigu	June 23-July 4, 2016	Israel, JSI
Sr. Worknesh Kereta	03-04-2016 -07-04-2016	Geneva
Alemayehu Hgii (from MOH)	03-04-2016 -07-04-2016	Geneva
Aster Teshome Woldkiros (from MOH)	03-04-2016 -07-04-2016	Geneva
Addis Shiferaw	9-04-2016 - 17-04-2016	Boston
Dr. Kidest Lulu	15-05-2016 -20-05-2016	Copenhagen
Dr. Mengistu Asnake	13-06-2016 -24-06-2016	Boston and Washington DC
Mengistu Asnake	June 17-26, 2016	DC, Partly(Per diem) by PIE

VIII. Major annual constraints, challenges and actions, including issues requiring management decision

Constraint faced	Actions taken / required
Shortage of fridge spareparts (SNNP)	Work closely with public sector to solve problem
Emergence of AWD (Oromia)	Collaborate with public sector on active surveillance and creating public awareness
Public sector competing priorities	Negotiation with public sector and re-planning
Turn over of public sector facility staffs such as change in PHCU heads/managers	Re-training/ orientation of the new comer

IX. Major tasks for next reporting period

a. Program

- Focus on closeout activities
- Coordination of post-training review meetings
- Conduct audio message transfer by audio mounted vehicles and Mobile vans
- Distribution of IEC/BC materials on different health issues based on need
- Training on Family Planning (FP) such as compressive FP, including Long Acting FP (Implanon insertion for HEWS and IUCD insertion and removal of Health Workers)
- Provide contraceptive logistics for FP
- Identification and referral of women with fistula for treatment and repair services
- Clinical mentors of PMTCT and FP/HIV service integration through follow up visits
- Support coffee ceremonies as a strategy for health education
- Support MNH activities
- Training on IMNCI, EPI, including cold chain management/maintenance and ICCM for health workers (HWs)
- Respond to nutrition emergency
- Integrated malaria with child health activities
- Technical, financial and logistics support for integrated supportive supervision and performance reviews and UDDM
- Documentation of promising practices
- Play a pioneer role in technical working groups in the country, and promote coordination, networking and partnership

X. Management, Monitoring and Evaluation

- Conduct quarterly performance review meeting/staff meeting and assess quarter performance and a supportive management visit to RPOs/CLOs
- Conduct follow up visit to all IPOs and all levels of the public sector
- Produce quarterly report

Annex 1: Result Areas

Result 1: Improved health practices at the household and community level

SR 1.1. Establish family planning as a cultural and community norm

SR 1.2. Increase knowledge and awareness of the benefits of appropriate health practices

SR 1.3. Increase recognition of illness, malnutrition and other health complications

SR 1.4. Increase appropriate health care seeking behaviors

Result 2: Improved availability and quality of health services, products and information

SR 2.1. Increase delivery of long acting and permanent family planning methods

SR 2.2. Maximize delivery of health services through appropriate community channels

SR 2.3. Expand the delivery of standards based care at primary and referral facilities

SR 2.4. Strengthen referral, outreach and information links between communities and facility services

SR 2.5. Enhance community involvement in oversight of service quality

Result 3: Key elements of health system strengthened to support health services

SR 3.1. Strengthen management and supervision of Health Extension Workers (HEWs) and community volunteers

SR 3.2. Improve efficiency and utility of local health information in the context of regional and national HMIS

SR 3.3. Assure contraceptive availability in coordination with DELIVER to CBRHAs and targeted health extension workers and health facilities, transitioning to the government logistics system as feasible.

SR 3.4. Maximize availability of contraceptives, drugs, vaccines and commodities to facilities and health workers in coordination with DELIVER, transitioning to the government logistics system as feasible

Result 4: Systematic program learning to inform policy and program investment

SR 4.1. Objective evidence developed from program experience

SR 4.2. Evidence utilized to inform programming and policy dialogue with stakeholders.

