USAID TRANSFORM: Primary Health Care

October – December 2018 Quarterly Report

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Pathfinder INTERNATIONAL

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ACRONYM LIST

AMIYCN: Adolescent, maternal, Infant and Young Children Nutrition
ANC: Antenatal care
ART: Antiretroviral therapy
AWD: Acute Watery Diarrhea
AYD: Adolescent and Youth Development
AYHD: Adolescent and Youth Health and Development
BCG: Bacillus Calmette–Guérin
BEmONC: Basic Emergency Maternal and Newborn Care
BINLM: Blended Integrative Nutrition Learning Material
BOFEC: Bureau of Finance and Economic Cooperation
BP: Blood pressure

CASH: Cline and Safe Health Facility

CB CM&C: Catchment-Based Clinical Mentorship and Coaching

CBHI: Community Based Health Insurance
CBNC: Community Based Newborn Care
CHIS: Community Health Information System
CLO: Cluster Level Office
CMAM: Community-Based Management of Acute Malnutrition

CRC: Compassionate Respect Care
CSC: Community Score Card
DHIS: District Health Information System
DHIS2: District Health Information System 2
DUP: Data use Program
ECD: Early Childhood Development
eCHIS: Electronic Community Health Information System
EFY: Ethiopian Fiscal Year
EHCRIG: Ethiopian Health Center Reform Implementation Guideline
EHIA: Ethiopian Health Insurance Agency
EHIAQ: Ethiopian Hospital Alliance for Quality
EHSTG: Ethiopian Hospital Services Transformation Guidelines
EOF: Elimination of Obstetric Fistula
EPAQ: Ethiopian Primary Health Care Alliance for Quality
EPI: Expanded Program on Immunization
FGM: Female Genital Mutilation
FMOH: Federal Ministry of Health
FP: Family Planning
GBV: Gender Based Violence
GIS: Geographic Information System
GMP: Growth Monitoring and Promotion
GOE: Government of Ethiopia
HCF: Health Care Financing
HEW: Health Extension Workers
HF: Health Facilities

HF: Health Financing
HIS: Health Information System
HIV: human Immunodeficiency Virus

HM: Health Managers

HMIS: Health Management Information System
HP: Health Post
HPV: Human Papilloma Virus
HPMRR: Health Post Monthly Report and Re-Supply Form
HSQD: Health Sector Quality Directorate
HSTP: Health Sector USAID TRANSFORMation Plan
HSTQ: Health SectorRANSFORMation in Quality
HW: Health Worker
IBEX: Integrated budget expenditure
ICCM: Integrated Community Case Management
ICFP: International Conference of Family Planning

IFRR: Internal Facility Report and Resupply Form
IDP: Internally Displaced People
IIP: Immunization in Practice
IMNCI: Integrated Management of Common Newborn andChildhood Illnesses
IPC: Infection Prevention and control
IPOS: Integrated Periodic Outreach Services
IRT: Integrated Refresher Training

IUCD: Intrauterine Contraceptive Device
KII: Key informant interview

KM: Knowledge Management
KMC: Kangaroo Mother care

KPI: Key Performance Indicators
LARC: Long Acting Reversible Contraceptive
LBW: Low Birth Weight

LMG: Leadership, Management and Governance
LQAs: Lot Quality Assurance Sampling
MAM: Moderate Acute Malnutrition
MCV: Meningococcus Vaccine

MEL: Monitoring, Evaluation and Learning
MELA: Monitoring, Evaluation, Learning and Adaptation
MNH: Maternal Newborn Health
MNRCH: Maternal Newborn Reproductive Child Health
MOFEC: Ministry of Finance and Economic
MOH: Ministry of Health
MPDSR: Maternal and Perinatal Death Surveillance and Response
MSIE : Marie Stopes International-Ethiopia

MUAC: Mid-Upper Arm Circumference
MWH: Maternity Waiting Home

NASG: Non-Pneumatic Anti-Shock Garment

NHQS: National health care quality strategy
NICU: Newborn intensive care unit

OF: Obstetric Fistula
OPD: Outpatient Department

ORT: Oral Rehydration Therapy

OTP: Outpatient therapeutic program

PAC: Post Abortion Care

PCMD: Preventing Child and Maternal Deaths
PDQ: Partnership Defied Quality
PDSA: Plan – Do – Study – Act
PE: Peer Educator
PFM: Public finance management

PHC: Primary Health Care
PHCU: Primary Health Care Unit
PMT: Performance Monitoring Team
PMTCT: Prevention of Mother to Child Transmission

PTB: Preterm birth

PNC: Postnatal Care

POP: Public Organ Prolapse
PPFP: Postpartum Family Planning
PPH: Postpartum Hemorrhage
PPIUCD: Postpartum Intrauterine Contraceptive Device

PRM: Performance Review Meeting

PTAC: Project Technical Advisory Committee
PWC: Pregnant Women Conference
QA: Quality Assurance
QED: quality Equity and Dignity
QI: Quality Improvement
RDT: Rapid Diagnostic Test
REC: Reaching Every Child

RED: Reaching Every District

REDI-FP: Rapport, Explanation, Decision and implementation

RFV: Random Follow-up Visit
RH: Reproductive Health

RHB: Regional Health Bureaus
RMC: Respectful Maternity Care
RPO: Regional Project Office
RPR: Rapid Plasma Regain
RRF: Report and Requisition Form
SAM: Sever Acute Malnutrition
SBCC: Social and Behavioral Change Communication
SC: Stabilization Center
SCBC: Safe Childbirth Checklist
SNNP: Southern Nations, Nationalities, and Peoples
SOP: Standard Operating Procedures
STI: Sexually Transmitted Infection
TA: Technical Assistance
TOC: Theory of Change
TOR: Terms of Reference
TOT: Training of Trainers
TPHC: USAID TRANSFORM Primary Health Care
TWG: Technical Working Group
UBT: Uterine Balloon Tamponade
UDDM: Using Data for Decision Making
UNICEF: United Nations International Children's Emergency Fund
USAID: United States Agency for International Development
VYA: Very Young Adolescent
WAC: Woreda advisory Committees
WDA: Women Development Aram
WFH: Field testing of weight for Height
WMS: Woreda Management Standard
WoFEC: Woreda office of Finance and Economic Cooperation
WOFED: Woreda Finance and Economic Development Office
WorHO: Woreda Health Office
YFS: Youth Friendly Services
ZHD: Zonal Health Department

PROJECT SUMMARY

Program Name	USAID TRANSFORM: Primary Health Care
Life of Project	January 1st, 2017 – December 31st, 2021
Name of Prime Implementing Partner	Pathfinder International
[Contract/Agreement] Number	AID-663-A-17-00002
Total Estimated USAID Amount	$120 million
Cost-Sharing Amount	$12 million
Obligations to Date	$53,089,979.00
Estimated Expenditure During This Period	$5,134,073.62
Name of Subcontractors/Sub-awardees	JSI research and Training Institute, Inc., EnCompass LLC, Malaria Consortium, Abt Associates Inc., Ethiopia Midwives Association (EMA)
Reporting Period	October 1 - December 31, 2018
Submission Date	February 15, 2019
Name & Contact Address	Dr. Mengistu Asnake Tel. (251-11) 320 35 01 Fax. (251011) 320 35 72 E-mail: masnake@pathfinder.org P.O Box: 12655, Addis Ababa, Ethiopia

DISCLAIMER

The authors' views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

SUMMARY OF ACHIEVEMENTS

USAID TRANSFORM: Primary Health Care provides integrated support to the health sector to enhance the access and quality of health services. Performance as measured by agreed PMP indicators are provided in Annex 1, which indicates quarter achievements against the plan and progress towards the annual target. The table below indicates the immediate contributions of USAID TRANSFORM: Primary Health Care as measured by some selected indicators that shows change over time by comparing the first and second random follow up data.

Table 1: Progress Against Key Indicators Between 1st and 2nd Random Follow-Up Visit Assessments, 2017 - 2018

Indicator		Thematic Area	Oct-Dec 2017 (First random follow up/ Baseline)	Oct-Dec 2018 (Second random follow up /Current)	% point change between the two RFUVs
% of HCs reviewed EHCRIG chapters in the most recent quarter and reported it timely		HSS	40.7%	78%	37.3%
% of HCs head/ director trained on Leadership, Management and Governance (LMG)		HSS	19.5%	22.7%	3.5%
% of WorHOs facilitate auditing of PHC's accounts at a minimum annually and audit reports reviewed by the Governing Board		HCF	44.9%	61.0%	16.1%
% of HCs initiated IUCD service		FP	68.1%	78.0%	9.9%
% of HCs initiated PPFP service in delivery room		FP	32.9%	44.0%	11.1%
% of health centers providing BEmONC signal functions		MNH	58.1%	65.0%	6.9%
% of deliveries at health facilities (PHLs/ HCs) in which a partogram is correctly used	PHL	MNH	78.7%	89.9%	11.2%
	HC	MNH	57.7%	70.2%	12.5%
% of women giving birth who received Uterotonics in the third stage of labor (or immediately after birth) (Weighted average)	PHL	MNH	83.5%	93.1%	9.6%
	HC	MNH	56.6%	84.4%	27.8%
% of asphyxiated newborns at HCs resuscitated		NH	86.7%	99.2%	12.5%
% of newborns with neonatal sepsis at HC who received treatment		NH	12.3%	73.6%	61.3%
% of HCs with defaulter tracing mechanism	HC	CHD	64.4%	69.0%	4.6%
% of HPs provide ICCM/CBNC service with trained staff	HP	CHD	88.3%	92.0%	3.7%
% of HCs having stabilization Center (SC) to treat complicated SAM cases		Nutrition	43.8%	45.0%	1.2%
% of severe malaria cases treated correctly (according to the national guideline) at HC		Malaria	71.7%	94.9%	23.2%
% of health centers with mainstreamed/separate Youth Friendly Services (YFS)		AYHD	31.1%	48.0%	16.9%
% of health facilities (PHLs/ HCs/ HPs) in project areas that provide post GBV services	PHL	Gender	66.7%	81.0%	14.3%
	HC	Gender	54.2%	64.0%	9.8%
	HP	Gender	23.8%	26.0%	2.2%
% of HCs with functional Incinerator		Compliance	89%	91%	2%
% of HP with posted TIAHRT chart/ family planning choice chart		Compliance	26%	41%	15%

RESULT 1: IMPROVED MANAGEMENT AND PERFORMANCE OF THE HEALTH SYSTEM

Sub-Result 1.1: Established and Strengthened Innovative Processes to Sustainably Enhance Health System Management and Performance

Performance Standards

To improve the access to, the quality, and the equity of health care services, the Ethiopian Federal Ministry of Health is implementing several health sector reform strategies. The major reform strategies implemented within the USAID TRANSFORM: Primary Health Care project's supported Woredas are: Woreda Management Standards (WMS) (83.3%); Ethiopian Hospital Services Transformation Guidelines (EHSTGs) (91.2%); Ethiopian Health Center Reform Implementation Guidelines (EHCRIGs) (99.8%); Key Performance Indicators (KPIs) (94.9%) and the Community Scorecard (CSC) (45%). Figure 1 below depicts the trends within implementation of these reform strategies over the past six quarters The project provides technical support to the public health sector through orientation and demonstration of performance improvement using standards

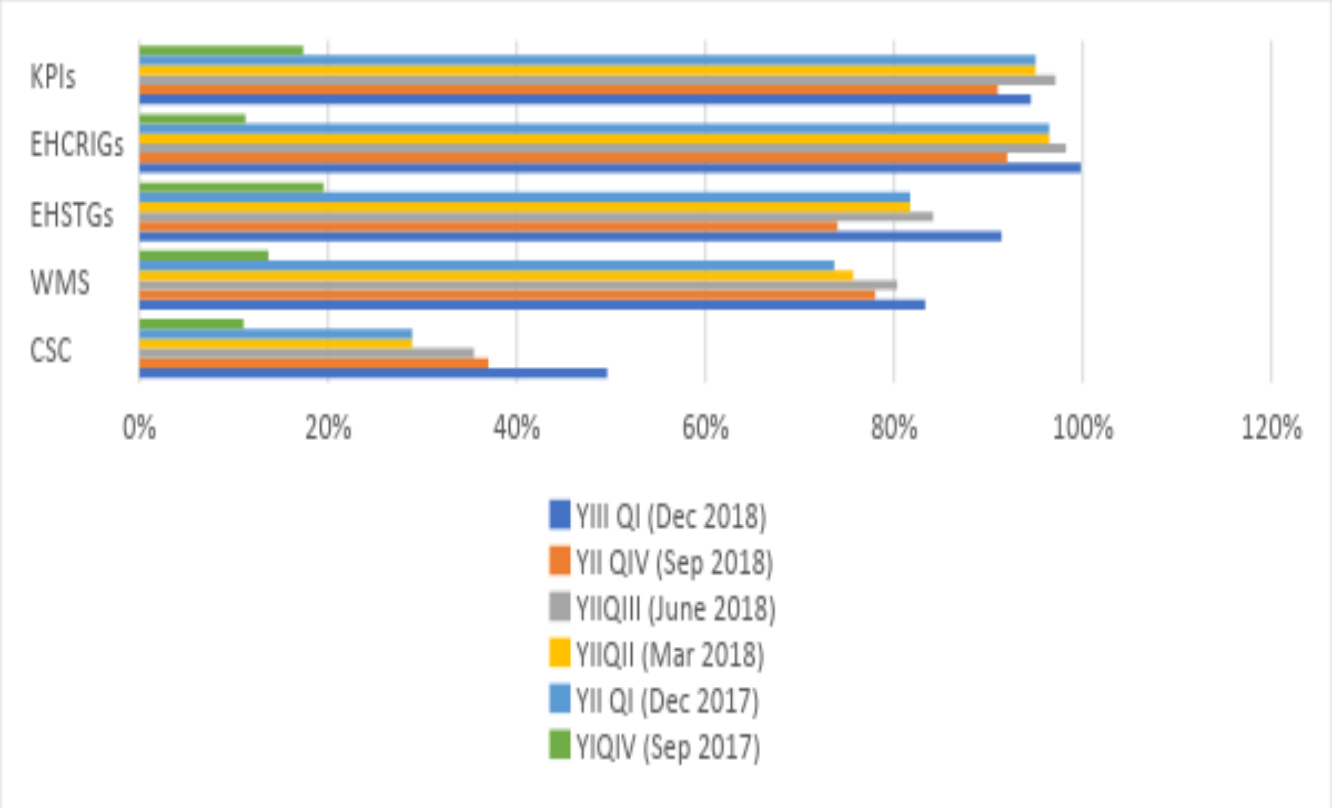


Figure 1: Achievements Within the Implementation of Health Sector Reform, Dec 2018

The project has extended its technical support to the Federal Ministry of Health and four regional state health bureaus in revising the criteria for performance categories, including problem solving tools in the

training materials. More specifically, during October to December 2018, the training of trainer's (ToT) guidelines and participant manuals were developed. In addition, technical support was given during the master ToTs and cascading basic trainings to reach over 99 transformation targeted Woredas.

Major Achievements

- Almost all Woredas are oriented on health sector reform strategies
- Over 3,423 kebeles (i.e. 363 in Tigray; 514 in Oromia, 832 in SNNP and 1714 in Amhara) measured their respective health center against six CSC standards

Performance Measurements

Improving performance against the standard requires self-assessment, continuous monitoring, and improvement. In the reporting period, October through December 2018, 38.3% of the kebeles (3651) measured their health centers against CSC standards. 82.5% (297) Woreda health offices measured their achievements against WMS; 57.5% (65) of the primary hospitals measured against EHSTGs, and 82.2% (1509) of the health centers measured against standards of EHCRIGs (Table 1). Self-assessment scores are disaggregated in to three categories (>=85%, >= 60% and <85% and <60%). As understood from the results, at two points (Dec 2017 Vs Dec 2018) there are improvements in performance measurement and scores in most of the indicators. In spite of this, the self-assessment score with value >=85% is very low and the possible reasons includes the introduction of new assessment criteria, turnover of health mangers, and inaccessibility (for security reason) in some Woredas.

Table 2: Changes in Performance measurements and scores over one year: 2017 and 2018

Year/ Quarter/	Target		CSC Kebeles	WMS WorHOs	EHSTGs Primary Hospitals	EHCRIGs Health Centers	KPIs Health Centers
Year 2, Quarter 1 (Dec 2017)	Target		**7704**	**300**	**83**	**1517**	**1517**
	Assessed		1132	189	42	1327	722
	% assessed		15%	63%	51%	87%	48%
	Score	> =85%	5%	3%	5%	1%	6%
		>=60% & <85%	49%	36%	45%	34%	46%
		<60%	45%	61%	50%	65%	48%
Year 3, Quarter 1 (Dec 2018)	Target		9,527	360	113	1835	1835
	Assessed		3,651	297	65	1509	954
	% assessed		38.3%	82.5%	57.5%	82.2%	52%
	Score	> =85%	12%	9.8%	1.5%	8.8%	7.5%
		>=60% & <85%	61%	50.2%	55.4%	56.1%	46.%
		<60%	27%	40%	43.1%	35.1%	46.5%

NB: Achievements seems low due to the introduction of new criteria for scoring, the frequent turnover of health mangers, and inaccessibility (for security reason) in some Woredas.

Major Achievements
• 3651 kebeles (363 in Tigray; 742 in Oromia, 832 in SNNP and 1714 in Amhara) measured their health centers against six CSC standards • 77% (589) of health centers in Oromia, 89% (115) in Tigray, 79% (341) in SNNP, and 90% (464) in Amhara self-assessed using EHCRIG • 32% (9) in Oromia, 72% (13) in Tigray, 54% (18) in SNNP, and 74% (25) primary hospitals self-assessed using EHSTG • 77% (124) in Oromia, 93% (85) in Amhara, 87% (20) in Tigray, and 81% (68) in SNNP Woreda Health Offices measured their performance against the standard • 71 health facility community interface meetings (Town Hall Meetings) (including 38 in SNNP, 25 in Tigray, seven in Oromia, and one in Amhara) were supported

Using Community Score Card for Quality Improvement: Sali Health Center

The Sali Health Center located in the Laygaint Woreda of the South Gondar Administrative Zone, received technical support from the project to enhance its community engagement activities using the community scorecard. The community identified two major barriers, namely: long waiting time and poor safety of the health center compound. On the other hand, the health center staff analyzed the root causes of the identified barriers and conducted an inventory of their resources. Hence shortage of human resource, lack of water supply, compliance of health care providers on provision of client/patient centered services (compassionate, respectful and caring services) and the interruption of essential drugs were identified as major challenges. The town hall meeting was organized by the client council and health center board. They invited community members from their catchment areas, health care providers, sector offices and Woreda administration. The summary results of community scorecard utilization and health care provider inventory were presented, and the participants reflected on the identified gaps. Finally, short, medium and long-term action plans were developed. As a short-term plan, the following activities were identified: orientation of health care provider on patient centered care, requiring archive assistance, and effective use of working hours. As medium-term plan three major activities were identified for the health center and Woreda administration: recruitment of laboratory and pharmacy professionals, purchasing alternative electric power source (generator), and maintenance of the entrance road to health center. And as a long-term plan: renovation of the health center including the fence was identified and to be undertaken by the Woreda health office.

