

Transform: Primary Health Care

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



Quarter report

April-June 2017

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I. General Information

Project Title:	USAID Transform: Primary Health Care
Prime partner:	Pathfinder International
Sub-partner(s):	JSI, Abt Associates, EnCompass, 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	April 01- June 2017
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II. Background

The Transform: Primary Health Care project is a USAID-funded health program under the cooperative agreement number of AID-663-A-17-00002. The program is implemented by a consortium of organizations led by Pathfinder International, including JSI Research and Training Institute (JSI-RTN), Abt Associates, EnCompass, 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 ultimate HSTP goal of healthy, productive, and prosperous Ethiopians.

Transform: Primary Health Care focuses 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 April to March 2017, which is the second quarter of the program but third quarter for USAID Fiscal Year 2017 (FY2017).

III. Major accomplishments

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

3.1. Start-up activities

Regional program offices (RPO) set-up continued.

Consultations continued with the public sector at regional health bureau (RHB) and zonal health department (ZHD) levels to secure office space within their compounds for cluster-level project staff. Most of the ZHDs continued showing willingness to co-locate cluster offices (CLOs). In Oromia region for example, eight CLOs out of the total ten secured their office within the ZHD, and all three cluster offices in Tigray region secured office either within the ZHD or woreda health office (WorHO). Despite these successes, insufficient spaces within some ZHD is an obstacle to realize their commitments in Amhara for example, and this will be solved through time by discussing continuously with the ZHDs in target areas.

Staff recruitment and orientation/ induction continued.

To date, most of the posts at country office (CO) and RPOs have been filled by competent staffs. Almost all Cluster Office coordinators are on board and recruitment process ongoing to fill the officer positions at CLO level. Orientation about Transform: Primary Health Care project has been provided for all staff that are onboard during the reporting period.

Project orientation/ formalization provided using different opportunities and venues.

Most project offices at regional level used the first Theory of Change (TOC) workshop as a venue to introduce the Transform: Primary Health Care Project. In addition, Woreda based planning

workshops, visits to ZHDs, WorHOs and health facilities used as a means to orient public sector staffs and other key stakeholder about the project.

Regular updates on Strength and gap analysis.

Before any project implementation, cluster offices which had started operation conducted a revision and update of the regional profile. The profile, among others include, facility contact information, locations and geographic and demographic information, training needs, partners' mapping and other relevant information for intervention planning.

3.2. Result I: Improved management and performance of health systems

Theory of Change exercises conducted

During this quarter both CO and RPO level TOC workshops conducted. First the CO level TOC exercise was conducted with the support from the home office technical expertise followed by four regional levels TOC exercises. The regional manager and technical coordinator from each regional program offices and all the CO level technical advisors and senior program managers attended the CO level TOC exercise. Following the CO level TOC exercise, participants divided into two groups and facilitated their respective regional level TOC workshops. Selected RHB, ZHD, WorHO and regional university representative, development partners working in the region and all project staff that were onboard at the time of the workshop attended the regional TOC exercise. Most of the workshops opened and/or closed by the RHB head or deputy which is a sign of great commitment for the project and the TOC exercise in particular. Most participants were impressed by the TOC exercise as it is the first of its kind in their regions and it created an opportunity to discuss preconditions for some key health issues in their region that will be used for annual activity planning. Finally, five agreed TOC charts (one for project level and four regional level charts) were produced that will guide year two planning (see Annex for TOC diagrams).



Dr. Abebaw Gebeyehu, head of Amhara region health bureau, while officially launching Amhara region Transform: primary health care project and Theory of Change (TOC) workshop: Amhara region

Support provided to EFY 2010 Woreda based health sector planning process.