Annex 2: FY2011 Performance as measured by PMP indicators

S/N	Key Performance Indicator	Indicator Type/ Thematic area	Program Element	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
				Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
1	Result1: Improved health (knowledge and) practices at thehousehold and community level								
1.2	Number of early marriages deferred /cancelled	Proposed (Gender/ HTP)	FP/RH	480	1,156	241%	1,540	3,079	199.9%
	Amhara			400	1,124	281%	1,280	2,049	160.1%
	Oromia			6	32	533%	23	52	226.1%
	SNNPR			-	-		-	-	
	Tigray			74			237	974	411.0%
	Benishangul Gumuz			-			-	4	
	Somali			-			-	-	
1.8	Number of people trained on communication and counselling skills	proposed (Cross cutting)	FP/RH, MCH	1,270	1,221	96%	5,005	3,632	72.6%
	Amhara			175	151	86%	770	574	74.5%
	Oromia			330	534	162%	1,175	1,357	115.5%
	SNNPR			730	536	73%	1,685	1,135	67.4%
	Tigray			-	-		1,200	566	47.2%
	Benishangul Gumuz			35			175	-	
	Somali			-			-	-	
	# of Females				747			2,344	
1.9	Number of people trained on CM/BCC in FP/RH with USG funds disaggregated by sex	OP (FP/RH)	FP/RH	3280	4,580	140%	11,000	8,406	76.4%
	Amhara			425	929	219%	1,995	1,627	81.6%
	Oromia			880	1,276	145%	2,740	2,781	101.5%
	SNNPR			1840	1,322	72%	4,190	2,325	55.5%
	Tigray			50	952	1904%	1,750	1,547	88.4%
	Benishangul Gumuz			35	75	214%	275	100	36.4%
	Somali			50	26	52%	50	26	52.0%
	# of Females				2,593			4,880	
1.10	Number of people trained on CM/BCC in PMTCT with USG funds	New Proposed (PMTCT)	HIV/AIDS	455	1,221	268%	3,620	4,417	122.0%
	Amhara				151	0%	595	849	142.7%
	Oromia			125	534	427%	1,200	1,541	128.4%
	SNNPR			330	536	162%	1,105	1,436	130.0%
	Tigray				-		600	566	94.3%
	Benishangul Gumuz				-		120	25	20.8%
	Somali				-		-	-	
	# of Females				747			2,739	
1.11	Number of religious and community leaders trained on Gender, HTPs, GBV	Proposed (Gender/ HTP)	FP/RH	1150	1,664	145%	3,250	3,868	119.0%
	Amhara			250	307	123%	800	934	116.8%
	Oromia			250	325	130%	650	953	146.6%
	SNNPR			600	496	83%	1,500	1,205	80.3%
	Tigray				536	0%	200	776	388.0%

S/N	Key Performance Indicator	Indicator Type/ Thematic area	Program Element	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
				Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
	Benishangul Gumuz				-	0%	-	-	
	Somali			50	-	0%	100	-	
	# of Females				1,182	0%		2,009	
1.11a	# of religious and community leaders (non-health workers) trained on fistula prevention, supporting women with fistula, and other related topics	Proposed (OF)	FP/RH	1150	1,458	127%	3,250	3,663	112.7%
	Amhara			250	307	123%	800	935	116.9%
	Oromia			250	325	130%	650	953	146.6%
	SNNPR			600	496	83%	1,500	1,205	80.3%
	Tigray				330		200	570	285.0%
	Benishangul Gumuz						-	-	
	Somali			50			100	-	
	# of Females							827	
1.11b	# of community journalists trained on obstetric fistula				37				
	Amhara				18				
	Oromia				19				
	SNNPR								
	Tigray								
	Benishangul Gumuz								
	Somali								
	# of Females								
1.11c	# of community mobilization/awareness creation events conducted on fistula	Proposed (OF)	FP/RH	69	173	251%	189	713	377.2%
	Amhara			21		0%	58	126	217.2%
	Oromia			12	43	358%	29	57	196.6%
	SNNPR			18	40	222%	51	82	161%
	Tigray			18	90	500%	51	448	878%
	Benishangul Gumuz						-	-	-
	Somali						-	-	-
1.12	Number of people trained in youth peer education/ peer counseling	Proposed (AYRH)	FP/RH	975	1,242	127%	3,350	2,575	76.9%
	Amhara			-	471	0%	675	746	110.5%
	Oromia			300	417	139%	875	1,076	123.0%
	SNNPR			675	253	37%	1,500	627	41.8%
	Tigray			-	-	0%	200	-	
	Benishangul Gumuz			-	75	0%	100	100	100.0%
	Somali			-	26	0%	-	26	
	# of Females				602	0%		1,261	
1.12a	Number of people trained/ oriented in youth peer education/ peer counseling in response to emergency nutrition (out of the total trained on FP/RH)			1,620	628				
	Amhara			400	125	31%			
	Oromia			320	102	32%			
	SNNPR			500	306	61%			
	Tigray			400	95	24%			