Performance Improvements

Performance improvement interventions include technical support on strategic problem solving, on-site coaching, and developing team-based performance improvement projects. Furthermore, implementing twinning partnership strategies, primary health care alliance for quality initiatives, and primary health care unit's performance review meetings and capacity enhancement workshops, and offering sub-grant for performance are included as performance improvement interventions.

Twinning Partnership

The project provided technical support to all the four regions to scale-up its promising practices to improve performance of primary level health care entities through a win-win partnership. In Amhara Region, 20 Woredas in five zone health departments formally requested to receive technical support to implement their twinning partnership strategy for one year. In addition, six Woredas were supported to continue the implementation of their annual plan.

Major Achievements

- Preparation to finalize the twinning partnership project established between Machakel and Bibugn Woredas of the East Gojjam Zone, Amhara Region was completed
- In the Tigray Region, the measurements for the twinning exercise were agreed in Raya Azebo and Ofla Woredas
- In the SNNP region, experience sharing activities were supported between the Hadro Tunto and Damboya Woredas
- Two rounds of Master TOT and six TOT trainings were supported

Integrated PHCU Review Meeting

USAID TRANSFORM: Primary Health Care adopted the national recommendation to organize an integrated review meeting supplemented with capacity enhancement intervention for health extension workers and health center staff. The technical support provided by the project includes developing an integrated supportive supervision checklist, data analysis training, and how to organize effective and efficient review meetings. As of December 2018, 34 health centers organized and exercised the complete set of PHCU review meeting and capacity enhancement intervention. Photo below depict a Health Extension worker presents her monthly achievement during a PHCU review meeting and capacity enhancement workshop at Teferi Kella Health Center, SNNP region.

A Health Extension Worker presents the monthly Plan versus Performance

Teferi Kela HC, Dec 2018

EPAQ

During this quarter, USAID TRANSFORM: Primary Health Care in collaboration with regional health bureaus and other development partners, implemented zonal level Ethiopian Primary Care Alliance for Quality (EPAQ) initiatives. The technical support provided by the project for this initiative included establishing the EPAQ committee to recognize the highest performing woredas on a semiannual bases, developing a two-day agenda which includes on-site learning visits to a model Woreda health office and high-performing health center, and discussing field experiences and developing action plans on identified gaps. In addition, the project enhanced the scale-up of quarterly Woreda level EPAQ meetings.

National Annual Review Meeting

The project has provided technical support in the preparation of the national Annual Review Meeting 2018, Mekelle City in Tigray region. Some of the support provided include: serving as taskforce member established at Tigray Reginal Health Bureau, identify and prepare woredas and/or health facilities for field visit and actively participating in arrangements of meeting hall. In addition, the project has created opportunity through organizing booth to participants to take lesson from innovative tools and exemplary level of achievements. The booth was visited by His Excellency Dr. Amir Aman and other honorable guests and participants. The picture below presents while Dr. Mengistu Asnake, Chief of Party of USAID TRANSFORM: Primary Health Care project walk honorable guest through innovative technologies (i.e. solar suitcase, V-Scan mobile ultrasound, fetal doppler) and tools (i.e. modified length/height measuring board).

Dr. Mengistu Asnake Demonstrating the use of the new length/height board to His Excellency, Dr. Amir Aman, the Minister of Health & Other Guests

Major Achievements

- 8 zonal level EPAQ initiatives were implemented (five in Amhara, two in SNNP, and one in Oromia
- During the 2018 annual review meeting, the project facilitated side meetings on the importance of enhancing Level 1 competency training for the Women Development Army. As a result of ARM side meetings, the regional states health bureaus subsequently trained over 100,000 women for 52 hours.
- 86 Woredas were supported to organize quarterly review meetings (including 12 Woredas in Tigray, 30 Woredas in SNNP, and 44 Woredas in Amhara).
- 43 Woredas were supported to organize EPAQ meetings (including 8 in SNNP, 10 in Oromia and 25 in Amhara).
- Four health centers (including the Woreillu and Sulula Health Centers in Amhara and the Teferi Kela and Boshuana Health Centers in SNNP) demonstrated the PHCU review meeting and capacity enhancement interventions

Sub-Result 1.2: Enhanced Functionality of the Health System within the Context of Primary Level Care

Health Information Systems

Connected Woreda Strategy: USAID TRANSFORM: Primary Health Care has been working to strengthen the implementation of health information system reforms like connected woreda strategy. Connected woreda strategy is a roadmap to realize the implementation of information revolution at the PHC level. In collaboration with the FMOH, the project identified 91 woredas for transformation within a two-year time. The Connected Woreda Strategy aims to establish a culture of using health and health-related data for decision making at the PHC level to improve health service delivery and patient care. A total of 507 Health Centers and 144 WorHOs were assessed using the Connected Woreda Strategy tool and the results found 405/115 of HC/WorHO were categorized as Emerging, 97/24 of HC/WorHO categorized as Candidate, and 5/5 of HC/WorHO categorized as Model. The project also identified major gaps from Emerging and Candidate Health Institutions and need-based technical support was provided on HIS resource and capacity, data quality and administrative data use to improve information use culture for evidence-based practices. Finally, an action plan was developed based on the identified gaps of each of the health facilities and Woreda Health Offices.

In this quarter, the project conducted the second round of mentorship and coaching using the Connected Woreda Strategy assessment tool in Sululta, Ejere, Seka Chekorsa, Sire, and Chingi Woreda Health Offices and there was a noticeable improvement in HIS resource and capacity, data quality, and administrative data use in comparison with previous performance. However, HCs and WorHOs are still categorized as Emerging and Candidate. So, Performance Monitoring Team (PMT) members of each WorHOs were also discussed on the identified challenges. Finally, an action plan was developed based on the identified gaps of each of the health facilities and Woreda Health Offices in three categories. These categories are 1) HIS Resource and Capacity Enhancement, 2) Data Quality, and 3) Administrative Data Use. The planning mainly focused on fulfilling the HIS resources and future improvement. See Table 2 below for a more detailed description.

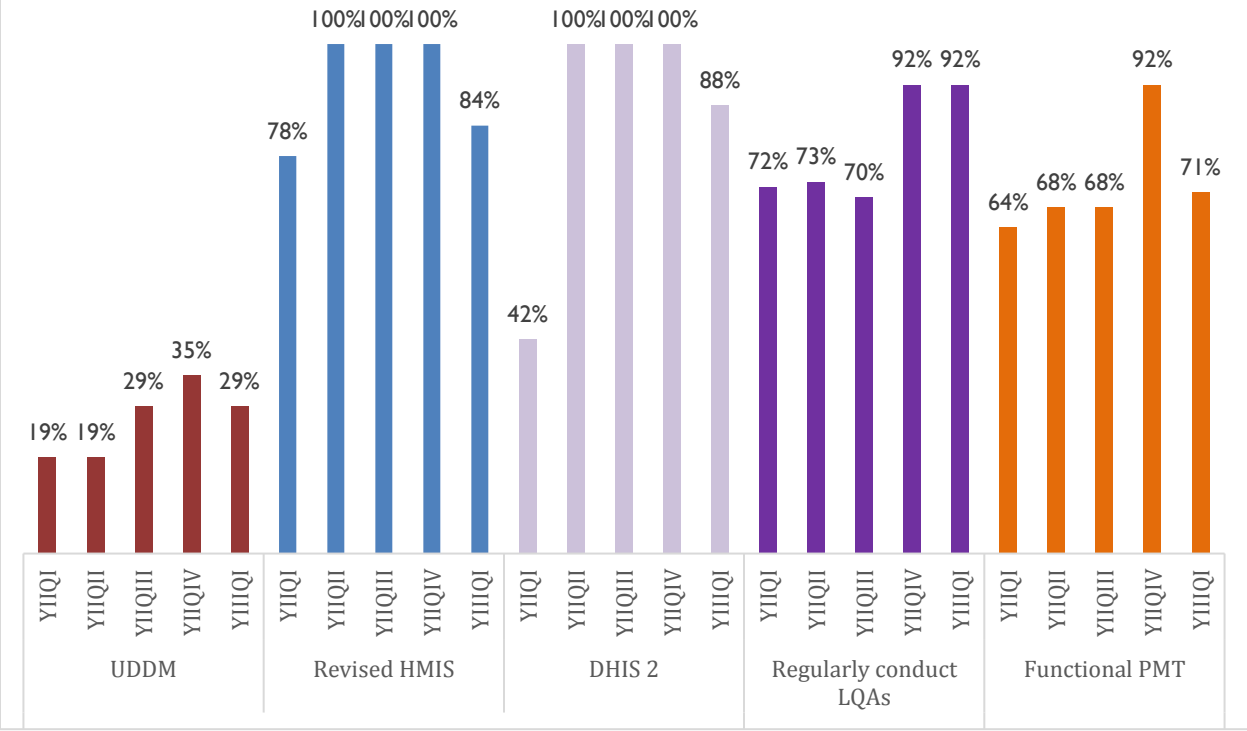
Table 3: Connected Woreda Implementation Status from Y2-Q2 to Y3 -Q1 in Project Areas: Cumulative Figures

Category	Health Center				Woreda Health Office			
	Jan-Mar/18	Apr-Jun/18	Jul-Sep/18	Oct-Dec/18	Jan-Mar/18	Apr-Jun/18	Jul-Sep/18	Oct-Dec/18
Emerging	74	200	203	405	12	52	73	115
Candidate	35	56	70	97	8	8	16	24
Model	4	5	5	5	2	2	5	5

Technical Support to Federal Ministry of Health: Based on the request of the FMOH, the USAID TRANSFORM primary health care project developed a connected woreda strategy excel dashboard and provided same to the ministry for end user testing, further development and improvement before implementation and use. The dashboard will help the ministry to facilitate mentorship and supportive supervision activities and improve evidence-based practices at each level of the health system. The project also provided technical and financial support on DHIS2 offline updater installation for 34 WorHOs, 119 HCs and 6 Primary Hospitals. Also, technical and financial support was given for the ministry of health on Electronic Community Health Information System (eCHIS) TOT training in Amhara, Oromia, Tigray and SNNP Regions.

HIS Resource and Capacity: USAID TRANSFORM: Primary Health Care has been working to strengthen the capacity of HIT professionals through training and post-training follow-up (mentorship and coaching). The project provided UDDM training for HIT and M&E professionals to improve information use culture and evidence-based practices for both administrative data use and quality of patient care. In addition, the project has been providing need-based training in collaboration with Regional Health Bureaus on HMIS, DHIS2, eCHIS and Data Quality that will contribute to the improvement and functionality of the Performance Monitoring Team (PMT).

Fig 2: HIS Resource and Capacity Enhancement by Quarter

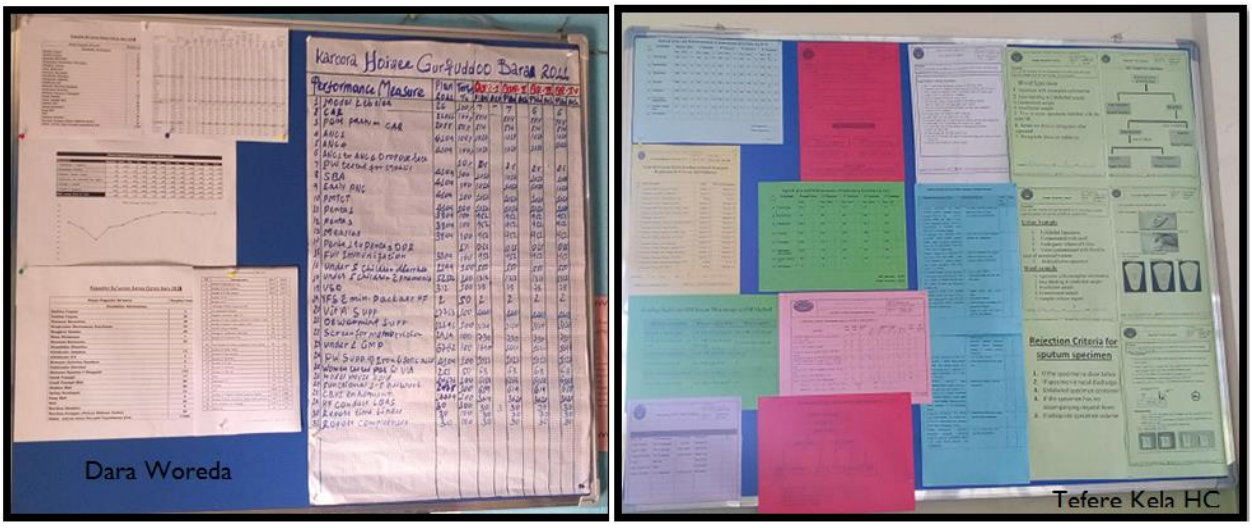


As can be noticed in Figure 2 above, the functionality of PMT was decreased as compared with the previous quarter's performance due to high turnover of trained HIT in the facilities.

Data Quality Assurance: USAID TRANSFORM: Primary Health Care provides continuous mentorship and coaching on how to perform data quality at primary health care level specifically, LQAs for Health Centers, and RDQA for Woreda Health Offices. Total of 94% (1666) health centers were performed Lot Quality Assurance Sampling (LQAs) regularly in monthly basis and improved reporting timeliness and completeness as compared from the previous quarter (YII-QIV).

Administrative Data Use: The Performance Monitoring Team (PMT) is a team of multidisciplinary health workforce that is primarily responsible for improving data quality and use of data for decision making to regularly monitor progress and improve performance at the primary health care Level. USAID TRANSFORM: Primary Health Care has been working to strengthen the HIS Governance at the primary health care level and Information use culture for performance improvement through continuous mentorship and coaching on routine health information systems; such as the Health Management Information System (HMIS), the Electronic Community Health Management Information System (eCHIS) and the Integrated Pharmaceutical Logistics Information System (IPLIS) to establish functional Performance Monitoring Team (PMT).

In this quarter, USAID transform primary health care project provides continuous support on administrative data use using connected woreda strategy approaches such strengthening functional PMT, how to identify key equity and quality indicators, regularly monitor plan vs performance, perform root cause analysis, plan for the identified gaps, and carry out monthly reviews of the implementation plan as per the national standards. A total of 73% (1294) of health centers have a functional PMT in this quarter. Therefore, after the regular PMT meetings are conducted every month, major findings are presented through minimum wall charts that ensure administrative data use. Onsite support is given for Health Information Technicians (HITs) to differentiate the type of information posted internally on the minimum wallcharts and information is used for the community awareness creation and is posted at the gate of the facility.



Local Minimum Wall Charts at Dara WorHO and Tefere Kela HC, SNNPR

Subgrant Management: In this quarter, one of the major activities accomplished by the grant team was the provision of technical support and guidance on the close-out process of the 1st round performance improvement fund grants. This was done in addition to the support provided to complete all remaining planned activities up to mid-October 2018. Out of the 235 agreements, 167 grantees completed all the milestones as per the agreement. The remaining 68 were unable to do so due to security instability in the area of operation and delays in implementation of activities due to frequent turnover of Woreda health office staff. During the quarter, USAID TRANSFORM: Primary Health Care provided all technical support that helped grantees to implement remaining activities and prepare their final reports and Fixed Amount Award Completion Certificates. As part of the first round Performance Improvement subgrant fund, the project supported materials to furnish maternity waiting homes in different health centers. A total of 567 health centers across 137 Woredas received materials for their maternity waiting homes.

Table 4: Woredas and HC who Received Materials for Maternity Waiting Homes

Region	Number of Woredas	Number of Health Centers
Amhara	44	213
Oromia	52	186
SNNPR	39	165
Tigray	2	3
Total	137	567

In addition, this project provided different technical support to prepare proposals for emergencies that happened in SNNP, Tigray, and Oromia regions. With USAID concurrence, the project provided a financial support equivalent to Birr 3,867,780.00.

Table 5: Award by Region

Region	Type of Support	Awarded amount (Birr)
Tigray	Acute watery diarrhea response	2,713,600.00
SNNP	Yellow Fever and Pertussis outbreak response in Wolayita and Gamogoffa zones	654,080.00
	IDP support due to conflict and land slide in Dawuro zone	500,100.00
Total		3,867,780.00

During this reporting period, based on the rapid respond fund grant agreement and RHB requests, funds were transferred to the regions to respond to emergencies. The project provided support to government entities to submit the second round of performance Improvement fund applications. Based on the announcement from each region's grant management committee, proposals from the Woreda Health Office, Zonal Health Departments, and the Regional Health Bureaus were received, reviewed, and selected

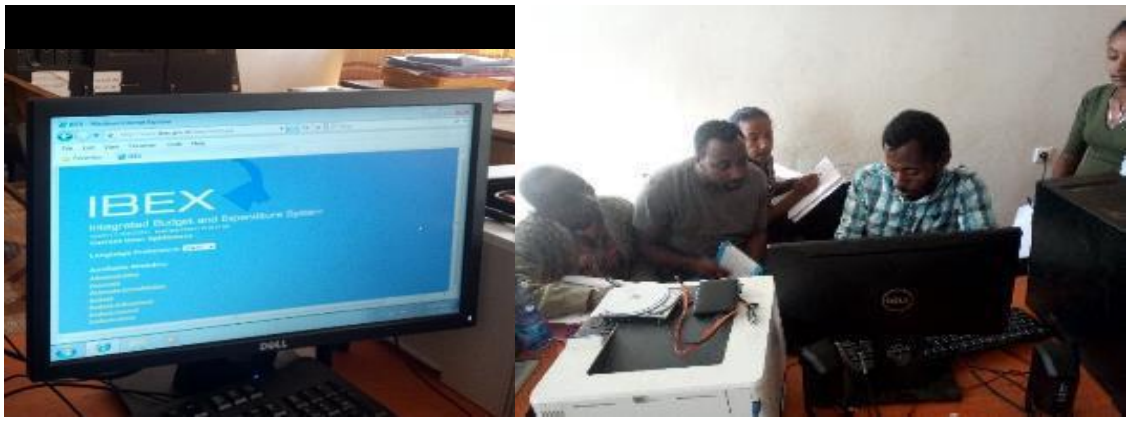
by the committee and shared with the national team for review and concurrence. At the national level, each proposal was reviewed and submitted to USAID for approval. In total, the regional grant management committee received around 411 proposals. 403 proposals were selected.