Woreda based planning (WBP) of the health sector is one of the strategies to bring actors together to maximize participation in project activities and identify priorities for the planning period. In line with this EFY 2010 WBP conducted in this reporting period after reviewing the previous fiscal year performance. Transform: Primary Health Care project provided technical assistance to the process of planning, including training of woreda level managers and offices; the actual planning process at woreda level, and aggregation of plans by ZHDs and RHBs. On top of this the project provided financial support to RHBs (e.g. Tigray and Oromia) to cover the travel costs for facilitators from the RHB.



Woreda based planning sessions: SNNPR

Health sector Performance Review Meeting (PRM) supported.

Zonal and woreda level health sector PRMs were conducted during the reporting period. The project provided technical support to ZHDs and WorHO for the coordination of these events. For example, East Gojjam, West Gojjam and South Wollo ZHDs of the Amhara region supported by CLOs in the coordination of the nine months' performance review meeting, and CLO in the region also supported the Woreda level PRMs during the reporting period. Some zones, for example 3 ZHDs in Oromia, received financial support to conduct PRM. These supports the ZHDs to review their performance and identify gaps for action to improve quality and equity in WorHOs and PHCUs under their catchment areas, and therefore allows the project team to ensure that project priorities align with ZHD, RHB, and woreda needs.

Woreda Management Standards development supported.

Transform Primary Health Care Project in collaboration with The Federal Ministry of Health and Yale Global Leadership Institute or Primary Health Care Transformation Initiatives (PTI) actively participated in the national Woreda Management Standard implementation guidelines development process. The draft WMS implementation guidelines has five chapters: (1) Organizational Structure and Capacity; (2) service Delivery; (3) Community engagement; (4) multi-

sectorial collaboration; and (5) Planning, supportive supervision and monitoring. In addition, this implementation guideline has 26 standards, and 80 measurement indicators. The draft WMS implementation guidelines are submitted to Health Extension and Primary Health Care Directorate. Tentative schedule have been developed to finalize the documents with experts in the area. Furthermore, Amhara Regional State Health Bureau endorsed the WMS to implement and cascade the basic information at Primary Health Care level. Transform Primary Health Care project has provided technical support in development of cascading trainings plans.

Woreda management standard (WMS) orientation provided to project staffs.

WMS is a key document to know by woreda level health sector actors, in particular WorHO staffs. In line with this project offices in target region (e.g. SNNP) conducted detailed assessment on the status of WMS and the result is ready for future action. In addition, orientation provided to CLO staffs by regional project offices on WMS, and CLO staffs in turn provide technical support (e.g. Oromia) in the rollout training by the public sector.

Participate in Ethiopian Primary Health Care Alliance for Quality (EPAQ) review meetings

Ethiopian Primary Health care Alliance for Quality (EPAQ) is a collaborative quality improvement approach to bring about improvement in service delivery of primary health care institutions through creating networks which facilitate learning, information sharing and to create high performing Primary Health Care Units. The meeting was organized in collaboration with Yale Global Leadership Institute (GLI) project which was conducted from July 3-4, 2017 in Arsi Negale town. A total of 35 participants drawn from (1) Oromia RHB: Expert of PHCU and CBHI (2) West Arsi ZHD: Expert of PHCU and CBHI (3) Arsi Nagale WorHo: Management members, PHCU coordinator experts, & HMIS focal person (4) All PHCU directors, PHCU/HEW coordinators and finance facilitators (5) EHCRIG committee members from Arsi Nagale WorHO attended the meeting.

The following key lessons can be considered for similar activity implementation in Transform: Primary Health Care project sties.

