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STRENGTHENING ETHIOPIA'S URBAN HEALTH PROGRAM

ANNUAL REPORT 2016

STRENGTHENING ETHIOPIA'S URBAN HEALTH PROGRAM

ANNUAL REPORT
OCTOBER 2015 – SEPTEMBER 2016

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SUBMITTED TO:

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ACRONYMS AND ABBREVIATIONS

AAU/SPH	Addis Ababa University School of Public Health
AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ART	antiretroviral treatment
AWD	acute watery diarrhea
BCC	behavior change communication
CBT	competency-based training
CM	community mobilization
CPHT	core public health training
C/THO	city/town health office
EDA	Emmanuel Development Association
FHC	family health card
FHT	family health team
FMOH	Federal Ministry of Health
FP	family planning
FY	fiscal year
GOE	Government of Ethiopia
HBHTC	home-based HIV testing and counseling
HC	health center
HDA	health development army
HIV	human immunodeficiency virus
HTC	HIV testing and counseling
IEC	information, education, communication
IPC	interpersonal communication
IR	intermediate result
IRT	integrated refresher training
ISS	integrated supportive supervision
IUSHS	Integrated Urban Sanitation and Hygiene Strategy
JSS	joint supportive supervision
JSI	John Snow, Inc.
M&E	monitoring and evaluation
MNCH	maternal, newborn, and child health
NCD	non-communicable disease
PEPFAR	Presidents Emergency Fund for AIDS Relief
PHC	primary health care
PHCU	primary health care unit
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PNC	postnatal care
PPP	public-private partnership
QI	quality improvement
RH	reproductive health
RHB	regional health bureau
SBCC	social and behavioral change communication
SEUHP	Strengthening Ethiopia's Urban Health Program
SNNPR	Southern Nations, Nationalities, and Peoples Region
SS	supportive supervision
TB	tuberculosis

TWG	technical working group
UHEP	Urban Health Extension Program
UHE-p	urban health extension professional
USAID	United States Agency for International Development
WASH	water, sanitation, and hygiene
ZHD	zonal health department

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I. REPORTING PERIOD

From	To
October 1, 2015	September 30, 2016

II. PUBLICATIONS/REPORTS

Did your organization support the production of publications, reports, guidelines, or assessments during the reporting period?

No/Not Applicable

Yes ☒ If yes, please list below:

Publications/Reports/Assessments/Curriculums

Title	Author	Date
Reference Tools for Service Delivery: For use by Urban Health Extension Professionals (UHE-ps)	JSI/SEUHP	November 2015
የከተማ ጤና ኤክስቴንሽን ፕሮግራም የጤና ኤክስቴንሽን ባለሙያዎች የአካባቢ፤ የቤተሰብ እና የግልንጽህና አጠባበቅ ማስተማሪያ/መመካከሪያ	JSI/SEUHP	March 2016
የከተማ ጤና ኤክስቴንሽን ፕሮግራም የጤና ኤክስቴንሽን ባለሙያዎች የእናቶች እና ሕጻናት ጤና አጠባበቅ መመካከሪያ	JSI/SEUHP, Federal Ministry of Health	March 2016
Urban Health Update Newsletter	JSI/SEUHP	April 2016
Strengthening Ethiopia's Urban Health Program Urban Water, Sanitation, and Hygiene Interventions Brochure	JSI/SEUHP	January 2016
Urban Health Extension Program Integrated Refresher Training (IRT) Modules (Facilitators and Participants Guides) - Social and Behaviour Change Module - Non-Communicable Diseases Prevention and Control Module - Water Hygiene and Sanitation Module - Major Communicable Disease Module - Reproductive, Maternal, Neonatal, Child, Adolescent & Youth Health Service Module - Basic First Aid Module	JSI/SEUHP, FMOH	September 2016

III. TECHNICAL ASSISTANCE

Did your organization utilize short-term technical assistance during the reporting period?

No/Not Applicable ☒

Yes Please list below:

Consultants/TDYers

Name	Arrival	Departure	Organization	Type of Technical Assistance Provided
Annika Preuss	June 07, 2016	June 2, 2016	JSI	To provide finance training and support
Andrew Willems	May 30, 2016	June 02, 2016	JSI	To conduct BCC radio drama content development and designing (Workshop and document preparation)
Maceda Alemu	July 22, 2016	Aug. 08, 2016	JSI	To provide operation, finance and administration related support to SEUHP
Herman Willems	July 22, 2016	Aug. 06, 2016	JSI	To support QI reviewing, training, and activity implementation
Mark Kowalski	Aug. 21, 2016	Aug. 26, 2016	JSI	Review FY17 work plan

If yes, please attach an electronic copy of the TA report as part of your submission.

IV. TRAVEL AND VISITS

Did your organization support international travel during the reporting period?

No/Not Applicable

Yes ☒ Please list below:

International Travel (All international travel to conference, workshops, trainings, HQ, or meetings).

Name	Destination	Departure from Ethiopia	Arrival	Host Organization	Purpose of the travel
Mirgissa Kaba	San Francisco, US	March 30, 2016	March 31, 2016	JSI/SEUHP	To attend and give an oral presentation at the 2016 International Conference for Urban Health (ICUH)
Israel Mitiku	San Francisco, US	March 30, 2016	March 31, 2016	JSI/SEUHP	To attend and give a poster presentation at the 2016 International Conference for Urban Health (ICUH)
Zelalem Adugna	San Francisco, US	March 30, 2016	March 31, 2016	JSI/SEUHP	To attend and give a an oral presentation at the 2016 International Conference for Urban Health (ICUH)

Has any monitoring visit/supervision been made to your program in during the reporting period?

Description of Monitoring team	Start date	End date	Sites visited	Written recommendations provided

V. ACTIVITY

Program Area (Tick all that apply)	Activity ID	Activity Title (Please write the title of the activity)
X 01-PMTCT	AID-663-A-13-00002	JSI/SEUHP
☐ 02-HVAB		
☐ 03-HVOP		
☐ 04-HMBL		
☐ 05-HMIN		
☐ 07-CIRC		
X 08-HBHC	AID-663-A-13-00002	JSI/SEUHP
X 09-HTXS	AID-663-A-13-00002	JSI/SEUHP
☐ 10-HVTB		
☐ 11-HKID		
☐ 12-HVCT		
☐ 13-PDTX		
☐ 14-PDCS		
☐ 15-HTXD		
☐ 16-HLAB		
☐ 17-HVSI		
X 18-OHSS	AID-663-A-13-00002	JSI/SEUHP

EXECUTIVE SUMMARY

The USAID-funded Strengthening Ethiopia's Urban Health Program (SEUHP) supports and strengthens the government of Ethiopia's Urban Health Extension Program (UHEP) by improving the quality, use, and management of community-level urban health and related services. SEUHP is implemented by John Snow, Inc. (JSI). This section of the report provides an overview of SEUHP's accomplishments from October 1, 2015 to September 30, 2016. In FY16, SEUHP provided technical support to the Federal Ministry of Health (FMOH), regional health bureaus (RHBs), city/town health offices (C/THOs), and urban health extension professionals (UHE-ps) for the provision of direct services to urban beneficiaries and to ease access to services through referrals, linkages, and defaulter tracing.

One of the major accomplishments was SEUHP's support to FMOH through the validation of the revised UHEP Implementation Manual. One of the many challenges to the proper implementation of UHEP has been the lack of up-to-date standard implementation guidelines. The FMOH, with the support of SEUHP, revised the UHEP Implementation Manual based on the evolution of the program, including lessons and experiences gained during program implementation. As one of the key priority activities of the program, SEUHP provided technical guidance on the development of the Integrated Refresher Training (IRT) module, including identifying and specifying contents of the focus areas and its implementation framework under the leadership of the Health Extension Program and Primary Health Care Directorate. This facilitates development and maintenance of a skilled and motivated health workforce and establishment of a standardized in-service competency-based capacity-building system. To assure that the IRT responds to actual needs, FMOH, SEUHP, and RHBs conducted a rapid assessment of UHE-p training needs and HC capacity in Amhara, Oromia, SNNP, Tigray, Harar, Addis Ababa, and Dire Dawa.

Another significant contribution of SEUHP for increasing access and improving quality of UHEP services is enhancing the capacity and competency of the backbone of the UHEP: the UHE-Ps. In FY16, SEUHP regional teams cascaded the core public health training (CPHT) on HIV; maternal, newborn, and child health (MNCH); family planning (FP)/reproductive health (RH); and water, hygiene, and sanitation (WASH) modules. In addition, SEUHP organized master training of trainers (TOTs) on supportive supervision and cascaded it to all SEUHP target areas.

SEUHP continued to provide supportive supervision and on-site coaching and mentoring to UHE-ps and implemented non-financial schemes to motivate UHE-ps. SEUHP also provided technical support in developing new curricula for the next generation of UHE-ps, implementing primary health care (PHC) reform activities, and designing the community health information system for UHEP.

In FY16, SEUHP emphasized high-impact interventions in the areas of MNCH, FP/RH, HIV, and WASH including quality improvement initiatives, reference tool standardization, and strategies including working with *iddirs* to increase targeted HTC and its yield. SEUHP has begun to observe signs of improvement and positive trends in performance.

To strengthen demand creation and improve care seeking, SEUHP strengthened interpersonal communication through UHE-ps using the urban family health card, and finalized the production of five episodes of radio magazine programs. In addition to this, in FY16 SEUHP initiated production of radio drama series on MNCH, FP/RH, HIV, and WASH to enhance behavior change using mass media.

With regard to WASH SEUHP supported the establishment of WASH platforms in 12 cities/towns, conducted resource mapping of public and communal latrines and water points using global positioning systems in 28 targete cities/towns, and implemented targeted WASH interventions including renovation of sanitary facilities and making them fuctional.

As part of its partnership agreement with Addis Ababa University/School of Public Health (AAU/SPH), SEUHP has been working with the university to generate evidence on urban health issues, with two studies conducted thus far. The Center for Urban Health Development and Partnership, which will serve as a knowledge hub for urban health in Ethiopia, was also established in FY16. It is expected that the center will bring stakeholders in urban health together and make evidence on urban health available for policy and programming purposes. SEUHP also continued capacity-building support to its sub-grantee Emmanuel Development Association.

PART 1: ACCOMPLISHMENTS AND SUCCESSES DURING THE REPORTING PERIOD

PART 1.1: IMPROVED QUALITY OF COMMUNITY-LEVEL URBAN HEALTH SERVICES (IR1)

[1.1.1]. Conducted core public health trainings

The SEUHP team conducted a seven-day TOT on core public health modules (MNCH, WASH, HIV, FP/RH, interpersonal communication [IPC], TB, and non-communicable disease (NCD) in all the SEUHP regions. About 85 selected UHEP experts and supervisors from RHBs, woreda/sub-city health offices, and HCs of Addis Ababa, Harar, and Dire Dawa regions attended. The aim of the training was to create a pool of competent trainers at regional and woreda/sub-city levels who will cascade the training in the SEUHP target cities/towns.

Prior to those CPHMs, participants were introduced to the concept of competency-based training (CBT), and how to apply it when they train. Trainees were put into six groups (WASH, MNCH/FP, HIV, TB, NCD, and IPC) and received technical support and guidance from the trainers to facilitate activities in the assigned modules and received constructive feedback during presentations. The feedback helped trainees improve their facilitation skills and ensure application of the CBT approach.

Table 1: Core Public Health TOT Participants Disaggregated by Region (Oct. 2015-Sept. 2016)

Participants by organization	Addis Ababa	Harar	SNNP	Dire Dawa	Amhara	Total
RHB	3	3	2	1	-	9
Woreda/sub-city/town HO	12	1	17	-	15	45
Health center (HC) staff	-	4	-	6	10	20
EDA/SEUHP staff	2		-	-	2	4
Regional SEUHP staff	3	1	1	1	1	7
Total	20	9	20	8	28	85

UHE-ps at core public health training at role play, Hawassa

Following the TOTs in each of the regions, a seven-day training on CPHS was cascaded for UHE-ps. 2,510 participants, including 1,928 UHE-ps, 198 UHE-p supervisors, and 388 other UHEP experts and health workers from C/THOs, RHBs, and HCs from SEUHP-supported cities and towns of SNNP, Oromia, Amhara, Tigray, Harari, Dire Dawa,and Addis Ababa, were trained on core public health topics. About 86 percent of the trainees were females (Table 2).

Table 2: Core Public Health Training Participants by Region, October 2015-September 2016

Region	Profession			Sex		Total
	UHE-ps	UHE-ps' supervisors	Others	Male	Female	
Addis Ababa	453	60	132	95	550	645
Amhara	616	54	134	115	689	804
Oromia	373	34	32	44	395	439
SNNP	299	37	34	38	332	370
Tigray	49	3	47	31	68	99
Dire Dawa	79	10	5	15	79	94
Harari	59	0	0	0	59	59
Total	1928	198	384	338	2172	2510

The training focused on enhancing the skills and knowledge of participants and changing attitudes to improve communication between UHE-ps and their clients. All sessions used competency-based approaches and addressed attitude, skills, and knowledge elements throughout. Facilitators made the training more practical and interactive by applying adult learning methods such as group discussion, role play, card games, and gallery walks. SEUHP organized the training in collaboration with the respective RHBs and C/THOs. These trainings are expected to improve the quality if services provided by UHE-ps.

The contents of the five core modules used for the training on CPHS are briefly indicated as follows:

Module	Content of the module
MNCH module	Focused antenatal care (FANC); identifying major causes of morbidity and mortality; preparation for delivery; delivery attendance; counseling of pregnant, lactating, and HIV-positive women; newborn care including nutrition counseling and use of nutritional indexes data; under-five child care; immunization; de-worming; identifying warning signs and actions during pregnancy and after delivery; postnatal care with components of essential postpartum care; and other sessions.
FP/RH module	Short-acting family-planning methods; counseling; benefits of FP and how to apply this knowledge to UHE-p daily health service provision; how to analyze/interpret FP and related data from tables and graphs to estimate significance of problems related to uncontrolled fertility; scanning and analyzing social ecology factors, including gender, that affect provision of FP services; and other sessions.
HIV module	Reaching priority populations—including divorced, widowed, and separated individuals and TB patients—with HTC services; HIV-risk assessment to provide targeted HTC to these priority populations; PMTCT; rapid HIV testing procedure; adherence to HIV care and treatment; retention in care; and other sessions.
WASH module	The public health importance of proper human waste management; solid and liquid waste management; latrine use, management, and technology options and identifying latrine technology options that can be applied in urban areas; personal and food hygiene; household water treatment and safe storage; integration of WASH into HIV and MNCH; and other sessions.
TB module	Suspected TB case identification; TB prevention and control methods; diagnosis and treatment; community TB care; TB/HIV co-infection; risk factors for multi-drug-resistant (MDR) TB and UHE-ps' role in preventing it; and other topics.

[1.1.2] Supported development and validation of the revised UHEP Implementation Manual

SEUHP has been the prime support in the revision and validation process of UHEP implementation manual. (Photo: UHEP manual validation workshop at Adama)

One of the challenges to UHEP implementation was the lack of an up-to-date standard implementation manual. UHEP lacks job aids, standard operational procedures, and protocols to guide planning, implementation, and monitoring, which has led to fragmented strategies and service delivery. Additionally, insufficient benchmarks to monitor progress and quality of service delivery are a significant challenge to the UHEP. Due to lack of up-to-date national standards, regions and city/towns resort to their own methods of planning and implementing UHEP packages, leading to a patchwork of heterogeneous implementation standards.

In FY15, SEUHP supported the FMOH to revise the UHEP Implementation Manual based on the evolution of UHEP including lessons and experiences gained during program implementation. In FY16, the revised implementation manual was shared with all RHBs for input. Following this process, with the financial and technical support from SEUHP, FMOH organized a validation workshop for the revised manual. The revised manual incorporates the following sections:

- Background and rationale for revision, and the importance of UHEP in urban areas of Ethiopia.
- Clear definitions of key concepts and terms.
- An implementation framework.
- Key guiding principles: team approach, family-centered service, community engagement, health equity, etc.
- Proposal of a UHEP service delivery model with clearly defined and stipulated services to be delivered by UHE-ps (services under family health package, disease and injury prevention and control package, and environmental health package).
- Categorization and prioritization of households based on income and epidemiological or health conditions to make the service accessible to the neediest populations like pregnant women, under-five children, and clients with chronic communicable diseases like HIV and TB.
- Implementation strategies including governance and leadership, supplies, and capacity building, quality improvement.
- Description of UHEP management structure of UHEP and coordination with due consideration of stakeholders' involvement and their roles.
- Description of the data management, including the program results chain.

The revised manual was endorsed and approved by FMOH in March 2016 and printed copies were distributed

to the RHBs. We believe that the revised manual will ensure standardization of service delivery modalities across the country, data recording and reporting, restructuring of supply management systems, good governance, sustainability of service delivery modalities and approaches, and improved human resources management. In FY16, 982 printed manuals were distributed to SEUHP target towns/cities (300 in SNNP, 549 in Amhara, 133 in Harar).

[1.1.3] Supported regional level contextualization and familiarization of the revised UHEP Implementation Manual

The regional health bureaus, in collaboration with the SEUHP regional team, organized workshops to customize and contextualize the newly endorsed implementation manual by considering the respective regional contexts. The major objectives of the contextualization and familiarization sessions were to ensure that stakeholders have a clear and common understanding UHEP implementation strategy, organization, workflow, service packages, and implementation areas. The sessions were also a way to create common understanding among the participants/ stakeholders to support and monitor the UHEP at different levels, UHEP package and model family training and graduation criteria, and functions and responsibilities of RHB, zonal health department (ZHD), C/THO and other important sectors. Contextualization and familiarization workshops and follow-up working meetings were held in Addis Ababa, Tigray, Amhara, Dire Dawa, SNNP, Oromia, and Harari regions.

Table 3: Participants of Regional and Town level Orientation Meeting on Revised UHEP Implementation Manual, October 2015-Septmeber 2016

Region	Number of participants
Amhara	606: (218 UHE-ps, 160 HC staff, 132 health office staff, and 96 others from Debark, Injibara, Debre Birhan, Finote Selam, Sekota, Debre Markos, Bahir Dar, Gondar, Kombolcha, and Kemissie towns).
Dire Dawa	123: (77 UHE-ps, 9 UHE-p supervisors, 9 HC heads, 11 kebele administrators, 9 RHB staff, and 8 other stakeholders).
Harar	131: (36 RHB staff, 38 woreda administrators/cabine members, and 57 UHE-ps).
Oromia	12 males (this was only consultative meeting).
SNNP	907: 398 male and 509 female participants: regional, zonal, and THO representatives, DPHP core process owners and UHEP officers, ZHD, THO, sub-city administrators, kebele leaders, community representatives, HC heads and case team leaders, UHE-ps and their supervisors from Hawassa, Dilla, Halaba, Durame, Sodo, Arbaminch, Butajira, Wolkete and Hossana towns.