Table 6: Number of Proposals Selected and Submitted to USAID for Concurrence

No	Regions	Applications Accepted and Submitted for Concurrence			
		Region	Zones	Woredas	# of proposals submitted for concurrence
1.	Oromia	-	20	162	182
2.	Amhara	1	8	91	100
3.	SNNP	-	13	82	95
4	Tigray	1	2	23	26
	Total	2	43	358	403

Healthcare Financing

Public Finance Management: IBEX is a financial management information system that is being used to automate public financial management and reporting in Ethiopia. IBEX is being used at MoFEC, BOFEC, WoFEC, federal ministries, and regional sector bureaus. The project is pioneering efforts to extend IBEX to the PHC level. The project, in collaboration with BOFEC, ZOFEC, WOFEC and RHBs, facilitated IBEX training for 25 (9 female) key financial staff drawn from 13 HFs (2 PHL & 3HCs in SNNP) and (5 PHL & 3 HCs in Tigray) regions. Immediately after the training, the IBEX software was installed on the HF's desktop computers and was ready for use. As a result, the quality of financial information improved, and surely this will be essential to inform planners, decision makers to identify gaps, prioritize needs, mobilize additional resources, and ensure equity and efficiency in resource allocation and utilization to the PCMD.



IBEX Training at the Kebado PHL Learning Site and at Maji PHL in the SNNP Region

PFM capacity at the PHC level was enhanced through partnership with the RHB, zonal health departments, and zonal finance and economic cooperation department. Through this partnership, the project conducted a five-day public finance management (PFM) training for 40 participants (10 female) in the Amhara Region. The participants of the training were key financial staff from 39 HCs and 1 ZHD.

The main purpose of this PFM training was to enhance the capacity of the trainees in planning, resource mobilization and utilization, audit and internal control, production of quality and timely financial reports, procurement and property administration.

PFM Rollout Training at Kombolcha Town in the Amhara Region

The project also provided a one-day training in Kombolcha on grant fund management for 17 WoFEC finance officers (5 female) selected from the South Wollo and Oromo Nationality Zones of the Amhara Region. The main purpose of the training was to enhance the capacity of finance officers in managing grant funds of the project.

In collaboration with WoFEC, the project mentored key financial staff within 32 HFs, including facility heads, process owners, and PFM officers (procurement, finance and property administration officers) on PFM. 29 HFs in Amara and three HFs in SNNP participated in the training. Areas in need of mentoring support were properly identified and discussed with the mentees at the beginning of the mentoring process. The mentoring was conducted in critical PFM areas, namely; how to prioritize retained revenue to bring about impactful changes related with maternal and child health, preparing procurement plans, keeping financial records, production of quality reports, proper documentation, among others. The focus of mentoring was to assess post-PFM training outcomes and the efficiency and effectiveness of PFM practices at the WorHO and HFs. The project also mentored WoFEC and HFs accountants on the IBEX implementation guide. This was conducted for a total of 17 (3 female) accountants from one WoFED in Amhara and 8 HFs (1 PHLs and 7 HCs) in Tigray that had already started using IBEX last project year.

Mentors were selected from the Zone Finance and Economic Cooperation in Amhara and SNNP regions who previously took the PFM training of trainers (TOT). Mentors assessed capabilities of key financial staff and identified gaps in PFM practices at HFs using the PFM Mentoring Guide also developed under the project. Thereafter, these key financial staff were oriented and mentored on topics that addressed their capacity needs. By the end of mentoring sessions, mentees were able to independently and properly perform the PFM tasks they were mentored in. The mentoring has created an opportunity for the mentees to understand their gaps related with PFM activities and enhanced their confidence, knowledge and skill on PFM. Feedback about the gaps identified and mentoring provided was given to the ZHD and WorHO as they are expected to mitigate challenges quickly and improve PFM at HFs.

Supportive supervision on HCF reform and PFM implementation was conducted at a total of 36 HFs located in Oromia (14), SNNP (6) and Tigray (16) regions in collaboration with ZoFEC and ZHDs. The support focused on functionality of governing body at HCs, planning and budget preparation steps and prioritization, fee waiver system and exempted health service, transaction recording, posting and financial report production and documentation, cash management and petty cash establishment issues, procurement and asset management procedures, and promoting the improvement of retained revenue utilization for quality service provision, and financial auditing.

Major findings of the supportive supervision include: irregularity of governing bodies meeting, not requesting reimbursements of services rendered for CBHI members on timely basis, poor property administration and turnover of staff trained on HCF. Feedback was provided to the respective HFs, WoHOs, WoFECs and ZHDs to help enable them in addressing the stated challenges at all levels.

Resource Utilization at the PHCUs: The project continued providing ongoing technical assistance to five Woredas in the Amhara region to prioritize budgeting and use retained revenue for activities that support MCH services. One of the most notable achievements following this support is that the HCs in these Woredas are prioritizing and managing retained revenues as per regional directives and are investing retained revenues on low-cost, high-impact interventions. For example, Masha Health Center used retained revenue to procure an electrical centrifuge and shaker for its laboratory department. This equipment has allowed for an increased number of laboratory tests available at the facility and has substantially reduced the waiting time of numerous tests by 30 minutes (since they can now be performed

on-site rather than referring patients to other facilities). As a result, mothers are obtaining laboratory tests like rapid plasma reagin (RPR) test for syphilis, blood group, widal and Weil-Felix, in a shorter time than ever before.

Health Facility Retained Revenue was used to procure the Electrical Centrifuge and Shaker at Masha HC and to Construct a Maternal Waiting Room at Sekoru HC, Amhara Region

Similarly, many health facilities are investing their retained revenue on the construction of maternal waiting rooms. For instance, Sekoru HC is one among many HCs in the North Shewa zone that constructed a maternal waiting room using retained revenue. Maternity waiting rooms are believed to increase the uptake of institutional delivery for mothers coming from distant areas by providing respectful and compassionate care.

Community Based Health Insurance (CBHI):

CBHI coverage in the project intervention Woredas is increasing year to year. During the reporting period, regions selected new Woredas to implement CBHI. Unless the geographical coverage of CBHI Woredas reaches 80% or above, the GOE CBHI targets in project Woredas will not be met in the given period.

The project provided basic CBHI training to CBHI coordinators, CBHI scheme staff, kebele and Woreda cabinet executives, HEWs, and PHCU directors drawn from 16 newly selected CBHI Woredas across eight zones of the Oromia region. A total of 1,796 participants (647 females) attended the training, which was given in collaboration with the RHB, ZHD and EHIA. The objective of the training was to create awareness of the CBHI program for Woreda and kebele leaders and executives and bring them on board to take up their roles and responsibilities in the implementation of CBHI in their Woredas and kebeles. The objective of the training for CBHI coordinators, scheme staff, HEWs, and PHC directors was to mobilize the community. Basic CBHI concepts, directives, financial and data management and best practices (regional and international) were among the topics covered during the training.

After the training, these new CBHI-implementing Woredas started kebele-level social mobilization activities to begin CBHI membership registration. The training helps to promote and facilitate CBHI enrollment and premium collection. Some Woredas enrolled a significant number of members within two weeks after the training. For example, Mio (1,388), Dilo (525) and Dhas (169) members have enrolled.

As a result of this activity, the CBHI geographical coverage in the region, within the project intervention Woredas, has increased from 112 (69%) to 146 (90%).

CBHI Training for Kebele and Woreda Participants in Tole Woreda, Oromia Region

Sustained CBHI System at Woreda level: One of the major Woreda transformation agendas in the HSTP is the implementation of CBHI at the Woreda and kebele levels in a sustained manner. The project implemented different activities that strengthened the sustainability of the CBHI program at the Woreda and kebele level. Major activities undertaken in the reporting period to sustain CBHI program in the project intervention Woredas include CBHI financial management training, auditors review meeting, CBHI-focused review meeting, CBHI general assembly meetings, health service providers training, community interface meetings, and supportive supervision at CBHI schemes.

To improve financial record keeping practices, financial report preparation, and audit coverage of CBHI schemes at the Woreda level, CBHI financial management training was provided to 47 (14 females) CBHI accountants and WoFEC auditors drawn from 15 Woredas in the East Harerge Zone using the Oromia regional CBHI Financial Management manual. During the training, pre-and post-training tests were conducted. Results showed that the understanding level of trainees on financial management improved as a result of the training (an average score of pre-training and post training tests are 4.7 out of 10 and 7.5 out of 10, respectively). Additionally, WoFEC auditors started discharging their responsibilities of conducting CBHI financial audits in their respective Woredas.

In addition to financial management training, an auditor review meeting was held to review the audit performance and major findings of CBHI schemes at HCs in Bale and West Arsi Zones in Oromia. Meeting participants included the WoFEC head, ZoFEC head, audit department process owners, ZHO Head, CBHI Coordinator, WorHO heads and EHIA branch experts. In total, 67 (27 females) participants attended the review meeting.

During the review meeting, CBHI scheme and HFs' retained revenue and utilization major audit findings and possible corrective measures, and audit coverage, of both zones were presented and discussed.

Participants at the meeting agreed to:

- Improve audit coverage at both CBHI schemes and HFs
- Take timely corrective measures on audit findings by HF management committees and governing bodies
- Provide technical support to enhance the capacity of finance officers/ accountants at CBHI schemes and HFs by WoFEC

The project in collaboration with RHB, and Hosana branch EHIA organized financial and data management practical training for 45 (7 female) CBHI executive staff in SNNP Region, including 13 participants (2 female) from four project implementation Woredas. The training focused on the revised CBHI directive, financial management, CBHI data management, clinical auditing and reporting. The training enhanced the capacity of the CBHI executive staff and assisted the schemes to properly keep financial records, produce timely and standardized financial reports, and improve CBHI data management and clinical auditing practices.

To evaluate CBHI performance and facilitate membership enrollment for the current fiscal year, 22 CBHI-focused performance review meetings (PRMs) were conducted at different levels (regional, zonal and Woreda) of the health system in three regions – Oromia (12), SNNP (8), and Tigray (2). A total of 2,084 (559 females) participants attended these meetings. Community mobilization efforts, CBHI enrollment and renewal rates, CBHI ID card distribution, the status of benefit provision for CBHI members, findings of supportive supervision, and scheme achievements and weaknesses and audit statuses were reviewed. Action plans were also developed to ensure participants had a concrete course of action in place.

Table 7: CBHI-Focused PRMs by Region

Region	Level (region, Zone, woreda)	# of PRMs	Participants		
			Male	Female	Total
SNNP	Regional	1	78	11	89
	Zonal	5	244	51	295
	Woreda level	2	158	44	202
Oromia	Regional				
	Zonal	5	308	10	318
	Woreda level	7	655	432	1,087
Tigray	Regional				
	Zonal	2	82	11	93
	Woreda level				
Total		**22**	**1,525**	**559**	**2,084**

Through general assembly meetings, new CBHI schemes are officially launched. After launch, schemes can provide benefit packages to CBHI members. For CBHI schemes which have already started benefit coverage, general assembly meetings are used to review the previous year's performance, plan current year membership registration and renewal targets, discuss issues related to service provision, and elect board members where there is turnover. General assembly meetings also are used to revise and approve existing CBHI bylaws when needed.

The project supported CBHI general assembly meetings in 15 previously-established CBHI-implementing Woredas in Oromia region and 1 newly established CBHI scheme in SNNP.

Table 8: General Assembly Meetings

Region	No of Woredas	Participants		
		Male	Female	Total
Oromia	15	1,397	236	1633
SNNP	1	50	3	53
Total	16	1447	239	1686

Supportive supervision in CBHI-implementing Woredas is an activity that contributes to sustaining CBHI program in the project intervention Woredas. In collaboration with RHBs, ZHD, WoHOs and EHIA, the project provided onsite CBHI-focused technical support to 50 CBHI implementing Woredas in Amhara (10), Oromia (36), SNNP (3) and Tigray (1) regions. Technical assistance during supportive supervision was focused on social mobilization, renewal/enrollment, indigent selection, data and financial management, clinical auditing, claim management and ID distribution. Institutional capacity and financial viability of schemes were also addressed. Kebele CBHI sections, health centers, health posts, CBHI schemes, and WorHOs were included in the SS visits. Findings of these visits were shared with WoHO, ZHDs, zonal and Woreda administrative offices.

The other preliminary activity before CBHI schemes start benefits coverage for CBHI members is ensuring that health service providers have the necessary understanding about the concept of CBHI, modalities of care for CBHI clients, data management of CBHI service beneficiaries, and cost of care reimbursement requests associated with CBHI. Accordingly, CBHI training was facilitated in collaboration with RHB, ZHDs, EHIA-Branches, CHAI and Addis Ababa City Administration Health Bureau through cost sharing approach. HF CEOs, doctors, pharmacists, CBHI focal persons, PHCU Directors, and Finance Officers were among the participants. A total of 394 participants (121 female) attended the training from Oromia (328) and SNNP (66) regions. Topics covered during the training included: CBHI concepts, country and regional overview, provider payment and claim management, contents of the agreement for credit medical service – roles and responsibilities of providers and customers (CBHI beneficiaries), reporting formats and reimbursement procedures, clinical auditing procedures and HFs referral linkage.

The provider training conducted in the Oromia Region Special Zone resolved interregional referral system issues between the Oromia Regional State and Addis Ababa City Administration health facilities. The training also assisted health facilities in record keeping and proper claim submission.

Provider training for Oromia Regional Special Zone surrounding Finfine and Addis Ababa City Administration, Bishoftu, Oromia Region

Similarly, on-site training for health service providers were given in SNNP region in four HFs at two Woredas for a total of 46 participants (20 female). The project, in partnership with zonal EHIA, ZHD and WoHO, provided technical support to facilitate community-HF interface meetings at seven different HFs located in five different Woredas in Amhara Region. A total of 583 participants (264 female) attended these meetings. The objective was to promote community engagement in review of CBHI implementation, identify challenges in quality of health service provision at HCs, and to generate mutually-agreed solutions for challenges faced. The community openly voiced their concerns about drug shortages, delays in getting laboratory services, and lack of respectful care by some health professionals. Finally, members of the Clients counsel, facility governing boards, Woreda health office officials, and project staff developed a joint plan of action to address challenges observed in the provision of quality service. Supportive supervision was conducted in HCs where interface meetings were held last quarter. Improvements in drug availability and timely provision of laboratory services as per the standard time set for each service were observed.

Using the project's audio-mounted mobile van and the Woreda administration's generator and amplifier, mass CBHI awareness creation activities were conducted in local languages in She-Bench and Meinit-Shasha Woredas in the SNNP region. Around 100,000 people were reached with CBHI information messages in the two Woredas. The mobilizations were done on market days as a lot of people come out to different transactions. Many people came to the vehicle and showed their willingness and ability to pay the annual contributions. In summary, CBHI mobilization is integrated with other community mobilization activities and over 2.1 million people (about 50% were females) reached on CBHI messages as part of other thematic areas in project target areas

CBHI Promotion and PFM guideline distribution: A total of 50,000 CBHI brochures produced by the project were distributed to all regions. Based on the country office distribution criteria, regions distributed the brochures to cluster offices that distributed them to the target communities. The project also printed and distributed 100 PFM Guidelines for PHC to all RPOs and federal institutions. The distributed quantity of printed materials is shown in the table below.

Table 9: CBHI Brochure and PFM Guidelines Distribution

Region/Institution	# CBHI Brochure	# of PFM Guideline
Amhara	14,000	21
Ormia	23,000	31
SNNP	10,000	26
Tigray	3,000	12
Federal Institutions	-	10
Total	**50,000**	**100**

The Oromia RHB has decided to amend the existing CBHI implementation guidelines due to some socio-economic variances among rural and urban dwellers. With this objective, support was given to the bureau to amend the guidelines. Some articles included in the current CBHI implementation guidelines were proposed to be amended and the bureau's management approved the revised version.

The Oromia RHB also decided to have one standard CBHI mobilization document to be implemented at all levels of the administration tiers in the region during 2011 EFY (2018/2019) CBHI mobilization period. Hence, a technical team including RHB and USAID TRANSFORM: Primary Health Care project staff was formed to prepare the document with project support for its preparation. The document was prepared with the intention of enhancing members' enrolment rate and strengthen CBHI implementation at the Woreda and kebele levels. It introduced the establishment of new committees at regional, zonal and Woreda levels with special responsibilities to enhance membership enrolment and renewal rates in all Woredas.

Site Visits to CBHI Woredas: The project team conducted site visits at three selected best-performing CBHI-Woredas to assess their implementation status, and to identify lessons and success factors that might be scaled up at other CBHI Woredas. In these three Woredas, the overall implementation status of CBHI, particularly membership enrollment, renewal, ID distribution, resource mobilization, reimbursement, timely clinical audit, financial and data management were exemplary in most of the visited Woredas; for instance, Albuko has enrolled 88% of eligible households in CBHI in 2010 EFY (2017/2018).

Table 10: CBHI Status of Visited Woredas in Amhara region [2010 EFY (2017/2018)]

Woreda	CBHI Enrollment	Renewal	ID Distribution	Fund Balance at the time of visit (Birr)
Albuko	88%	100%	98%	3.2 million
Legehidha	89%	96%	100%	
Tehuledere	63%	92%	> 92%	-3.6 million

During the site visits, the status of health service provision for CBHI members was assessed. The presence of regular and timely reimbursements from CBHI schemes has enabled health facilities to equip themselves with essential drugs, supplies, and medical equipment. For instance, Salmeni HC of Albuko Woreda serves more than 100 clients a day in their OPD and delivers 18 types of laboratory tests. To address some of the financial gaps of health facilities, the permanent committee of Legehida Woreda council approved 1,150,000 ETB (400,000 birr for purchase of CBC machine and 750,000 for drug and medical supplies) for Weinamba HC. This is an extra ordinary commitment by members of council of Legehida Woreda towards the health sector.

On the other hand, Tehuledere Woreda CBHI scheme has severe financial deficit that amounted to 3.6 million ETB at the end of 2010 EFY (2017/2018). The deficit occurred on year to year basis just before 2010 EFY (2017/2018). The current CBHI enrollment rate is about 63% of eligible households in the Woreda, with a renewal rate of 92.1%. The CBHI scheme failed to reimburse health facilities for three quarters in 2010 EFY (2017/2018). The unpaid bills of Dessie Referral Hospital alone account for about 1.2 million ETB. This failure to reimburse health facilities has resulted in shortage of budget to procure essential drugs and medical equipment at health center level.

The reported possible causes of the deficit includes; moral hazard from the sides of CBHI beneficiaries; the practice of visiting two or more HCs by CBHI members within the same day to gain as many drugs as possible and resell them on the black market; visiting health centers with false complaints, and giving prescribed drugs to sick but non-insured neighbors; and a high amount of reimbursement requests from Dessie Referral Hospital (implying the presence of unnecessary referral or unnecessary prescription).

The current small size of woreda CBHI pooling may contribute to financial bankruptcy as observed in Tehuledere Woreda. The project suggested, establishing zonal & regional level CBHI pooling to maintain the viability of CBHI schemes in the long term. Lack of sense of ownership among community members and health service providers may push individuals to develop moral hazard exposing the scheme to inflated cost of reimbursement. Therefore, implementing Woredas should provide continuous orientation on the national importance of CBHI.

Sub-Result 1.3: Strengthened Leadership, Governance, and Management at Woreda and PHCU Levels

USAID TRANSFORM: Primary Health Care has continued its support in LMG capacity enhancement for high, mid, and low performing Woredas of the project regions. Training, coaching, project designing, collaborative learning, empowering health workers to seek solutions for emerging challenges in their routine tasks, identifying stakeholders, and mobilizing resources are of key skills areas addressed in the LMG six- to nine-month continuous learning approach.