S/N	Key Performance Indicator	Indicator Type/ Thematic area	Program Element	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
				Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
	Benishangul Gumuz			0		0%			
	Somali			0		0%			
	# of Females					0%			
1.13	Number of people trained on CM/BCC in maternal/newborn health with USG funds disaggregated by sex	OP (MNH)	MCH	1270	1,221	96%	5,135	3,632	70.7%
	Amhara			175	151	86%	795	574	72.2%
	Oromia			330	534	162%	1,245	1,357	109.0%
	SNNPR			730	536	73%	1,720	1,135	66.0%
	Tigray			0	-	0%	1,200	566	47.2%
	Benishangul Gumuz			35	-	0%	175	-	0.0%
	Somali			0	-	0%	-	-	0.0%
	# of Females				747	0%		2,344	
1.14	Number of people trained on CM/BCC in Child Health and Nutrition (CHN) with USG funds disaggregated by sex	OP (MNH)	MCH	1270	1,221	96%	5,135	3,632	70.7%
	Amhara			175	151	86%	795	574	72.2%
	Oromia			330	534	162%	1,245	1,357	109.0%
	SNNPR			730	536	73%	1,720	1,135	66.0%
	Tigray			0	-	0%	1,200	566	47.2%
	Benishangul Gumuz			35	-	0%	175	-	0.0%
	Somali			0	-	0%	-	-	0.0%
	# of Females				747	0%		2,344	
1.15	Number of people trained on CM/BCC in malaria prevention with USG funds	OP/MOP (Malaria)	Malaria	180	1,221	678%	1,955	3,632	185.8%
	Amhara			0	151	0%	245	574	234.3%
	Oromia			0	534	0%	455	1,357	298.2%
	SNNPR			180	536	298%	585	1,135	194.0%
	Tigray			0	-	0%	600	566	94.3%
	Benishangul Gumuz			0	-	0%	70	-	0.0%
	Somali			0	-	0%	-	-	0.0%
	# of Females				747	0%		2,344	
2	Result 2: Improved availability and quality of (integrated) health services, products, and information								
2.1	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	COP (PMTCT)	HIV/AIDS	17,385	2,221	13%	52,155	30,753	59.0%
	Amhara			5,244		0%	15,732	18,154	115.4%
	Oromia			7,039		0%	21,117	7,168	33.9%
	SNNPR			3,401	1,360	0%	10,204	2,368	23.2%
	Tigray			1,559	861	0%	4,677	3,063	65.5%
	Benishangul Gumuz			142		0%	425	-	0.0%
	Somali			-		0%	-	-	0.0%
2.2	Number of HIV-positive pregnant women who received anti-retroviral to reduce risk of mother-to-child-transmission	COP (PMTCT)	HIV/AIDS	108	9	8%	324	105	32.4%
	Amhara			33		0%	98	69	70.6%
	Oromia			44		0%	131	9	6.9%
	SNNPR			21		0%	63	5	7.9%
	Tigray			10	9	93%	29	22	75.7%
	Benishangul Gumuz			1		0%	3	-	0.0%
	Somali			-		0%	-	-	0.0%

S/N	Key Performance Indicator	Indicator Type/ Thematic area	Program Element	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
				Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
2.3	Number of suspected fistula case identified and referred for services (Diagnosis/treatment)	Proposed (Gender/ HTP) & OF	FP/RH	390	314	81%	1,470	970	66.0%
	Amhara			120	51	43%	435	189	43.4%
	Oromia			130	116	89%	520	389	74.8%
	SNNPR			100	73	73%	360	257	71.4%
	Tigray			40	74	185%	155	135	87.1%
	Benishangul Gumuz			-	-	0%	-	-	0.0%
	Somali			-	-	0%	-	-	0.0%
2.3a	Number of fistula cases referred for treatment	Proposed (OF)	FP/RH	270	197	73%	1,010	681	67.4%
	Amhara			75	49	65%	285	179	62.8%
	Oromia			90	75	83%	335	290	86.6%
	SNNPR			80	48	60%	300	128	42.7%
	Tigray			25	25	100%	90	84	93.3%
	Benishangul Gumuz			-	-	0%	-	-	0.0%
	Somali			-	-	0%	-	-	0.0%
2.8	Number of children less than 12 months of age who received DPT3 (Pentavalent) from USG-supported programs	OP (CH)	MCH	299,281	300,224	100%	1,197,124	855,352	71.5%
	Amhara			90,272	83,339	92%	361,089	235,639	65.3%
	Oromia			121,176	141,345	117%	484,705	391,638	80.8%
	SNNPR			8,555	54,304	93%	234,220	162,187	69.2%
	Tigray			26,838	18,497	69%	107,351	57,032	53.1%
	Benishangul Gumuz			2,440	2,739	112%	9,759	8,856	90.7%
	Somali			-	-	0%	-	-	0.0%
2.18	Number of new family planning (FP) acceptors	Proposed (FP)	FP/RH	562,748	579,600	103%	2,250,992	1,571,446	69.8%
	Amhara			69,742	128,028	75%	678,968	377,014	55.5%
	Oromia			227,852	274,533	120%	911,407	826,627	90.7%
	SNNPR			110,103	87,140	79%	440,411	228,647	51.9%
	Tigray			50,464	87,140	173%	201,855	130,008	64.4%
	Benishangul Gumuz			4,588	2,759	60%	18,350	9,150	49.9%
	Somali			-	-	0%	-	-	0.0%
2.23	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines, disaggregated by sex	OP (Other Public Health Treats)	Other Public Health Treats	2,853	3,120	109%	10,508	8,958	85.2%
	Amhara			204	443	217%	2,059	1,586	77.0%
	Oromia			1,079	1,136	105%	3,823	3,409	89.2%
	SNNPR			1,236	814	66%	2,980	1,888	63.4%
	Tigray			210	527	251%	1,181	1,770	149.8%
	Benishangul Gumuz			104	126	121%	275	206	74.9%
	Somali			-	74	370%	190	99	52.2%