[1.1.4] Provided technical guidance on the development of integrated refresher training (IRT) modules

Ethiopia's FMOH is currently implementing various strategies to achieve universal health coverage, but this cannot be realized without a dynamic and skilled health workforce. One of the approaches to the development and maintenance of such a workforce is to establish a standardized in-service competency-based capacity-building system. Besides, as indicated in the Health Extension Program and Primary Health Care Directorate of FMOH's comprehensive plan for FYs 2015/16, a priority UHEP implementation activity is to develop an in-service training module for integrated refresher training (IRT) of UHE-ps.

Accordingly, SEUHP provided technical guidance on the development of the IRT module including designing of contents based on findings from a rapid training need assessment conducted with SEUHP support and FMOH engagement. The HEP and Primary Health Care Directorate helped develop the training modules and used SEUHP's CPHT materials as the basis.

SEUHP provided technical support to the FMOH in preparing the IRT implementation framework, which lays out background/context, reasons for taking an integrated approach to the in-service training, purpose and objectives, major activities, coordination and management, monitoring and evaluation, budget and other resources, and a detailed plan of action. The implementation framework was developed by a small group of representatives from FMOH, HEP, PHC Directorate, and SEUHP staff at a two-day workshop in Adama. Following this, FMOH and SEUHP organized two rounds of IRT module development workshops to standardize and institutionalize the in-service training material for UHE-ps based on the revised manual. Dr. Zufan Abera, Director of the Health Extension Program and Primary Health Care Directorate at FMOH, case team leaders, technical experts from FMOH, hospitals, universities, and SEUHP and other partner organization staff (UNICEF, WHO, World Vision, JHU/SBCC, JSI/FENOT, and Ethiopian Red Cross Association) convened to develop the IRT modules.

During the current reporting period the draft IRT training modules were reviewed by well-known independent experts to make sure training content and methodology are appropriate for the comprehension level of UHE-ps. In FY17, SEUHP and FMOH will train UHE-ps using the IRT modules focusing on RMNCH, WASH, and IPC.

[1.1.5] Implemented non-financial schemes to motivate UHE-ps

Lack of UHE-p motivation was a key challenges identified by the human resource (HR) study conducted by JSI/SEUHP and FMOH. According to the findings, lack of non-financial incentives such as career development, promotion, and educational opportunities and low salary compared to similar professionals working in clinical settings were the major reasons for poor motivation.

With the aim of motivating the UHE-ps, SEUHP drafted a non-financial schemes guide based on best practices of similar program interventions, the experience of some of the HCs and C/THOs, recommendations from human resource management assessment conducted by SEUHP, and basic motivational theories. The package proposes various non-financial incentives to motivate the UHE-ps including reward by providing certificates of competency for excellent work, posting pictures and accomplishments by the UHE-ps, and using media to announce their good work. Another strategy aims at improving the work environment by using supportive supervision, team building, and improving leadership of the HCs and C/THO. The package also proposes experience-sharing visits and documentation. The package will be a working document and will be piloted in all the SEUHP regions and city administrations in FY2017.

In Harar, in addition to umbrella distribution to help UHE-ps work under the hot sun, a motivational scheme was initiated through professional team building events at four HCs (Aboker, Jinnela, Amirnur, and Arategna). All UHE-ps, HC and woreda health staff participated. The objectives of these events were to:

- Strengthen the relationship of the UHE-ps and HC staff.
- Raise HC staff awareness of the 16 UHEP packages.
- Improve referral linkage system between UHE-ps and HC professionals.
- Increase defaulter tracing and notification of the community health services.
- Start home-based HIV testing and counseling (HBHTC) in collaboration with HC staff.

At these events, the UHE-ps were highly motivated to work with the HC staff in the community and HC staff also indicated willingness to support the UHE-ps at the HC and the community to improve the service quality. Finally, the team building events ended with participants showing solidarity, saying "we all are ready to serve our people in the community!" After these events, Jinnela HC established three family health teams comprising UHE-ps, nurse (diploma and BSc), and midwifery and public health officers.

In Addis Ababa, SEUHP identified various non-financial incentive packages, including career development by helping UHE-ps prepare for national Certificate of Competition exam preparation. SEUHP provided financial support for the certificate orientation for 714 UHE-ps in collaboration with AARHB. Three days of orientation were offered between 17 Dec. 2015 and 06 Jan 2016 in four rounds in the 10 sub-cities of Addis Ababa City Administration.

In addition to this, most of UHE-ps work in substandard and uncomfortable work spaces provided by the kebele administrations. This has been observed during visits made to the SEUHP-supported towns and during a visit to Butajira, Dilla, and Hawassa towns with central office team including the chief of party.

To motivate local administrators to take similar initiative SEUHP facilitated renovation of UHE-ps duty station at 05 Kebele in Butajira Town in collaboration with woreda health office, Butajira HC, and the UHE-ps. The repair focused on renovating the ceiling, painting the walls, installing electric line from the adjacent room, and furnishing the floor with plastic tiles. The total expenditure to facilitate the renovation was about $260 USD.

The UHE-ps also received desktop computers. It is expected that the UHE-ps will familiarize themselves with use of computer, which will ultimately allow them to use information technology to address public health issues at grass-root level. Such support is highly motivating for the UHE-ps and show health care managers at town level the benefit of allocating affordable resources.

Indeed, the town health office head was surprised to see that it is possible to renovate rooms at minimum cost and promised to renovate the remaining four UHE-p offices in the town.

Room before renovation

Room after renovation

[1.1.6] Supported quality improvement initiatives to improve performance of UHEP system

In FY15, SEUHP started a quality improvement initiative (QII) to enhance quality of services provided by the UHE-ps. The QII aims to improve completed referral rates, defaulter tracing and linking, and targeted HBHTC through UHE-ps. The QII has been implemented in a few SEUHP-targeted cities/towns by establishing quality improvement (QI) teams at HC level. A QI team comprises an HC UHEP focal person, UHE-ps, UHE-p supervisors, and experts from the respective C/THO. The team develops and tests ways to apply the concepts included in the UHEP implementation packages and overcome barriers to make them work locally. A QI field manual for SEUHP regional staff to establish and run a QI team at the HC level has been developed. SEUHP's regional team supported the QI initiative through training QI teams, conducting follow-up visits, organizing review meetings, and facilitating orientation for HC staff members.

QI training was provided to 711 QI team members (Fig. 1). Nearly half (48.7 percent) of the training participants were females. The proportion of females was higher than males in Amhara, Addis Ababa, and Oromia (73.2 percent). The trainings focused on the duties and responsibilities of the QI team, and on how to monitor the performance of the QI team. The training covered the basics of quality of service delivery and QI, measurement of QI, process analysis/root cause analysis, prioritization, and development of interventions. Participants were also supported to develop six-month plans of action. In Amhara Region, SEUHP's regional team and EDA officers attended a QI refresher training in Q4.

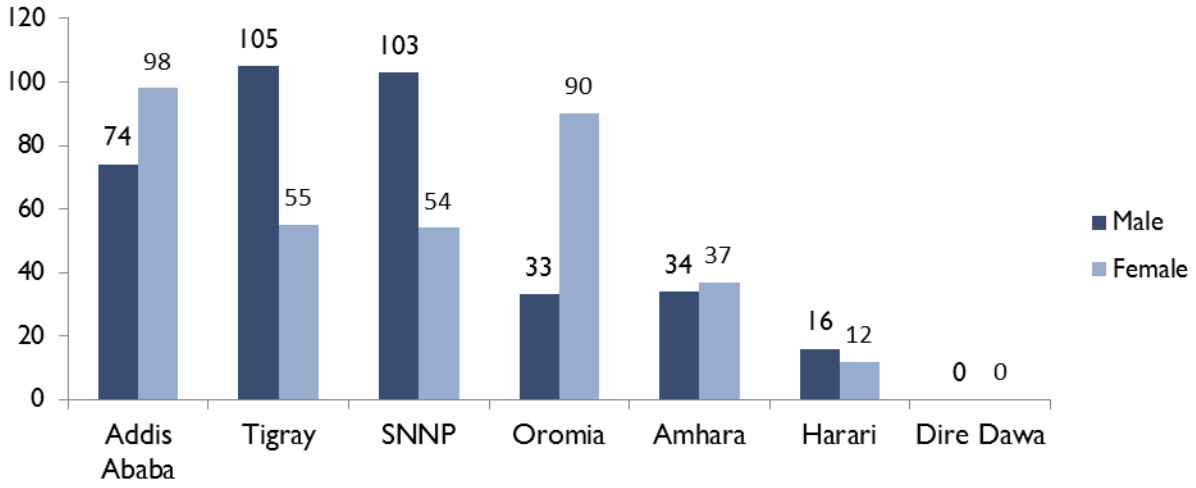


Fig. 1: Number of QI training participants by region and sex, Oct. 2015-Sept. 2016

Onsite technical support has been provided to QI teams through follow-up visits by SEUHP teams and trained QI focal persons from the respective HCs. The purpose of the follow-up visits was to monitor the implementation status of QIIs, identify strength and gaps, and provide technical support and feedback based on visit findings.

During FY16, SEUHP monitored QII and analyzed problems at respective facilities. QIIs at C/THOs identified three major areas that needed change: increasing completed referrals by UHE-ps, increasing defaulter tracing and linking, and increasing targeted HBHTC. SEUHP teams conducted follow-up visits to the health facilities to ensure implementation of the action plans developed by the QI team, and saw progress in collecting and documenting referral feedback slips and regularly tracing and linking defaulters to the health facilities. They also observed that the QI teams placed feedback collection boxes and assigned referral focal persons. In some places, UHE-ps started providing targeted testing after the QI process and improvement in quality of documentation and reporting and in the yield of the HBHTC activities noted. Using techniques such as fishbone analysis, SEUHP helped the QI teams identify and prioritize the causes for gaps and prepared action plans, identified indicators, established baseline and set targets, and prepared performance monitoring charts. In some areas on the other hand, poor or shallow monthly regular meetings that didn't analyze major implementation challenges; lacked clarity about the QI initiative or implementation packages; and poor team coordination was observed. SEUHP helped those QI teams develop action plans to rectify these problems.

In most places, the QI teams have started tracking their progress toward QI objectives using pre-defined performance indicators and have conducted monthly meetings to review their performances based on the action plans. The QI team also conducted awareness-raising workshops for all staff, including staff triage on QII objectives to boost coordination. Generally, the QI approach seems a promising opportunity for the analysis of UHE-p performance and has led to improved demand for and provision of high-quality services at the community level, and established stronger links between the community and health facilities.

Following the establishment of the QI teams and provision of basic QI training at the HC level, regional SEUHP teams supported performance review meetings to monitor achievements of the pre-determined indicators such as complete referral, defaulter tracing and linkage, and HBHTC, to further identify bottlenecks and gaps and to develop action plan to mitigate them. The QI team members include UHE-ps from the catchment kebeles, PHCU directors, UHE supervisors, TB, EPI, ART, delivery case team focal from each primary health care unit (PHCU), and HC staff who have direct working relationship with UHE-ps.

In SNNP, a one-day HC-level QI review meeting for existing QI team to discuss activities and progress at all six QI HCs (Hawassa/Alamura, Dilla, Sodo, Arbaminch, Durame, and Halaba) was held. During the meeting, the following progress was noted: QI teams conducted regular orientation sessions for the HC staff on UHEP including functional referral system, assigned referral focal persons in most HCs, and provided orientation to HC staff and UHE-ps on the defaulter tracing notification forms. Major gaps were low performance on complete referral, HBHCT, and defaulter tracing. Poor use of data tools to generate objective evidence was also observed at most QI sites, indicating a need for continuous technical support.

In Addis Ababa, in addition to the routine QI monitoring visits, the regional SEUHP team in collaboration with the respective sub-city UHEP officers conducted an assessment on implementation of QI interventions in the 14 HCs. The aim was to identify best-performing team using objective criteria. The assessment showed that the majority of QI teams were functional. Limitations and challenges were attributed to lack of commitment among members to work as a team, high work load at HCs, lack of leadership, and competing priorities at health facilities.

Based on the pre-stated criteria, Kebena HC had the best-performing QI team. SEUHP awarded them with a desktop computer with 3G internet connection that needs 2GB internet data recharge every month. The winning QI team was visited by staff from the JSI/SEUHP central and home offices to see the implementation and improvements associated to the initiative. Lessons from the visit were used during QI refresher trainings organized by the central office.

In Harar, the 2008 Ethiopian Fiscal Year (EFY) QI review meeting was conducted over two consecutive days involving the three HCs that established a QI team. About 35 individuals, including all members of the QI teams from each HC, RHB experts, woreda health expert, and kebele leaders participated. Each HC presented its plan versus achievement, the progress of QI teams, main challenges, solutions attempted, lessons, and the best experience in the 2008 EFY. This was followed by presentation on the supportive supervision findings jointly by

RHB and SEUHP Harar team. Though progress was observed, not all HC QI teams were equally exercising QI activities. Finally, the 2009 EFY annual plan and QI team key activities like completed referral linkage, defaulter tracing and notification, HBHTC, and improvement of data quality and documentation were presented. The meeting concluded after suggestions were incorporated into the plans.

[1.1.7] Supported Primary Health Care (PHC) Reform Exercise

With the aim of designing a primary health care system that meets the need of the growing urban population, FMOH with SEUHP, JSI/Fenot. and Harvard School of Public Health are testing a new PHC service delivery approach in three HCs in Addis Ababa and is in the process of scale-up to 20 more HCs in Addis Ababa and all regional towns.

As a key partner of the FMOH, SEUHP helped the ministry develop the implementation guide and fully supported the reform in Yeka HC and the expansion to 10 HCs by printing 40,000 copies of the data collection tool in addition to organizing a one-day workshop to discuss progress of baseline data collection, challenges, and areas of improvement.

Experience sharing visit at the pilot primary health care reform site, Entoto Health center, by the health professionals from FMOH, and other partner organizations and academia from AAU.

The family health team (FHT) approach pairs UHE-ps with a team of HC professionals including a health officer, nurse, environmental health expert, and others as needed during outreach activities and home visits. This facilitates teamwork among health workers, generates support for UHE-ps, and enhances their acceptance by the community.

The client categorization approach facilitated home visits to reach the neediest population groups. SEUHP is providing continued technical support to make the reform functional in the pilot sites at Yeka HC in particular.

Refresher training: Despite encouraging activities undertaken by the FHT, many irregularities and weaknesses were observed during the follow-up visits: shortage of supplies; presence of large number of new staff who did not receive training on PHC reform (high turnover); and lack of motivation and commitment to apply the team approach. To overcome the problem, the Addis Ababa SEUHP team organized a two-day refresher training for FHT members of Yeka/Entoto 2 HC to re-activate the FHT by highlighting PHC redefining activities and implementation strategies; explaining basic principles, characteristics, and importance of teamwork; and providing orientation on recording, performance tracking, and reporting of FHT activities. Implementation challenges and bottlenecks were identified and discussed. The training took place at Adama during Q4 of FY16 and was attended by 70 participants (60 from Entoto 2 HC; four UHEP experts from Yeka sub-city health office and AACAHB; five SEUHP JSI & EDA staff).

Data quality assessment: A rapid data quality assessment was conducted at 10 PHC redefining scale-up HCs to check the completeness and consistency of collected data (completed questionnaires) and quality of the electronic database. The assessment showed an acceptable level of data quality (96 percent accuracy). Lack of motivation and commitment from UHE-ps, absence of strong supervision at each level, inadequate staff capacity for data collection or management, and low levels of support from sub-city health offices were among the challenges.

Experience-sharing visit: SEUHP facilitated a national-level experience-sharing visit at Yeka sub-city Woreda 2 HC, one of the pilot sites for PHC reform exercises at which participants were able to see SEUHP's significant contribution to strengthening Ethiopia's health system. Thirteen experts from FMOH, Amhara, SNNP, Dire Dawa, Tigray, and Somali RHBs participated. The team learned about the FHT approach and advantages and challenges of its implementation. Following the visit, FMOH organized a workshop with visitors to discuss how these practices could be contextualized and tested in selected regional towns.

Addis Ababa conducted another visit within the city between woreda 6 HC of Nifas silk sub-city and Entoto #2 HC. A total of 17 delegates from woreda 6 HC participated. The visit aimed to enhance understanding of implementation of the reform and help them identify and prepare for anticipated challenges. During the visit, Entoto 2 HC presented an overview of PHC redefining and their experience including best practices, lessons, challenges, and actions taken. The presentation was followed by a discussion on principles and actual implementation of the FHT approach.

PHCU reform piloting and scale-up: similar to Addis Ababa's RHB, the FMOH is in process of expanding the implementation of the reform in selected regional towns and cities. SEUHP's regional team is working with the RHBs to expand the PHC reform in Bahir Dar city of Amhara region, Hawassa city of SNNP, Mekelle city of Tigray region, Adama town of Oromia region, and Dire Dawa and Harar towns.

As part of the preparation, Bahir Dar HC assigned and renovated rooms for OPD and UHE-ps and has requested additional HR from the RHB. The PHC reform technical working group (TWG) is established and has been conducting meetings to start implementation of the reform at the HC. SEUHP, as a member of the PHC reform TWG, has been providing technical and material (shelf) support. Currently, the UHE-ps and their focal persons/supervisor's office at Bahir Dar HC is furnished. SEUHP is conducting a rapid assessment on the progress of the PHC reform and will document achievements, challenges, and lessons.

Similar to Amhara Region, SEUHP Oromia plans to support piloting of PHC reform in an HC in one of the big target towns, which will be selected by the RHB. Thus far, the Oromia RHB attended the brief experience-sharing visit to PHCU reform site in Addis Ababa. In FY 2017, PHCU reform will be initiated and implemented.