The designed projects are contributing to PCMD through applying the Ethiopian health center/hospital reform standard guidelines; addressing key performance indicators; creating model kebeles; increasing skilled birth attendants; reducing patient waiting time; conducting a community score card; and establishing a standard surgical operation room, among other areas.

Improving women leadership skills has received special attention; a concept note and needed preparations have been finalized. This initiative targets women who possess at least a Diploma, have two or more years of experience, bring a recommendation from a recent organization, and who prepare a draft project proposal and commit to serve her Woreda/PHC. These women will be identified carefully, and priority will be given to skilled women with experience in areas such as stakeholder management, resource management, community engagement, team leading, communication and negotiation. It is not only enough to build women's leadership capacity to serve in a meaningful leadership positions, but also to sensitize key political leaders and health managers from Region, Zones, Woredas, and PHCUs through one-day senior alignment meetings to increase their awareness of why women should be placed in mid/senior leadership positions. Discussions include gender analysis findings conducted by the project, creating a favorable work condition for women, and provides a forum to showcase skilled women who are qualified and show readiness in leadership skills. To this effect, all communications were done with SNNP RHB and waiting to start in the coming quarter in February 2019. Having a lesson from a specified region, the project will scale-up to other regions as well.

Major Achievements

- An assessment on effectiveness and efficiency of the project LMG training approaches were conducted. The findings were analyzed and shared with home office technical backstoppers for input prior to dissemination of the results
- Women leadership training preparations finalized
- LMG database established, tested, and utilized

LMG Trainings

- As a successor of LMG workshop I, four LMG training sessions (workshop II) were conducted for seven Woredas (one in Tigray for Tahtay and Laelay Adibo Woredas; one in SNNPR for Abasheg Woreda; and two in Amhara for Ziquala, Menzmama, Menzlalo and Debrebirahn Woredas).
- 102 health workers (27% female) from 27 PHCUs were trained (12 in Tigray, 10 in Amhara, and five in SNNPR),
- 27 LMG projects were designed and enriched (12 in Tigray, 10 in Amhara, and five in SNNPR). As an example: Amhara LMG projects are focusing on Maternal Health, HSS, and Child Health areas.

LMG Coaching

A total of 55 PHCUs were coached and monitored in all the four target regions:

- LMG teams at 32 PHCUs of Oromia's Sululta rural, Aleltu, Gimbichu, Sire, Shirka and Shalla Woreda
- 12 PHCUs at Laelay and Tahtay Adibo Woredas of Tigray Region
- 6 PHCUs of Tacharmacho and Wadla Woredas of Amhara Region
- 5 LMG projects of Abashege Woreda in SNNPR and registered good progress in the areas of CASH, LAFP, EHCRIG, KPI and CBHI

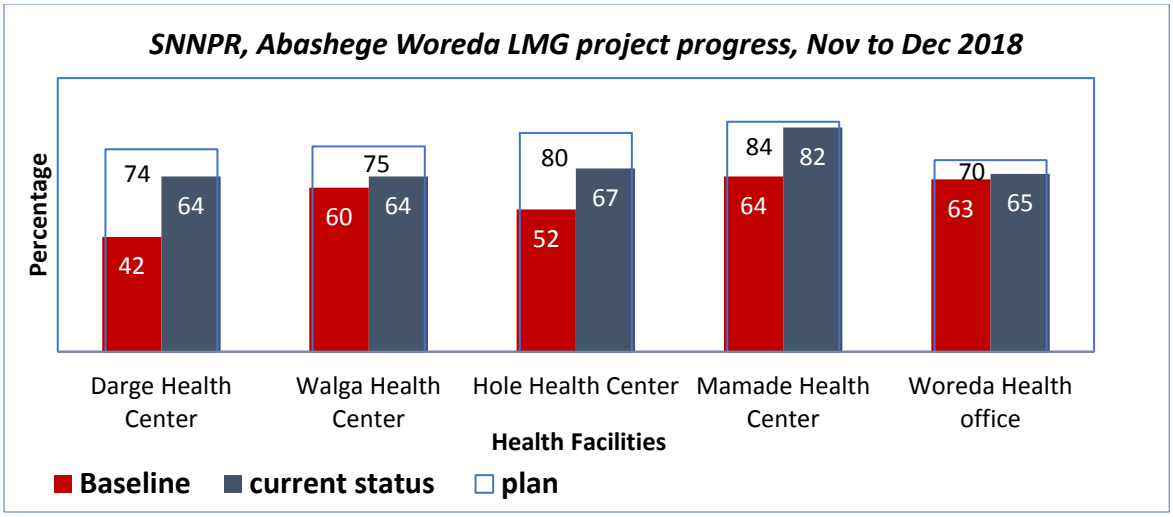


Figure 3. SNNPR, Abashege Woreda LMG Project Progress, Nov to Dec 2018

Collaborative Learning & Sustainability

- 32 PHCU health workers from Halaba and Dara Woredas of SNNPR were certified in LMG after completing the requirements
- Five (Tereta, Sole, Gado Guna, Handewizero and Chancho primary hospital) health facilities of Oromia were sustainably exercising the skill of LMG to address their challenges through designing the second performance improvement project
- Of the supported 46 LMG projects in 10 Woredas of Oromia, 15 projects are completed (11 projects, or 73%, of completed projects were in good progress)
- 12 PHCUs LMG projects at the Laelay and Tahtay Adibo Woredas within the Tigray Region have progressed well, as seen in Figure 4 below.

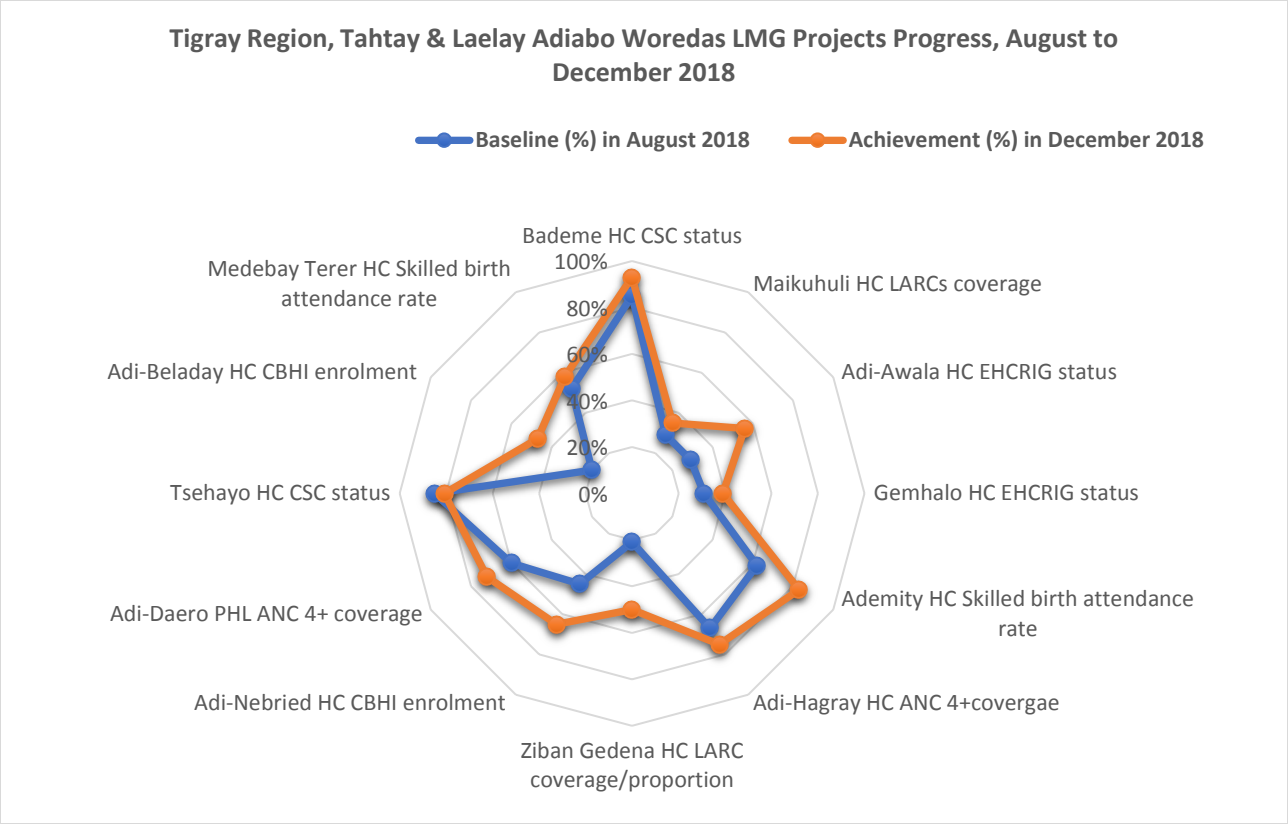


Figure 4: Tigray Region, Tahtay & Laelay Adiabo Woredas LMG Projects Progress, August to December 2018

Support to the Ministry of Health

During this quarter, the project was represented in the TWG of developing a Health Leadership Development Program (HLDP) incubation center and curriculum development organized by FMOH in collaboration with International Institute for Primary Health Care (IIfPHC) which has taken in two phases i.e. phase I for 3 days and phase II for 5 days. The main purpose of the HLDP is to establish a leadership hub which will stand as a center of excellence to recruit, train, and develop health professionals who will serve as a leader in the health system of Ethiopia. A four-phase continuous leadership training with didactic learning will be delivered in six-month period, project designing, mentoring & coaching will also get great share in the program. So that, readymade leaders skilled in leadership quality will be kept in the IIfPHC hub.

RESULT 2: INCREASED SUSTAINABLE QUALITY OF SERVICE DELIVERY ACROSS THE PHCU'S CONTINUUM OF CARE

Sub-Result 2.1: Strengthened Skills for Delivery of Quality and Integrated RMNCAH-N Services

Family Planning and Reproductive Health

Implanon NXT Orientation: In this reporting quarter, Implanon NXT orientation was provided as part of introducing the new Implanon generation to those HEWs and clinical care providers who were previously trained on Implanon-Classic. The orientation approach was a two-day orientation of HEWs from HPs. The theoretical and practical rollout sessions to the HEWs were provided at the PHCU level.

Aligned with this orientation approach, the Amhara regional project office provided technical support to Gonji Kolela Woreda health office to conduct rollout orientation on Implanon NXT to 28 HEWs and six clinical care providers through the performance improvement subgrant fund. In this reporting quarter, a total of six HCs and 28 HPs were able to provide the new Implanon-NXT generation in their respective facilities.

Comprehensive Long-Acting Reversible Contraceptives (LARCs) Training: Comprehensive LARCs training primarily focuses on Implant and IUCD insertion and removal skills and also includes refreshers on short acting FP methods. The skill-based trainings on LARCs were provided through a combination of theoretical lecture sessions followed by simulated video show, practical demonstration, and practice on anatomical pelvic/arm model using competency assessment checklist for six days in a classroom setting followed by, clinical practice on clients at the health facilities under the supervision of the trainers.

During this first quarter, in Oromia, 19 providers were trained (including nine trained to fill the gap of skilled providers and 10 providers from new HCs) and as a result initiated IUCD services in 10 HCs. As part of the skill requirement, each provider was able to practice on an average of 7.5 clients with different insertions and removals of LARCs methods (IUCD insertion and removal was on an average of two clients).

PostPartum Family Planning (PPFP): Increasing access and revitalization of PPFP services at the community level is considered as one of the flagship programs and given priority by the FMOH. The skills-based training on PPFP was provided through theoretical lecture session in classrooms followed by a simulated video show, practical demonstration, and practice on an anatomical pelvic model using a competency assessment checklist for six days. Following this, participants were deployed to health centers and primary hospitals to be exposed to the actual client demonstration and practice for a minimum of five days under the supervision of the assigned and experienced service providers on PPFP at the delivery room including Implant insertion and removal services at the FP units. The clinical competency checklist was used during the clinical practice to maintain and ensure quality of the PPFP services. Since this is a relatively new initiative, most health centers and primary hospitals in the project area have a lack of trained providers to initiate the PPFP services.

Accordingly, in this reporting quarter in Oromia, 20 clinical care providers from 17 HCs were trained and were able to initiate the PPFP services in their respective HCs. As part of the skill requirement each provider was able to practice on an average of 2 clients with different insertion and removal of LARC methods (IUCD insertion and removal was an average of 1.1 client). A three months performance follow-up of 34 HCs in Tigray after PPFP training showed a total of 905 clients served with different PPFP methods (an average of 30 clients in each HC), out of which majority of the clients received PP-IUCD (738) followed by 167 Implants. This performance at the delivery units indicated a promising trend of LARCs acceptance as a PPFP method of choice.

Improvement in service availability for PPFP is observed in the past one year. As understood from the random follow up visit, availability of PPFP service in delivery rooms in HCS increased from 33% to 44% in project areas.

Family Planning Service Integration into Other Health Service Units

Permanent Family Planning Services: Permanent family planning is one of the interventions supported by the project. The major objective of this activity is to establish static permanent FP service at the primary hospital level. Ultimately, the goal of this initiative (learning) is to increase the FP method mix at the PHC level and establish a practical learning center for permanent method skill trainings during scale-up and capacitate a potential team of providers who can provide outreach permanent FP services within the public FP/RH service delivery system.

During this reporting period, in partnership with the Marie Stopes International-Ethiopia (MSIE) country office, 10 demand creation and orientation on counseling and follow-up of permanent method clients were provided for a total of 299 participants drawn from 10 primary hospitals, 30 HCs, 150 HPs and Woreda Health Offices of Amhara, Oromia, and SNNP project regions. Following the demand creation and orientation sessions a total of 16 providers will operate and 17 scrub nurses were trained on PM skills. During the practical session, 10 tubal ligations and one vasectomy procedure was performed. Since there were not enough clients for the practical skill training, and to close the skill gap, continuous coaching and practical attachment sessions will be organized in the PHs that have already started providing PM. During the current reporting period, five tubal ligations were performed through an outreach visit to the HCs from the Jinka Primary Hospital in SNNPR.

Post Abortion Care (PAC): PAC training was given to health center and primary hospital providers. Two providers were selected from each facility; one who performs the procedure and another one to assist. The skill-based training on PAC is provided through theoretical lecture sessions in a classroom setting followed by a simulated video show, practical demonstration, and practice on an anatomical pelvic model using the competency assessment checklist for six days. Following this, participants are deployed to health centers and primary hospitals to be exposed to the actual client demonstration and practice for a minimum of five days under the supervision of an experienced service provider on PAC. Clinical competency check list was used during the clinical practice to maintain and ensure quality of PAC services.

Accordingly, two PAC sessions were conducted in Oromia and Amhara project regions and a total of 22 clinical providers were trained as a gap filling skill training from 22 health centers. A special assessment of PAC service availability and post-abortion FP performances in 2018 was performed in the Tigray region. A total of 83 facilities, which consists of 53% of the facilities in the region, were visited. From the total of

2,863 clients who received PAC services, the majority (76.3%) of the clients have received post -abortion FP services depending on their choices. Out of this total, the majority of the clients (65%) have used Implanon and IUCD, while the remaining used short acting FP methods. This PAC service assessment in Tigray showed a promising trend in post-abortion FP services and similar service assessments will be encouraged in the other regions

Comprehensive FP Training of Level IV HEWs: In this quarter, the Tigray FP/RH unit has conducted a follow-up visit to support the comprehensive FP services provided by level IV HEWs at the HP level. These HEWs were supported with post-training IUCD and Implant removal kits including consumables after their training. Out of the total 88 HPs trained and supported, 77 HPs were followed and service status was monitored. In the visited HPs, a total of 2,315 clients received LARCs services. There were 1,945 insertions and 370 removals, with an average of 30 clients in each HP within an average of 2 months. From these services, IUCD was provided to only 48 clients. In general, the follow-up result indicated that access to LARCs services at the HPs level has increased through the trained level IV HEWs. To improve the IUCD services uptake, the public sector and project staff have discussed and addressed the identified gaps during the visits. The possible causes identified include less support from the respective PHCU health centers /WorHO, delayed transporting supplies and materials to the HPs, poor commitment of the trained HEWs to provide counselling and the services, and infrastructure problem (road) in some visited HPs.

Post-Training Supply Provision to Trained Providers: This support intervention is provided to all providers after comprehensive LARCs, PPFP, Implanon and comprehensive FP training for level IV HEWs to ensure that the FP services will be initiated immediately after the trainings at their respective health facilities. The post-training supply package includes equipment, supplies, and consumables which are designed specifically for each service consumption. Accordingly, 46 facilities (five PHs) in Oromia and Amhara received the post-partum supply package after the PPFP trainings. Similarly, 170 HPs in Oromia received the post-training supply for level IV HEWs who were trained in the previous quarter, also 13 HCs in Oromia received the post training supply after comprehensive LARC trainings conducted in this quarter.

Implant Removal Service Support to HCs and PHs: Strengthening the Implant removal service at the HCs and PHs is one of the project interventions designed to improve the availability of quality removal services in all facilities; especially for clients that are referred from the HPs to the next HCs and PHs. During this reporting quarter, a total of 155 facilities received implant removal kits and consumables, as a gap filling service support, in Oromia and Amhara regions.

FP/RH Job Aids: As part of ensuring the quality of the FP/RH services and refreshing the knowledge of the FP providers, the project provides standard FP/RH job aids, which include pregnancy checklists in English and translated in Amharic, Oromifaa and Tigrgna, Medical eligibility criteria, exploring, Decision Making, and Implementing the Decision (REDI) FP counseling checklist, FP/HIV Integration Provider Reference tool. In this reporting quarter the Oromia FP/RH unit has distributed the job aids to 47 HCs, 4 PHs and to 13 HPs.

Establishing FP/RH Package Woreda (Model Woreda): Before starting the FP/RH thematic project activities in a given Woreda of the project an orientation to establish the FP/RH package activities for the Woreda is conducted among the project staff and all PHCU and primary hospital heads, all providers involved in planning of supplies from PHCU and primary hospitals, and the Woreda Health Office head

and the FP/RH team members. The objective of this orientation is first to communicate and create a common understanding on the strategic approach of USAID TRANSFORM: Primary Health Care. The role and responsibility of each of the parties are as follows: USAID TRANSFORM: Primary Health Care will provide TA and resources, and the Woreda Health Office will be the owner to organize and implement all activities including the facility heads. In addition, the objective of the orientation is to exercise facility assessment and gap identification of FP/RH services, skilled providers on FP/RH services and equipment and consumables for FP/RH services in all the PHCUs and primary hospitals in the Woreda. The result of the exercise will be used to develop a common action plan. This orientation will be rolled out by the participants for the FP/RH providers at their respective facilities which will result in a planning exercise on FP/RH services at each facility.