S/N	Key Performance Indicator	Indicator Type/ Thematic area	Program Element	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
				Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
				20					
2.24	# of Females				1,845	0%		5,387	
	Number of people trained on health service provision in FP/RH with USG funds, disaggregated by sex	OP (FP/RH)	FP/RH	2,001	1,256	63%	7,092	3,644	51.4%
	Amhara			164	370	226%	1,452	928	63.9%
	Oromia			804	296	37%	2,837	1,256	44.3%
	SNNPR			1,006	362	36%	2,235	781	34.9%
	Tigray			-	195	0%	321	588	183.0%
	Benishangul Gumuz			7	18	257%	189	76	40.3%
	Somali			20	15	75%	57	15	26.2%
	# of Females					0%		1,705	
2.24a	Number of people trained on health service provision in FP/RH in response to emergency nutrition (out of the total trained on FP/RH)			730	156	21%			
	Amhara			255	40	16%			
	Oromia			205	22	11%			
	SNNPR			135	65	48%			
	Tigray			135	29	21%			
	Benishangul Gumuz			-		0%			
	Somali			-		0%			
		# of Females					0%		
2.27	Number of health service providers trained on Gender, HTPs, GBV	Proposed (Gender/ HTP)	FP/RH	65		0%	400	114	28.5%
	Amhara			-		0%	115	59	51.3%
	Oromia			30		0%	100	29	29.0%
	SNNPR			35		0%	150	26	17.3%
	Tigray			-		0%	35	-	0.0%
	Benishangul Gumuz			-		0%	-	-	0.0%
	Somali			-		0%	-	-	0.0%
		# of Females					0%		62
2.27a	# of health workers trained on fistula identification	Proposed (OF)	FP/RH	380	381	100%	1,160	1,093	94.2%
	Amhara			100	86	86%	300	244	81.3%
	Oromia			140	152	109%	440	451	102.5%
	SNNPR			120	84	70%	380	279	73.4%
	Tigray			-	59		-	119	
	Benishangul Gumuz			-					
	Somali			20			20	-	
		# of Females							333
2.29	Number of health care providers trained on YFS	Proposed (YFS)	FP/RH	126	216	171%	401	378	94.3%