- The format of review meeting which includes facility visits/walk through is helpful to jointly assess the implementation of standards and reforms
- Pre-identified performance measurement standards, which can be developed from reforms, service delivery guidelines, key performance indicators, are helpful to monitor changes.
- RHB, ZHD, WorHO and PHCU representatives can be brought together and discuss on ideas of improvement. This discussion and joint change idea generation is helpful for local resource mobilization.
- Implementation of woreda management standards facilitates establishment of functional management committee/team at PHCU level.
- The forum is important to Improve linkage among WorHO-Health Center and Health post

- Use of community score card (CSC) can be considered as helpful tool to facilitate community-facility interface.
- Support between facilities can be strengthened by implementing Lead Health center/PHCU/initiative
- High performing PHCU & WHO motivation/recognition should be important part of such events
- The resource implications of such event should be considered before implementation at scale

Public Financial Management guideline development/ revision process on progress. Needs in the area of existing PFM guidelines were assessed and gaps identified pertinent from the health sector at woreda and primary health care facilities levels. Data collected from various sources showed that the PHC suffered by a deficit of comprehensive PFM guideline. Therefore, this assessment helped to determine the needs, or gaps, between where the PHCs are **in terms of PFM guidelines** and where they want to be and set the scope of the needs we are going to focus upon

Draft HCF specific checklist produced. This checklist is thematic specific that will be used by thematic officers to conduct detailed technical follow up visits and mentorship. **The focus of the HCF thematic checklist is to generate information that helps the project to understand gaps and tailor mentoring and coaching interventions on PFM and other health financing issues. The data generated using the checklist will be used to measure progress against selected HCF indicators and to refine approaches and tools. Data generated using this checklist will also be used for performance review meetings and experience sharing events**

Discussion between HSFR/ HFG and Transform Primary Health Care projects.

Senior leadership members from Ethiopia office gave a presentation highlighting the challenges and achievements of HCF and CBHI in Ethiopia and facilitated a discussion. **During the discussion, special emphasis was given on how to create synergy between the two projects by stocktaking available resources and agreeing on how to share and update/tailor them, aligning our plans and approaches to avoid duplication of efforts, share responsibilities and coordinate schedules between the Transform: Primary Health Care and HSFR/HFG projects at various levels (woreda and facility levels) in the health system. Consensus was reached to have continuous dialogue and collaboration and to work together on common agendas to maximize efficient use of resources for greater impact.**

3.3. Result II: Increased sustainable quality of service delivery across the PHCU’s continuum of care

(a) Family planning

Partners mapping and Training gap assessment conducted.

During the overall strength and gap analysis in project areas, the training need for FP was not disaggregated by type of methods. A second round need assessment was made by the newly recruited FP/RH officers at regional level to identify the specific gaps at health facilities. This was made in project areas which will be the bases for training planning for the upcoming quarter. The findings showed gaps in trained service providers. For example, of the total 361 visited health centers (HCs) in SNNP, 66 have no long-acting, reversible contraceptives (LARC) trained service provider, 121 HC have only one LARC trained service provider, and the rest have two and more LARC service providers. In the same target region 561 HEWs hadn't received any training on Implanon. Based on the findings of the training assessments made in target areas, trainings on Implanon NXT have been planned for the upcoming quarter in collaboration with the public sector at various levels.

Permanent Contraceptive service implémentation site sélection

One of the family planning services that has been planned for implementation in project areas is permanent contraceptive method at primary Hospitals. This activity is aimed at (1) Capacitating facilities to provide outreach LAPM services to communities; (2) Establishing service provision linkage between the procedure center, HCs, and health posts (HPs); (3) Promoting the public sector to own and sustain the program; (4) Increasing LAPM service coverage at the community level; and (5) Generating information to expand the service to more facilities. **Implementation of this activity will be guided by the lessons from SIFPO2/MSI as well as the small learning during IFHP.**

In line with the above objectives discussion was made with SNNP RHB Maternal, child, youth and nutrition core process and **Jinka** and **Sawela General Hospitals** were selected based on the following criteria:

- No other partner in the implementation area supporting permanent methods;
- Good access for the service in nearby outreach woreda, HCs, and HPs;
- Readiness of the hospital to provide the service in and outreach; and
- Transform Primary Health Care project implementation woreda nearby to the selected Hospitals.