Accordingly, in this quarter a total of 10 FP/RH Package Woredas were established including five in Amhara and five in SNNPR. 171 participants have attended the orientation sessions; including 51 PHCUs, three PHs and staff from 10 Woreda Health Offices. In this quarter the project included three additional practical tools currently used to request and report commodity consumptions in the public health facilities to the planning exercise tools which we have previously designed and implemented for the project use. The three tools (IFRR, HPMRR and RRF) were included in the planning exercise sessions, which were conducted in the 5 FP/RH Package Woreda established in SNNPR. Three indicators were used to examine each tool including timeliness, data completeness, and the availability of the forms at the facilities. The examination of the three indicators during this exercise sessions clearly showed that the gaps identified in the proper utilization of these tools in the facilities contributes to the major reason for commodity stock-out and failure to provide an uninterrupted FP/RH services. During the planning exercise and evaluation of the request and reporting forms of the facilities showed, almost all the 51 PHCUs did not request and report timely and forms were not properly complete. 24 of the PHCUs did not have the format to request and report.

Maternal Health

Health facilities (HFs) capacity built to implement BEmONC signal functions in a woman-friendly way and in preventive medical equipment maintenance by midwives: The number of HFs capacitated to implement BEmONC signal functions in a woman-friendly way integrated with preventive medical equipment maintenance by midwives in this reporting quarter was 50. Phone and in-person follow up was conducted during the same quarter which is 78% of the quarter plan. Based on follow up visit (FUV) data, percentages of health centers (HCs) and primary hospitals (PHLs) providing all the seven BEmONC and nine CEmONC signal functions were 58% and 67 in 2017 and these increased to 65% and 72% ,respectively, in 2018.

Capacity Enhancement of the Public-Sector to provide MNH-Related Technical Assistance: To enable the public-sector conduct capacity enhancement trainings 88 trainers were trained (24 on BEmONC, 29 on RMC, 24 on MPDSR, 11 on UBT) in this quarter. Additionally, 55 new clinical mentors were trained who will conduct catchment-based clinical mentoring and coaching of HFs under their catchment. To enable health managers (HMs) and HWs conduct MPDSR at their respective HFs and Woredas, capacity enhancement was conducted and 79 new HWs and HMs were trained during this quarter. On top of that, to enable HMs conduct supervision effectively, orientation on BEmONC was provided to 24 HMs who are expected to provide improved maternal and newborn health (MNH) support.

Catchment-Based Clinical Mentorship and Coaching (CB CM&C): Support to the public sector on CB CM & C includes advocacy, mentors' pool creation (reported above) and the actual CB CM & C support. A total

of 12 PHLs (35 participants) were supported both technically and financially to conduct advocacy workshops on CB CM & C. The actual CB CM & C was conducted using the national RMNCH CB CM & C guideline and 101 HWs (mentees) from HCs were mentored using mentors from PHLs. CB CM & C review meetings were conducted where progress of the mentorship activity was discussed in presence of relevant stakeholders at respective regions.

Early Identification of Pregnant Women and Their Conference: TA on early identification of pregnant women and pregnant women conference (PWC) was rendered to HCs and HPs during this quarter.

In the Oromia Region:

- 63 HCs and 65 HPs received technical support during routine follow-up
- HEWs and WDA oriented on early mapping of pregnant women and how to conduct Pregnant Women (PW) conference.
- Six Woreda health offices, 19 HCs and 32 HPs were given orientation on and were shared pregnant women conference guide.
- Through grant fund support five Woredas have conducted Pregnant Women Conferences and 2,216 pregnant women have benefited from the conferences
- Orientation on the use of NASG was conducted for 30 HFs of SNNPR

CEmONC Services: TA to strengthen CEmONC services at PHLs was given to six PHLs that were visited during this quarter. The use of Family recognition certificates (FRC) for attending skilled delivery at HFs was strengthened and 14,800 FRCs were distributed to HCs within the project area. Additionally, HFs were advised to start to print and use it by their own resources. The type of TAs provided in include:

- Skill demonstration on newborn resuscitation for midwives
- Discussion on possible strategies to avail blood transfusion services
- Supply chain & use of IPLS tool for essential drugs & supplies to avoid stock-out

Maternity Waiting Rooms (MWHs): In the Oromia region, 186 (MWHs) of HCs were furnished with the necessary materials using grant fund and 34 were supported technically. While in SNNPR, 39 Woredas have benefited from similar support. The current percentage of HCs having a functional MWR/H in the project area is 67%.

Job Aids, Materials, and Medical Equipment Distribution: Some MNH job aids (PPH, PTB, LBW), safe child birth checklist, and ANC+SD+PNC+PMTCT monitoring charts were distributed to HFs. Additionally, different medical equipment (339 NASGs, 422 digital BP apparatuses, 110 digital thermometers, and 112 fetal dopplers) were distributed to HFs having gap/shortage of these equipment.

Newborn Health

Strengthening NICUs in PHLs and Newborn Corners in HCs: As part of strengthening NICUs and their KMCs, 40 clinical nurses were trained as NICU nurses for one month each and were deployed to PHLs either to strengthen the existing ones or set up new ones in their respective PHLs. Additionally, during this quarter, 36 general practitioner physicians from PHLs of Oromia and SNNP regions were given a one-week orientation on NICU to help them work with the NICU trained nurses. Phone and in-person follow-ups will

be conducted during subsequent quarters. The percentage of PHLs having a functional NICU in the project area is 66.1%.

A total of 65 newborn corners of HCs in Oromia region were strengthened with both material supply (newborn corner tables) and technical support. In the same region additional 52 HCs were technically supported by identifying essential newborn care materials from their respective stores and making them available at their labor and delivery units for use. The percentage of HCs having a functional newborn corner increased from 47% in 2017 to 65% in 2018 as understood from random follow up visit data.

Child Health and Development

During the reporting period, several capacity enhancement activities were conducted, including mainly coaching and mentoring. Trainings were given only based on the gaps identified. Four sessions of IMNCI trainings were conducted for 105 HWs (SNNP 48, Oromia 28, and Amhara 29). Comparative evaluation of onsite/whole-site versus off-site(standard) IMNCI training was completed in HCs found four woredas (one woreda per each region), and record review of 37 and 68 young infants, 59 and 106 sick children of onsite and offsite (standard) respectively done , by comparing percentage of correct (consistency) classification and treatment. The result showed that there is no significant difference in performance between onsite and off-site (standard) trained HWs, except lower rate of correct young infant treatment in standard trained compared to others. Onsite IMNCI training with low cost, without interruption of health service is a promising best practice.

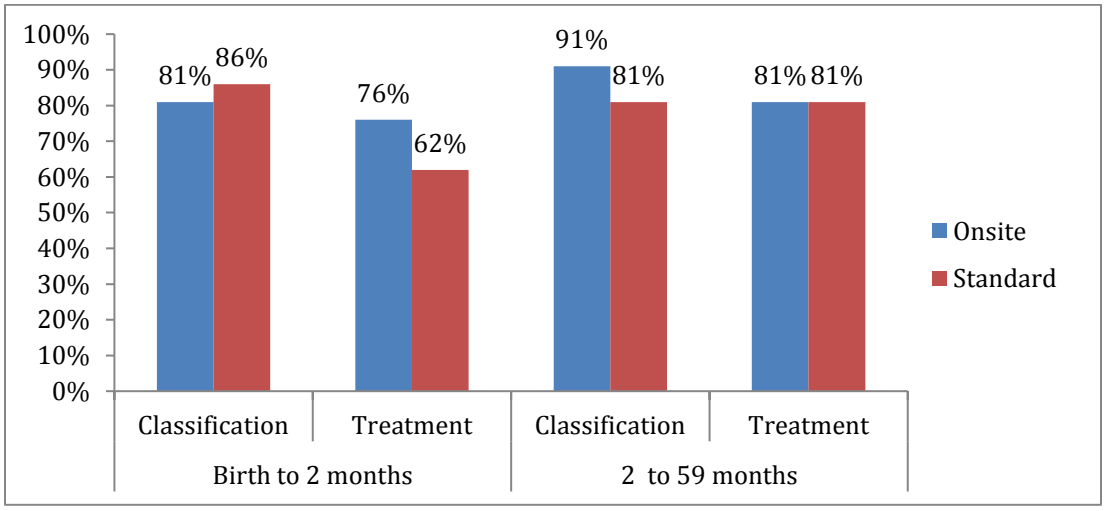


Figure 5: Evaluation, Consistency of Classification, and Treatment

The assessment done in Amhara and SNNP regions showed that, high performing HCs have high-performing HPs in terms of quality of service in child health (ICCM/CBNC). As members of Early multisectoral technical working group on Childhood Development (ECD) national level we participated in compilation of training materials, supported technically, and financially sensitization meeting organized by three ministries (FMOH, Ministry of Education and MoWCA) in cooperation with partners.

Integrated supportive supervision was conducted in all four regions as part of follow up visit. Performance of health posts indicated better than health centers, for example, percentage of children classified correctly was 73% at HP while it was 71% at HC during Oct-Dec 2018 as understood from the second round random follow up visit. This may be due to HPs follow-up from HCs, but HCs may not get similar support. One of the serious gaps in child health service is the early treatment of diarrhea. 10-20% of diarrhea cases are with some dehydration where their treatment is done in health posts and health centers, if these cases are not treated, they can progress to severe cases and the chance of dying from dehydration increases. There was shortage of ORT corner in many health facilities and with the project support HCs with ORT corner material increased from 50% to 58% and slight increase in HPs (42% to 43%). In the current quarter, 2500 ORT corner materials were distributed to HCs and HPs. The rest will be filled by the public sector

The quality of child health services (IMNCI, ICCM/CBNC), and utilization in HCs and HPs is low, as a result the project started to conduct HPs open house meetings and more FUVs and mentoring and coaching's were organized as of this quarter and the improvements will be reported during the next consecutive quarters. New initiatives like onsite IMNCI, ICCM/CBNC integration with EPI capacity enhancement in learning Woredas continued this quarter. Regular partner's meeting in all four regions including FMOH, were conducted, where review of activities discussed, and programs arranged to avoid duplication of efforts. Implementing partners and UN agencies also participated in TWG meetings, and other activities. National ECD sensitization workshop was conducted in AA with technical and financial support of our project, together with World Bank and UNICEF. Regions also did the planning exercises.

Expanded Program on Immunization (EPI)

EPI integrated on site trainings were provided for 31 health care workers. In addition, thematic specific and integrated supportive supervision were held at public health facilities to enhance the capacity of health care providers. In addition, around 1,354 health facilities (504 in Oromia, 323 in Amhara, 304 in SNNP, and 223 in Tigray) received onsite mentoring and coaching. This has led to an increment of key immunization process indicators compared with previous year similar quarter.

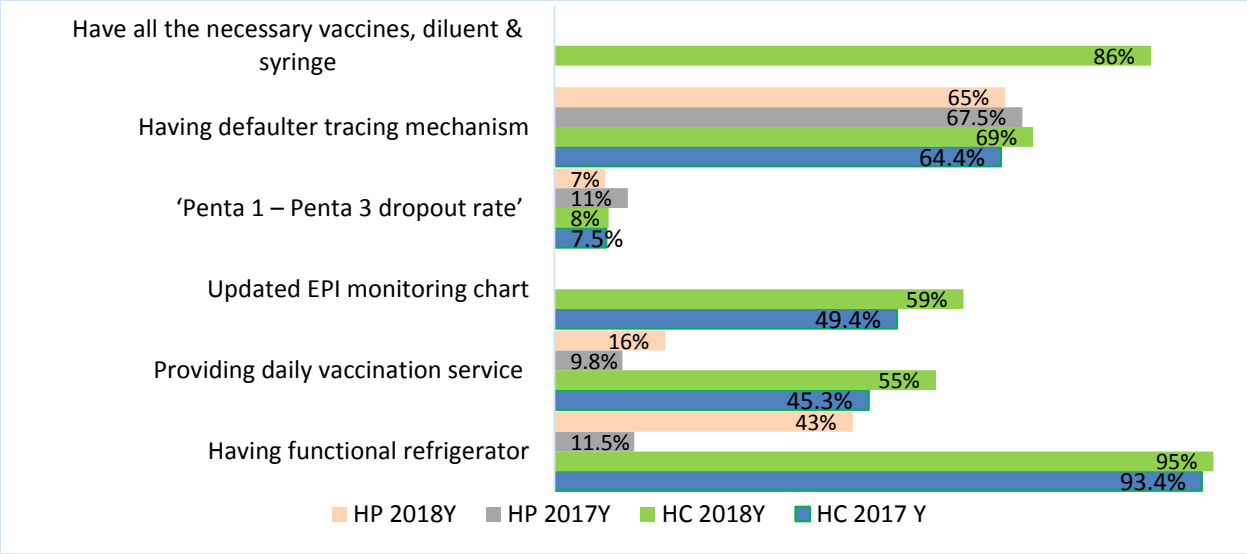


Figure 6: Progress of Major Immunization Process Indicators for Health Posts and Health Centers, 2017/2018

Strengthening the Implementation of Reaching Every District/Child (RED/REC) Strategy: The RED approach encourages the public health system to use coverage data to analyze the distribution of unimmunized infants, and thereby prioritize areas with poor access and utilization of immunization, while districts and health facilities are encouraged to make micro plans to identify local problems and adopt corrective solutions. Considering this, the project has been supporting the public health system to use RED/REC to improve EPI data quality and monitoring system. In this reporting period 42% Woredas and 20% health centers were being introduced and started to utilize RED categorization database. This improves monitoring and data use for action by providing feedbacks to the facilities based on performance categorization to improve accessibility and utilization of services. This is demonstrated by the above graph, the proportion of children received three doses of Penta at health posts were decreased from 11% to 7%. In addition, the project introduced pregnant and infant registration and follow up at the health posts.

Improving Vaccine Supply, Safety and Regulation: The project has been supporting the public health system on supply chain management, logistics and cold chain management: actively engaged with Ethiopian Pharmaceutical Supply Agency EPSA hubs to enhance the supply chain system and maintained faulty fridges at Woreda health office and health facilities. In the reporting period, more than 102 different model refrigerators (58 in Oromia, 19 in Amhara, one in Tigray, 24 in SNNP), nine Solar suitcases, nine infant radiant warmers and 32 other different medical equipment were maintained and assembled during facilities follow-up visit and saved 245,300 ETB by the public health sector. In addition, more than 90 participants oriented on refrigerators and medical equipment's handling.

Children received immunization during the Integrated Periodic Outreach Services (IPOS). The project aimed to improve accessibility of immunization services for all children regardless of where they are born, who they are or where they live. During the quarter 43 children received immunization during IPOS. In addition, 16 children assessed, classified and treated for pneumonia and diarrhea. However, some of the areas were not facilitated the sessions due to fragile security situation of the woredas.

Surveillance and Emergency Preparedness, Response and Recovery: The project has been supporting the health system to strengthen epidemic preparedness, response and recovery at different levels to save lives, minimize adverse health effects with specific attention to vulnerable and marginalized populations. Following the occurrence of vaccine preventable diseases like yellow fever and pertussis in SNNP and Amhara regions, the project provided technical, financial and logistic support for affected Woredas, zones and Regional Health Bureaus:

- Revitalized Woreda rapid response team
- Strengthen community mobilization and advocacy including school communities
- Strengthening surveillance system; active case search, contact tracing, data management
- Provided orientation on cases management and surveillance for health care workers and health extension workers

In addition, the project provided technical and financial support on yellow fever vaccination campaign and vaccinated 1,335,865 people (100% of the population) in seven Woredas, including colleges and Wolaita Sodo University in Wolaita zone and Gamo Gofa zones. It also enhanced social mobilization and communication by using mobile vans and reaching 336,762 individuals with yellow fever outbreak, and reactive YF vaccination key messages.

However, bad terrain, limited commitment of local administrative bodies, limited budget, lack of supplies and drugs and shortage of human resources were major challenges in the response of the outbreak.

New Vaccine Introduction: In the reporting period, the project has been involved in the introduction of MCV2 vaccines: actively engaged in TWGs at national, regional and zonal levels, supported the development of training materials, cascading trainings at different levels, and updating readiness assessment tools. Additionally, the project provided logistic and technical support at the field level.

Adolescent Youth Health and Development (AYHD)

USAID TRANSFORM: Primary Health Care, in collaboration with FMOH, RHBs and Woreda Health offices continued to scale-up youth friendly health services using separate space and mainstreaming approaches to ensure access to health information and services to adolescents and youth in their respective regions. During the first quarter of Year III implementation period, 50 public health facilities are in the process of identification and conducting in-depth facility assessment to integrate YFS using two approaches, the separate space and mainstreaming; where 60% of the new YFS facilities Mainstreamed; the rest 40% with separate space. In addition to the year three YFS scale up, there were 252 existing YFS facilities that need close technical support, gap filling capacity enhancement training for health care providers and availing supplies and consumables that are relevant with adolescent and youth services have been continued as part of the program implementation.

Expansion of Youth Friendly Health Service (YFS): Although the YFS scale-up for year three is in the process of establishment; the existing YFS facilities continue to provide comprehensive, high quality health service that addresses equity, confidentiality, and privacy to adolescents and youth. The YFS facilities also provide age appropriate and tailored information to assist adolescents and youth make informed choice and decisions.

During the period of October 1, 2018 to Dec 31, 2018, a total of 722,143 adolescents and youth received health and development information (53% females). More than a quarter of the health information

provision and 6085 referrals to YFS facilities were made by peer educators through face to face, group education and coffee ceremonies. In addition to demand creation, peer educators have become innovative and active contributors to their communities; undertaking such activities as supporting the elderly and street children by collecting used clothes, cleaning their towns, beautification of the health facilities and engaging in CASH activities as their routine responsibility.

A total of 326,794 (female 54%) adolescents and youth visited YFS sites for different health care services, out of which 75,119 visits for modern contraceptive. Of the total visit for contraceptive service 13.6% (10,224) was for long acting reversible contraceptives (8.2% for Implanon; 8% for Jadell; 8.9% for IUCD and 1.12% for PPIUCD).

In YFS Facilities adolescents and youth were provided with testing services for Pregnancy and HIV. 1,751 young people visited YFS sites for STI care and treatment and 19,305 HIV testing conducted of which 1.48% (285) testes come up with positive results. When the adolescents and youth test positive they are automatically linked to ART clinics. Furthermore, 10,207 visits made by girls/young women for pregnancy testing services and 24% (3182) tests were positive for pregnancy. All were counseled and linked for next level services including ANC. Having these tests within the YFS facilities helps us to strengthen tailored information provision and counseling services to prevent unprotected sex, unintended pregnancies, STI and HIV infections.

Enhance YFS Program Ownership and Leadership by the Public Sector: One of the key activities of the AYHD program is creating ownership, transfer skills, shift tasks and enabling the public sector to do the job through mentoring, onsite technical support, capacity enhancement, and program sustainability. Based on this notion, through continuous consultations with regional health bureaus, Zonal, Woreda and health facility staffs, the public sector by itself has established 64 YFS facilities in Amhara and Tigray and one facility from SNNP has mainstreamed YFS within all contact points.