[1.1.8] Supported development of a new curriculum for next generation of UHE-ps

Based on the experiences and lessons from the implementation of Ethiopia's Health Extension Program and in consideration of the national Technical and Vocational Education and Training (TVET) policy and strategy and future strategic directions of Ethiopia's health system, the FMOH decided to train a new generation of UHE-ps who will be recruited from high school. The FMOH and SEUHP organized a national workshop in FY15 to outline the transition process and a plan of action for designing a generic curriculum for future UHE-ps.

FMOH asked SEUHP to support the training by printing the urban HEW pre-service training modules used during the training. SEUHP printed 500 copies of 21 different modules and facilitated the distribution of the modules to various health collages on the FMOH distribution list.

[1.1.9] Finalized and distributed standardized reference tools for UHE-ps

During this reporting period, SEUHP finalized, printed (more than 2,000 copies), and distributed the standardized reference tools to help UHE-ps provide high-quality standardized service to urban target populations within the HEP. The reference tools help UHE-ps comply with national standards of health service provision and help UHE-p supervisors, C/THOs, HC staff, and other stakeholders to provide standardized onsite supportive supervision, coaching, and mentoring to UHE-ps. The tools incorporated flowcharts, protocols, algorithms, and standard operating procedures for high-quality service provision for HIV, TB, nutrition, MNCH, FP, RH, and WASH. By the end of this reporting period, 2,071 UHE-ps from Amhara (432), Tigray (150), Addis Ababa (731), Oromia (325), SNNP (308), Dire Dawa (75), and Harar (50) have received the tools and instructions on how to use them. Nineteen 19 UHE-p supervisors from Tigray and Dire Dawa and 191 UHE-ps from Amhara Region received the reference and service data recording tools respectively.

The 20 sections include: "List of Priority Populations for HIV Testing in Ethiopia," "Algorithm for Rapid HIV Testing in Ethiopia," "Tool for Targeting HTC Services," "Protocol to Develop Nutrition Care Plan for Management of Malnutrition Among Adults Living with HIV", "Antenatal Care Service Checklist," "Reproductive Health Needs Assessment Tool," "Family Planning (FP) Counseling Steps for New Clients," "Guide for Counseling on Food Safety and Hygiene," "WASH Ladder," and "Defaulter Tracing Tool."

SEUHP, through its cluster coordinators, has been providing technical support to help UHE-ps identify and link pregnant women to health facilities for antenatal care (ANC) and prevention of HIV transmission from mother to child (PMTCT) services. One of the missing tools for follow-up was the register for pregnant women and children under the age of one year, so although UHE-ps already were identifying pregnant women in their catchment areas, the list of pregnant women was not documented and there was no evidence to confirm whether UHE-ps were following up and referring them for services.

One of the reasons for this was the absence of a standard format. SEUHP collaborated with respective RHBs and C/THOs and developed a pregnant women registration form and distributed it to UHE-ps. Along with the pregnant women registration form, a registration form for infants was developed and distributed to keep track of these children in their catchment areas. Orientation was given to UHE-ps on how to fill out these forms, and they have begun registering pregnant women and children under one year old in their catchment areas. Going forward, a priority for SEUHP will be supporting UHE-ps to properly document linkage of pregnant women and children less than one-year-of-age to health facilities in an organized manner and to UHE-ps to conduct follow-up visits based on the recorded information.

[1.1.10] Supported UHE-ps with direct service delivery

With technical support from SEUHP in FY16, UHE-ps provided direct services to 794,586 individuals in the 47 targeted cities/towns in five regions and two city administrations. Direct services include HTC, health education, HIV messaging, referrals for access to services, nutritional screening, suspected TB case identification, PNC, FP, EPI, and condom distribution. UHE-ps services exceeded the target of 609,859 for FY16. Table 4 provides a summary of individuals reached with direct services and through referral.

Table 4: SEUHP FY16 Key Indicators Targets vs. Achievements (October 2015-September 2016)

Indicators	Q4 Target	Achieved	Q4 %	FY16 Target	FY16 Total	FY16 %
Number of individuals reached with direct services from UHE-ps	166,670	214121	128.5	609,859	651,005	106.7
Number of individuals who were referred to facility for access to services in the reporting period	21,931	10,135	46.2	77,276	37,246	48.2
Number of completed referrals documented in the reporting period	8,746	2,274	26.0	31,070	9,716	31.3
Number of defaulters identified and linked to health facilities for continuity of services	1,026	253	24.7	6,078	753	12.4

As presented in Figure 2; growth monitoring (35.5%), follow up on TB treatment, ART, and NCD (18.8%), and nutrition screening (12.8%), represent the most frequently provided services by UHE-ps.

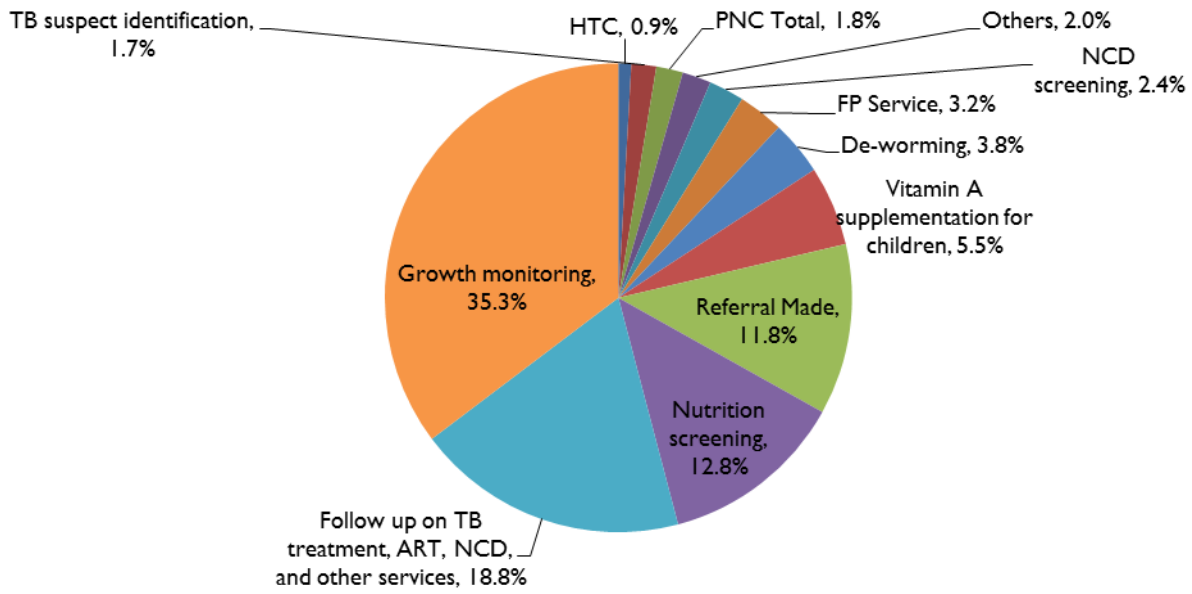


Fig. 2 Proportion of individuals reached with different direct services (October 2015-September 2016)

[1.1.11] Strengthened the Referral and Linkage between UHEP and Health Facilities

Strengthening referral linkage and defaulters tracing mechanism between UHE-ps and health facilities remain the major focus of SEUHP during the routine supportive supervision, QI monitoring visits, and meetings with sub-city UHEP coordinators, HC medical directors, and supervisors. SEUHP has been working with the FMOH to ensure clear direction on the integration of UHE-ps within HC under Section-6 of the revised UHEP Implementation Manual. The level of effort by SEUHP to establish QI teams in HCs created an

excellent platform for UHE-ps to integrate with the PHC system and allows UHE-ps to work under the close supervision of HC heads. At the HC where the QI team was formed, there has been an improvement in follow-up of individuals referred to the HC, and in defaulter tracing.

As part of strengthening the linkage between the UHE-ps and HC, SEUHP started to engage HC staff while organizing training for UHE-ps. The arrangement enhanced teamwork and the spirit of providing mentoring and coaching to UHE-ps. In FY16, SEUHP regional teams organized a two-day training on referral and linkage, defaulter tracing, and adherence to treatment for UHEP coordinators, supervisors, HC staff, hospital experts, THO experts and other partners working on health and social services.

In some towns, there are meetings between UHE-ps and HC staff that help HC staff understand the existing situations and needs of the communities they serve.

Referral of clients to and from health facilities is vital to continuity of care. In FY16, SEUHP helped UHE-ps improve referral and linkages between community-level care and health facilities. SEUHP initiated referral and linkage meetings between UHE-ps and HCs to ensure a functional and sustainable referral system. Monthly referral performance review meetings were held in the majority of SEUHP-targeted cities/towns with HC medical directors, core process owners, case team coordinators, UHE-p supervisors, and UHE-ps. During these meetings, participants discussed implementation status of referrals, defaulter tracing, and follow-up activities; gaps and challenges encountered; and recommendations for strategies going forward. The QI team has reinforced the relationship between the UHE-ps and HCs.

During routine supervision and follow-up visits, the SEUHP team encouraged the UHE-ps to use the referral toolkits (referral directory, slip, and register) and defaulter tracing forms to link clients to health facilities. Overall, the lessons from the review meetings and the follow-up visits showed that the referral linkage between the UHE-ps and the PHCU needs improvement in most places, especially in the HCs where QII is not being implemented.

SEUHP also helped regions update the existing region-specific referral service directories, with the aim of incorporating partners working on WASH-related services into the region/town-specific directories. The update was also necessary as some organizations in previous directories moved, left the area, closed, or changed their tasks and responsibilities, and new organizations came into operation. In collaboration with the C/THOs, the program conducted an inventory of functional nongovernmental, community-based, and civil society organizations, other charity and humanitarian organizations, private health facilities, and other groups in cities/towns where UHEP is being implemented. In Amhara Region, data were collected on health and social service providers from Sekota, Kombolcha, and Debark towns and a referral directory was prepared. The referral service directory included health service providers, solid and liquid waste collectors, and social service organizations like PLHIV associations. UHE-ps were shown how to use the directories to improve referral linkages. All agreed that the referral directory should be updated yearly by the THO and given to UHE-ps.

In FY16, 38,636 individuals were referred for health-related services. EPI/immunization, ANC, and FP constitute about 23.8 percent, 17.2 percent, and 16.1 percent of the total referred cases (Fig. 3).

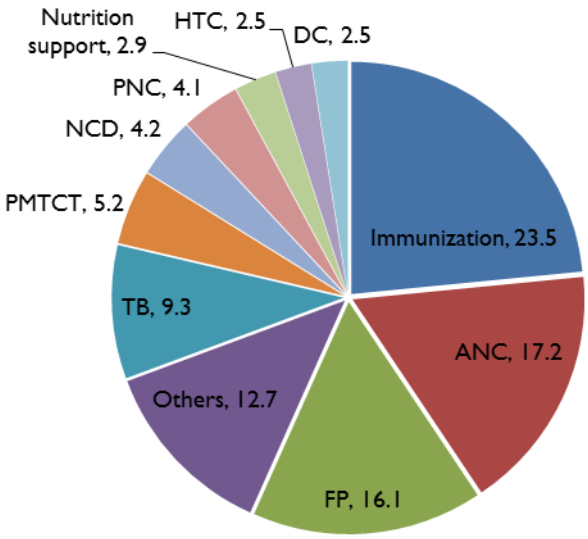


Fig. 3: Clients referred to health facilities by service type, Oct. 2015 – Sept. 2016

[1.1.12] Collaborated with CHALLENGE TB to strengthen community-based interventions

Tuberculosis needs the designing and implementation of comprehensive evidence-based interventions including community-based strategies that boost community case detection, follow-up care for patients who are on treatment, and tracing of defaulters. Preliminary discussion was held with the CHALLENGE TB project country director and other team members to create a technical team with members from both projects to enhance collaborations in the future. As a follow on, a concept note was developed and shared to CHALLENGE TB team. In the concept note, areas of potential collaboration were identified and a detailed work plan developed to guide the collaborative effort. In FY17 SEUHP will build on this to implement targeted interventions that will improve TB case detection in collaboration with FMOH and CHALLENGE TB.

[1.1.13] Strengthened the provision of MNCH services

As indicated section 1.9, SEUHP has created an MNCH reference tool to guide UHE-ps in pregnant mother counseling and postnatal care service provision; nutritional screening and counseling; and referral for under-five children and pregnant mothers. SEUHP trained 395 UHE-ps in Addis Ababa, SNNPR, and Oromia on the MNCH modules (as part of CPHT). The training helped the UHE-ps gain knowledge and skills to identify major risk factors for pregnant mothers and children under five. In addition, the SEUHP team conducted follow-up visits and provided technical support on MNCH service provision.

Through SEUHP support, pregnant mothers and children under-five have been mapped, identified, and monitored to ensure access to ANC, institutional delivery, PNC, and EPI/vaccination by UHE-ps using the standardized registration book. As part of the MNCH services, UHE-ps are promoting immunization of children and pregnant mothers as well as providing de-worming and vitamin A supplementation services.

[1.1.14] Strengthened the provision of HIV testing and counseling (HTC)

HIV testing and counseling (HTC) for targeted individuals was one of the direct services provided by UHE-ps. HIV testing and counseling for targeted individuals is a direct service provided by UHE-ps. Based on the lessons from previous poor performances, SEUHP developed a document with context-specific approaches to improve targeted HTC by UHE-ps. The document includes strategies to improve targeted testing and HIV yield, including: 1) updating the profile of the catchment populations with focus on priority population for HCT; 2) using PLHA associations to identify index cases; 3) enhancing routine household visits and use of model family and health development army (HDA) structure; 4) using men and women *iddir* to identify priority populations (widowed, divorced, separated, index cases); and 5) using data from the chronic care clinic at HCs to track index cases. SEUHP trained UHE-ps, C/HTC, HC staff, and other relevant bodies on the target groups/priority populations; facilitated sharing of test kits that were available within the system; strengthened supportive supervision and on-the-job mentoring for UHE-ps; and enhanced ability of HCs to support HBHTC by UHE-ps through the QI process.

To strengthen the role of UHE-ps on targeted HTC, the refresher training became mandatory following the changes made in HCT algorithm at national level. The refresher training covered basics of HIV and AIDS (including the difference between the two); approaching and targeting clients for HBHCT; dealing with common targets of UHE-ps during HBHTC; infection prevention and safety; conducting HBHCT safely; and linkage to all necessary (treatment, care, and social/spiritual) support services in the area.

Trainees on clinical attachment during the new HIV testing algorithm training in Hawassa and Arbaminch towns.

In FY16, a total of 5,713 clients mainly from priority populations (widowed, divorced, index case, discordant) received community-based HTC services through UHE-ps. Among those who received HTC services 79 were found to be positive for HIV (19 males and 60 females). The overall positivity (yield) is 1.4 percent with the positivity rate higher among females (1.7 percent) than males (1.1 percent).

In general, the performance of HTC showed an overall increase in the number of individuals who tested positive in the last two quarters, indicating that the support provided by SEUHP in targeted testing for the priority populations showed encouraging result. Similarly, compared to FY15 (1.0 percent), the HCT yield showed encouraging improvement in FY16 (1.4 percent). The improvement is particularly significant since April 2016, with HIV positivity jumping to 2.5% in Q4. This indicates the effectiveness of the new approaches that were employed to increase the yield through targeted testing. Overall HCT performance in FY16 was generally hampered by shortage of test kits in the country. This problem is expected to persist as the country transitions to a new HIV test algorithm. SEUHP will closely follow implementation of the strategies designed to reach priority population and will continue to provide technical support to UHE-ps to ensure priority populations have access to HTC services.

Harar: HCT started during the last quarter, after SEUHP conducted a series of consultative meetings and discussions with the RHB to allow provision of HCT by UHE-ps. The UHE-ps were able to test seven individuals; one of who turned out to be HIV positive.

Amhara: The SEUHP regional team provided training, conducted supportive supervision, and advocated for the availability of test kits to facilitate HBHTC service provision during the reporting period. UHE-ps in Bahir Dar, Gondar, Woldiya, Dessie, Kemissie, Debre Berhan, Debre Markos, and Finote Selam received HIV test kits and are providing targeted testing.

SNNP: To strengthen the provision of HTC through UHE-ps, the SEUHP SNNP team:

- Advocated for the provision of HBHTC service by UHE-ps to RHB, C/THO, and HC officials. RHB wrote an official letter to zonal health departments approving HBHTC service through UHE-ps across the region.
- Assessed availability of HIV test kits at C/THOs, HCs, and UHE-ps level in some targeted towns.
- Cluster coordinators have been supporting the correct use of HIV-vulnerability assessment tools by UHE-ps during their routine supportive supervision.
- Encouraged UHE-ps to target discordant couples, and widowed, divorced, separated, and index cases for HIV testing.

Oromia: The SEUHP Oromia team conducted a rapid assessment in targeted towns to identify the reasons for a shortage of HIV test kits for UHE-ps. It was then learned that the problem was due to poor supply chain management. The findings were shared to the respective C/THO heads and other decision makers, who decided to provide HIV test kits for UHE-ps. In Q2 of FY16, UHE-ps in SEUHP Oromia-targeted cities/towns received access to test kits. In addition, the SEUHP Oromia team and C/THOs discussed reducing new HIV infections and achieving the 90-90-90 goals.

A half-day meeting was enough to make the *iddir* leaders understand the objective of targeted testing and become involved in in Batu town of Oromia region. The meeting concluded by developing action plans that include provision of the identified target groups list to UHE-ps (by *iddir* leaders); reaching identified target groups; and UHE-p counsel and provision of HTC, monthly updates on the progress of reaching identified target groups, and health education during *iddir* general assembly. The targeted HTC and yield has increased dramatically for Batu town, from about 2 percent in May 2016 to 3.6 percent in Sept. 2016. In FY17 the SEUHP regional team will continue scale-up of the *iddir* engagement approach and will test other approaches to working with PLHIV associations, women development armies, and *iddir* leaders to reach more target groups.

In summary there are challenges to UHE-ps HBHTC provision. These are described under "Challenges and Constraints and Plans to Overcome them during the Reporting Period" section of this report. Despite these challenges, during the reporting period SEUHP:

- Provided technical and material support to UHE-ps to help them identify and provide standardized HIV-prevention services to priority population as per the national standard.
- Worked with the revised manual to standardize the HIV services that should be provided by the UHE-ps; specifically HBHTC.
- Supported the UHE-ps to provide targeted HTC services.

- Finalized the HIV risk assessment tool, trained on its effective use, provided follow-up on the risk assessment and mitigated challenges, and facilitated UHE-p skills enhancement on HBHTC during one-on-one case meetings.