Table: Selected Hospitals with Outreach HC

S.N	Name of selected Hospital	Woreda	HC	HP
1	Jinka General Hospital	South Ari	1- Gazer 2- Metser 3- Tolta	HP under each HC
2	Sawela General Hospital	Oyda	1- Shafite 2- Oyda Markala	HP under each HC
		Geze Gofa	1- Bulki	HP under each HC

(B) Maternal and Newborn Health (MNH)

BEmONC training provided to Health managers.

Enhancing the supervision skills of health managers will add value in improving access and quality of services related to MNH. In line with this Transform: Primary Health Care Project provided training on BEmONC to 30 health managers (all of them are in Oromia region) with the objectives of improving their knowledge and skills on how to provide supportive supervision to HC under their catchment areas.



Plenary presentation and discussion by participants on BEmONC orientation training: Oromia region

Maternal and Perinatal Death Surveillance and Response (MPDSR) training provided for health managers and service providers. Enhancing the technical competency of managers and service provider will add value to having a functional MPDSR system that will be an integral part of the Integrated Disease Surveillance and Response System (IDSR). In response to this a total of 35 managers and service providers (all of them are from Oromia region) were trained on MPDSR during the reporting period.



Group discussion on PEMDSR by ORHB PHEM and FH coordinators: Oromia region

(C) Child Health Development

Integrated Management of New born and Child hood illness (IMNCI) training provided to clinical care providers.

The objective of IMNCI training is to improve the skills and knowledge of the service providers on management of common causes of childhood illness at health centers So that they can conduct supportive supervision to iCCM/CBNC



Participants reviewing ICCM registration book at HP: SNNP

services provided by HEWs in the HP under their catchment. During the reporting period, a total of 44 health care workers (19 in Oromia and 25 in SNNP) attended IMNCI training of which 11 were females.

Immunization in Practice (IIP) training provided for facility EPI focal persons. The objective of the training is to improve the knowledge and skills of service providers working in the EPI unit at health facilities which will contribute for improving immunization service quality and coverage in a sustainable way. During the quarter only Oromia regional office conducted the training and 27 health workers trained on IIP in this training. In addition Transform: Primary Health Care team has made several sessions of in person communication to learn their experience and also share experience. Recently we were part of the L-10K national annual EPI review meeting conducted in Axum. Using the opportunity discussion was made with the team on how to collaborate, share experience and training materials.

(D) Adolescent and Youth Health Development

Peer education training

It was provided to peer educators at the YFS facilities with the objectives of connecting health service provider with needy young people. A total of 148 persons (all of them are in Amhara region) attend the training during the reporting period of which 78 were females.



Role playing session during Peer education training: Amhara

Trainings on Youth Friendly Service

Creating a pool of YFS master trainers is a strategy for ensuring sustainability as it can help deliver quick training with little or no support from the program in order to immediately replace loss of trained YFS service providers. During the reporting period a total of 51 persons (all of them are in SNNP) attended training on YFS of which 26 were Zonal level MCH managers who attended TOT training, and 25 facility level health service providers.

YFS site selection

In collaboration with the RHBs and ZHDs, the project has been identifying potential YFS facilities for scale up. The selection criteria include: Woredas and facilities who are interested to initiate the program and willingness to give the necessary back up, facilities that can provide space for YFS (2 rooms), Sites with high Adolescent and youth population (high migrant workers, factories, big farms etc..), areas with high risk corridors and availability of functional youth centers.

(E) Nutrition

Severe Acute Malnutrition (SAM) Training

The training was provided to health workers in areas under the emergency nutrition situation **which includes psycho/ social development of children**. It was intended to equip and reinforce the knowledge and skills of health workers on management of SAM in stabilization centers **using the training materials developed by FMOH which give emphases on the blended nutrition training approach**. During the quarter, **178 persons (65 in Oromia and 113 in SNNP) trained on SAM**. Most of the trainees were from under 5 OPD or therapeutic feeding unit of health centers which are critical service delivery points for key care of sev