Empowering Very Young Adolescent Girls (VYA) Through the Her Space Initiative: Being healthy in younger adolescence means being not only physically and mentally healthy but also emotionally and physically safe, having a positive sense of self, decision-making and life skills and academic engagement. A distinguishing feature of younger adolescence is that the experience of rapid and significant changes due to the onset of puberty directly affects physical, mental and emotional health, sense of self and self-esteem and the ability to assess risks and consequences. VYAs gain self-awareness as they mature and begin to intensify relationships with their peers. They may feel anxiety and embarrassment over the intense bodily and emotional changes they are experiencing. At a time when sexuality and gender identities are emerging, younger adolescents may experiment with adult sexual behaviors, but because of their cognitive developmental stage, are unlikely to correctly assess risks and consequences. Gender bias, beginning in early childhood, can influence the physical health of younger adolescents; for example, poor nutrition often results in inadequate pelvic structure and anemia among girls, increasing their likelihood of dying in childbirth. Life for boys and girls is not equal in our community. Boys have freedom, but parents do not allow our younger adolescent girls to go outside of home. Boys can play games while girls have to look after household chores. Boys should do boyish work, not girl's work. If people in the community see boys doing girlish work, they will laugh at them.

To improve gender equality and improve harmful traditional norms and beliefs, USAID TRANSFORM: Primary Health Care, in collaboration with Regional Health Bureaus, started to implement the “Her Space Initiative”. This initiative mainly focuses on very young adolescent girls (VYA) in the four project target

regions with the goal of engaging adolescent girls in school; providing physically and emotional safety; and developing a positive sense of self and self-efficacy and improved life and decision-making skills.

During this quarter, 187 girls finalized their 10 months training course and ready for graduation in Amhara region. The SNNP and Tigray, the Her Space girls have also nearly completed their 10 months session and will graduate soon. The 'Her Space' Initiative will continue to scale-up USAID TRANSFORM: Primary Health Care target regions in 37 kebeles, with the plan to enroll 1850 girls in the program within year three. Currently, the necessary preparations are underway including the conduct of Master trainers of mentors. A mentors ToT was conducted in SNNP and Oromia and the identification of girls for the session is under process.

Master TOT on Mentors Training on Her Space Initiative in SNNP and Tigray Regions

Strengthen Multi-Sectoral Response for Positive Adolescent and Youth Development**:** Bringing all actors (Mainly, education, MWCY, agriculture, media, microfinance institutions, youth centers, and youth led organizations). together paves the way to reap demographic dividend in the country. To hasten this process, adolescent and youth life challenges should be responded strategically by different actors/ministries and partners. This response ensures holistic growth and development of adolescents and youth at local level. USAID TRANSFORM: Primary Health Care, in collaboration with the Regional Health Bureaus, organizes Woreda advisory committees to understand the needs of adolescent and youth, to identify actions to be undertaken by each sector, and to respond to those needs and design actions contextually on how they can support adolescents and youth to transit to adulthood.

During this quarter, four Woreda advisory Committees (WACs) were established in Amhara, region, conducted meetings and discussed the issue of adolescent and youth in their respective Woredas. In all cases of the WACs, the Woreda administrator is serving as chairperson and Woreda health office is secretary. This activity believed to improve the adolescent and youth status in the respective Woredas.

Nutrition

Supportive supervision is the mainstay of support to bring about improvement in nutrition service provision. More health facilities are now providing ferrous sulfate in ANC (92% this quarter vs. 77% last year) and availability of therapeutic foods in SCs and OTP sites has also improved (80% this quarter vs. 77% last year). There is also some improvement in complementary food demonstration (36% last year to 38% this quarter) and GMP (56% to 63% of health posts). More effort is needed for an ideal coverage and

quality. Apart from the supports through the random facility visits, the following activities were performed in this quarter.

Revision of management of acute malnutrition guideline is underway. The project is providing technical supports in the whole process. Trainings are postponed to the next quarter due to major changes in the guideline that is expected to be endorsed and launched soon. The project will support proper launching and implementation of the changes and will prepare woredas to ensure readiness of the systems to handle the anticipated increased number of cases with the new guideline.

Distribution of Nutrition Card**:** An attractive, pictured tools was adapted from *Alive& Thrive*, our key nutrition partner, and prepared in three local languages for caretakers of children under two years of age. It is made to be kept in houses to serve as a constant reminder on the right AMIYC nutrition practices. The material is being distributed in learning Woredas this quarter. Service providers are providing positive feedback as they believe it will reinforce the messages they provide. The gains of the tool are being monitored.

Evidence Generation**:** A 'policy brief' has been finalized after systematic review of evidences on calcium supplementation for pregnant women in Ethiopia. Efforts are underway to disseminate the findings in relevant journals and forums.

Support for Multi-Sectoral Coordination: In this quarter, the project has technically supported multi-sectoral collaboration and review meetings in Basketo special and Daramalo Woredas in SNNPR and T/adiabo Woreda, Tigray region. At the end of the workshop, the participants developed action plans, assigning clear roles and timelines.

Partnership: The project has continued its participation in important platforms at all levels. With CMAM TWG members, support was provided for finalization and validation of an 'acute malnutrition national guideline'. The project led the revision of the 'Inpatient Management of SAM' session. The project also supported the revision of Integrated Refresher Training (IRT) material which is being done with FMOH's leadership. A presentation was made, and a discussion was held with USAID/GtN field staff during their review meeting in Addis. At regional and zonal level, the project has regularly participated in child survival and nutrition technical working group, PHEM technical working groups.

Joint Visits: These visits were made with RHB, UNICEF and Save the Children Int., to support two hotspot Woredas (Hamer and BenaTsemay in SNNPR). A total of four Health Centers and six health posts were supported on SAM case finding and management, & vitamin-A supplementation.

Post-Training Follow-Up Visits: Conducted in five primary hospitals and 34 health centers within thirteen Woredas. In addition, a total of seven schools were also visited in the SNNPR (four), Tigray (two) and Oromiya (one) regions. With this support, five PHLs, one HC in Tigray and two HCs in the Oromiya regions resumed giving inpatient service for children with complicated severe acute malnutrition. Schools that have progressed well were identified and lessons are documented (Latie school, Raya Azebo Woreda, Tigray).

Nutrition Activities Performed through Integrated Periodic Outreach Services: These activities are aimed at reaching the underserved segment of the population in four kebeles of the Surma Woreda. With these outreach services, a total of 805 children were screened, 721 children received Vitamin-A supplementation, and 806 children have received deworming. Three children were diagnosed to have

severe acute malnutrition and are linked to treatment while counseling was given to a child and a mother found to have moderate malnutrition.

IPOS team screening children and providing Vitamin A supplementation

Blended and Integrated Nutrition Skill Training (BINLM): BINLM was provided to 16 HWs (3 female) from six Woredas in SNNPR who have completed the self-learning (e-learning) part. The improvements done by the project on the quality assurance system in the e-learning material last year was significant. The effectiveness of the material is being examined with key partners (GtN and FMOH).

AMIYCN Training with Complimentary Food Preparation Demonstration: Provided for 70 health workers (15 female) from six HCs within the East Badawacho Woreda in SNNPR using subgrant and a technical assistance from the project. In addition, based on gaps identified with zonal health departments, one session of the AMIYCN roll out training was also provided to 29 (10 female) health workers from Debretabor & Woldia clusters in the Amhara region. They will be further supported with post-training follow-up**.**

Adolescent and Multisector Nutrition Roll-Out Training**:** Provided in two sessions for 72 (31 female) participants from the education sector, agriculture sector, and health sector in the Menz mama and Wadla Woredas in the Amhara region. The participants developed a clear action plan for better multisectoral coordination.

Orientation of Religious Leaders on AMIYCN: Orientation was provided to a total of 35 religious leaders in the Arsi Zone, Sire Woreda, Oromiya region. A discussion was held of the religious leaders' potential roles. The participants come out with better motivation and knowledge and have promised to play their role in promoting positive practices.

Malaria

Malaria in Pregnancy (MIP**):** Quality of care for pregnant women with febrile illnesses and recording of malaria in pregnancy contribute towards the reduction of maternal mortality. The project enhances the capacity of midwives to improve quality of service at ANC and provide support to commence documentation of MIP data. A total of 569 midwives were trained in malaria case management and 59 HWs in IMNCI. The capacity enchantment resulted in increasing the number of health facilities providing one stop service for febrile pregnant women at ANC. Data collected from demonstration sites of Oromia, Tigray, SNNPR and all intervention districts of Amhara region showed that 706 pregnant women (0.4%) were positive for malaria from 180,292 first and four antenatal care attendants. Of the total pregnant who were positive for malaria, 15/706 (2%) were admitted for severe malaria case management. No pregnant women died of malaria.

Table 12: Malaria in Pregnancy

Region	Number of pregnant women received first antenatal care visits	Number of pregnant women received four antenatal care visits	Number of Pregnant women positive for malaria	Number of Pregnant women admitted for severe malaria
Oromia	9,124	5969	116	2
Amhara	83,060	57605	315	0
Tigray	6387	3227	187	3
SNNP	8550	6370	88	10
Total	107,121	73,171	706	15

RDT Performance Quality Assessment**:** RDT performance of the HEWs is a proxy indicator for the quality of malaria diagnosis and treatment at health post level. RDT performance quality assessment is undertaken during regular supervision in selected sites and in random follow-up visits. RDT performance assessment was conducted in 89 HPs (77%), of the planned 116 HPs. 39/89 (44%) of HPs scored above 90% for RDT performance assessment score.

Improving Malaria Surveillance and Response**:** The project provides malaria epidemic monitoring chart and technical support to improve monitoring of malaria epidemic. During the follow-up visit, HFs without malaria epidemic monitoring charts communicated to the district health office and Regional Health Bureau. The follow-up visit showed that 156/318 (49%) of HFs in malarious areas did not have a malaria epidemic monitoring chart. The unavailability of the Hillmen chart was observed in most HPs of Tigray during integrated supportive supervision conducted by the regional malaria experts. In collaboration with the project, the FMoH will distribute the Hillmen chart in the coming quarter.

Malaria Case Load Assessment**:** The project supported malaria caseload assessment at high malaria risk areas of North Wollo and Waghimira zones in the Amhara region and provided timely information to act at local level. The assessment was conducted by malaria experts of the Regional Health Bureau to look into malaria case burden and respond to identified intervention gaps in collaboration with partners.

During the assessment, the team discuss with district health offices on how to tackle shortage of antimalaria commodities and problem related to data reporting. The team communicated to the government and partners to ensure continuous supply of malaria commodities.

Observed Changes in the Area of Malaria: Due to malaria case management training, health facilities providing one stop service for pregnant women increased from 54.4% to 58%, compared to the previous year. Health facilities of intervention districts also started documenting malaria in pregnancy data. The average number of health facilities having malaria guidelines/manuals increased from 77% to 79%. The project distributed updated malaria case management guideline increasing HFs with guidelines from 71% to 81%.

Collaboration in the Area of Malaria: In the Oromia region, the project staff participated malaria partnership meetings. The project supported the Oromia region to address shortage of trained HWs in malaria case management. In the Tigray region, the project staff participated in a Public Health Emergency Management technical working group. At a central level, project staff participated in national malaria technical working group meetings.

Major Achievements

- At the Primary Hospitals, the percentage of severe malaria cases correctly treated according to the national guideline increased from 87.2% to 96%, compared to previous year
- The percentage of HFs undertaking malaria cases diagnosis and treatment by ANC service providers increased from 54.4% to 58%, compared to the previous year
- Despite regional differences, average RDT quality assessment score dropped from 75.9% to 64% in HFs where a follow-up visit was conducted
- The availability of antimalaria drugs increased from 48% to 51%, compared to the previous year

Possible reasons for decline in RDT quality score from 76% to 64%:

- Data quality of RFU of 2017 which exaggerated the quality score
- Quality of RDT performance by HEWs deteriorated despite technical support
- Limited technical support
- Project staff were reoriented on supervising RDT performance
- Complex nature of the RDT checklist to undertake the assessment (supervisors are expected to have a finger prink when no malaria patients, which is a common

Solution

- Enhance technical support provided to HEWs
- Provide capacity enhancement training on RDT performance (during iCCM training)

Gender

Gender Based Violence (GBV) Landscape Analysis: With the aim of enhancing GBV prevention and response at the primary health care level, USAID TRANSFORM: Primary Health Care designed a landscape analysis to assess what services are available, existing scope and what hinders or supports health service providers in the delivery of GBV services. In this reporting period, the study protocol and field-guide were completed. A Three-day training for data collectors was also organized in collaboration with the Quality Improvement and Quality Assurance (QI/QA) thematic area to articulate the role and value of this landscape study and its contribution to strengthening GBV prevention and response, review best practices in qualitative and quantitative data collection (including ethics and informed consent, interview and observation techniques, probing, writing excellent transcripts, etc). Furthermore, data collection instruments (key informant interviews and an observation checklist) were also piloted and feedback was incorporated. Accordingly, 35 KII with health service providers from OPD, Emergency, and ART units were interviewed and observational tours were made in 27 facilities (3PH, 8HC, and 16HP).

Participants of the GBV Landscape Analysis Data Collection Training

Male Engagement Design Consultation Meeting: A half-day design consultation meeting was conducted to obtain feedback from 16 key technical staff on a proposed implementation research study that will adapt and assess an evidence-based male engagement intervention for USAID TRANSFORM: Primary Health Care. During this meeting, the EnCompass team shared their vision for a male engagement intervention that draws upon previous learning from Promundo's Program P, as well as a proposed

research design for the implementation research study. 'Program P' is a specific evidence based approach to engage men in active fatherhood role from their partners pregnancies through their children's early years. The resulting feedback was compiled after the session and used to finalize the Male Engagement Inception Report, which will guide the upcoming male engagement activities and the associated research.

Participants during the Male Engagement Design Workshop

Survivors of Sexual Violence Training: During this quarter, 50 (17 female and 33 male) service providers from OPD, YFS, and emergency units have developed their clinical skills on the management of sexual violence survivors in Amhara and SNNP regions. The training capacitated them with key concepts of GBV, clinical assessments and classification, psychosocial support and roles of health service providers in prevention and response of GBV. As a result, trainees provided the required clinical and psychosocial care to 68 GBV survivors, of which, 15 were sexual violence survivors.

Multisector Collaboration for the Prevention of and Response to GBV**:** Beyond the clinical care, response to GBV requires the engagement of different sectors and stakeholders such as Women and Youth Affairs, Justice, Education, Women and Youth associations. With the objective of clarifying the roles and responsibilities of each stakeholder and improving coordination based on standard referral formats and addressed existing communication gaps in the prevention and referral paths for GBV survivors, USAID TRANSFORM: Primary Health Care supported the launching of and orientation of GBV SOP in Amhara and Oromia regions. A total of 83 (53 males and 30 females) stakeholders were oriented on GBV SOP. In the Amhara region particularly, the launching of the SOP was attended by the RHB head who emphasized that the GBV prevention and response roles of the health sector were not very coordinated and survivors faced multitude of challenges and victimization in their journey of seeking solutions. With the launching of this SOP, stakeholders are now aware of and accountable for supporting survivors at different levels.

GBV SOP Launch in the Amhara Region

Trainers within Gender and Health: Gender, being a key social construct affecting health service providers behavior, service provision, and uptake, it is important for health care managers and service providers to be aware of and responsive to gender issues in their surroundings. For this purpose, USAID TRANSFORM: Primary Health Care, in collaboration with the RHB and Zonal Health office, organized a TOT on gender and health to increase the pool of trainers and increase gender analysis capacities of health care managers. A total of 113 (63 male and 50 female) health care managers and service providers in Amhara and Oromia participated in the four rounds of TOT. They were introduced with key concepts of gender and health, gender analysis and action planning skills and developed action plan to roll-out the training and conduct the analysis in their respective institutions.

Participants in the Gender and Health TOT Training

Post-Gender Training Follow-Up Visit and Action Plan: Post-training follow-up visits were paid to nine WorHOs, 3PH, 16 HCs and 22 HP in Tigray and Oromia received specific mentorship on gender analysis during follow-up visits to assess the progress in making gender analysis as per the action plans set during previous trainings. However, less than half of the visited HFs, performed gender analysis. To further strengthen their skill on gender analysis they were technically assisted during the visit and exemplary exercises were conducted. The onsite TA was an opportunity for the trained HWs as it provides chance to exercise it in the presence of a skilled supervisor and further creates a sense of motivation for them. Following the technical support, action plan was developed jointly between supervisor and the supervisees. With the respect to the readiness of the HFs for effective implementation of gender issues, it seems that the following gaps are critical area of concern. These include:

- The assigned gender focal persons do not have written roles and responsibilities;
- Although gender is incorporated in their action plan, the action plan was not (SMART) specific, measurable, attainable, time bound and does not have any follow up by the management and PMT committee; and
- No reporting system regarding GBV within the health sector except communicating with Women affairs when rape case has come to the HF and therefore the HFs with trained HW on clinical response to GBV don't register all types of GBV in a separate registration.

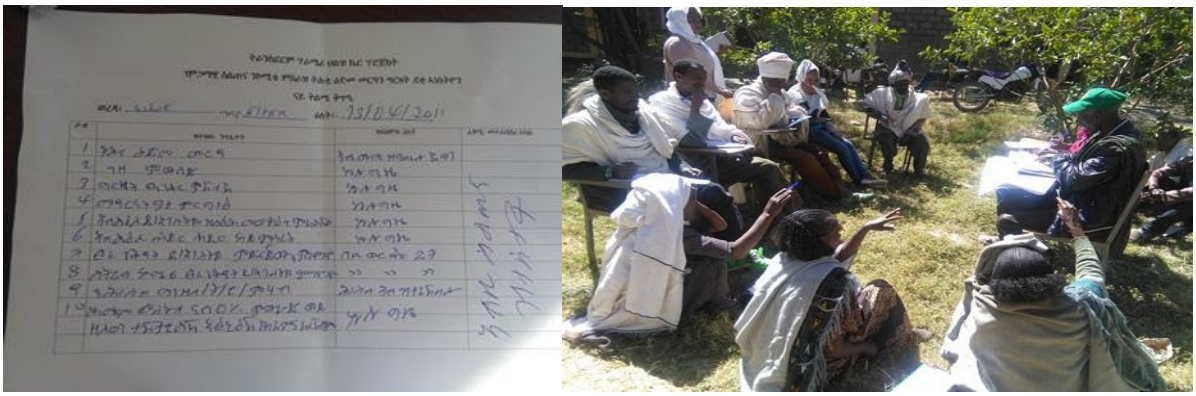
Such follow-up visits were so timely and important which has helped to identify what is going on and provide the necessary technical assistance. This finally helped to create a common understanding with the visited HFs to strengthen the gender activities.