Referral for HTC service: In addition to the direct HTC services provided by UHE-ps, SEUHP regional teams worked with all HCs in target towns to track HTC referrals made by UHE-ps: UHE-ps referred 643 clients to HCs for HTC services, 13 (2 percent) of whom were found to be HIV positive. Almost all clients referred for HTC services were males (99. 2 percent). Among those referred, HIV-positivity was higher among those ages 25–49 years (2.8 percent).

Table 6: Individuals referred for HTC service and received their test result by age and sex, Oct. 2015-Sept. 2016

Age	Referred and tested			
	Male	Female	Total	Yield
15-19	49	0	49	0.0
20-24	159	1	160	0.6
25-49	421	9	430	2.8
50+	12	0	12	0.0
Total	638	5	643	2.0

Quality assurance: To ensure quality of HCT services SEUHP prepared a HCT quality assurance (QA) guide and checklist for sites using or planning to use rapid test kits under the national HCT guideline. The guide is intended to assist a range of providers in developing procedures to ensure high-quality HIV testing services, and includes steps to identify and prevent errors in the testing process.

[1.1.15] Worked with the RHBs, C/THO, and HC to provide supplies, equipment, and job aids to UHE-ps

SEUHP developed and distributed more than 2,000 copies of standardized reference tools to help UHE-ps provide high-quality standardized services to urban target populations. The tools can be used by UHE-p supervisors, city/town health office experts, HC staff, and other stakeholders to provide standardized onsite supportive supervision, coaching, and mentoring to UHE-ps.

SEUHP procured and distributed about 2,300 umbrellas to all UHE-ps who reside in SEUHP-supported areas.

SEUHP conducted a review of the existing gap of essential items that UHE-ps require, and prioritized supplies and equipment to be provided: blood pressure apparatus (sphygmomanometers), nurse's bags, and umbrellas among them. In FY16, SEUHP procured and distributed about 2,300 umbrellas to all UHE-ps who reside in SEUHP-supported areas.

In Amhara, UHE-ps in Gondar, Woldiya, Dessie, Kemissie, Debre Berhan, Debre Markos, Finote Selam, Injibara, and Bahir Dar received basic supplies such as short-acting FP methods, condoms, and emergency kits. Follow-up after joint supportive supervision resulted in making HIV test kits available in Bahir Dar, Gondar, Dessie, Kemissie, Debre Berhan, Debre Markos, Finote Selam, and Injibara.

Equipment such as MUAC tapes and weight scales were provided to UHE-ps in the majority of SEUHP Amhara target areas.

[1.1.16] Supported defaulter tracing efforts

Tracing and linking cases for effective treatment and care has been one of the major services expected from UHE-ps and HCs. The number of referrals made by UHE-ps has been improving in general, but referral feedback from HCs is still limited in most cities/towns. In a few areas, methods of collecting referral feedback from the public and private facilities were not clear. Links between the health facilities, UHE-ps, and PLHIV associations need to be improved to strengthen the linkage and feedback mechanism.

One of the main problems related to defaulters tracing was that HCs do not provide clear or detail defaulter addresses to UHE-ps, making tracing efforts ineffective. Sometimes, people who have died, completed vaccination, or transferred were listed as defaulters and notified to UHE-ps. This inflates the number of people identified as defaulters when the actual number is lower than the reported number. In October 2016, 137 people were listed as ART defaulters from one catchment HC in Gondar but upon verification, the actual number was found to be much lower.

In FY16 SEUHP developed a standard defaulter registration form to end inaccurate reporting. SEUHP regional teams met with HCs in SEUHP-targeted cities and towns to reach consensus on the design and content of the form, its use, and purpose. The defaulter registration form is a mechanism for the HCs to keep track of their patients who defaulted from treatments and it is a tool for UHE-ps to know who has defaulted from their catchment area, so they can trace the individuals and link them back to the HC to continue the treatment from which they defaulted. In FY16, the registration forms were distributed to HCs to facilitate QII implementation. Distribution to the remaining HCs will continue in the coming period.

[1.1.17] Organized experience-sharing visits

Dire Dawa: experience-sharing visit was conducted at a UHE-p site called Gendekore HC. About 97 individuals (76 UHE-ps, 10 UHE-p supervisors, 8 RHB staff, and 3 media representatives participated in the two-day visit. After, UHE-ps presented their observations and lessons from the visit and made recommendations. Ten UHE-ps supervisors presented their performance report for participants.

SNNP: the FMOH in collaboration with SNNP RHB selected Millennium HC of Hawassa City Administration to pilot the PHC reform to replicate the Addis Ababa City Administration Health Bureau experience. An experience-sharing visit was organized for Hawassa City Administration Health Department head, RHB DPHP core process representatives, Hawassa Millennium HC head, DPHP team coordinator, and JSI/SEUHP regional staff. The visit was held at Yeka Number 2 HC. During this visit, the participants learned the composition and function of the FHT, its service delivery approach, the relationship between FHT with HC, their approach to needy community members, motivational activities, documentation, and reporting. The team benefited from the practical site visit because it created an opportunity to internalize all theoretical presentations on PHCU reform and it created a sense of self-assessment (possibilities and constraints), and boosted confidence in the replication of PHCU reform in SNNP region. It also demonstrated how to pilot the service in Millennium HC of Hawassa City Administration in 2009 EFY (FY17).

Amhara: One-day structured learning/experience-sharing visits were organized within Bahir Dar and Debre Markos towns. In Bahir Dar, 82 participants (40 females) included six UHE-p supervisors, 18 THO staff members, 13 sub-city public health officers, and 45 HC staff members were grouped into six and visited different health

centers and UHE-p activities in the town and appreciated success and provided feedback on areas needing improvement.

In Debre Markos, UHE-ps, supervisors, HC heads, THO staff, women affairs from kebeles, kebele managers, and school directors divided into three teams visited HCs, sub-cities, and selected HDA members including two schools, three kebele-level health extension activities. The visits focused on reviewing the 2008 EFY plan versus performances at HC level, linkage between HC and UHE-ps, referral, HDA functionality, data updating for the catchment area, collaboration with kebele administrations and school health services by UHE-ps, and integration, recording, reporting and documentation.

Tigray: SEUHP provided technical and financial support to THOs to facilitate experience-sharing visits between towns to facilitate learning from best- performing towns. The visits were organized for UHE-ps, UHE-p supervisors, HC heads, THO experts, and town administrators. Participants from Mekelle and Humera visited Adigrat, and participants from Alamata and Adigrat visited Maychew. A total of 110 (54 male; 56 female) participated in the visits, which focused on UHE-ps' HC integration and performance on community mobilization, referrals, and linkage. The Mekelle zonal health office asked SEUHP for financial support for the visit. The aim of the visit was to learn from the UHEP implementation at selected towns/PHCU, including women development army and health development group interventions and their recording and documentation. The host, Adigrat town, was selected for commitment of health office and HC staff and UHE-ps to host; the willingness of town administrators/mayor to be present at the visit and debriefing meeting; strength of women development group in health and health-related intervention; and the town's good documentation and recording system of health development groups/communities, UHE-ps, and HC staff. Mekelle CHO developed supervision checklists for the visit, which was attended by 62 UHE-ps, supervisors, sub-city health office staff, HC staff, and Mekelle CHO staff. Areas that were observed by the team were PHCU, THO, kebelle, and HDA. The thematic focus was on UHEP/UHE-p activities and ways of interventions at kebele level, and referral and linkage of UHE-ps with PHCU. The visit recorded for staff who were not present.

[1.1.18] Recruited senior technical assistants for FMOH/Medical Service General Directorate

Based on direction from USAID in April 2016, SEUHP is working closely with FMOH/medical service general directorate to hire ten senior technical assistants (STAs) to help the Ministry implement the Health Sector Transformation Plan. So far, six STA are hired and started work. The recruitment process will continue until all STAs are in place. In addition to paying their salary, SEUHP covers office supplies, travel expenses, and other administrative expenses.

PART 1.2: INCREASED DEMAND FOR FACILITY-LEVEL HEALTH SERVICES (IR2)

[1.2.1] Printed and distributed family health card and other educational materials to UHE-ps

In FY15, after analyzing the findings of the behavior change communication (BCC) formative assessment, SEUHP developed a strategy and used it to develop a second generation of information, education, and communication (IEC)/BCC materials. In FY16, SEUHP reprinted the urban family health card (FHC) as a short-term way for UHE-ps to promote key health messages and coach and mentor the HDAs. SEUHP distributed 2,400 re-printed copies to all target cities/towns and printed and distributed a total of 137,278 FHCs to the regions SNNP (26,713), Addis Ababa (4,682), Amhara (38,053), Harar (3,559), Tigray (16,889), Oromia (39,998), and Dire Dawa (7,384). SEUHP cluster coordinators have been training UHE-ps to use the FHC to educate HDAs and community members. The program also distributed 762 posters focused on proper hand washing (188), water treatment (236), and proper latrine use (338), and 8,000 leaflets on AWD.

[1.2.2] Developed strategically designed BCC materials

SEUHP drafted three job aids (FP, MNCH, and HIV and AIDS) to facilitate communication between UHE-ps and clients and to increase demand for services. SEUHP gathered existing BCC job aids to determine which could be adapted and what needed to be developed. WASH-related job aids were integrated in the MNCH and HIV and AIDS materials. Additional job aids focused on promoting hand washing, water and food hygiene, and latrine quality have been developed for WASH. The contents were translated from English to Amharic and SEUHP will finalize the design and pre-test of these job aids, then print and distribute them. An orientation kit to accompany the distribution will be prepared.

In addition, SEUHP developed a job aid, which is currently being translated into local languages, to facilitate RMNCH-related communication between UHE-ps and their clients. It will be pre-tested in selected sites before distributed for wider use. The program will develop similar tools for HIV and AIDS and WASH in the next fiscal year.

[1.2.3] Supported the printing and distribution of job aids to UHE-ps

During the reporting period, regional SEUHP staff provided and oriented UHE-ps to job aids on HIV, RH/FP, and MNCH,. A total of 234 UHE-ps and 25 supervisors in SNNP received job aid training during CPHT training. In Amhara, 281 UHE-ps and 27 supervisors received the training, as were 23 UHE-ps and three supervisors in Tigray. Regional SEUHP staff provided technical support to UHE-ps on how to use the job aids during routine supportive supervision.

In this reporting period, SEUHP regional offices distributed a total of 2,049 copies (Addis Ababa, 695; Amhara, 325; Dire Dewa,10; Harar, 80; Oromiya, 284; SNNPR, 345; and Tigray, 220) of the Amharic version of the WASH job aids to regions and city administrations. Cluster coordinators oriented UHE-ps and HC staff to the job aid. Translation of this job aid for Tigregna and Oromiffa is underway and will be finalized in the next quarter. This job aid will help UHE-ps and others to provide effective education on household water treatment and safe storage of drinking water, food safety and hygiene, proper hand washing at critical times, latrine use, and the QI/sanitation ladder.

WASH job aid for UHE-ps

A comprehensive job aid to improve UHE- ps skill on RMNCH was prepared and will be tested in selected sites. Once testing is completed, FMOH will adopt the tool as a reference material and handbook for UHE-ps.

To assist the standardization process of BCC materials for UHEP, SEUHP and FMOH agreed to prepare a plan to guide implementation for the next year. It will include a list of BCC materials to be developed, resources required, and an action plan for the development, testing, printing, distribution, and training of UHE-ps on the documents.

[1.2.4] Produced radio program to promote health-seeking behavior and demand for facility-based services

SEUHP has sub-contracted a local production firm to produce a 15-episode radio magazine program and a 26-episode radio serial drama to promote healthy household practices and health-seeking behavior focusing on HIV and AIDS, WASH, TB, and RMNCH in all targeted cities and towns. The content of the program was developed in a three-day workshop with experts from FMOH and RHB, SEUHP program staff, UHE-ps, and a production crew.

The first five episodes of the radio magazine program were evaluated internally by the SEUHP team and by FMOH. Preparation of the serial radio drama is underway. The plotline and story development process is complete and was reviewed by FMOH before proceeding to production and airing. Currently, the consultants working on the production of the radio program are incorporating the feedback.

[1.2.5] Increase awareness on harmful effect of underage drinking

As part of its public private partnership (PPP) effort, SEUHP and Meta Abo Brewery S.C., owned by Diageo (a global beer and spirit maker and distributor), launched a 10-month pilot partnership project on Feb. 23, 2015, to reduce underage drinking. The pilot aims to improve the health of urban youth between the ages of 15 and18 by creating awareness about the harmful effects of underage alcohol drinking and promoting healthy lifestyles. The project has been working with UHE-ps, teachers, schools, youth organizations, and other youth advocates in two sub-cities of Addis Ababa (Yeka and Akaki Kality). The intervention includes 31 highschools, 19 youth centers, and households to be reached through the UHE-ps. Diageo's engagement is part of its global commitment to reduce abuse of alcohol and end underage drinking, which aligns with JSI's commitment and expertise in improving public health outcomes in Ethiopia. Despite the fact the legal age to purchase alcohol is 18, the law is poorly enforced. During the launching event, a school representative noted the growing severe trend of alcohol consumption among highschool students and called the intervention significant.

SEUHP conducted a baseline study to assess the knowledge, attitude, and practice of underage alcohol

drinking among students from 12 high schools. The assessment revealed that of a total of 530 students who participated in the study, 169 (32 percent) had ever drank alcohol and 327 (62 percent) can easily access it. Peer pressure (67 percent) and desire to act as a 'mature' person (52 percent) were the main reasons for drinking. About 258 (49 percent) students don't have information about the harmful effect of underage alcohol drinking. SEUHP is implementing various interventions to overcome these and other challenges.

The partnership hopes to convey facts and information on the harmful effects of underage drinking and other risky behaviors to 44,000 urban youths with, and to give them skills to resist peer pressure, and build self-confidence and respect for themselves and others. SEUHP's engagement includes adapting and developing training for teachers, youth center leaders, and health officers, who will in turn train peer promoters from high schools, youth centers, and UHE-ps; various BCC activities; and promoting enforcement of the legal purchasing age.

SEUHP developed a life-skills training manual and trained 563 peer educators who will cascade the trainings to schools and youth centers by which through the cascading SEUHP intends to reach a total of 3,938 youth through peer education.

Participants of life skill training

The project held a painting competition with 26 schools to communicate the harmful effects of underage alcohol drinking. The project organized message development workshop attended by 40 public and private school students. During the African Child Day celebration, the project collaborated with Addis Ababa Women and Children Bureau and Yeka and Akakai Kality sub-cities to deliver messages about the harmful effects of underage alcohol drinking.

SEUHP facilitated a drama competition among the youth centers in Yeka and Akakai sub cities with the theme the harmful effects of underage drinking.

SEUHP facilitated a drama competition among the youth centers in Yeka and Akakai sub-cities to illustrate the harmful effects of underage alcohol drinking. A total of 11 youth center drama clubs participated in a four-round competition. At the final competition on August 27, 2016 at Yeka sub-city administration hall, renowned artist Fantu Mandoye told the audience about his past alcoholism and how abstaining from alcohol brought his life back. He advised the youth to refrain from alcohol, drugs and other behaviors that inhibit success and health. A total of 696 people ages 15–18 participated. The competition was won by Agnos drama club from Yeka sub-city Woreda 12 youth center, which was greatly admired by judges and audience alike.

PART 1.3: STRENGTHENED REGIONAL PLATFORMS FOR IMPROVED IMPLEMENTATION OF THE NATIONAL URBAN HEALTH STRATEGY (IR 3)

[1.3.1] Conducted master and regional training of trainers and cascading training on supportive supervision

In FY16, SEUHP conducted a master TOT on supportive supervision for SEUHP regional staff over four days. SEUHP regional managers, public health advisors, and monitoring and evaluation (M&E) advisors were among the participants. The aim was to train regional staff to conduct regional trainings and gather input to improve the training manual and its methodology. The training was designed to strengthen the knowledge and skills of government experts involved in the management, implementation, and monitoring of UHEP at RHBs, C/THOs, and HCs.

SEUHP cascaded SS training in five regions and two city administrations in collaboration with C/THOs. The training is meant to improve the knowledge and skills of government health workers and officials who are substantially involved in the design, planning, implementation, and monitoring of the urban primary care system, including UHEP. The training gave participants knowledge, skills, and attitudes about SS, supervisor roles and responsibilities, and a UHE-p routine SS checklist.

Establishment of supervisory team at THO and HC levels

In Tigray, facilitation of the SS training to THCs and HCs motivated participants and other stakeholders to strengthen the UHE-p monitoring system. By the end of the training, participants established supervisory teams at HC and health office levels that will provide regular support to UHE-ps. The regional SEUHP team facilitated a meeting with UHEP coordinator, supervisors, MNCH coordinators, regulatory experts, and health office heads to focus on the data quality issue, integration between the health office, HCs, and UHE-ps, proper use of recording tools including ISDR, QI team status, and other related issues.

This four-day training will ultimately improve the performance of UHEP and quality of services at community level. The training included group discussions, presentations, and practical sessions in which participants demonstrated knowledge, skills, and attitudes they acquired from the training. A total of 1,429 participants attended; UHE-p supervisors, UHEP officers, HC heads and experts, and RHB/ ZHD/sub-city/woreda department heads who have managerial and supervisory roles were among them (Table 7). As indicated in the evaluation, participants gained useful knowledge and skills, and changed their attitudes about SS, roles and responsibilities of supervisors, and learned about the UHE-p routine SS checklist that is now part of the urban PHC system. Previously, supervisors at woreda health offices and HCs did not use checklist during SS and rarely provided written feedback to UHE-ps.

As an action point, training participants agreed to divide themselves into 2–3 groups in their respective towns to conduct SS periodically, document the findings, and present them at city/town level quarterly review meetings to facilitate institutionalization of SS.

Table 7: Supportive Supervision Training Participants by Region, Oct. 2015-Sept. 2016

Region	Training Participants					Total
	RHB/sub-city/town/woreda health office staffs	UHEP supervisors	HC staffs	Kebele leaders	Others	
Addis Ababa	105	60	69		5	239
Oromiya	61	23	178			262
Amhara	163	34	190	20	6	413
SNNPR	73	44	54		-	171
Tigray	119	9	140	27	-	295
Harar	9	6	8	0	0	23
Dire Dawa	8	10	8	0		26
Total	538	186	647	47	11	1429

[1.3.2] Supported integrated supportive supervision initiated by RHBs

In FY16, RHBs conducted integrated supportive supervision (ISS) in their respective cities and towns to assess the overall status of UHEP implementation and performance by identifying strengths and major challenges/limitations and develop action plans for the identified gaps.