Practical demonstration and clinical practice during SAM training: SNNP

Zonal level advocacy and sensitization workshop conducted on emergency health and nutrition in SNNP. A total of **195** members of emergency Health and Nutrition preparedness and response committee members attended the workshop in SNNPR. Of the total participants **13** were females



EHN sensitization workshop: SNNP

Acute watery diarrhea (AWD) case management training

The training was provided on AWD case management and epidemic prevention and control as part of the prevailing nutrition emergency situations in some parts of the target regions. During the quarter a total of 230 health workers **(78 in Oromia and 152 in SNNP)** trained how to prevent and manage emergency situations in target areas of which 28 were females.

Community mobilization to control AWD

During the quarter 350 cases were reported in North and South Gonder Zones of Amhara region. In line with this Amhara RHB established five AWD response technical teams (namely, surveillance, case detection, SBCC and social mobilization, WASH and Logistics teams) composed of members from partners in the region. Transform: Primary Health Care provided technical support as member of the SBCC and Social Mobilization team. The project also assigned five audio mounted and mobile van and educated the community at market places, holy water sites and at public gatherings. In line with this an estimated number of 36,500 people (of which 11,000 females) were reached through the mass education.

(F) Malaria

During the quarter in addition to the preparatory works done by malaria consortium emphasized on concept note development to assess the prevalence of newborn malaria and also developed tool to conduct malaria clinical audit. Additionally technical supports have been provided to the MOH on malaria and oxygen therapy and oxymeter.

(G) Gender:

Gender Analysis Design and Gender Strategy Visioning workshop conducted in Addis Ababa

The Gender Analysis Design and Gender Strategy Visioning workshop for Transform: Primary Health Care Project was held in Addis Ababa on June 6-7, 2017 at Capital Hotel. The workshop had the objectives of collaboratively defining the scope and methodology of the project's gender analysis and developing a shared vision for the project's gender strategy to guide gender integration activities. Participants of the workshop were project staff, FMOH and RHB stakeholders, USAID gender and technical staff, and other USAID Transform project partners. A total of 45 participants were in attendance.

The first day of the workshop was dedicated to building consensus on the need for the gender analysis for the project and creating common understanding on key terms and concepts on gender and health. In addition, participants were asked to articulate what exactly they aspire to see in the upcoming gender analysis report which is going to be relevant in terms of informing their respective work in the project. Accordingly, detailed group discussions were held on the scope and depth of the gender analysis through a participatory methodology called brain-writing. On the second day, only technical staff members from Transform: Primary Health Care project convened for a visioning exercise on the gender strategy pillars which will guide the overall project gender integration process in the coming years. In general, the workshop has met its objectives in terms of identifying key gender analysis questions across the project thematic focuses and overall scope of the analysis in a very participatory way which was very much appreciated by the participants. The next steps will be to finalize the gender analysis protocol and instruments, obtain ethical review board approval, hire and train data collectors, and begin data collection in the regions.

(H) Obstetric Fistula

Obstetric fistula is one of the most distressing medical conditions affecting women due to complications arising from obstructed labor or prolonged labor. As a result of which the project engaged in identification and referral of cases. During the reporting period, 93 suspected cases were identified, 93 referred for diagnosis (77 in SNNP and 16 in Tigray), 36 confirmed fistula cases were referred for treatment (22 in SNNP and 14 in Tigray) and 43 cases treated (29 in SNNP and 14 in Tigray). The reason for higher number of treated cases compared to refer is that there may be cases referred in the previous quarter but treated in this quarter.

3.4. Result III: Improved household and community health practices and health-seeking behaviors

Community mobilization during emergency

Community mobilization is crucial to improve the health practice and seeking behaviors, in particular during health and nutrition emergency situations. In line with this the project supports community mobilization through the use of mobile vans to mobilize the community on prevention and control of acute watery diarrhea (AWD) outbreak and on malnutrition. During the reporting period, over 14,400 people were sensitized using tailored messages on AWD during outbreak in SNNPR.