S/N	Key Performance Indicator	Indicator Type/ Thematic area	Program Element	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
				Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
	Amhara			44	22	50%	111	44	39.6%
	Oromia			25	21	84%	125	133	106.4%
	SNNPR			50	102	204%	100	102	102.0%
	Tigray			-	71		50	99	198.0%
	Benishangul Gumuz			7					
	Somali			-			-	-	
	# of Females			-	102			174	
2.30	Number of people trained in maternal/newborn health through USG-supported programs, disaggregated by sex	OP (MNH)	MCH	301	300	100%	877	794	90.5%
	Amhara			40		0%	172	15	8.7%
	Oromia			41	199	485%	227	249	109.7%
	SNNPR			175	42	24%	358	441	123.2%
	Tigray			45	59	131%	120	89	74.2%
	Benishangul Gumuz			-					
	Somali			-			-	-	
	# of Females			-				163	
2.30A	Number of people trained in CBNC health through USG-supported programs	CBNC		211	109	52%	569	464	81.5%
	Amhara						-	-	
	Oromia			211	34	16%	569	362	63.6%
	SNNPR						-	27	
	Tigray				75		-	75	
	Benishangul Gumuz								
	Somali						-	-	
	# of Females							330	
2.31	Number of people trained on health service provision in child health and nutrition (CHN) through USG-supported programs, disaggregated by sex	OP (CH)	MCH	526	1,510	287%	2,569	4,537	176.6%
	Amhara				73	0%	485	665	137.1%
	Oromia			251	641	255%	904	1,925	212.9%
	SNNPR			85	410	482%	445	666	149.7%
	Tigray			165	273	165%	570	1,121	196.7%
	Benishangul Gumuz			25	54	216%			
	Somali			-	59	0%	115	84	73.0%
	# of Females					0%		1,717	
2.31a	Number of people trained on Nutrition in response to emergency nutrition (out of the total trained on FP/RH)				320				
	Amhara				28				
	Oromia				28				
	SNNPR				154				
	Tigray				110				
	Benishangul Gumuz								
	Somali								

S/N	Key Performance Indicator	Indicator Type/ Thematic area	Program Element	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
				Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
	# of Females								
2.32	Number of people trained on health service provision (malaria treatment) with USG funds	OP/MOP (Malaria)	Malaria	25	1,201	4804%	740	2,679	362.0%
	Amhara				93		100	428	428.0%
	Oromia				643		380	1,128	296.8%
	SNNPR				282		130	355	273.1%
	Tigray				75		75	638	850.7%
	Benishangul Gumuz			25	108	432%			
	Somali						-	-	
	# of Females				778			1,720	
2.33	Number of health workers trained in case management with ACTs	OP/MOP (Malaria)	Malaria	25	1,201	4804%	740	2,679	362.0%
	Amhara				93	0%	100	428	428.0%
	Oromia				643	0%	380	1,128	296.8%
	SNNPR				282	0%	130	355	273.1%
	Tigray				75	0%	75	638	850.7%
	Benishangul Gumuz			25	108	432%			
	Somali				-	0%	-	-	0.0%
	# of Females				778	0%		1,720	
2.34a	Number of health workers trained/ oriented on compliance to USG Legislative and Policy requirements in relation to family planning	FP		5,040	3,016	60%	16,375	13,709	83.7%
	Amhara			1,376	556	40%	5,128	3,360	65.5%
	Oromia			584	923	158%	2,336	2,898	124.1%
	SNNPR			2,134	1,292	61%	5,127	4,745	92.5%
	Tigray			892	245	27%	3,568	2,706	75.8%
	Benishangul Gumuz			54	-		216	-	
	Somali			-	-		-	-	
	# of Females								
2.34b	Number of health workers trained/ oriented on compliance to USG Legislative and Policy requirements in relation to environment	Cross cutting		4,633	4,389	95%	15,681	14,995	95.6%
	Amhara			1,376	553	40%	5,128	3,197	62.3%
	Oromia			584	1,728	296%	2,336	4,114	176.1%
	SNNPR			1,667	1,085	65%	4,601	4,354	94.6%
	Tigray			892	1,023	115%	3,176	3,330	104.8%
	Benishangul Gumuz			114	-		440	-	
	Somali			-	-		-	-	
	# of Females								
3	Result 3: Key elements of health system strengthened to support health services								
	Outcome Indicators								
3.8	Number of Health Workers and managers trained in Integrated Supportive Supervision (ISS)	Proposed (Systems)	FP/RH, MCH	880	772	88%	3,237	3,518	108.7%
	Amhara			-	257	0%	595	951	159.8%
	Oromia			320	361	113%	1,340	1,900	141.8%
	SNNPR			140	80	57%	420	182	43.3%
	Tigray			420	74	18%	840	485	57.7%
	Benishangul Gumuz			-	-		42	-	
	Somali			-	-		-	-	
	# of Females							677	

S/N	Key Performance Indicator	Indicator Type/ Thematic area	Program Element	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
				Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
3.9	Number of Health Workers and managers trained in data for decision making	Proposed (Systems)	FP/RH, MCH	880	772	88%	3,237	3,518	108.7%
	Amhara			-	257	0%	595	951	159.8%
	Oromia			320	361	113%	1,340	1,900	141.8%
	SNNPR			140	80	57%	420	182	43.3%
	Tigray			420	74	18%	840	485	57.7%
	Benishangul Gumuz			-	-	-	42	-	-
	Somali			-	-	-	-	-	-
	# of Females							677	