The Addis Ababa City Administration Health Bureau organized ISS in collaboration with partner organizations working throughout the city to monitor the performance of UHE-ps and plan action in areas needing improvement. The ISS was conducted in all 10 sub-cities of Addis Ababa; two woredas from each sub-city were randomly selected for the ISS. One model household and two randomly selected beneficiary households were visited. The disease prevention and health promotion core process owner (including health extension program, family health, disease prevention, and control sub process owners), health service delivery sub process owner, M&E supporting process owner, finance supporting process owner, and human resource support process owner, and pharmacists from RHB and sub-city health offices formed the ISS team. SEUHP, Centers for Disease Control Ethiopia, and Ipas Ethiopia supported the ISS.

The Dire Dawa City Administration Health Bureau and Harari RHB also organized ISS in collaboration with SEUHP supported the development of the ISS checklist and participated in the four-day event. Oromia RHB conducted ISS in 11 selected urban areas, six of which are SEUHP-targeted cities/towns.

SNNP RHB organized ISS initiatives to monitor the overall performance of the health promotion and disease prevention core process owners and to prepare plans and take action on issues needing improvement. The RHB visited ZHDs, town/woreda health offices, kebeles, HCs, model households, and beneficiaries. The ISS teams identified strengths and gaps, and gave written and oral feedback to the respective entities. During all regional ISSs, observations and interviews were conducted at household level; guided discussions held with the kebele administration regarding the management of UHEP; discussions held at HCs and at C/THOs on quality of service provided by UHE-ps. The ISSs at the different levels were guided by checklists developed in collaboration with SEUHP regional teams. The ISS was an opportunity for decision-makers at regional, zonal, and town levels to understand and see how UHEP is being implemented. It was also an opportunity for SEUHP to work with RHBs, ZHDs, and THOs.

In Oromia, the RHB initiated ISS in nine towns, six of which are SEUHP targeted towns (Bishoftu, Adama, Asella,

Batu, Robe, and Shashemene), and three from non-SEUHP targeted towns (Modjo, Chiro, and Burayou). The objective was to jointly assess the overall performances of UHE-ps and provide onsite coaching and guidance on areas needing improvement. The linkage between UHE-ps and HC, THO, and kebele administration, and different stakeholders; the overall status of the 1-5 network; WASH activities; and HIV and AIDS and referral linkage were the focus areas. About 165 individuals from THOs, PHCUs, kebeles, and UHE-ps were reached with the ISS. SEUHP supported the conduct of ISS in logistics and technically.

Key findings from the ISS in Oromia Region include:

- In Asella, basic information was compiled and work plan for the fiscal year developed and performance monitoring charts posted. Model family training continued although conducted through home-to-home visits in most of the towns instead of using the HDA. Regular review meetings were conducted consistently.
- Better linkage and working relationships were observed between UHE-ps and THO, HC, and kebeles in some of the towns (Asella, Batu, Robe, and Shashemene). In Shashemene, THOs were better at providing support than HCs. However, in most of the visited towns, proper support (technical and material) was not provided by the THO or the HC.
- In most of the visited towns, no standard checklist was used to provide SS; no proper/written feedback collection or documentation mechanism observed; and no regular review meetings were in place to follow program implementation.
- Some areas visited run out of stock for supplies like HIV test kits, stationary, and emergency drugs, mainly due to poor supply management.
- Even though the overall status of the 1-5 networks was below expectation in towns like Batu, Shashemene, and Robe, the establishment is going well.
- School and youth center health interventions were not planned in any of the towns except Asella.
- Level of awareness about the target populations and provision of HBHTC was poor in almost all visited kebeles and towns. At the beginning of the year, HBHTC was not reported by any of the towns visited mainly due to lack of kits.
- Asella was the best in overall performance of the program, integration with HC, THO, kebele, and commitments of the UHE-ps. UHE-ps use their own checklists while providing home visits; health profiles collection uses the structured formats and are well-documented; UHE-ps have registration books for service they provide; school and youth center health services are identified and planned accordingly; UHE-ps have good documentation system that can be easily accessed by anyone; and quarterly review meetings with respective catchment HCs are conducted regularly and feedback is provided to respective kebeles.

At the end of the ISS action plan was developed on how and when to solve the identified gaps.

[1.3.4] Conducted supportive supervision, follow-up, coaching, and mentoring for UHE-ps and UHE-p supervisors by SEUHP staff in collaboration with government experts or officials

Supportive supervision (SS) is one of SEUHPs key strategies for improving the quality of services delivered by UHE-ps. SEUHP continued to provide SS through coaching of UHE-ps and mentoring of HC and C/THO staff in the target sites.

In FY16, a total of 2,256 UHE-ps and 421 UHE-p supervisors from SEUHP-targeted cities/towns of Amhara, Oromia, SNNP, Tigray, Dire Dawa, Addis Ababa, and Harar and other GOE partner staff (mainly Amhara region) received SS from SEUHP (Table 8). A supervision checklist was used to assess the performance of

UHE-ps and their supervisors. Most of the SS were conducted jointly with HC and THO staff members.

During supervision, emphasis was given to HIV, including the availability of test kits and concepts of targeted testing and care and support to PLHIV; HBHTC; defaulter tracing; TB case identification; maternal and child services (FP, PNC, nutritional assessment, growth monitoring, and vaccination); children under the age of 1 year, pregnant mothers, and PLHIV registration and follow-up; availability of supplies and equipment; referral and feedback collection mechanisms; and documentation.

Table 8 Persons who received supportive supervision, follow up and mentoring by Region, Oct. 2015-Sept. 2016

Region	UHEP professionals reached		
	UHE-ps	UHE-p supervisors	Total*
Addis Ababa	777	187	967
Oromiya	371	18	389
Amhara	283	103	386
SNNPR	313	26	339
Tigray	170	19	189
Harar	170	48	218
Dire Dawa	172	20	192
Total	2256	421	2680

**Three of the supervisees were government staff*

Key findings from the SS include:

Data recording/documentation and data use: UHE-ps have familiarized themselves with the data elements of this tool and have started generating reports from it (in Addis Ababa, Amhara, Dire Dawa, Oromia, Tigray, and Harari). In addition, UHE-ps were using data for better planning, and were using updated performance monitoring charts to analyze past achievements and inform planning. Despite such encouraging changes, register updating, use of service data recording tools, and documentation of complete referrals and services like nutritional screening, deworming, and vitamin-A supplementations, provided through CHD need improvement in many areas. In some instances, the service data recording tool does not align with HC monthly reporting, especially PNC, ANC, community-based support for PLHIV, surveillance, and other services. It is common to observe recording gaps for all services provided at household level, including support for improved latrines, hand washing with soap, proper management of solid and liquid waste, and treatment and safe storage of water at the point of use.

Institutionalization of the SS checklist: Hawassa and Dilla

Following the SS training for Hawassa city health department staff, HC case team leaders, and UHE-p supervisors got SEUHP's standard SS checklist. They found it comprehensive and asked to use it for routine SS visits to kebele level UHE-ps. The health department asked for incorporation of additional points and translation into Amharic to make it usable for C/THO and HCs. The checklist was translated and reviewed by all staff members of the health department and has been endorsed for use. This process and outcome was also scaled up in Dilla town and will be implemented in the coming quarter in each SEUHP-targeted town in SNNPR.

Planning, monitoring, and reporting: Almost all UHE-ps and the C/THOs/woreda health offices have prepared and documented annual, quarterly, and monthly plans, and updated catchment maps, population profiles, and

performance monitoring charts. In some areas, standard wall charts were up-to-date. The reporting relationship between HCs and UHE-ps showed improvement.

Referral, service linkages, and defaulter tracing: Referral and service linkages between UHE-ps and HCs have improved. Referral slips are being used properly and feedback sessions are being held. However, in some locations, the referral meetings between UHE-ps and HCs were interrupted due to seasonal activities and other priorities. Because of a lack of office space, a few UHE-ps have not been placed in their catchment HCs and instead are at kebele or sub-city offices. There are gaps in referral and documentation in a few sites. Referral for services to private and nongovernmental facilities is limited because information about UHEP and required collaboration for its effective implementation at these facilities is lacking. Defaulter tracing has shown improvement in some regions like Oromia.

Private facilities: Collaboration with private health facilities and other government sector offices have shown some positive changes. Private clinics took part in the SS to ensure options for referral of beneficiaries for services. The integration of UHE-ps and their supervisors with kebele beautification and sanitation bodies has improved.

Follow up from SS: Planning

UHE-ps at all SEUHP Amhara-targeted towns were provided with a standard planning template and orientation on how to use it. Most of the UHE-ps and sub-cities and kebeles in these towns have developed their plans and are monitoring their performance using this template However, some HCs in Kemissie, Debre Markos, Finote Selam, and Injibara modified the planning template, resulting in not accommodating some direct services planned and delivered by UHE-ps. In addition, there is lack of clarity on how to set targets.

Reaching youth: The majority of the woreda/kebele/town health offices have started implementing UHEP in their catchment schools and youth centers. In many areas however, schools and youth centers were not benefiting from the UHEP; either they were not part of the plan or lacked supplies.

Supplies and equipment: Catchment HCs are supplying UHE-ps with FP commodities (pills, Depo-Provera, condoms), first-aid kits, and equipment (MUAC tapes and blood pressure apparatus) in some but not all regions. Where they have, UHE-ps provide services like short-term family planning, condom promotion and provision, NCD screening, and nutritional assessment for children younger than five years. But the lack of supplies limits the UHE-p provision of other services, and health education is limited in most towns. As a result, UHE-ps are not able to meet the need for services such as HTC, growth monitoring, or nutritional status assessment (especially for PLHIV). Some of the supplies (like mebendazole/albendazole syrup or tablets, paracetamol, and other first-aid materials) that will help UHE-ps in their day-to-day activities are unavailable. SEUHP will continue to support RHBs, C/THOs, and HCs in the effort to make these supplies available for UHE-ps. Shortages of stationery materials like registration books, graph paper, markers, and other material to fulfill the minimum wall chart were observed.

PLHIV engagement: UHE-p engagement with PLHIV for service provision is improving. Care and support services such as adherence counseling, nutritional assessment, referrals for food and income generating activities (IGA) support, TB screening, HIV testing for family members of PLHIV, and health education on nutrition, hygiene, and sanitation are the most common services provided by UHE-ps. However, these services need to be strengthened in most places.

Condom promotion: UHE-ps identified and used different outlets, such as youth centers, hotels, and youth

entertainment places like billiard houses, to provide user-friendly condom access points. However, a few towns need follow up to ensure continuous supply of condoms.

MNCH: Pregnant mothers and children under five years are well-documented and monitored to ensure access to ANC, institutional delivery, PNC, and EPI/vaccination.

HTC: Though the performance of HTC is still poor in many areas because of less-targeted testing and critical shortages of test kits, remarkable changes were observed in some areas including Oromia Region at Batu and Dilla towns, and SNNP region at Arbaminch town through the involvement of social groups like idirs.

Based on the findings of the supportive supervision, on-the-job coaching and mentoring was provided to UHE-ps, HCs, and C/THOs on service data recording and on HIV, MNCH, and WASH service provision technical skills. On-site mentoring and coaching on service provision, following the standard practice for making referrals and linkages to health services, building rapport with beneficiaries and assessing their needs, proper use of the newly developed service data recording tool, and reporting were provided. SEUHP and C/THOs developed joint action plans to improve the performance and quality of services provided to the communities.

[1.3.5] Supported RHBs to Conduct C/THO-Level Review Meetings

As part of SEUHP's effort to improve the technical and service delivery quality within the GOE's UHEP, the program supported regional and city/town level-UHEP progress review meetings in Amhara, Addis Ababa, Oromia, Dire Dawa, SNNP, and Harar.

SNNP: The team supported the Arbaminch, Hossana, Sodo, Hawassa, Dilla, Durame, Halaba, Butajira, and Wolkite city/town-level quarterly and semi-annual UHEP progress review meetings to assess the three-month UHEP performance; to discuss findings from SEUHP-supported supervisions; and to discuss the quality of services and data recording. A total of 793 (42 percent male and 58 percent female) participants attended the review meetings. Issues needing follow-up included ensuring completed referrals, defaulter tracing, strengthening community mobilization to enhance institutional delivery, ensuring a continuous supply of kits for HBHTC, strengthening nutritional screening and FP activities, distributing condoms for people in need, providing NCD screening and related services, and strengthening the support to UHE-ps by supervisors or supportive staff from their catchment HCs. SEUHP will also continue to provide technical assistance and help ensure that identified action points are implemented. The review meeting of the Hawassa City Administration Health Department was integrated with the city health department annual health conference that was held from Sep. 8-10, 2016.

Addis Ababa: SEUHP supported semi-annual review meetings in three sub-cities (Nifas Silk Lafto, Arada, and Kolfe) during the current reporting period. A total of 552 people (164 in Akaki, 169 Nifas Silk Lafto, 159 Kolfe, and 60 in Arada) responsible for implementing, managing, and coordinating UHEP participated. A major outcome of the meetings was standardization of program activities across all HCs and woreda health offices. After an all-day discussion, HCs and woreda health offices developed an action plan based on areas needing improvement and priority activities.

Amhara: Town-level semi-annual review meetings were conducted in the current reporting period in Debre Markos, Finote Selam, Injibara, Bahir Dar, Debre Tabor, Gondar, and Woldiya towns. Major discussion points were shortage of supplies and equipment, and gaps in planning, referral and feedback collection, SS for UHE-ps, and documentation and recording. A total of 278 individuals participated in the review meetings.

SEUHP supported annual urban health performance review meetings and 2009 EFY planning workshops in Kemissie, Debark, Debre Tabor, Sekota, Woldia, Debre Markos, Finote Selam, Debre Birhan and Injibara towns for 538 participants. The technical support included preparing the review meeting agenda, facilitating the workshop, and documenting agreed-upon action points. THO & HC staff, UHE-ps, and other stakeholders participated. In Debre Tabor, private clinics, associations that work on solid waste collection and disposal, kebele heads, and other sector officials were part of the review meetings. Critical issues needing follow up identified during the meetings were targeted HBHCT, defaulter tracing, referral and feedback from and to the HCs, HC staff support to UHE-ps, weekly meetings between UHE-ps and HC staff, HDAs functionality, supply chain irregularities, and improving UHE-p service provision.

Oromia: SEUHP supported a regional review meeting on urban health in Oromia region to review quarterly performances of the urban health extension programs in all SEUHP operational towns and five big towns that were covered during the ISS initiated by the RHB. During the meetings, SS findings, targets vs. achievements, WASH-related challenges, long-standing issue of inconsistent use of service data recording tools were discussed. The meetings were facilitated by higher HEP regional managers. UHEP coordinators, THO head towns, and sanitarians participated.

Woreda-level performance review meetings were organized after SS to make use of supervision findings. UHE-ps, UHE-p coordinators, and relevant staff from THOs and HCs participated. Major issues identified and during the sessions were referral, referral feedbacks, model family graduation, 1 to 5 network, youth center and school programs, and defaulter tracing. In Shashemene, iddir unions and PLHIV association leaders were invited to discuss identifying and sharing target groups (divorced, widowed, discordant couple, and index cases). Upon agreement, UHE-ps explained the registration forms for target groups' registration. A total of 422 participants attended the town-level review meetings.

Tigray: In FY16, Tigray SEUHP team organized semi-annual review meetings in eight towns and 384 participants including UHE-ps, UHE-p supervisors, THO experts, health center staff, women's association and affairs members, kebele administrators, and sanitation and beautification officers attended. The bi-annual review meetings aimed to assess 6-month UHEP performance, share successes lessons, and overall findings and contributing efforts to create conducive working environments for UHE-ps. UHE-p achievements highlighted during the review meeting included developing community map and kebele health profiles; selecting, organizing and orienting HDA to UHEP; and coordinating and mobilizing community and private organizations for fund raising to support and care for PLHIV.

Harar: With the support of SEUHP, a two-day UHEP review meeting was held August 6 & 7, 2016. The meeting was facilitated by five RHB health promotion and health extension officers, and 64 participants including M&E/community health information system officers, supervisors, HC staff, woreda administrators, health coordinators, and a UHE-p from each kebele attended. Six woredas presented their annual UHEP performance and discussion focused on referral and linkage, HAD performance-related challenges, QI activities, the linkage between HC and UHE-ps, and woreda and HC-level support for the program. There were also presentations and discussions on the major SS findings and the revised UHEP Implementation Manual.

[1.3.6] Improved institutional and managerial capacity of C/THO and HC

In FY2015, SEUHP facilitated a participatory organizational capacity assessment (OCA) for four C/THOs. After completing the assessment, an action plan to fill the gaps was developed. A training for C/THO focal staff was organized and included the meaning and purpose of knowledge management, developing content outline, identifying and documenting best practices, and editing and photography. Participants were instructed to return to their offices and implement, with the help of the trainers, what they learned. The C/THO also received computers and shelves.

The other priority area, particularly for Adama, was poor access and knowledge gaps on important legislation, guidelines, manuals, and policy documents, which were reprinted for 11 HCs and Adama City Health Office. These documents included proclamations to provide food, medicine, and health care administration and control; pensions for public servants; qualification requirements, career development, and salary guidelines for health professionals. Provision of these documents to the THO will facilitate proper management practices.

[1.3.7] Facilitated the capacity development of SEUHP sub-grantee (EDA)

SEUHP's capacity-building advisor is committed to providing technical and administrative support to ensure proper implementation of the sub-grantee's work plan. Meetings were held with EDA's program coordinator to discuss challenges to project implementation, and SEUHP conducted SS in areas the EDA-supported areas of Dessie, Debre Berhan, and Addis Ababa Akaki to monitor progress and issues needing follow-up. The team reviewed EDA's budget performance and prepared an accelerated action plan for the FY16 implementation period. In collaboration with EDA management team, terms of reference have been developed and consultants selected to revise the human resource manual to fill gaps identified during the OCA. In addition, EDA has been linked to Local Capacity Development (LCD) project Kaizen for additional capacity-building support. SEUHP also facilitated the implementation of action plans developed during FY13 OCAs.

In addition, SEUHP conducted two-day trainings for the EDA and participants from Yeka Health Office of Addis Ababa City Administration. The training focused on understanding knowledge management, alternative methods of organizational learning, and the basics of documentation and newsletter production. Following the training, SEUHP continued advising EDA in establishing a structured communications strategy to guide their internal and external communications. SEUHP also provided M&E training for Addis Ababa program staff.

