

Transform: Primary Health Care

Cooperative Agreement No: AID-663-A-17-00002

Year One

Quarter report

for

January - March 2017

April 26, 2017

I. General Information

Project Title:	Transform: Primary Health Care
Prime partner:	Pathfinder International
Sub-partner(s):	JSI, Abt Associates, EnCompass, KIT, Malaria Consortium, and Ethiopian Midwives Association
Cooperative agreement number:	AID-663-A-17-00002
Project Start & Completion date:	January 01, 2017 – December 31, 2021
Reporting Period	January 01- March 2017
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II. Background

The Transform: Primary Health Care is a USAID-funded health program under the cooperative agreement number of AID-663-A-17-00002. The program will be implemented by a consortium of organizations led by Pathfinder International, including JSI Research and Training Institute (JSI-RTN), Abt Associate, EnCompass, KIT, Malaria Consortium and Ethiopian Midwives Association in collaboration with local governmental and non-governmental partners.

Transform: Primary Health Care will contribute to the Ending Preventable Child and Maternal Deaths (EPCMD) through supporting the implementation of the Health Sector Transformation Plan (HSTP) of the Government of Ethiopia (GOE). In particular, Transform: Primary Health Care will support attainment of the four HSTP transformational agendas, namely (1) woreda transformation; (2) caring, respectful, and compassionate (CRC) providers; (3) quality and equity in health care; and (4) information revolution. It also supports GOE strategic initiatives through the provision of phased, adaptive technical assistance (TA). Overall success will result from achievement of four high-level results:

- I. Improved management and performance of health systems;
- II. Increased sustainable quality of service delivery across the PHCU's continuum of care;
- III. Improved household and community health practices and health-seeking behaviors; and
- IV. Enhanced program learning to impact policy and programming related to EPCMD.

Achieving these results will in turn lead to significant contributions to EPCMD while ensuring sustainable progress toward the HSTP goal of healthy, productive, and prosperous Ethiopians.

Transform: Primary Health Care will focus primarily in the areas of maternal, newborn, and child health (MNCH); family planning (FP), reproductive health (RH); and malaria within Ethiopia's four major regions of Amhara; Oromia; Southern Nations, Nationalities, and Peoples' Region (SNNPR); and Tigray.

This report refers to the period January to March 2017, which is the first quarter of the program but second quarter for USAID Fiscal Year 2017 (FY2017). The major activities being reported are start-up activities.

III) Major accomplishments

The major achievement of the project in the period is categorized in two – Start up activities and preparation for actual implementation.

1. Start-up activities

1.1. Regional office setups

Consultations have been made with the public sector at regional health bureau (RHB) and zonal health department (ZHD) levels to secure office space within their compound. Most of the ZHDs showed willingness to host project cluster offices.. With respect to project regional offices, SNNP RHB is already accommodating the project's SNNP regional office. For the Oromia regional office, a building will be rented close to the RHB office to facilitate easy communication and collaboration with the regional public sector. For Amhara and Tigray regional program offices and the Country Office, previous IFHP offices will be used by continuing agreements with the owners. Negotiations are in progress with RHBs and ZHDs to secure offices within their system for the remaining cluster level offices.

1.2. Staff recruitment

The Transform: PHC project team advertised priority positions online. The management team reviewed the applications and interviews were conducted for those selected. These interviews were held at the country and regional offices. Major activities include:

- **Key personnel involved in the employment process:** During the interviews and selection process at the cluster, regional, and head office levels, at least one key personnel (as defined in the proposal) was assigned to the recruitment committee to ensure transparency and a bias-free process..
- **Job descriptions (JDs) prepared and finalized for each position:** Job descriptions were prepared for all required posts in consultation with home offices (HQ) and were advertised
- **Online advertisement at Ethiojobs:** Advertisement of vacancies for the different positions was made through the widely visited employment website called Ethiojobs, administered by Talent Search. This process was done in three steps: key management positions released first, followed by program advisors and officer positions, and then junior positions and support staff positions.
- **Shortlisting of applicants:** Given the high volume of applicants, the shortlisting process was protracted. Moreover, to provide equal opportunity for each applicant, efforts were made to

ensure the process was inclusive. In view of this, a shortlist of twenty applicants was identified for further screening. Finally, up to seven candidates were identified for most of the positions for oral interview.

- **Oral interview:** The interview process was done using an interview guide that included relevant questions for each position. The guide was prepared after consultations among key project staff and the HR team. An Interview schedule was developed by the HR unit and selected applicants were contacted. Three to five interviewers participated during the actual activity.
- **Selection and employment offer:** Final selection was done based on the summary results rated by interviewers. Relevance of education and experience to the position under consideration, team related capabilities, and general factors such as communication skills, creativity and initiatives are the major criteria used for selection. Background checks were done for the final candidates before providing employment offer letter
- **The following key positions were filled during the quarter:**
 - ✓ Chief of Party and Deputy Chief of Party
 - ✓ Technical directors for FP/ASRH and MNCH-N
 - ✓ MEL Director, two M&E advisors and one Research advisor
 - ✓ Finance and Operations Director
 - ✓ Regional Program managers and technical coordinators
 - ✓ Cluster coordinators
 - ✓ In summary, recruitment finalized for over 60% of the Country Office positions and over 35% of regional and cluster office positions by the end of this quarter.