Annex 3: Additional information

Annex 3.1: Additional Information on specific Trainings

S/N	Training	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
		Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
3	# of person trained on LAFP & Implanon (Total on long acting = 4+7)	230	580	252%	1,960	2,039	104.0%
	Amhara	20	280	1400%	475	644	135.6%
	Oromia	120	161	134%	640	697	108.9%
	SNNPR	90	103	114%	490	327	66.7%
	Tigray	-	36		310	326	105.2%
	Benishangul Gumuz	-	-		25	45	180.0%
	Somali	-	-		20	-	
4	# of persons trained on implanon insertion (Total on Implanon = 5+6)	110	359	326%	1,460	1,526	104.5%
	Amhara	-	220		375	527	140.5%
	Oromia	60	139	232%	460	567	123.3%
	SNNPR	50	-		350	206	58.9%
	Tigray	-	-		250	201	80.4%
	Benishangul Gumuz	-	-		25	25	100.0%
	Somali	-	-		-	-	
5	# of HEWs trained on implanon insertion (including implanon Nxt.)	110	268	244%	1,460	1,395	95.5%
	Amhara	-	167		375	444	118.4%
	Oromia	60	101	168%	460	529	115.0%
	SNNPR	50	-		350	206	58.9%
	Tigray	-	-		250	191	76.4%
	Benishangul Gumuz	-	-		25	25	100.0%

S/N	Training	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
		Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
	Somali	-	-		-	-	
6	# of HEWs Supervisors & other HWs trained on implanon insertion		91		-	131	
	Amhara		53		-	83	
	Oromia		38		-	38	
	SNNPR		-		-	-	
	Tigray		-		-	10	
	Benishangul Gumuz		-		-	-	
	Somali		-		-	-	
7	# of HWs trained on service delivery based on LAFP/ IUCD (comprehensive & refresher)	120	221	184%	500	513	102.6%
	Amhara	20	60	300%	100	117	117.0%
	Oromia	60	22	37%	180	130	72.2%
	SNNPR	40	103	258%	140	121	86.4%
	Tigray	-	36		60	125	208.3%
	Benishangul Gumuz	-	-		-	20	
	Somali	-	-		20	-	
8	# trained on PPIUCD	14	16	114%	172	56	32.6%
	Amhara	-	-		36	13	36.1%
	Oromia	14	16	114%	94	29	30.9%
	SNNPR	-	-		12	14	116.7%
	Tigray	-	-		30	-	
	Benishangul Gumuz	-	-		-	-	
	Somali	-	-		-	-	

S/N	Training	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
		Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
9	# of people trained on FP/ HIV integration		61		-	61	
	Amhara		-		-	-	
	Oromia		-		-	-	
	SNNPR		61		-	61	
	Tigray		-		-	-	
	Benishangul Gumuz		-		-	-	
	Somali		-		-	-	
10	# of people trained on PAC		41		84	83	98.8%
	Amhara				15	14	93.3%
	Oromia				-	-	
	SNNPR		12		24	25	104.2%
	Tigray		29		45	44	97.8%
	Benishangul Gumuz				-	-	
	Somali				-	-	
12	# of people trained on BEmONC	115	107	93%	411	235	57.2%
	Amhara	-	-		132	15	11.4%
	Oromia	-	15		71	65	91.5%
	SNNPR	70	33	47%	118	66	55.9%
	Tigray	45	59	131%	90	89	98.9%
	Benishangul Gumuz	-	-		-	-	
	Somali	-	-		-	-	
13	# trained on MDSR		103		173	491	283.8%
	Amhara				-	22	
	Oromia		103		68	103	151.5%
	SNNPR				105	366	348.6%
	Tigray				-	-	
	Benishangul Gumuz				-	-	
	Somali				-	-	

S/N	Training	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
		Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
15.2	# trained on EPI + Cod Chain Management	215	208	97%	770	458	59.5%
	Amhara	-			90	31	34.4%
	Oromia	90	51	57%	300	246	82.0%
	SNNPR	35	37	106%	140	61	43.6%
	Tigray	90	88	98%	180	88	48.9%
	Benishangul Gumuz	-	-		-	-	
	Somali	-	32		60	32	53.3%
16	# of people trained on IMNCI	225	216	96%	605	457	75.5%
	Amhara	-	45		125	67	53.6%
	Oromia	100	74	74%	180	247	137.2%
	SNNPR	25	22	88%	100	68	68.0%
	Tigray	75	75	100%	150	75	50.0%
	Benishangul Gumuz	25	-		25	-	
	Somali	-	-		25	-	
18	# of HEWs trained on Integrated Community Case Management (ICCM) (HEWs only)	85	74	87%	395	471	119.2%
	Amhara	-			-	290	
	Oromia	60	20	33%	270	127	47.0%
	SNNPR	25			100	-	
	Tigray	-			-	-	
	Benishangul Gumuz	-	54		25	54	216.0%
	Somali	-			-	-	
19	# of HWs trained on ICCM as part of ICCM rollout (all other persons excluding HEWs)		-		-	-	