Prevention of Early Marriage and FGM in Hot Spot Woredas: As part of intensifying the Government of Ethiopia effort to eliminate FGM and early marriage practices by 2025, USAID TRANSFORM: Primary Health Care prioritized hot spot Woredas with high prevalence of FGM and early marriage to provide tailored support. Accordingly, in this reporting quarter review and action planning meetings, re-vitalizing GBV committees, and sensitization on policies and laws in very rural kebeles were conducted in Tigray

region among 111 (37 female) community and sector stakeholders. During the session participants identified the following challenges in their effort to eliminate FGM and early marriage:

- HTP prevention committee in every kebelle is not active and do not meet and report regularly;
- False witness by some religious leaders when early marriage is reported;
- Early marriage is practiced in association with different religious ceremonies secretly;
- Low awareness regarding HTP in the community especially communities living in the remote areas from the center of the kebelle although the health post is there;
- Husband's violence against their wife is not considered as gender-based violence

For each of the gaps identified participants identified corresponding actions and implementations responsibility were shared.



Participants Reviewing Issues Related to Early Marriage and FGM Prevention Practices

International and National Commemoration for Days on Women and Girls' Issues**:** In this quarter, USAID TRANSFORM: Primary Health Care organized two events in the commemoration of the 16 days of GBV activities/White Ribbon campaign. The first was a visit organized to the USAID TRANSFORM: Primary Health Care Country Office staff to an eye-opening exhibition organized by UN Women and Setaweet. The exhibition entitled, 'Min Lebsa Neber ' or 'What She Wore' featured stories of sexual violence and the clothes rape survivors wore during their ordeal. After the visit a reflection session was held where participants got clarifications on the extent of the problem, legal issues, and the need to strengthen comprehensive response to sexual violence.

Participants in the 'Min Lebsa Neber" Exhibition

The second event was experience sharing visit organized in collaboration with Oromia RHB to Fitche Primary Hospital one stop center. While commemorating the white ribbon campaign the event had an objective of promoting the available service at the hospital to the neighboring Woredas and Zones to refer GBV cases to the hospital. The event was attended by more than 60 stakeholders who received awareness on the GBV issues and available services at Fitche Hospital.

Gender Analysis within the USAID Gender and Youth Learning Forum: The Gender and Youth Learning Forum was conceived and co-organized by USAID Gender Champion Network to foster a culture of learning and adapting by enhancing USAID/Ethiopia's and development partners' understanding and use of available evidence and practices to strengthen gender and youth-focused interventions. Being part to the organizing committee, USAID TRANSFORM: Primary Health Care played a great role in the organization of the event and presentation its gender analysis findings along with other USAID TRANSFORM: Primary Health Care projects. More than 80 participants attended the learning forum from mainly from USAID and its partners.

Obstetric Fistula

Clinical Skill-Based Training for Providers on "OF-POP": To increase the support to mothers with "OF & POP", this quarter included the implementation of two sessions of clinical skill-based training on "clinical skill training on identification, diagnosis, and referral of "OF & POP" and a total of 40 mid-level health workers (8 female and 32 male) attended the training.

Overall, trainees were adequately trained on how:

- To provide onsite orientation to their colleagues and sensitization to HEWs towards case identification and referral for confirmation within their catchment
- To comfortably conduct the digital examination, the dye test, and diagnose OF
- To diagnose & identify the type of fistula, even in resource limited settings
- To provide prereferral care for confirmed cases in their transportation to treatment
- To use the Partograph and be vigilant to take actions to avoid "prolonged obstructed labor (using the Partograph), arrange timely referral, and prevent OF
- To organize referral from the community to HC, and then to HFCs

Support to "OF-POP" Mothers: USAID TRANSFORM: Primary Health Care has continued to support efforts to identifying suspected OF & POP cases, diagnose them, and refer for treatment. This is an effort to the contribution of the "continuum- of- care" proposed by the FMOH and its partners. Accordingly, during the reporting quarter, the project has supported the following:

Major Achievements

- Identification of 147 suspected Obstetric Fistula cases in the four regions
- Confirmation (diagnosis) of 143 Obstetric Fistula cases in the four regions
- Referral for treatment of 122 Obstetric Fistula cases in the four regions
- Treatment of 96 confirmed Obstetric Fistula cases in the four regions
- Identification and diagnosis of 134 POP mothers
- Referral of 123 cases of POP
- The treatment of 100 POP cases

Sub-Result 2.2: Improved Provider Behaviors and Communication Skills Toward a Compassionate, Respectful, and Caring Health Workforce

Respectful Maternity Care (RMC): Maternity service uptake increases whenever the service delivery quality is better and one of the components of this is delivering RMC. One of the ways to enhance capacity of HWs to deliver services with RMC is by conducting RMC trainings A total of 24 HWs were trained to deliver RMC at their respective HFs. In addition, 50 HWs were trained to integrate with BEmONC and preventive medical equipment maintenance. Based on FUV data, the percentage of HCs providing women friendly delivery services is 80%.

Sub-Result 2.3: Improved Management of Health Service Delivery and Oversight of Service Quality

Health Service Quality Management

The USAID TRANSFORM: Primary Health Care covered 47 Woredas in it quality assurance and improvement initiatives during the last two years. A total of 232 health facilities (23 PHLs and 209 HCs have established a Quality Improvement (QI) team in the facilities who are working on continuous quality improvement and quality assurance. This includes the addition of three to four health facilities in each Woreda - primary hospitals, lead HCs, and member HCs. Both MNH and family planning collaborative has been started.

Quality assurance/clinical auditing have been undertaken using quality standards developed by FMOH, to enable the health service providers provide the health service according to the standard set to ensure quality of care provided to women and neonate. The clinical auditing is conducted during startup which is baseline data and then there will be quarterly follow up and it is done by self-assessment which mainly conducted by the QIT in the facility and validation which is conducted by the regional, zonal, and project staff.

Quality Improvement Projects

Clinical Audit Progress in MNH Quality Standards**:** In this quarter, self-auditing and validation assessments were undertaken for most QI sites. A total of 118 facilities (23 PHLs and 95 HCs) were supported to conduct clinical auditing, with most facilities showing significant progress in QI standards. The external validation results confirmed the self-assessments. That is, both the self-assessment and external validation results revealed good progress and most of the validation result is similar with the self-assessment results (see the below table). Some of the major gaps identified during the time of assessment was frequent problem with power supply, drug shortage, human power shortage, issues related to motivation, infrastructure problem/rooms shortage, water shortage etc.). Most of these facilities were supported to use the clinical audit findings for decision making to improve the quality of care in their service provision.

Table 13: The Progress of Quarter Clinical Auditing Result in MNH Collaborative

Cluster	Woreda	Health Facility	Baseline Result	2nd Result (Self-assessment)	3rd Result (Self-assessment)	4th Result (self-assessment)	Validation Result
Woldia	Wadla	Wadla PHL	35%	72%	87%	87%	86.2%
		Kone HC	18%	8%	29%	33%	61.6%
		Hamusit HC	21%	52%	55%	58%	59%
Sekota	Zequala	Zequala PHL	46%	77%	79%	80%	84.2%
		Tsitsika HC	3%	33%	33%	36%	51.3%
		Kidamit HC	5%	18%	26%	32%	30.8%
Hawassa	Dara	Teferikella	36%	61%			
		Tullahircha HC	31%	48%			
		Odola HC	28%	31%			
		Kebado PHL	56.6	64%			
Ambo	T/Kutaye	Guder PHL	80%	88.4%			
		Gorosole HC	24.2%	44.2%			
	Ejere	Ejere HC	26%	72.1%			
		G/Jimata Hc	19%	53.5%			

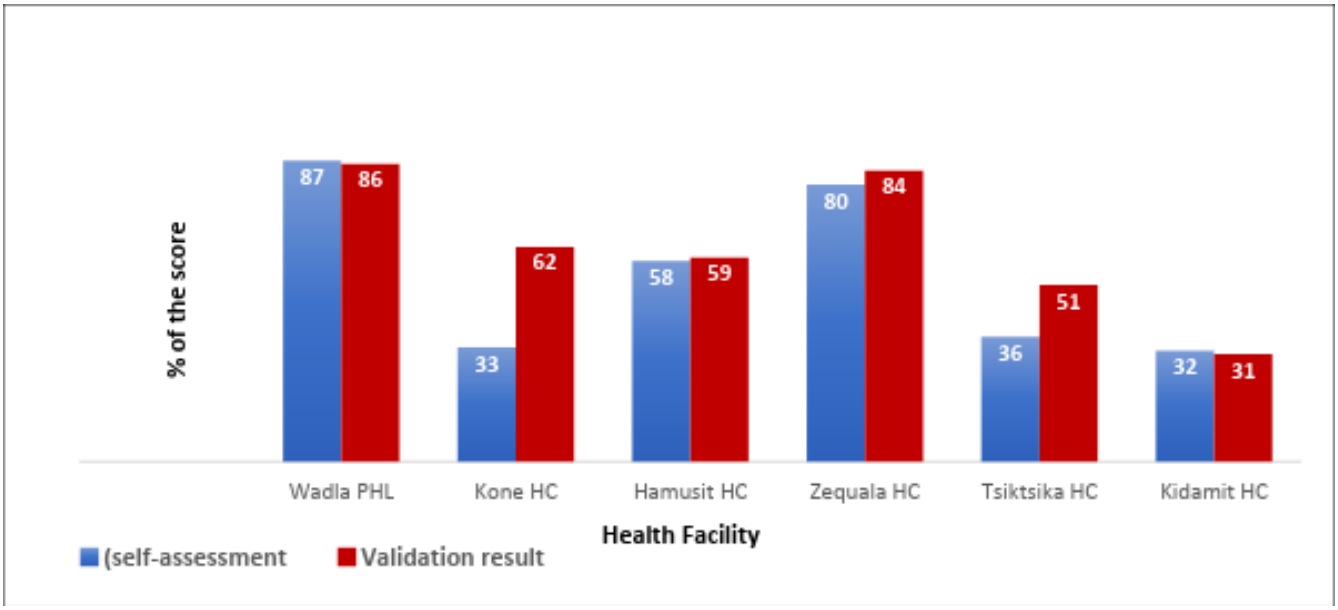


Figure 7: Self- assessment versus Validation in Clinical Audit

Table 14: Family Planning Collaborative Quarter Self-Clinical Audit Progress Results, by Health Facility

Cluster	Woreda	Facility	Clinical Audit Components Result	
			1st	2nd
Debretabor	Estie	M/Eyesus PHL	12.5%	43.7%
		Estie HC	12.5%	31%
		Licha HC	6.25%	18.75%

Coaching and Mentorship Support to the QI team: In this quarter, mentorship and coaching was provided to 76 facility QI teams with the RHB, zonal, and Woreda health level quality improvement coaches alongside the support from the project staff. During this visit, coaches build relationships with the facility QIT to assess gaps, assess QI team functionality (team meeting, team participation/decision on QI activities), monitor the QI project progress, review and assess data quality, support data tracking on the run chart, and support data for decision-making and documentation. During the coaching visit, the QI coaches provided technical support and site level mentorship to establish and strengthen QI units, support initiated QI project and select new areas for improvement. Some of the changes observed with coaching visit were the facilities revealed significant improvement in achieving the QI standards and most of health facilities have a functional quality improvement team as the result of coaching and mentorship activities

and are using the data tracking over time and measure the quality improvement projects progress weekly and monthly.

Collaborative Learning session (EPAQ): In this quarter, a learning session was conducted at Debub Gonder cluster, Estie Woreda MNH, and family planning collaborative. The learning session are intended to foster peer-to-peer learning and accelerate changes and create a culture of QI in the health facilities and Woreda health offices and the session was attended by staff from the primary hospital, health centers, WorHO, ZHD, RHB quality unit.

QI Projects: The quality improvement projects were mainly focused on outcome and process indicators to improve maternal neonatal health and reduce death such as

- **ANC visit:** improving Early ANC and complete ANC 4 visit, Syphilis testing during ANC visit, Pregnant women nutritional screening,
- **Institutional delivery**: improving skilled attendance, use of Clinical bundle such as safe child birth checklist, partograph and surgical checklist, perinatal mortality,
- **Postnatal care**: improving Early PNC,
- **Family planning**: improving postpartum family planning and family planning integration with other service and method mix
- **Referral:** improving referral linkage, were developed in MNH collaborative and family planning collaborative.

A total of 209 (41 in PHLs and in 168 HCs) QI projects has been developed in MNH and RH/FP collaborative by the QIT in the health facilities to improve quality of care of MNH and RH/FP services. Majority of the QI projects have successfully achieved their expected targets.

Durbet Health Center QI Project: Improving the complete and correct use of Partograph for mothers delivered at the health center from 25% to 100% at Durbete HC, Gojjam Zone (Fig 8)

The facility identified the root cause of incorrect and incomplete use of Partograph by using the fishbone analysis and the 'Five Whys' technique:

- Establish functional QI team
- Provide onsite orientation for all MNCH staff
- Analyze data by using audit scoring tool
- Review delivered mother's card by peer to peer
- Conduct regular weekly internal mentorship and monitoring

And then, the team has developed change ideas and has tested with PDSA cycle plan and followed their data progresses over time using the run chart tool weekly and monthly.

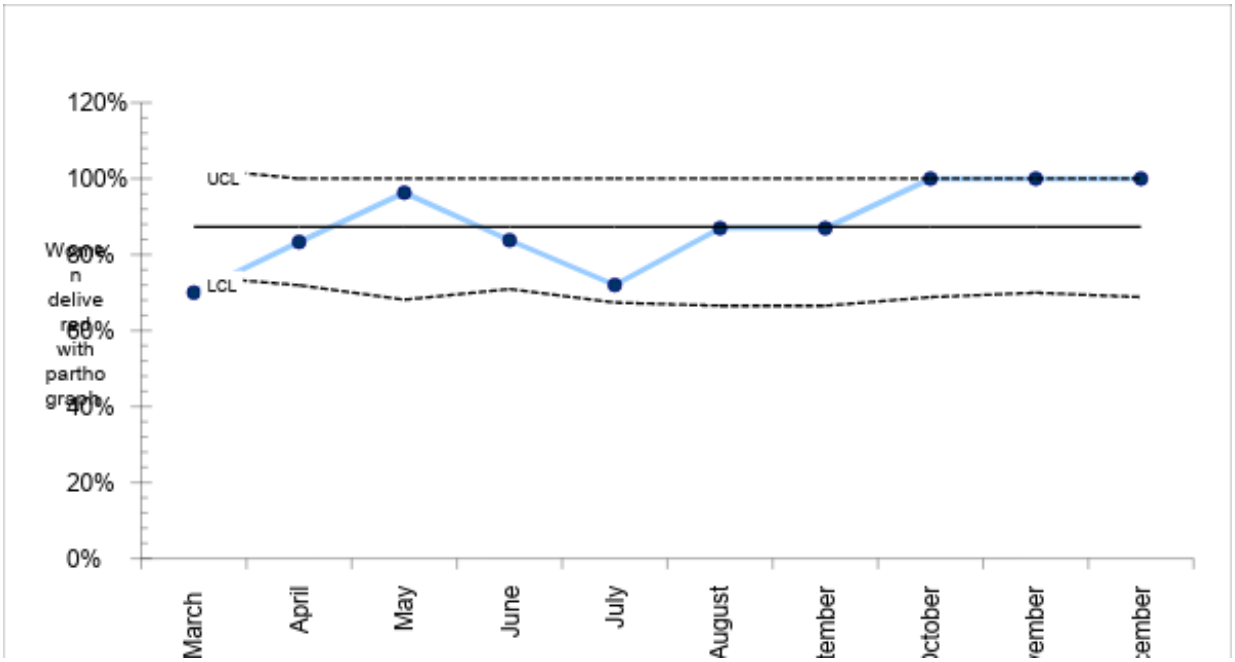


Figure 8: Improving Use and Completeness of the Partograph, in Durbete HC, West Gojam March – Dec 2018

Molalie Health Center QI Project: Improve safe child birth checklist utilization during delivery, from 0% to 100% at Molalie Health Center in North Shewa Zone, Amhara Region from February - June 2018. The facility identified the root cause of incorrect and incomplete utilization of safe child birth checklist by using the fishbone analysis and the 'Five Whys' technique.

Based on the root cause analysis finding, they developed the following change ideas:

- Establish functional QI team
- Avail safe child birth checklist and mentoring tool
- Provide onsite orientation for all MNCH staff
- Analyze data by using audit scoring tool
- Review the safe child birth checklist by QI team
- Conduct regular weekly internal mentorship and monitoring

Additionally, they tested and implemented the above change ideas based on their PDSA plan and followed the progress result by using the following run chart tool weekly and monthly.

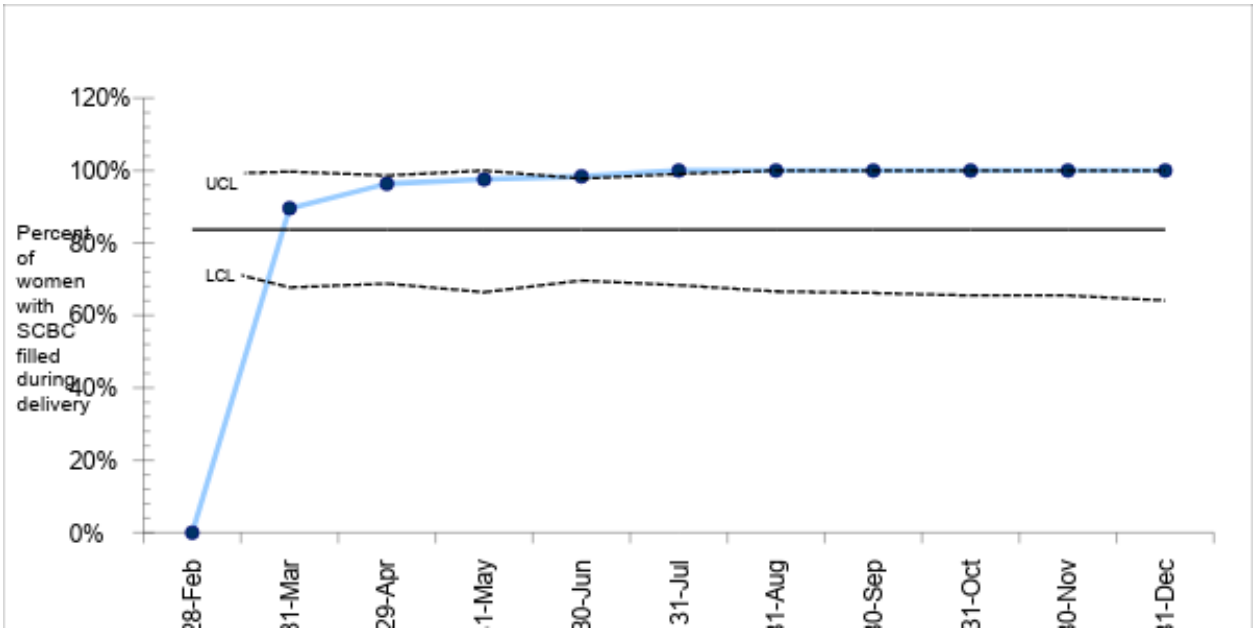


Figure 9: Improving Use of Safe Child Birth Checklist/Clinical Bundle During Delivery, Molalie HC

Feb – Dec 2018

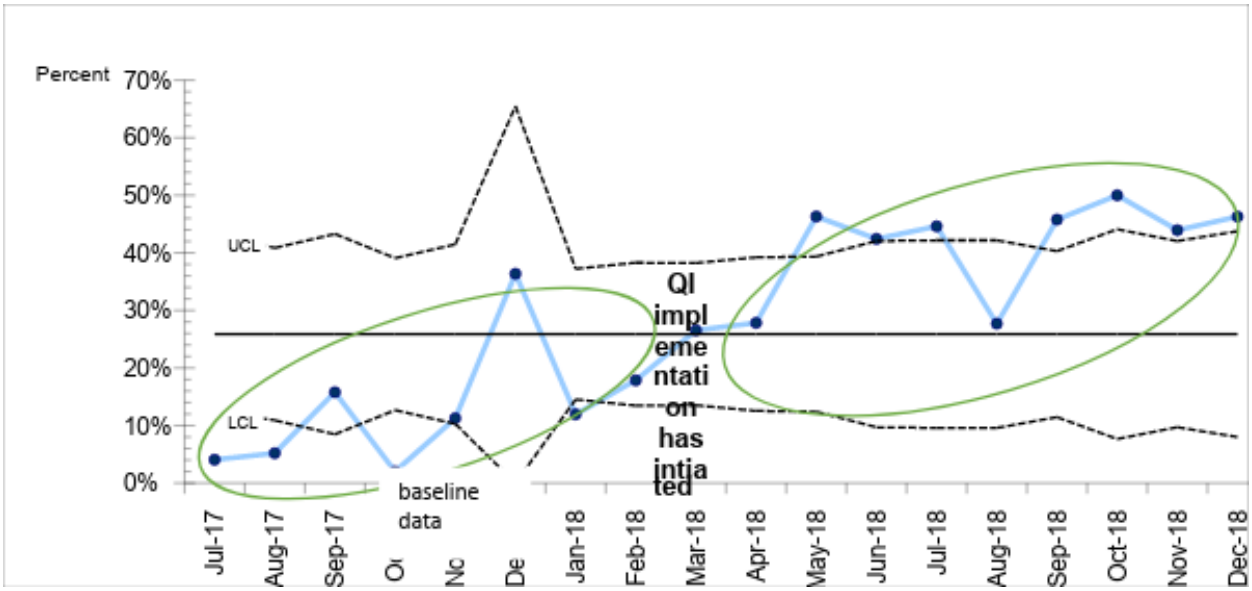


Figure 10: QI Project on Early ANC 1 in Teferi Kella HC, Dara Woreda, Sidama Zone

From the above P Chart there is more than a single data point out side upper control limit which is in a desired direction with QI project which is an attribution to the QI initiative.