Follow-up and provision of technical and administrative support for work plan development and implementation in EDA implementation sites has been provided through continuous on-site visits and SS with written feedback to the officers in Addis Ababa and Amhara regions. Weekly, monthly, and quarterly meetings have been facilitated with the program and management team of SEUHP and EDA to see that activities are implemented in accordance with technical standards.

[1.3.8] Accomplishments under Addis Ababa University/School of Public Health and JSI/SEUHP partnership

In FY15, SEUHP finalized and signed a strategic partnership grant agreement with AAU/SPH that highlighted the objectives and core strategies/pillars and planned three-year activities. The partnership was officially launched in June 2015 in the presence of the State Minister of Health His Excellency Dr. Kebede Worku, along with representatives from USAID, Addis Ababa City Administration, other GOE Ministries, and partner organizations.

Activities implemented and key achievements of the first six months of FY16 are:

Research and development: Two studies were conducted; mapping risk and vulnerability of urban residents, and social determinants of urban health. A proposal on health service quality assessment in UHEP was also developed by AAU/SPH and submitted to JSI/SEUHP. The proposal was reviewed by JSI/SEUHP team and feedback given to the research team. In FY16, with the support of SEUHP, AAU/SPH sponsored a master of public health student to conduct a study entitled, Exploring Institutional Delivery Service Utilization among Homeless Mothers in Addis Ketema Sub-City, Addis Ababa, Ethiopia: Descriptive Phenomenological Qualitative Study for partial fulfillment the degree. In addition, a study on vulnerability to health and other problems in urban areas and case study documentation of the urban primary health care reform in Addis Ababa are among the research activities being conducted by AAU/SPH.

Enhance academic, policy, and program interface: This aims to develop effective links between academia, policy, and development to advocate and ensure optimal use of available urban health services. One of the activities under this pillar was to establish a technical advisory group to guide evidence and inform policy. Terms of reference were developed and two rounds of meetings accompanied by site visit were conducted in FY16.

The urban health think thank group is serving as a stage where the academia, practitioners and policy makers in the Ethiopian urban health inform and shape policy and implementations for better health outcome.

Collaboration: SEUHP facilitated the signing of memorandum of understanding (MOU) between AAU/SPH and Addis Ababa City Administration Health Bureau (AACAHB) on April 13, 2016. The purpose of the MOU is to help AAU/SPH and AACAHB collaborate in areas of common interest including research and evidence generation, capacity building, and technical assistance. The MOU signing was followed by a half-day meeting with AACAHB, AAU/SPH, and JSI/SEUHP to discuss areas of collaboration and next steps. A steering committee and task force composed of the three parties was established at the end of the meeting. The task force conducted its first meeting and started working on the details of collaboration areas and is preparing joint action plan. AAU/SPH will conduct a quick assessment of the current PHC reform to identify bottlenecks and propose recommendations to scale up the reform. The assessment will be finalized in the first quarter of FY17.

Collaborative initiative between Addis Ababa City Administration Health Bureau and the School of Public Health of the Addis Ababa University is signed.

Urban Health Development Center: The center was established in Q1 of FY16 to serve as a knowledge hub for urban health in Ethiopia; provide urban health materials; provide technical support to researchers, programmers, policymakers, and other stakeholders to improve urban health; collect global experiences; and policy and program review. The center developed a website (http://urban-health.co.nf) for researchers and

students who want to explore urban health-related issues. SEUHP supported access to reliable internet connection to enhance functionality of the site. AAU/SPH and SEUHP are also registered for the International Society for Urban Health and began receiving the Journal of Urban Health, which is published six times a year, and offers free online access to current and archived issues of the journal and the Journals of Community Health and of Immigrant and Minority Health.

[1.3.9] Participated in the annual health partners forum in SNNPR from April 22–24, 2016

SEUHP participated in the SNNPR annual health partner forum organized by RHB and partners in Butajira town. The objective of the meeting was to review performance and discuss ways to enhance effective partnership. Following the forum, the team attended the RHB's biannual review meeting, which focused on reviewing six-month performance. All zones, woredas, partners, and other relevant sectors participated. Among the focus areas, revitalizing HIV-prevention and control was given high priority, and the region expressed commitment to refocus on the 90-90-90 strategy. The group also considered a more focused approach to reach the most-at-risk groups through HBHTC.

PART 1.4: IMPROVED SECTORAL CONVERGENCE FOR URBAN SANITATION AND WASTE MANAGEMENT (IR 4)

[1.4.1] Supported FMOH to develop Integrated Urban Sanitation and Hygiene Strategy and Strategic Action Plan

The Ministry of Urban Development and Housing; Ministry of Health; Ministry of Water, Irrigation, and Electric; Ministry of Environment, Forest, and Climate Change regional sector bureaus and town administrations that have a role in urban sanitation and waste management run the risk of overlapping responsibilities and are poorly coordinated at all levels.

These entities have shown interest in and commitment to the development of an integrated urban sanitation and hygiene strategy (IUSHS) under the coordination of the FMOH. The FMOH has mobilized different organizations to form a national sanitation and hygiene technical working group (TWG) with representation from the above stated ministries, UN agencies (UNICEF and WHO), bilateral organizations, and other international NGOs. SEUHP is a member of this TWG and has been providing assistance in developing its terms of reference and a framework for the IUSHS, which includes providing guidance on the importance of inclusion of sectoral convergence and consideration of public-private partnership in the IUSHS. As a member of the TWG, SEUHP has:

- Provided technical support during meetings.
- Reviewed the draft strategy submitted by the consultant.
- Reviewed the inception report for a strategic action plan, implementation guidelines, and memorandum of understanding submitted by the consulting firm.
- Shared the draft strategy with regions and city/town administrations to use during the development of their HSTP/GTP2 documents.
- Facilitated review of the draft strategy by regions.

Integrated urban sanitation and hygiene strategy action plan (SAP), its implementation guideline and MoU documents

[1.4.2] Supported sanitation and hygiene movements

In FY16, SEUHP participated and provided technical and financial support for national and regional and lower-level sanitation and hygiene movements.

Based on the experience gained by government officials on a learning trip to Rwanda, MOH organized a TWG with people from governmental, bilateral, private, and international nongovernmental organizations, universities, and research institutions, including SEUHP. The TWG assigned four sub-groups: 1) a group to research sanitation and hygiene situation and develop a policy brief paper; 2) a group to work on the development of proper IEC/BCC materials that will be used during the movement; 3) a resource mobilization group, and; 4) an exhibition group. SEUHP is working with the IEC/BCC and research groups and provided financial and technical support for a five-day (Jan. 25-29, 2016) writing workshop to generate facts and figures for policy briefing and promoting the national sanitation and hygiene movement.

Certificate of recognition SEUHP received from Addis Ababa and Mekele city Administration

In addition to this, Addis Ababa City Administration launched a 'WASH movement' to catalyze sanitation and hygiene campaigns called "Residents striving for clean, green and beautiful city" on June 3, 2016, following a city-wide sanitation campaign on May 29, 2016 attended by Mayor of Addis Ababa City Administration H.E. Diriba Kuma and General Manager of the City Administration Haile Fiseha and heads of sector bureaus attended this event. The movement intends to make residents of Addis Ababa part of the solution to current waste management challenges in the capital city.

SEUHP received an award of recognition from the Mayor H.E. Diriba Kuma and affirmed its commitment to continued technical and financial support to the WASH movement. SEUHP also received certificate of recognition from the Mayor of Mekelle for its WASH efforts in that city.

[1.4.3] Supported UHE-ps with WASH direct service delivery

With technical support from SEUHP, UHE-ps provided WASH-related direct services to beneficiaries. Table 9 provides a summary of individuals reached with direct services and through referral. SEUHP organized multiple advocacy workshops for improving urban sanitation and management. About 19 (90.5 percent of the target) towns/cities have functional urban WASH management forums. By the end of the 4th quarter, about 23.4 percent and 31 percent of households in SEUHP's intervention towns/cities had access to improved latrine and soap/substitutes at hand washing facilities respectively. Overall, there has been improvement across the reporting quarters in FY16 in most of the key performance indicators, as presented in Table 10.

Table 9: FY16 Targets and Achievements on WASH related Key Performance Indicators (October 2015-Sept. 2016)

Indicators	Target	Achievement	(%)
Number of workshops and dissemination forums to advocate for improved urban sanitation and management	22	11	50.0
Number of cities/towns with functional urban WASH management fora	21	19	90.5
Number of cities/towns working with private groups to improve waste management and sanitation	20	16	80.0
Number of households using an improved sanitation facility (latrine)	39,780	9,292	23.4
Number of people gained access to an improved sanitation facility (latrine)	158,261	161,994	10.2
Number of households assisted/supported with access to safe liquid waste/grey water disposal facility	33,637	81,297	241.7
Number of households assisted/supported with access to proper solid waste management	39,738	59,142	148.8
Number of households with soap/substitute and water at a hand washing station commonly used by family members	92,377	28,665	31.0

[1.4.4] Conducted mapping of sanitation and waste management service providers

UHE-ps need to establish linkages between community (households) and sanitation and waste management service providers to create an environment for the community to access the required services easily. Linkage data on sanitation and waste management service providers was collected and included in the revised UHE-ps service directory, which was printed and distributed to UHE-ps in this reporting period. A directory of organizations providing health, WASH, and social services was updated, printed, and provided to UHE-ps. Monthly meetings were used to provide brief orientation on the use of the service directory. During the follow-up visits it was found that some UHE-ps have started using the directory to give clients addresses of organizations that provide de-slugging service, solid waste collection, licenses to construct/renovate latrines, etc. In cities/towns such as Addis Ababa, the directory was used to find pit-emptying services for household(s) that have a latrine that needs the service. A solid waste collection service was found through the same system.

[1.4.5] Supported targeted cities to establish/strengthen WASH platform

SEUHP's urban sanitation and waste management situational assessment indicated that sanitation and waste management service provision responsibilities are spread widely among different sectors and are poorly coordinated. This hinders implementation of the UHEP hygiene and environmental health and other packages. SEUHP collaborated with C/THOs to establish and strengthen urban sanitation and hygiene platforms in SEUHP-targeted cities/towns. These platforms are led by mayors and activities have been conducted in line with Ethiopia's WASH Implementation Framework (WIF) as indicated in the One WASH Program.

In the reporting period, SEUHP:

- Established/revitalized urban WASH sector platforms in 14 cities/towns; Addis Ababa, Gondar, Deber Markos, Dire Dawa, Harar, Mekelle, Aksum, Shire, Adigrat, Shashemene, Jimma, Adama, Hossana, and W.Sodo.
- Organized planning workshops and developed integrated annual work plans for Deber Markos, Addis Ababa, Shashemene, Jimma, Adama, Hosana, Arbaminich, Wolayta Soddo, and Gonder.
- Organized review meetings for Deber Birhan, Mekele, and Addis Ababa urban WASH platforms to review the progress.

Because of the push from WASH steering committee, the national One WASH steering committee decided to include Addis Ababa into the One WASH Budget. Based on this decision, the technical working group developed three year work plan with budget. Addis Ababa Health bureau has budget support from MOH to implement the integrated work plan developed by the TWG.

Existing TWGs coordinate the acute watery diarrhea (AWD) responses. For instance, in Addis Ababa the platform facilitated pit-emptying services and collection and disposal of waste. Harar's town WASH platform TWG organized a one-day workshop for WASH sector actors including the city municipality expert, woreda health office environmental experts, kebele leaders, RHB expert, and UHE-ps representatives. The purpose of the meeting was to orient the integrated urban sanitation and hygiene strategy and WASH-related regulations. Additionally, the meeting helped galvanize establishment of PPPs working on hygiene and sanitation at woreda level, and new kebele leaders and UHE-ps to support hygiene and sanitation activities at community level. A total of 45 (22 are females) people attended the meeting.

Mekele's town TWG held a three-day capacity-building training to strengthen capacity in proper urban waste management and infection prevention. This training enhanced sanitation hygiene promotion knowledge and skills of the trainees, and contributed to a decrease in WASH-related communicable disease caused by poor sanitation and hygiene practices. A total 32 (17 males and 15 females) trainees selected from private solid waste collection service providers, public latrine /shower service providers and care takers, and sanitation and beautification experts from all seven sub-cities attended.

Best practices on sanitation and hygiene service fee collection systems and coordination mechanisms among different WASH sectors have been documented and shared with Deber Birhan and Deber Markos town administrations for customization.

[1.4.6] Finalized public WASH facilities mapping and situational assessment report

In FY16, the "Public WASH Facilities Mapping and Situational Assessment" report was finalized and shared with cities/towns. The findings are being used to inform planning and development of strategies such as the national integrated urban sanitation and hygiene and the national hygiene and environmental health strategies. Additionally, findings from a mapping exercise are being used for work plans being developed by the TWGs of the cities/towns with urban WASH platforms.

[1.4.7] Developed job aids/BCC materials on key sanitation and hygiene practices

Demand creation and adoption of key sanitation and hygiene behaviors are integral to a sustainable WASH program. UHE-ps are key promoters of sanitation and hygiene at household and community levels. Job aids help UHE-ps conduct effective BCC sessions on key WASH topics. In FY16, SEUHP developed BCC job aids for four key WASH behaviors: household water treatment and safe storage; food hygiene and safety; proper hand washing

at critical times; proper latrine use and QI per the sanitation ladder. A total of 1,900 WASH job aids in Amharic language were printed and distributed to UHE-ps, who were oriented to their use (see section 2.4 of this report).

[1.4.8] Cascaded WASH module training to UHE-ps

SEUHP cascaded WASH module training to UHE-ps in this reporting period. The WASH module taught the public health importance of proper human waste management, latrine technology options that are applicable in urban areas of Ethiopia, proper hygiene and household water management, hand washing at critical times, proper hand-washing practices to reduce risk of infection, additional WASH needs of people living with HIV, and priority WASH practices to integrate into HIV services.

[1.4.9] Provided technical assistance on WASH

SEUHP has been extending its technical support to develop a sanitary construction work training curriculum and to create an enabling environment to implement the training. It has been actively participating and providing technical support in the Sanitation Marketing Multi-Stakeholders Platform Meeting organized by The World Bank Water and Sanitation Program team to review the sanitation business model and update progress in training curriculum development.

The business model is focused on how to initiate business by engaging existing enterprises as well as setting up new enterprises by organizing unemployed youth and community self-help groups. The development of a training curriculum has been finalized and was officially launched in Adama in the presence of senior FMOH representatives, and technical, vocational, educational, and training (TVET) center staff. SEUHP supported the dissemination and introduction of the curriculum to regional experts and representatives. Selected technical and vocational training centers started the training program using the new modules.

[1.4.10] Construction of public latrines

In FY16, SEUHP planned to construct five public latrines in Harar, Gondor, and Debre Berhan, Shashamane, and Wolaiyta Sodo and renovate two nonfunctional public latrines in Mekele and Dire Dawa as part of testing a business model for the management of public latrines in seven towns. The towns were selected based on clearly stated criteria that include population, current availability of public latrines, willingness and commitment of the local administration and sector offices, availability of SEUHP's ongoing related interventions, and regional equity. Discussions with town municipalities were held to reaffirm commitment to avail construction sites and their initiative to partake of facility construction.

The development of standard model engineering design, bill of quantity, and environmental impact assessment was conducted as part of this effort. SEUHP facilitated the renovation of a public larine in Mekelle town near the market place and was made functional under the management of a group of women living with HIV. In Dire Dawa the planned renovation is not yet completed because there is no contractor that can meet all the requirements.

[1.4.11] Developed business model for the management of public latrines

The management of existing public latrines has cleanliness and maintenance challenges. This could be due to lack of ownership of the sanitary facilities, poor motivation and lack of accountability of the municipal staff (especially latrine attendants), budget limitation, and lack of attention from political leaders. As a result, existing facilities often either do not provide services at all or provide services of very poor quality. In response, SEUHP developed "A Guide for Business Model for Public Latrine Management" to demonstrate different types of public latrine

management approaches/models.

The business model is intended to promote integration of income-generating activities, and construction of public latrines based on demand considering local context, customer-paid service fees, and other schemes. The approach improves access to and use of the facilities and creates job opportunities for youth and women. SEUHP used this activity to demonstrate how low-income groups and microenterprises can be supported and trained to provide appropriate sanitation and hygiene services, and worked with UHE-ps and local groups to support these initiatives. The document is intended to be used by stakeholders to guide the process of engaging microenterprises and how to implement the business model for public latrine management.

[1.4.12] Supported UHE-ps to provide target beneficiaries with health education on WASH

The health education service provided by UHE-ps on WASH are presented in Table 10.

Table 10: SEUHP Q1 and Q2 FY16 Number of Individuals "Reached" with Key Health Messages (October 2015- March 2016)

Health message topics	Q4	FY16	% (FY16)
WASH	110006	350874	40.3
Solid and liquid waste management	59252	169814	19.5
Personal hygiene	61522	152278	17.5
Food and water hygiene	52402	119564	13.7
Latrine construction and use	28462	77906	9.0
Total	311,644	870,436	100

[1.4.13] Conducted PPP workshop to engage private sanitation and hygiene service providers in urban sanitation and waste management

Amhara: Public Private Partnership (PPP) workshop was supported and facilitated at Debre Markos town for one day with the objective of discussing on WASH issues, PPP in response to WASH challenges and resource mobilization to improve hygiene and sanitation in the Town. Participates were Hotel and restaurant owners (12), association on solid and liquid waste collection (2), private health institution (6), WASH technical committee members (8), and THO staffs (8). During the workshop, Debre Markos town situational assessment findings on hygiene and sanitation, WASH technical working group 2009 EFY plan and the importance of PPP was presented and discussed. In addition, the issue of AWD outbreak was discussed.

Finally, private institution pledged to be involved in WASH activities including in the control of AWD outbreak. It was also an opportunity for private institution that they were aware of AWD how to prevent it and report cases if there are. Direction was also put to Hotel & Restaurant owners on the need for employee health check-up during recruitment for the benefit of the public.