S/N	Training	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
		Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
	Amhara				-	-	
	Oromia				-	-	
	SNNPR				-	-	
	Tigray				-	-	
	Benishangul Gumuz				-	-	
	Somali				-	-	
22	Persons trained on ENA-BCC+SAM (with practical demonstration session on Complementary Feeding (CF) added) + [MIYCN]	90	233	259%	825	1,149	139.3%
	Amhara	-	28		150	110	73.3%
	Oromia	90			270	398	147.4%
	SNNPR	-	154		105	313	298.1%
	Tigray	-	51		240	303	126.3%
	Benishangul Gumuz	-	-		-	-	
	Somali	-	-		60	25	41.7%
23	# of people trained on SAM basic		114		180	290	161.1%
	Amhara				120	85	70.8%
	Oromia		28		30	86	286.7%
	SNNPR				-	-	
	Tigray		59		-	92	
	Benishangul Gumuz				-	-	
	Somali		27		30	27	90.0%
25	# trained on CBNC Basic		34		20	362	1810.0%
	Amhara				-	-	
	Oromia		34		20	362	1810.0%
	SNNPR				-	-	
	Tigray				-	-	
	Benishangul Gumuz				-	-	
	Somali				-	-	
26	# trained on PRRT	84	685	815%	616	2,446	397.1%
	Amhara				-	444	

S/N	Training	Apr-June 2016			Annual (Oct 2015-Sept 2016)		
		Planned	Achieved	% achieved	Planned	Achieved to date	% achieved to date
		-	-				
	Oromia	-	434		280	934	333.6%
	SNNPR	84	197	235%	336	308	91.7%
	Tigray	-			-	706	
	Benishangul Gumuz	-	54		-	54	
	Somali	-			-	-	
28	Malaria case management and epidemic preparedness		129		150	254	169.3%
	Amhara		48		-	93	
	Oromia		81		90	161	178.9%
	SNNPR				30	-	
	Tigray				-	-	
	Benishangul Gumuz				30	-	
	Somali				-	-	
29	Malaria epidemic detection		-		30	29	96.7%
	Amhara				-	-	
	Oromia				30	29	96.7%
	SNNPR				-	-	
	Tigray				-	-	
	Benishangul Gumuz				-	-	
	Somali				-	-	

Annex 3.2: Additional information on non-training activities

Additional Information on training and non-training activities FY2016			
		Apr-June 2016	Annual to date (Oct 2015-Sept 2016)
1	Post training review meeting with HEWs and their supervisors by type of training		
	# of sessions-all areas	269	745
	All regions		
	CM/BC / IRT-C-MNCH	32	40
	LAFP/Implanon/IUCD/ PPIUCD	4	7
	ICCM	-	-
	ICCM/ Nutrition/ Malaria/ EPI (PRRT)	-	58
	Post IRT/C-MNCH/REACH training RM	32	109
	Peer education	193	521
	Post-IRT/C-MNCH/Implanon/ICCM	3	3
	Post-IRT/C-MNCH/Implanon	-	-
	MNH	-	1
	Gender	1	2
	CBNC	4	4
	Post Family Health message hermonization training review meeting	1	1
	# of participants - all areas	7,041	27,056
	All regions:		
	CM/BC / IRT-C-MNCH	1,219	1,483
	LAFP/Implanon/IUCD/ PPIUCD	309	4,651
	ICCM	-	-
	ICCM/ Nutrition/ Malaria/ EPI (PRRT)	-	2,197
	Post IRT/C-MNCH/REACH training RM	1,219	3,630
	Peer education	3,812	14,537
	Post-IRT/C-MNCH/Implanon/ICCM	177	177
	Post-IRT/C-MNCH/Implanon	-	-
	MNH	-	39
	Gender	54	91
	CBNC	251	251
	Post Family Health message hermonization training review meeting	18	18
2	Type of CM/BCC Material	121,387	390,125
	FHC A4 and A5 sizes	45001	121,805
	Immunization Diplomas	31758	58,937
	Father card for Nutrition	252	45,814
	Other nutritional materials	1,585	35,061
	Job Aids	520	30,731
	Complementary Feeding Tool (CF tool)	1,200	23,584
	AYSRH		18,825