1.3. First year work plan preparation

As stipulated in the project award agreement document, the Transform: Primary Health Care project was required to submit the first year work plan within 45 days of signing the award agreement. To meet this deadline, the key management team developed a nine month work plan. Pathfinder and partners worked towards aligning the work plan with GOE and USAID priority initiatives. The project revised the work plan based on comments from USAID and re-submitted it for final approval with a revised environmental mitigation and monitoring plan (EMMP).

1.4. Project Life of program Monitoring, Evaluation and Learning (MEL) plan preparation

As stipulated in the project award agreement document, the Transform: Primary Health Care project was required to submit the MEL plan within 60 days of signing the award agreement. In response to this agreement, a five year draft MEL plan developed and submitted within the deadline. The project revised the MEL plan based on comments from USAID and re-submitted it for final approval.

1.5. Stakeholders consultation

Transform PHC conducted a variety of consultations with partners on areas of intervention, innovations, challenges, and recommendations. The consultation included different partner organizations funded by USAID, foundations, and bilateral and multilateral agencies. The findings from the consultations were summarized and used for year one work plan preparation. Some of the findings will also be used for the strength and gaps analysis/partners mapping.

1.6. Start-up data collection

At this stage of project life, there is a need to ensure that baseline data is collected from the target regions. This data will inform on areas of strength, identify gaps and needed improvements, and help the project to plan implementation and resource application within the context of needs. Since the initiation of the Transform Primary Health Care project to date, the team has collected baseline data from the MOH, RHBs, and partners. Some of the collected information includes:

- Regional basic health profiles
- Disease-specific information
- Health facility survey data
- Partner distribution
- Past project data such as IFHP to assess overlap of target areas

1.7. Consensus building visit to regions

Transform: Primary Health Care home office, country and regional office team paid a visit to the RHBs. The RHB management teams were briefed about the project – scope and major activities, staffing, and structures and priorities, and the preferred way of organizing the cluster offices and regional teams.

1.8. Visit to the zones/cluster offices

Some regional program office management team members visited ZHDs and discussed office set up at the cluster level. Some of the ZHDs agreed to provide offices for CLOs within their compound. This co-location will facilitate collaboration, team work, and communication between the project and public sector. Despite this, securing space within the ZHD building might be limited for some zones and renting offices near to the ZHD office will be the final solution.

2. Preparation for activity implementation

2.1. LMG training revision and packages

Initial consultation was done with the MOH and consensus was reached with the HRH directorate on the quick assessment to further explore the opportunities and field level practices after LMG trainings. For the initial assessment, the three training packages and modalities were identified– LMG training facilitated by LMG project, problem solving leadership training by Primary Health Care Unit Transformation Initiative (PTI), and transformative leadership by MOH. A team comprising

Transform: PHC and MOH will be placed to further explore about the three training packages and modalities.

2.2. Region-based outbreak/ epidemics data collection

In the quarter, the USAID Ethiopia team requested basic information on the current outbreak situation in Oromia and SNNPR. Through our regional staff, information on the current malnutrition, acute watery diarrhea, malaria, and measles outbreaks were collected, summarized, and shared to USAID. Some areas within the two regions, including Transform Primary Health Care intervention areas, were affected by different outbreaks. Critical challenges in managing and controlling these outbreaks were also noticed. Based on the direction from USAID, Transform Primary Health Care will be engaged in supporting these regions in containing and managing these epidemics.

2.3. Workshops and meetings attended

There were several workshops and technical working group meetings organized by the MOH during the past quarter. Our country office advisors and the management team took part in these endeavors contributed a lot for each activity during the meeting. The CBNC sustainability/ownership improvement plan, EPI consultative meeting, finalization of adolescent and Youth Health strategy meeting, and acting on the call summit preparation meetings were some to mention.

IV) Major challenges and actions taken

- Overlap of the IFHP close out and Transform activities to have a smooth transition. This challenge is managed by sharing of roles and responsibilities among existing staff members, and hard working
- Very high turnout for each position required much time to review each resume before shortlisting and this was managed by sharing work load among key personnel and HR team at HQ.

V) Major tasks for next reporting period

- Staff recruitment
- Conduct Annual Theory of Change exercise among project staff and within in the four regions
- Woreda strengths and gap analysis
- Conduct gender analysis and develop gender strategy
- Gap-filling FP commodities support
- Support introduction of Woreda Management standards
- Explore the existing LMG development programs
- Establish Transform: PHC sub-granting processes in consultation with MOH
- Other activities per the provisionally approved work plan