SBC materials distributed.

During the reporting period, in SNNP alone, different SBC materials on nutrition distributed at different venues.

Materials distributed during trainings and workshops in SNNP

Descriptions	# distributed
SAM management Participants Manual	105
SAM chart booklet	105
Multi-chart	204
OTP card	102
AWD reference and guide	130

3.5. Partnership and coordination

- Most of the cluster offices conducted partners mapping in their catchment areas with the objective of identifying areas of collaboration and avoiding duplication of efforts.
- Partner’s consultation is found to be very critical for the project to maximize joint effort and to avoid duplication of effort. During the quarter, several joint meeting conducted with the

Growth through Nutrition (GtN) project which is purely a nutrition intervention project, and identified geographic and activity overlap and how to go about it.

- Transform: Primary Health Care regional project offices actively participated in different Technical Working Groups (TWGs). Tigray region project office staff, for example, has been playing a pivotal role in the RMNCH TWGs which includes FP/RH, AYHD and MNH; and in the Regional Health Partners Consultative Committee (RHPCC). RHPCC in Tigray is composed of twelve members from partners and the RHB including the head and deputy head.
- Mutual partnership is being promoted at regional, Zonal, woreda and PHCU levels through meetings, workshop and field visits. Special meetings were conducted with RHB heads and key management member on how to strengthen existing technical working groups and establish new ones for those areas that have no working groups.
- “Fistula day” was celebrated with RHB and other partners to call for action to end Fistula by 2020.
- Transform: Primary Health Care project supported the National Adolescent and Youth Health Strategy familiarization workshop that was coordinated in Amhara. In addition to active participation at the event, the project covered transport costs for FMOH staff who facilitated the workshop
- Country office advisors attended the FMOH organized different technical working groups meeting and contributed their technical expertise. The maternal newborn advisor, for example, was preparing adult treatment algorithms with the FMOH staff. They are adapting the national guideline from South Africa for Ethiopia.

IV. Project Management, Monitoring and Learning

- Draft project reporting formats and integrated follow-up checklist produced and distributed to project offices. The regional MEL officers oriented on how to use the formats and follow up checklists. Trained staffs in turn will train new regional and cluster office staffs who were not onboard during the training staffs. The formats used by project offices starting from this quarter. Improvements will be made to reporting formats side-by-side testing on the ground.
- Two M&E advisors attend training on DHIS2 implementation in Kigali, Rwanda that will help to start DHIS2 platform for the project.

V. Technical assistance, publications, and international travel

a. Publications in print

Title	Author	Year

b. Short-term technical assistance during the reporting period

Name	Organization	Date
Julia Monaghan	Pathfinder International, HQ	April 24-29, 2017
Daniel Crupi	Pathfinder International, HQ	May 22 – June 1, 2017
Diana Santillan	EnCompass	June 4 – 9, 2017
Lyn Messner	EnCompass	June 3 – 9, 2017
Nelson Fernandez	EnCompass	May 2 – 18, 2017
Suzanne Powell	Abt Associates Inc.	June 05-16, 2017

c. International travel during the reporting period

Name	Date	Country and host organization

VI. Major quarter constraint, challenges & actions, including issues requiring management decision

Constraint faces	Actions taken / required
Nutrition emergency in some areas	Training provided to enhance health workers' skills to manage SAM cases
Acute watery diarrhea	Training provided to enhance health workers' skills to manage cases
Some recruited staff decline after agreement	Re-advertised

VII. Major tasks for next reporting period

1. Continue filling vacant posts and office arrangements
2. Support in the implementation of management standards
3. Guideline development/ revision
4. Need based training on standards and guidelines
5. Need based training on different thematic areas: FP, MNH, CHD, AYHD, Nutrition, malaria, OF, Gender and SBCC
6. Need based technical support to the public sector at various levels (RHB, WorHO, PHL, HC, HP)
7. Finalize MEL system formats