Additional Information on training and non-training activities FY2016			
		Apr-June 2016	Annual to date (Oct 2015-Sept 2016)
	Fistula Identification and referral brochure	18,503	18,503
	Emergency Nutrition Brochure	4,114	4,664
	Tool B	4150	4,330
	ENA Job aid and poster	290	4,196
	TIAHRT chart	1,399	4,028
	child health card	3,400	3,400
	Malaria Norm chart	2,700	2,700
	Malaria posters	1,607	2,659
	Posters	200	2,581
	Cue Cards	904	2,241
	Birth Certificate	900	900
	Family Planning Flip Charts	209	697
	Different manuals and guidelines	682	682
	PE manual		600
	MNH Posters	439	593
	ID	0	550
	Tool A	380	525
	Maternal Health Monitoring Chart	401	401
	Gender fact sheets	361	361
	feeding tool	300	300
	infection prevention wellchart		188
	EPI	132	132
	quick reference		75
	Malaria Manuals and guidelines		36
	Playing cards		26
3	Educational Message using Mobile-Vans		
	Total # of sessions in all regions and areas	935	2,154
	Total # of participants in all regions and areas	960,079	2,173,191
4	# of Adolescents and youth (10-24 Years old) received health information/education at YFS sites	1,096,725	3,253,051
	Total: Male	539,598	1,568,498
	Total: Female	557,127	1,684,553
9	ISS Support provided		
	# of WorHOs supported for ISS (any support)	64	134
	# of ZHDs supported for ISS (any support)	9	31
10	Support for Performance Review		
	# of WorHOs supported for PR (any support)	17	114
	# of ZHDs supported for PR (any support)	12	31
11	Contraceptive Logistics Support	203,288	2,511,760
	Condom (Pieces)	3176	1,084,976
	Injectables (Vials)	113,200	931,850
	Pill (Cycles)	20,160	192,780

Additional Information on training and non-training activities FY2016			
		Apr-June 2016	Annual to date (Oct 2015-Sept 2016)
	Implanon (Set)	59,508	281,606
	Jadelle (Set)	5,544	14,828
	IUCD	1,700	5,720
13	Follow up Visits		
	# of WorHOs visited	135	339
	# of HCs visited	290	850
	# of HPs visited	576	1,446
	# of Communities visited	347	915
	# of HHs visited	2,828	6,461
14	# of session of coffee ceremonies conducted	762	1,830
15	# of youth attended coffee ceremonies	58,635	122,248

Annex 3.2 (Contd.): Number of Clients Served During LAFP/ Implanon Insertion Trainings: FY2016

Number of Clients Served During LAFP/ Implanon Insertion Trainings: FY2016										
Method mix	Q3 (Apr-June 2016)					Annual (Oct 2015-Sept 2016)				
	During all trainings (2+5)	During HEWs and HWs training (3+4)	During HEWs training only	During HWs training only	During LAFP training only	During all trainings (2+5)	During HEWs and HWs training (3+4)	During HEWs training only	During HWs training only	During LAFP training only
	1	2	3	4	5	1	2	3	4	5
All regions	2,195	1,590	856	734	605	12,007	7,387	6,338	1,049	4,620
Jadelle Insertion	123	43	5	38	80	767	174	95	79	593
Jadelle Removal	35	21	2	19	14	237	45	13	32	192
Implanon Insertion	1,136	981	675	306	155	6,200	5,056	4,638	418	1,144
Implanon Removal	231	147	35	112	84	1,034	440	280	160	594
IUCD Insertion	283	117	2	115	166	1,228	163	13	150	1,065
IUCD Removal	32	22	1	21	10	147	29	4	25	118
Pills	57	41	25	16	16	450	301	273	28	149
Depo	298	218	111	107	80	1,944	1,179	1,022	157	765

Annex 3.2 (Contd.): Sessions and clients served during Backup service

Session/ Method mix	Apr-june 2016	Annual todate (Oct 2015- Sept 2016)
# of reporting HCs	123	377
# Sessions	788	2,209
# FP Clients Served (all methods)	13,155	41,839
Jadelle Insertion	1,588	5,249
Jadelle Removal	391	1,226
Norplant Insertion	-	-
Norplant Removal	4	5
Implanon Insertion	6,664	19,407
Implanon Removal	2,291	7,362
IUCD Insertion	1,132	2,961
IUCD Removal	101	386
Pills	77	1,021
Depo	911	4,222