[1.4.14] Celebrated global hand washing day in selected schools/youth centers

Global Hand Washing Day is an annual global advocacy day dedicated to increasing awareness and understanding about the importance of hand washing with soap as an easy, effective, and affordable way to prevent diseases and save lives. The Oromia Regional Health Bureau planned and celebrated the day on Oct. 22, 2015 at Adama town. The celebration was featured a talk show/panel discussion on hand and face washing in collaboration with Oromia Television. Thirty-three participants from ORHB, Arsi ZHD, Adama Town Health Office, Sire Woreda Health

Office, partners/sector actors (Education Bureau, Finance and Economic Development Bureau, and Women and Children Affairs) and invited UHE-ps and HDA leaders from the community participated in the panel discussion.

[1.4.15] Implemented drought emergency WASH response intervention

SEUHP planned to support the government of Ethiopia with targeted WASH interventions in towns affected by the current drought. The implementation of emergency WASH interventions started in June 2016 in ten towns; Kemissie, Kombolcha, and Sekota in Amhara; Shashemene and Chiro in Oromia; Hawassa, Halaba, and Wolayta Sodo in SNNPR; and Alamata and Adigrat in Tigray. The following key activities were accomplished in the reporting period.

Project start-up activities:

- **Hired emergency response staff:** An emergency WASH coordinator and two emergency WASH cluster coordinators were recruited and deployed to their respective duty stations and given computers, accessories, chairs, and tables.
- **Conducted emergency WASH sensitization and launching workshop:** In FY16, multiple workshops were conducted in some of the regions to launch the emergency WASH project, disseminate the scope of SEUHP's E-WASH intervention, and discuss and agree on the expectations for project implementation by various stakeholders.

Amhara: The Amhara SEUHP regional office conducted emergency WASH intervention sensitization meetings at Kemissie, Kombolcha, and Sekota towns. 59 representatives (19 from Kemissie, 21 from Kombolcha, and 19 from Sekota) from health office, water supply and sewerage/utilities offices, education offices, municipalities, kebeles, HCs, and finance and economic development office and mayors participated.

SNNPR: 218 people (148 from Hawassa, 31 from Halaba, and 39 from Welayita Sodo) including town administrations, WASH sector actors, UHE-ps, supervisors, community representatives, religious leaders, C/THO and HC staff attended the sensitization workshop. The emergency WASH intervention implementation plan was updated and action plans developed. SEUHP's drought emergency WASH interventions for Halaba and Wolaita Sodo towns were launched.

Tigray: The SEUHP regional team organized a one-day workshop to launch and sensitize the emergency WASH in Alamata and Adigrat towns. A total of 125 participants (53 from Alemata and 72 from Adigrat) including town administration, WASH sector, UHE-ps, UHE-p supervisors, community representatives, religious leaders, C/THO staff, and HC staff attended.

Oromiya: A total of 67 participants (32 from Chiro and 35 from Shashemene) attend the sensitization workshop. The participants included town administrators, WASH sector officer, UHE-ps, HC staff, community representatives, religious leaders, and THO staff.

Capacity-building training/workshop:

- Sensitization workshop were conducted for religious, community, youth, and women leaders, community-based organizations in Alamata, Adigrat, Kemissie, Sekota, Wolaita Sodo, and Halaba towns were sensitized to E_WASH. A total of 248 persons (F=91) attended.
- JSI/SEUHP Emergency WASH program conducted capacity-building trainings for school teachers on emergency preparedness and responses in Halaba and Wolaita Sodo towns. A total of 60 teachers (F=10) attended.
- Town-level emergency task force (ETF) trainings: Most towns selected for WASH intervention were susceptible to AWD outbreaks. JSI/SEUHP conducted a training on basic emergency WASH issues for Alamata, Adigrat, Sekota, Chiro, Halaba and Wolaita Sodo town health office and HCs staff, supervisors, UHE-ps, and HEWs. A total of 271 participant (F=75) attended.
- Kebele-level ETF training: Revitalization and strengthening of ETF was conducted in Adigart, Alamata, Sekota, and Chiro towns. WASH and public health emergency topics were discussed as was WASH emergency preparedness and emergency public health topics such as scabies and diarrhea/AWD.
- SEUHP emergency WASH conducted discussion session with concerned town administrations and community representatives on the issue of solid waste management at urban set up. All people in the community involved in waste collection transportation and disposal process attended to mitigate problems related to poor waste management. SEUHP emergency WASH conducted three-day capacity-building trainings in Adigrat, Alamata, Sekota, Kombolcha, Kemisse, and Wolaita, and Sodo towns on integrated urban waste management, attended by 215 (F=130) workers in public latrines, solid collection service providers, and public institutions. The respective zone town development and housing department and town municipality office facilitated, prepared, printed, and provided standard training manuals for participant.

Construction/renovation of WASH facilities:

- For the construction of public latrines and water point extensions the design and Environmental Impact Assessment (EIA) was prepared and validated at a one-day workshop in Addis Ababa attended by engineers, environmental health professionals, and town health office heads of each town where constructions of public latrines are planned, Ministry of Health Hygiene and Environmental health case team coordinator, and Tetra Tech technical staff. Other preparatory activities including a feasibility assessment, site mapping with GPS reading, and obtaining support letter from the respective government offices were completed.
- Four drums of calcium hypochlorite, (50 kg each) were purchased and handover to Sekota and Shashemene town water service office.

Sanitation and hygiene promotion activities:

- Conducted house-to-house hygiene and sanitation promotion on scabies and other emergency public health issues through UHEPs. Within this reporting period, a total of 20,900 households were visited in the project targeted towns and 60,120 (F= 36,625) people were reached. Different hygiene and sanitation message related to personal hygiene, safe water chain, and environmental sanitation were disseminated.
- AWD information was developed, printed, and distributed: 6,000 leaflets and 500 posters to Tigray region; 800 leaflets and 500 posters for Amhara region; and 1,700 leaflets and 750 posters to SNNPR.

[1.4.16] Supported AWD emergency response in different regions

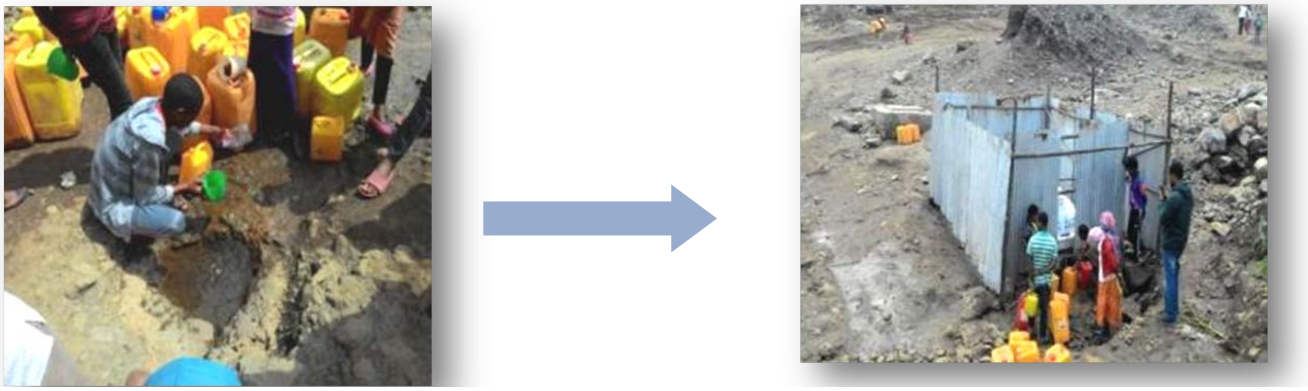
One of the unexpected happenings in FY16 was the widespread AWD outbreak that affected more than 20,000 people. As the outbreak mainly affected major towns, SEUHP was at forefront of the control effort. Selected activities are summarized below.

Addis Ababa

Addis Ababa reported incidence of AWD on 1 June 2016, when three individuals who work as street solid waste collectors contracted the disease. On that day, SEUHP began providing extended technical and financial support to all levels. A total of nine SEUHP technical staff from central and regional offices were involved in the surveillance, WASH, contact tracing, and disinfection community mobilization team at city and sub-city/woreda levels. As a member of national AWD response core TWG, which is coordinated by the Deputy Minister (FMOH) and the Mayor of Addis Ababa City, SEUHP/JSI was able to influence high-level decisions. SEUHP supported identification of high-risk areas like slums, illegal settlements with inadequate/poor water supply and latrine facilities (in which open defecation and unsafe water consumption is highly prevalent), areas with water shortage and/or contaminated water pipes, holly waters in churches exposed to contamination, areas with overflowing or full sludge latrines, areas with high solid waste collection problems, and, most of all, vegetable farms near river banks. Identifying these areas helped prioritize and focus interventions to prevent and control AWD outbreak.

In collaboration with government health offices at various levels, SEUHP provided orientation and guidance for UHE-ps, HC staff, and woreda communication officers on how to select and approach target audiences (religious leaders, community leaders, women HDAs, daily laborers), prepare messages, organize events, and select appropriate media to address the issue through immediate responses from every part of the community. As a result, health information was delivered to households, brochures distributed, banners posted, and awareness creation conducted in community/household, schools, public gatherings, workplaces, and religious places.

In addition, Addis Ababa SEUHP team and the local community developed and protected two springs that were identified as high-risk for transmission of AWD. Laboratory test results confirmed that one of the springs was also positive for Escherichia Collie. The two springs were used by more than 15,000 low-income people who are vulnerable to health problems including diarrheal diseases due to poor water and sanitation facilities. The following picture shows the status of the spring before and after development. The WASH committee selected from the users and day laborers who work in the nearby cobblestone manufacturing is administering the developed springs.



The before and after picture of the protected Spring in Nifas Silk Lafto subcity, Hana Coble Site August, 2016.

Disinfection orientation was given to 80 spray operators who learned precautions and protection measures that should be taken during disinfection. These individuals were deployed to their respective AWD treatment centers and joined the surveillance team. In addition, SEUHP supported a one-day orientation training for 165 health workers to strengthen surveillance systems, contact tracing, source identification, disinfection, and infection prevention activities.

SEUHP assigned vehicles to conduct AWD outbreak management activities in the five target sub-cities of Arada, Nifas silk lafto, Kolfe, Akaki kaliti, and Yeka. Cars were deployed upon the request from the coordinating TWG. In addition, SEUHP with USAID | DELIVER PROJECT availed 25 vehicles for AACAHB to support AWD outbreak management in the city for more than two months.

Amhara Region

During the reporting period, orientation on AWD was organized in D/Birhan, Bahir Dar, Gondar, Kombolcha, Kemissie, Finoteselam, Debretabor, Dessie, and Debremarkos. The orientation was also provided at Kombolcha and Sekota integrated with E-WASH training. As a member of the TWG, the regional manager participated in and contributed to the AWD prevention and control committee meetings. Although the AWD outbreak is affecting a considerable number of woredas in the region, SEUHP target towns have controlled the outbreak. However, there are cases on and off in Bahir Dar town, mainly coming from adjacent areas. Occupational health and safety training with a focus on AWD was also provided at D/Birhan and Dessie towns to street waste collectors over three days. A total of 51 participants attended.

SNNP Region

SEUHP responded to AWD by joining the AWD task force of the Public Health Emergency Management team of the RHB. SEUHP provided technical support and capacity-building for the AWD responses. Participants included UHE-ps, HC, ZHD, and C/THO staff, representatives from town WASH-related government sectors, community representatives like school directors, kebele administrators, and religious leaders. A total of 785 participants attended AWD orientation workshops. Using the AWD orientation sessions as entry points, SEUHP supported the establishment of WASH platforms by initiating discussion with higher officials.

Harari Region

Training on AWD prevention and control was provided to a total of 371 individuals (F=184) from relevant sectors and communities.

Table 11: AWD awareness creation training participants in Harar, August 16, 2016

Participants category	Sex		Total
	Male	Female	
Kebele leaders ,Cleaners, guards, runners and spray man	68	32	100
CTC health worker (nurses, physicians)	33	16	49
UHE-ps & supervisors	0	59	59
Multi sector bureau	32	20	52
Environmental sanitation regulatory expert	8	33	41
School teachers and principal	46	24	70
Total	187	184	371

Tigray Region

Tigray RHB declared the AWD outbreak in the 1st week of August 2016. The outbreak has affected 41 woredas. To enhance the AWD outbreak control effort in target towns, SEUHP rented two vehicles for community mobilization, contact tracing, and health education activities; distributed 10,000 leaflets with key messages on AWD; printed 14 banners with key messages and posted them in public areas; provided training and orientation for 748 UHE-ps, health workers, teachers, community and religious leaders, sanitation and beautification experts, kebele administrators and managers, media personnel, and other related sector staff.

Oromia Region

A major activities conducted during the current reporting period in Adama, Jimma, Shashemene, Sebeta, and Bishoftu towns was training on AWD prevention and control for 117 participants (60 from Jimma town and 57 from Adama town).

As Jimma town is seriously affected by the AWD outbreak, SEUHP helped create awareness through religious leaders: 166 religious and community institution leaders from mosque, *iddir*, and different religious institution representatives participated in a one-day orientation on AWD prevention and control. The orientation focused on AWD transmission, signs, and symptoms, precautions to be taken if detected, and linkage to and communication with treatment centers. SEUHP Oromia region also distributed 26,377 IEC materials (3,452 posters and 22,925 brochures) on AWD that helped to raise awareness of the community.

PART 1.5: COMMUNICATION AND DOCUMENTATION: KEY ACTIVITIES AND ACCOMPLISHMENTS

SEUHP developed a comprehensive strategy for communication about ongoing program activities, urban health information, and outreach efforts. The strategy sets the program's communication goals and objectives, maps audiences and their communication needs, and outlines communication activities to address them.

[1.5.1] Produced and disseminated SEUHP's quarterly newsletter

Producing a quarterly newsletter is part of SEUHP's effort to facilitate collaboration among stakeholders in the urban health arena. In FY16, SEUHP's quarterly newsletter was produced. The first issue features success stories, updates, important lessons, and best practices. In Q2, "Urban Health", Issue 2 Vol. 2, highlighted WASH-related program success stories, updates, and best practices.

[1.5.2] Conducted knowledge management training for selected C/THO and EDA staff

In FY15, SEUHP supported Bahir Dar, Gondor, and Adama C/THOs and Yeka Health Office of Addis Ababa City Administration in a participatory OCA. One of many areas identified for further strengthening was establishing knowledge management practices in some offices and enhancing them in others. SEUHP conducted a two-day training on "Documentation and Knowledge Management" for eight participants from Yeka Health Office of Addis Ababa City Administration and SEUHP partner organization Emmanuel Development Association (EDA) in the reporting period. The sessions focused on understanding knowledge management, alternative methods of organizational learning, and the basics of documentation and newsletter production techniques.

[1.5.3] Participated in the 27th Annual Scientific Conference of Ethiopian Public Health Association

SEUHP supported the highly acclaimed Ethiopian Public Health Association's 27th Annual Scientific Conference, "Attaining Universal Health Coverage and Sustainable Development Goals Related to Health: Opportunities and Challenges," held on Feb. 22-24, 2016. At this conference attended by public health professionals, academic and research institutions, and stakeholders in the health sector, an exhibition was organized along with sessions to study and discuss Ethiopian public health status, progress, and policy. SEUHP participated in the exhibition and disseminated research findings from its three assessments on Ethiopia's UHEP, and introduced program activities, strategies, and contributions to conference participants. The exhibition also allowed SEUHP to promote its partnership with Addis Ababa University and to introduce the newly established Urban Health Development Center in Ethiopia to public health practitioners and researchers.

[1.5.4] Participated in the international SBCC summit

The International Social and Behavioral Change Communication summit on Feb. 8-10, 2016, in Addis Ababa convened SBCC practitioners and academia from around the world to exchange knowledge and practices. SEUHP's communication advisor, along with the CM and SBCC advisor, attended. A practice presented and identified to fit the Ethiopian context was the evidence-based tool and methodologies from India on the use of electronic tools (tablets and mobile phones) by community workers to disseminate information, enhance new learning, and initiate discussions intended to result in individual and group problem-solving.

[1.5.5] Participated in the 13th annual international conference on urban health

At this highly acclaimed urban health conference, SEUHP and AAU/SPH gave an oral presentation, "Why Do Women in Urban Settings Fail to Use Available Maternal Health Services?" and a poster presentation on "Determinants of Vulnerability to HIV in Urban settings in Ethiopia." SEUHP Strategic and Partnership Director Zelalem Adugna gave two presentations: "The Urban Health Extension Program of Ethiopia: Service-Delivery-Related Lessons from Implementation," and "Understanding How Urban Health Became a Key Health Policy Issue in Ethiopia: Retrospective Analysis Using Halls's Theoretical Model."

[1.5.6] Revised the internal guide for branding and logo management on publications

Branding and logo management simplifies communication between JSI, donors, governmental stakeholders, and implementing local partners. In an effort to create a strong identity for SEUHP and enhance recognition of USAID's contributions, branding and logo management has been enhanced. In FY16, SEUHP technical documents including PowerPoint presentations, program materials, fliers, job aids, and banners were designed and formatted in compliance with the branding and marking protocol.

[1.5.7] Documented the outcome of the technical support SEUHP provided to UHE-ps

SEUHP and documented and dispersed its activities, achievements, challenges, and lessons to SEUHP staff, stakeholders, and partners to foster learning and validate the program's achievements and best practices.

In FY16, the program visited Wolaiyta Sodo and Hossana in SNNP, Batu town in Oromia Region, Debre Markos town in Amhara Region and Addis Ababa, Nifas Silk Lafto sub-city. Documentation of program impact included stories of beneficiaries, including community members, UHE-ps, UHE-p supervisors, and city/town offices, that showcase the program's effect at individual, community, and system levels. SEUHP Amhara team documented its work as wel, and all stories were sent to USAID to demonstrate program success.

Documenting best practices in implementation of SEUHP activities, meetings, and workshops is crucial because they create access to information about program processes, influence decision making, and identify benchmarks to determine progress. In the reporting period, various events and workshops, including the SEUHP FY16 Q1 review meeting, SEUHP-Diageo partnership launch, synthesis of the HEP national consultative workshop, and program activities like trainings and workshops were documented.

[1.5.8] Produced brochure on SEUHP's WASH strategy

With the aim of creating better understanding of SEUHP's WASH activities, a brochure was produced in collaboration with the senior environmental health advisor. The brochure highlights SEUHP's sanitation and hygiene objectives along with the intervention strategy and activities. The brochure will be disseminated after review by USAID, both in printed and electronic format, among stakeholders to promote the program's WASH interventions and to facilitate collaboration and partnership.

[1.5.9] Represented SEUHP at the 17th national FMOH annual review meeting

SEUHP exhibited its provision of technical support to strengthen UHEP at Ministry of Health's 17th Annual Review Meeting in October 2015 at Adama Town, Oromia Region. The meeting was a platform for SEUHP to promote its goal and objectives, activities, and strategies, and share its experiences and contributions with more than 800 meeting attendees. SEUHP displayed findings on human resource management within UHEP, the situation of WASH in SEUHP-targeted cities, drivers and barriers health care service access in urban areas, and the mapping of WASH facilities from the studies conducted in FY15.

[1.5.10] JSI/SEUHP received certificate of recognition from Tigray RHB

On an annual healthfFestival at the Tigray Regional State capital, Mekelle, SEUHP was awarded a certificate of recognition for its outstanding partnership in strengthening the region's health system. The Tigray Regional State Health Bureau stated that the award was issued to accredit JSI/USAID/SEUHP project for its support on quality improvement activities, demand creation, program monitoring and urban WASH platforms, and urban health programs in seven implementation towns (Mekelle, Alamata, Maychew, Adigrat, Aksum, Shire, and Humera) of the region.

Photo's taken during the annual health festival of Tigray Region, July 2016

PART 1.6: OPERATIONS AND FINANCE: KEY ACTIVITIES AND ACCOMPLISHMENTS

[1.6.1] Administration

Implementation of the FY16 work plan: The operations team provided its support activities in the facilitation of the implementation of the program. Key areas that the team supported include the following: provided administrative and logistical support for 14 workshops and trainings conducted by Central office, Oromia, Dire dawa, Harar and Addis Ababa regional offices.

FY 2017 Work planning Meeting: SEUHPs' FY 2017 work plan workshop took place at SEUHP central office from August 04-07, 2016. The objective of this meeting was to review the FY 2016 program performance, to discuss the Government of Ethiopia strategic priorities and expectations for next year and its strategic focus areas. The USAID strategic focus and key expectations for FY 2017 was addressed by USAID and the FMOH focus areas also addressed by the UHEP directorate focal person from the FMOH. Then, the SEUHP team discussed in groups in each IRs thematic areas and tried to come up with new innovative and initiatives that can be considered as part of the FY 2017 work plan.

Global Positioning Units: JSI SEUHP communicated with the GPS expert to know the fuel utilization of every vehicle when the drivers refill their fuel tank. The expert recommended to procure the fuel sensor and attached it to the fuel tank and then the system will read the amount of fuel refill in the tank.

Procurement: This includes both procurement of services and goods. Procurement of goods include 2,300pcs of UHE-ps nursing bags from the international market and SEUHP is in the process of printing logos on the bags. The BP apparatus procurement for 2,300pcs is not yet finalized due to the process of pre-import approval process from the Drug Administration and Control Authority Office. Major printing activities were carried out like printing of 3,000 copies of UHEP implementation manual, reprint of 1,150 copies of reference tool kit A4 size, 500 copies of RMNCH flip chart, 51,000 AWD brochures, 4,200 AWD posters, 10,000 copies booklet for Life Skill ToT manual, logo sticker and banner for AAU, map poster for AAU and wall chart for AA regional office, Tigray and Harrer office. Office stationery materials, office supplies, office furniture, equipment, toners and printing paper were procured for newly hired staff at central, Addis Ababa and Oromia offices. All procurements that were authorized during this period were conducted according to JSI's standard operational procurement procedures and incompliance with USAID rules and regulations.

Safety and Security: Discussion has been made with the security agency of the SEUHP office on how to strengthen the security system of the office environment. JSI/SEUHP also attends United Nations security update meeting every Friday and updated its in-country staff about the safety and security situation. Moreover, emergency phone tree is revised and distributed to all staff. The project has also introduced safety measures to keep the staff safe during travel and when they implement project activities.

Meeting with USAID: During this reporting period, SEUHP senior technical leads and the Chief of Party met with USAID Agreement Officer Technical Representative (AOTR) and management team to discuss on the third quarter performance of the program.

Moreover, SEUHP submitted the following documentation to USAID: SEUHP quarter three progress reports, SEUHP WASH funding construction approval request, SEUHP quarterly accrual report, request for increased obligation of funds and quarterly SF425.

[1.6.2] Human resources

Staff Benefits: The Operations Manager facilitated the registration of the new employees' life and medical insurance agreement with the insurance service provider.

Electronic Time sheet: JSI SEUHP is the process of introducing an electronic timesheet for all the staff starting from September 2016. However, there were some issues need to be resolved before launching and utilizing the replicon timesheet.

Social Media Policy as part of the code of conduct training: The Operations Manager reminded all the staff on the use of social media policy in their communication with their colleagues, friends and other individuals.

Key position LOE: SEUHP's Senior Monitoring, Evaluation, and Research Advisor position is replaced as of Sep. 13, 2016.

Recruitment of employees and consultants: During this reporting period, JSI SEUHP is also reviewing its internal human resources capacity and skill set before filling the vacant positions since there are talented, experienced and skillful employees at the regional offices that could provide an enormous support at the central office level to all regional offices.

JSI/SEUHP promoted the Senior Public Health Advisor to Regional Manager position in Oromia region.

New employees that joined JSI/SEUHP during the last quarter of FY17 are:

- Program assistant (central office).
- Senior Monitoring and Evaluation Advisor (central office).
- Office Assistant (Amhara regional office).
- Driver (temporary central office).
- Regional Public Health Advisor (Amhara regional office).
- Cluster coordinators (in Addis Ababa for Arada sub-city and in Oromia for Nekemte cluster)

The following employees resigned from JSI /EUHP:

- Monitoring and Evaluation Advisor – central office.
- Driver – Amhara regional office.

Consultants were hired for the following activities:

- Data encoders (two).
- Senior technical assistants for FMOH (total of six).

[1.6.3] Finance

SEUHP Finance Unit: The JSI/SEUHP finance unit supports the program staff in handling all kinds of payments on timely manner and in tracking budget utilization in the regions and central office.

Regional Finance: The SEUHP finance team reviewed and gave feedback on the financial vouchers to the regional finance and administrative personnel every month to ensure that the JSI/SEUHP and USAID rules and regulation are followed.

[1.6.4] Partners

AAU: The partnership between JSI/SEUHP and Addis Ababa University School of Public Health promotes greater health access and improved health status for urban residents in the country. More specifically the collaboration

aims to contribute to efforts to reduce morbidity and mortality in connection to communicable diseases such as HIV/TB and non-communicable diseases including maternal, neonatal and child health problems.

The partnership has four focus areas: research and development, enhance academic-policy and program interface, establish center for health development and partnership and provide hands-on technical support in capacity building through training, supportive supervision, development of guidelines and tools.

To this end relevant researches are conducted, urban health think tank group is established and had two rounds of meetings and provided guidance, center for urban health development in Ethiopia is established, high level advocacy forums organized at Ethiopian Public Health Association annual meeting and international urban health conference, and facilitated signing of memorandum of understanding between School of Public Health and Addis Ababa City Administration RHB to enhance collaborations.

EDA: JSI/SEUHP conducted a meeting with the EDA's Human resource consultant who will be responsible to revise the HR policy and procedures according to the points identified in the OCA assessment process. As part of the Organizational Capacity Assessment, SEUHP created a platform where EDA can work closely with one of the USAID funded project (Kaizen Local Capacity Development/KLCD/) that works to build capacity of the local non-governmental organizations like EDA. And EDA started the first introductory meeting with KLCD on September 26, 2016.

EDA and SEUHP's management discussed on strengthening partnership and collaboration in WASH related interventions. On September 07, 2016, SEUHP had a meeting with EDA managers on the progress of the program, EDA's special contribution, SEUHP's regional manager involvement in EDA program implementation and budget utilization and other related matters.

Diageo: The contractual agreement between DIAGEO and JSI is extended to December 03, 2016 to complete remaining activities.

Collaboration with Harvard T. H. CHAN School of Public Health on Kangaroo Mother Care (KMC) Research Project: JSI signed contractual agreement with Harvard T. H. CHAN School of Public Health in October 2016 to collaborate on a research project that aims to design and test model that helps to scale-up practice of KMC. This research project is funded by the Bill and Melinda Gates Foundation and implemented collaboratively among World Health Organization, Addis Ababa University, Harvard CHAN School of Public Health, Addis Ababa RHB and Oromia RHB. This activity will be started in Addis Ababa at Akaki Kaliti Sub-city with a plan to expand to Oromia (Adama and Zeway/Batu woreda). For this purpose a Project Manager is hired by JSI who seats at SEUHP's office to coordinate and manage the project.

[1.6.5] Compliance

The financial document review process was conducted every month to check financial compliance of central office, regional offices and subcontractors (EDA and AAU-SPH). SEUHP's compliance officer inspected all procured items against the procurement committee decision, quote analysis, payment, and existence of the physical inventory. The reconciliation of the GPS report with the vehicle log sheet has been conducted at the end of the month for every vehicle. Visual compliance was taken for newly hired staff, consultants, and vendors. Moreover, an internal control system review process was conducted in each of the operation areas like human resource, finance, procurement, logistics management, information technology and store management. This internal review process will help to assess the gaps and to take corrective measure in order to strength the internal control system of the project more efficiently and effectively.

PART 2: CHALLENGES AND CONSTRAINTS AND PLANS TO OVERCOME THEM

In the reporting period, JSI/SEUHP faced challenges/constraints that affected implementation in FY16.

No.	Challenges in FY16	Actions or plans to overcome the challenges
1.	**Test kit shortage:** Lack of HIV test kit hindered SEUHP from achieving the target set for HCT and HIV yield.	SEUHP exerted at most effort to exhaustively utilize available test kits within the system and once the new test kit is made available the project provided training aggressively on the new test algorithm to promote smooth transition.
2.	**Supply chain management-related gaps:** The absence of guidance and systems on how the UHE-ps request, use, and report drugs and supplies have been a serious challenge. Few cities and towns allow HCs to provide HIV test kits and other supplies to the UHE-ps	SEUHP is working with the PHC and HEP and Primary Health Care Directorate of FMOH to clearly define how to provide supplies for UHE-ps. HCs need to improve forecasting and requesting through the Integrated Pharmaceuticals Supply System. This can be achieved through the SEUHP-established QI teams at the HCs.
3.	**Decreased motivation of UHE-ps:** Lack of a clear career ladder, a loose structure that requires UHE-ps to report at two levels, and other factors de-motivate UHE-ps.	SEUHP is working on non-financial incentives such as experience-sharing visits, recognition, and in-service training. FMOH has started working on the career structure of the current UHE-ps to define their professional development. SEUHP will make sure that this is clearly communicated to the UHE-ps.
4.	**Inadequate technical competency:** UHE-ps lack technical competency to deliver quality services. For example, UHE-ps lack confidence to inform people who have positive HIV test results, instead referring them to HCs.	SEUHP has and will continue to provide training, coaching, and mentoring to build UHE-ps' skills and competency.
5.	**Competing priorities:** The SEUHP team was challenged to perform activities planned for the quarter including cascading of CPHT, SS training, and organizing town review meetings because of other government priorities and seasonal/emergency activities like UHE-p training on health sector	Continuous communication and negotiation with government partners, providing trainings during weekends, and re-scheduling activities are some of the ways to overcome this challenge. To maintain staff safety the project is forced to

	transformation plan II, woreda-based planning, campaigns, AWD outbreak, and the unstable security situation.	slow down activities in areas where there is security concern.
6.	**Lack of space for UHE-ps:** Many UHE-ps do not have dedicated working space/office. This affects their motivation, filing system, and relationships with other colleagues (kebele level).	Through consistent discussion some towns are either allocating separate space or are moving them to HCs.
7.	**AWD affecting project implementations:** In many areas including Addis Ababa, field activities were interrupted by the AWD outbreak.	SEUHP's involvement in the AWD response helped to form an integrated approach with the routine activities in SEUHP-targeted towns. As the AWD outbreak created high level of political attention to WASH activities the project maximized effort to facilitate implementation of planned WASH activities.

PART 3: MAJOR ACTIVITIES PLANNED IN NEXT REPORTING PERIOD

The following summarize major SEUHP activities planned for Q1 of FY17. Activities are presented following SEUHP's intermediate and sub-intermediate results.

IR 1: IMPROVED QUALITY OF COMMUNITY-LEVEL URBAN HEALTH SERVICES

Sub IR1.1: Improved knowledge, skills, and motivation of UHE-ps

- 1.1.1 Organize IRT for the UHE-ps
- 1.1.2 Implement non-financial strategies to improve UHE-p motivation
- 1.1.3 Strengthen linkage and teamwork between HCs and UHE-ps

Sub IR 1.2: Improved UHE-p access to standard health service delivery packages and service standard manuals

- 1.2.1 Prepare package of UHEP reference manuals and guidelines and make available for use by UHE-ps
- 1.2.2 Implement the revised UHEP Implementation Manual

Sub IR 1.3: Improved implementation of QI initiatives

- 1.3.1 Advance the QII in the 63 HCs and expand it to 8 new HCs

Sub IR 1.4: Improved referral and linkages between UHE-ps and facilities

- 1.4.1 Standardize/institutionalize the referral system into government's system and make fully functional

Sub IR 1.5: Increased access and coverage of integrated HIV prevention, treatment, and care services

- 1.5.1 Prepare national guide for HBHTC by working closely with FMOH and RHBs
- 1.5.2 Enable UHE-ps to provide standardized HIV-prevention services to key populations with effective referral to HC for further care and support
- 1.5.4 Work with the HCs, RHB and FMOH to avail test kits for UHE-ps
- 1.5.5 Establish/ strengthen HBHTC quality assurance systems
- 1.5.6 Ensure retention in care for PLHIV and adherence to ART

Sub IR 1.6: Strengthen TB case detection and increase treatment success rate by implementing community TB care interventions

Sub-IR 1.7: Increased access, coverage, and utilization of high-impact MNCH services

- 1.7.1 Enable UHE-ps to provide ANC and PNC services and increase uptake of skilled delivery among hard to reach population groups
- 1.7.2 Create access to integrated MNCH services for hard to reach populations
- 1.7.3 Support UHE-ps to provide targeted child health services

Sub IR 1.8 Increase access to FP/RH and AYRH services

- 1.8.1 Ensure access to FP choices to women who live in difficult urban living condition
- 1.8.3 Model effective counseling and referral services to ensure access to long-acting and permanent FP methods

Sub IR 1.9 Support FMOH and RHBs in the implementation of PHCU reform

- 1.9.1 Work with MOH and RHBs on the expansion of PHCU reform

IR2: INCREASED DEMAND FOR FACILITY-LEVEL URBAN HEALTH SERVICES

Sub-IR 2.1 Implement strategically designed behavior change communication interventions

2.1.1Expand access to and utilization of IEC materials and tools focusing on urban health priorities

2.1.2 Support national campaigns on WASH and HIV

Sub IR 2.2. Produce and air radio programs to promote and model key RMNCH, HIV, TB and WASH-related behaviors

2.2.1 Airing radio magazine program to promote key RMNCH, HIV, and WASH behaviors

2.2.2 Produce and air radio serial drama

2.2.3 Engage media to promote urban health issues in collaboration with FMOH

Sub IR 2.3: Increase awareness on harmful effects of underage drinking and alcohol use (PPP initiative with DIAGEO)

2.3.1. Conduct life skills training in 31 schools in Addis Ababa

2.3.2 Implement outreach/education through youth focused activities in targeted schools and youth centers

IR 3: STRENGTHENED REGIONAL PLATFORMS FOR IMPROVED IMPLEMENTATION OF THE NATIONAL URBAN HEALTH STRATEGY

Sub-IR 3.1: Improved institutional and managerial capacity of urban health units at RHBs, zonal health departments, and C/THOs

3.1.1 Provide technical support to RHB, ZHD, C/THO, HC staff to develop work plan based on revised UHEP Implementation Manual

3.1.2 Conduct leadership, management and governance capacity enhancement for RHB, ZHD, C/THO and HC staff

3.1.3 Conduct supportive supervision training to RHBs, C/THOs, and HCs and institutionalize practice into GOE health system

3.1.4 Conduct coaching skill training for UHEP officers and supervisors

3.1.5 Conduct training on basics of M&E and strategic Information/data use for decision making

3.1.6 Build the institutional capacity of FMOH in delivering high quality service

3.1.7 Conduct urban health system strengthening training for high-level policymakers and managers at FMOH and RHBs

3.1.8 Support RHBs to conduct integrated supportive supervision in urban areas

3.1.9 Provide technical support to C/THOs and HC to conduct regular supportive supervision to UHE-ps

Sub-IR 3.2: Improved urban health data collection, analysis, and utilization

Sub IR 3.3 Improved systems for commodity mobilization and distribution for key urban health intervention areas

3.3.1 Advocate for improved supply chain system for UHEP and address current supply needs of UHE-ps -see IR 1.13.2

Sub-IR 3.4: Strengthened organizational capacity of partner to perform core functions of UHEP

IR 4: IMPROVED SECTORAL CONVERGENCE FOR URBAN SANITATION AND WASTE MANAGEMENT

Sub IR 4.1: Increased WASH governance and management capacity at all levels

4.1.1 Support the implementation of integrated urban sanitation and hygiene strategy

4.1.2 Support established WASH platforms in 12 cities/towns and create new platforms in 20 cities/towns

4.1.3 Support federal/regional/city/town-level WASH movement (campaigns)

4.1.4 Support federal/regional/city/town-level WASH movement (campaigns)

Sub IR 4.2: Increased supply of low-cost sanitation and hygiene products, facilities, and services

4.2.1 Organize structured international learning trip on WASH

4.2.2 Create model WASH demonstration sites in fives elected cities/towns

4.2.3 Develop and distribute sanitation and hygiene ladder IEC/BCC materials

Sub IR 4.3: Increased demand for high-quality sanitation and hygiene products, facilities, and services

4.3.1 Strengthen hygiene and sanitation education by UHE-ps and HDAs through home visit and outreach

4.3.2 Strengthening involvement of UHE-ps in school WASH activities

Sub IR 4.4: Increased knowledge base to bring WASH Innovations into scale

4.4.1 Document and share best practices and lessons

Sub IR 4.5: Implement emergency WASH interventions

4.5.1 Capacity building of urban WASH sector actors for emergency preparedness and responses

4.5.2 Construct/ renovate improved sanitation and hygiene facilities

4.5.3 Access to safe water supply

4.5.4 Conduct health education and hygiene promotion in drought-affected communities

4.5.5 Conduct sanitation campaigns among communities affected by emergency