Community Engagement - Partnership Defined Quality (PDQ)**:** As the second phase of the PDQ process, a Bridging the Gap workshop was conducted in Dara WorHO. The training was done within its four health facilities for 104 participants from the health facilities and the four kebeles. During the event, findings from the quality exploration of community and health service providers (which was conducted in phase one) were presented and discussed and then both the community and the facility together identified common quality issues to tackle.

Some of the common quality issues identified during the workshop were: the lack of compassionate respectful care; lack of maternity waiting home; weak health center health post linkage; weak kebele leaders and community representatives support to HEWs for health service; low Implementation of CASH initiative at health facilities and shortage of medical equipment; weak community mobilization, power supply problem; interruption of laboratory service; shortage of delivery couch; poor postpartum counseling service, delaying of an ambulance to reach mothers in labor, poor early pregnant mother identification by the community, drug shortage/too much referral to drug venders for drugs, communication problems as a result of client/ language barrier; and a poor referral system.

Based on these challenges, participants developed action plans namely: strengthening community – provider linkage for which community representatives were selected from each kebele to work with the facility QI team; building maternity waiting home from locally available materials until the end of December 30, 2018 by community contributions; early identification of pregnant women, delivery service and postnatal care. Some of the points are included in their action plan to community and the facility staffs plan to work together, which is the third phase in the PDQ process.

Technical Working Groups: USAID TRANSFORM: Primary Health Care was represented in the technical working group (TWG) of the health sector quality Directorate (HSQD) and participated in the TOR development for the TWG. USAID TRANSFORM: Primary Health Care was represented in steering committee for Ethiopian hospital alliance for quality (EHIAQ) of the medical service directorate. USAID TRANSFORM: Primary Health Care was also represented in TWG for QED MNH in implementation of MNH QED initiative and participated in organizing a two-day orientation workshop for the learning districts which was held at Adama town, including the four Woredas USAID TRANSFORM as part learning districts for the initiative (from the 15 learning districts, USAID TRANSFORM: Primary Health Care contributed four Woredas from the four regions).

Strengthen the Regional QI Steering Committee**:** USAID TRANSFORM: Primary Health Care at the regional level has continued to provide frequent technical support to Amhara, Oromia, Tigray and SNNP RHB on strengthening the quality structures and National health care quality strategy (NHQS) implementation across the region.

Sub-Result 2.4: Introduced and Scaled Innovative Service Delivery Interventions to Impact PCMD

FP Service Integration to other Health Service Units: As part of the FP/RH thematic activity package, the FP-service is integrated into the delivery, ART, post-abortion, YFS and child- health- Immunization units of HCs and PHs in the package Woredas. The project supports the integration through training of service providers working in the above-mentioned units on comprehensive LARCs skills and provide consumables including follow-up and review meetings. In this reporting quarter, in Oromia and Amhara have integrated in 38 HCs the PPFP methods also in Oromia FP service was integrated in two HCs and three PHs ART units, similarly in Amhara four YFS clinics have integrated the FP service.

Back-up LARC Service Support from HCs to HPs: The random follow-up visit result showed an increment in the percentage of PHCUs providing back-up LARCs service support from HCs to HPs from 30.4% in the first quarter of 2017 to 47.1% in the first quarter of 2018. Back-up LARCs support from the PHCU health centers to the HPs have the objective of providing those FP services that are not normally provided at the HP level, including Jadelle and IUCD insertion and removals, Implanon removals. The delivery of the back-up LARC-FP service to the HPs was integrated into the existing routine regular visit of providers from the HC to the HPs. In this reporting quarter, a total of 114 PHCUs conducted about 429 visits to the HPs and served 8,840 clients with different FP methods of their choice in the four project regions, out of which 7,061 were LARCs insertions and 1,434 LARC removals.

Uterine Balloon Tamponade (UBT): UBT roll-out trainings were continued in this quarter and 21 new HWs (emergency surgical officers and midwives) from PHLs were capacitated to be able to use UBT in the treatment of refractory PPH making the total number of HWs who are able to use the new innovative technology to date 184. So far, nine maternal lives were saved by appropriate use of UBT kits distributed to PHLs which have trained health workforce.

VSCAN Introduction at HCs**:** Obstetric ultrasound (U/S) is one of the necessities in obstetrics practice. Obstetric U/S in Ethiopia is performed by radiologists and gynecologist/obstetricians at hospitals till recently and currently additionally ESOs have started using U/S to pick major obstetric problems at PHLs. Most antenatal care (ANC) services and deliveries occur at primary health care units (PHCU) where U/S service is not available except at PHLs. Health Centers do refer mothers to hospitals and/or private health care facilities whenever U/S is indicated which incurs lots of travel, cost and discomfort onto those referred mothers and uncertainty to the health care providers at the HCs. Cognizant of that, the project in consultation with FMOH and RHBs has introduced U/S (VSCAN) at selected 100 HCs in the four regions. From those selected 100 HCs 100 mid-level HWs (most of whom are midwives and some clinical nurses/health officers) were trained for 10 days on limited obstetric U/S by senior radiologists and were given the procured VSCANs which they are using since then. During the 10-day training, a total of 1192 pregnant mothers were scanned, and a total of 3,957 pregnant mothers were scanned in two months basic training. Currently the second mentoring session was conducted at Amhara region and going to be conducted in the other three regions during quarter two. After the introduction of VSCANs at HCs there is an increase in ANC service uptake, proportion of early ANC has increased at almost all HCS with the VSCAN, referrals for U/S has decreased and the midwives are receiving encouraging referral feedbacks from hospitals about their U/S findings.

Midwives from SNNPR Scanning Pregnant Women during Mentoring

Clinical Skills Lab (CSL): Service providers need to be acquainted with the required minimum knowledge and skill to carry out their role is very important in providing quality health care services. Cognizant of the critical gaps that exist in the public sector in terms of providing quality health services the project is working on building the knowledge and skill of service providers within its intervention area HFs in addition to the capacity enhancement trainings being conducted. One of the strategies being used is establishing clinical skills labs which serve as peer-to-peer learning centers among selected HFs to improve health care providers' knowledge, skills and confidence to manage cases. Skill labs also play a key role in medical training quality assurance and fulfilling local needs to achieve low cost and high-quality clinical teaching which is also reflective of the local health needs and cultural expectations in resource limited countries. Through the project's intervention, CSL guideline was developed and fully furnished 30 skill labs were set up (one per cluster) to facilitate knowledge and skill sharing among service providers. Government endorsed training guides and procedures are used and the skill demonstrations are documented by the facilitator of the skill labs.

Example of Training Materials from the Clinical Skills Lab

Integrated Periodic Outreach Services (IPOS): The project aimed to improve accessibility of immunization services for all children regardless of where they are born or where they live. Considering this, Integrated Periodic Outreach Services (IPOS) implemented at Maji Woreda of Bench Maji zone and addressed several children in different interventions (805 malnutrition screening, 43 immunizations, 806 deworming and 721 vit A supplementation). In addition, 16 children assessed, classified and treated for pneumonia and diarrhea.

Table 15: Key MCH interventions Implemented during IPOS at Maji Woreda, Benchimaji Zone

Child Health		**Maternal Health**	
Activities	**# Performed**	**Activities**	**# Performed**
BCG	39	Family Planning	25
Penta 1	43	ANC 1	19
Penta 3	14	ANC 4	14
Measles	18	IFA took plus 90 days	30
Total Vitamin A Supplemented	721	TT2 + PW	24
De-worming	806	PW screened for Malnutrition	48
Screening for Malnutrition	805	MUAC < 23 cm	1
SAM (MUAC <11 cm) referred	3		
MAM (MUAC 11 to 12 cm)	1		
< 5 years children treated for Pneumonia	8		
< 5 years children treated for Diarrhea	8		
Scabies screening and identified cases	33		

Weight for Height (WFH) Tool: Final field testing of a new WFH anthropometric tool was done with Oromiya Regional Health Bureau. The new tool was found to save 40% of time and the energy needed for WFH assessment. More importantly, it has also lowered proportion of 'error'. HEWs have also used the new tool with no error indicating its potential to be used by HEWs. The team recommended its endorsement. For its proper introduction in to the global practice, a robust study with bigger sample size is underway and it is expected to be finalized in the next quarter.

RESULT 3: IMPROVED HOUSEHOLD AND COMMUNITY HEALTH PRACTICES AND HEALTH SEEKING BEHAVIORS

Sub-Result 3.1: Increased Individual and Household Level Care-Seeking Behavior and Uptake of Healthy Practices

Health Messages: USAID TRANSFORM: Primary Health Care reached an estimated 2,041,206 individuals in Amhara (16300), Oromia (358,880), SNNP (733,824) and Tigray (932,202) regions with MNCH, AWD, malaria, yellow fever, fistula, nutrition and CBHI related messages. The messages were transmitted in places where large group of people congregate using audio mounted project vehicles.

Table 16: Estimated number of Individuals Reached with Health Messages, Segregated by Region & Sex

No.	Region	Estimated # of Individuals Reached		
		Female	Male	Total
1.	Amhara	7,370	8,930	16,300
2.	Oromia	180,190	178,690	358,880
3.	SNNP	358,829	374,995	733,824
4.	Tigray	454,582	477,620	932,202
Total		**1,0000,971**	**1,040,235**	**2,041,2016**

Printed and Designed SBCC Materials: USAID TRANSFORM: Primary Health Care reprinted 200,000 copies of CBHI brochures in Amharic (96,000), Affan Oromo (92,000) and Tigrigna (12,000) languages. The brochure is aimed at informing the community about CBHI and its financial protection benefits. It has also reprinted 6,000 copies of Tiahrt charts in Amharic (3,000) and Affan Oromo (3,000) languages. The charts will be distributed and posted in waiting areas at health facilities

The project has also designed various SBCC materials during the reporting period. The materials will be pretested, printed and distributed in the coming few months.

Table 17: Materials Designed During the Reporting Quarter

#	Material Description	Purpose
1	Under 5 danger sign poster	Promote danger sign recognition and prompt care seeking.
2	Early ANC poster	Promote early ANC.
3	Immunization brochure	To promote immunization of children
4	FP brochure	To inform about the benefits of FP, method mix and rights of clients
5	CRC self-assessment flyer	To promote compassionate and respectful care among providers

IEC Materials: The project disseminated 401,009 IEC materials including 11,532 family health guides during the reporting period. The materials were aimed at promoting appropriate health behaviors.

Table 18: The Number of IEC Materials Distributed Per Region

#	Region	Number of IEC Materials Distributed
1	Amhara	42,198
2	Oromia	305,127
3	SNNP	33,684
4	Tigray	20,000
Total		**401,009**

SBCC Team Theme Meeting Conducted: SBCC theme-team meeting was conducted in Axum from November 5 to 7, 2018. The meeting was aimed at equipping the newly recruited community engagement officers with the knowledge and skill required to implement the SBCC activities planned by the project.

Sub-Result 3.2: Strengthened Enabling Environment for Health Seeking Behavior Including Community Engagement in Health Service Oversight

Community Mobilization Strategy

Community Mobilization Kick-off Workshops**:** USAID TRANSFORM: Primary Health Care conducted two days long community mobilization kick off workshops in Wolita-Sodo and Arbaminch Towns, respectively. The workshops were aimed at equipping the participants with the knowledge and skills required to implement the community action cycle (CAC). This approach enables community members to organize themselves, explore essential health issues, and to develop a plan of action, implement, monitor and evaluate health related activities.

The workshop brought together 145 community and government representatives (35 female and 110 male). Issues of model kebele, MNRCH, WaSH and community mobilization were thoroughly discussed

during the workshop. The participants have currently started rolling out the community mobilization strategy in their respective kebeles with the support of their catchment health centers. TRANFORM: Primary Health Care will also provide technical assistance to the 10 demonstration kebeles with the goal of creating model kebeles. The project implements this intervention in selected demonstration sites.

Community Mobilization Workshop Participants,
Wolita Sodo, SNNP, December 20, 2018

Table 19: Number of Community Mobilization Workshop Participants

# of Zones	# of Woredas	# of HCs	# of Kebeles	Total # of Participants		
				Male	Female	Total
3	6	9	10	110	35	145

Supportive Supervision Visits: USAID TRANSFORM: Primary Health Care conducted supportive supervision visits in Dara Woreda of SNNP. The visit was aimed at assessing the progress and feasibility of the community mobilization intervention which has been initiated in the Woreda. Consequently, a supportive supervision team comprising of Senior Technical Advisor for Community Engagement, Pathfinder US Office, Dara Woreda MNCH Coordinator, and selected project staffs visited Babe and Shoicho kebeles.

Community Mobilization Team, Babe Kebele, Sidama Zone,SNNP

Both kebeles have organized a community mobilization team, shared roles and responsibilities, explored and prioritized their health problems, developed a plan of action and started implementation. These kebeles have also conducted quality exploration and bridging the gap exercises with health care providers which helped them to identify gaps on service provision and develop a plan of action. They are also regularly meeting to monitor the progress of planned activities. This will help to improve early pregnancy identification, institutional delivery, LARC uptake as well as EPI coverage. The initiative also helped the kebeles to construct road side latrines, strengthen pregnant women conferences, and mobilize resources for the construction of maternity waiting homes. These kebeles are also working with their catchment health centers to address service-related challenges. Turnover of kebele command post leaders seems to be one of the major challenges faced by the community mobilization team.

Health Post Open House: USAID TRANSFORM: Primary Health Care conducted health post open house event in Eko Efo Babo health post, Sululta Woreda, Oromia Regional State from December 30 - 31, 2018. The event was aimed at promoting the curative and preventive services rendered at the health post. The HP open house event consisted of community conference following a brief tour (HP open house) of the HP/ facility. Accordingly, presentations and discussions were made on the health situation of the kebele, MNH and the services provided at the HP level. The event was also a very good opportunity to identify the barriers for service utilization and potential solutions including: the lack of knowledge about the availability of curative services; the lack of essential drugs; the closure of the HP; the lack of CRC providers at the catchment health center; and the lack of maternity waiting home. It was also agreed to intensify awareness creation activities through the male development army, women development team leaders, and religious leaders. The Woreda health office and the catchment HC have also pledged to intensify their support to the HEWs. The supervising health center and USAID TRANSFORM: Primary Health Care will follow the implementation of agreed action points and the impact of the HP open house event.

Community Conference and HP Open House/Visit
Eko Efo Babo health post, Sululta Woreda, Oromia Regional State, December 30, 2018

58 community representatives (10 female and 48 male) attended the community conference, while 134 visited the HP. The participants included: 1-30 leaders, teachers, agriculture development agents, male development armies, religious leaders, x-traditional birth attendants, youth leaders, Iddir leaders, kebele command post members, catchment HC staff, Woreda representatives etc.

RESULT 4: ENHANCED PROGRAM LEARNING TO IMPACT POLICY AND PROGRAMMING RELATED TO PREVENTING CHILD AND MATERNAL DEATHS (PCMD)

USAID TRANSFORM: Primary Health Care serves as learning ground for future policy and program directions, bridging a disconnect between operation research, policy and practice. Conducting and disseminating operation/programmatic researches; documenting success stories and best practices and related activities using different venues are some of the key activities under the result.

Sub-Result 4.1: Strengthen Health System Capacity to Generate Learning and Evidence

Technical support was provided to contribute for enhancing functionality of the health system mentioned under sub-result1.2. Among others, support to connected Woreda strategy, HIS resource capacity building, data quality assessment and data use are some of the areas supported by the project.

The project research advisor supported Amhara Regional Knowledge Hub members to identified four systematic review and meta-analysis research topics focused on MNH, nutrition, health systems and FP/RH thematic areas.

In the reporting period, orientation was provided to the project's monitoring, evaluation and learning (MEL) team on knowledge management (KM) audit findings, strategic information action plan as well as a detailed briefing on best practice and success story documentation. Following the meeting, regional MEL focal persons were assigned as KM 'champions' that will own, manage and drive forward documentation of project activities at the regional level with the support of KM advisors. Moreover, the project's strategic information plan was updated, and progress made was tracked through consultation with advisors of each thematic area and further developed to include budget and level of support required.

Sub-Result 4.2: Evidence of What Works in PCMD Informed by Results from Program Learning and Iterative Adaptation

Conducting and disseminating operation/programmatic researches; documenting success stories and best practices and related activities using different venues are some of the key activities worth to mention under this sub-result. The following are some of the key achievements of the reporting period.

- The following research activities are on progress by technical advisors with the support from MEL team:
    - Assessing facilitators and barriers of the Ethiopian Primary Health Care Facilities Referral System: A Case of USAID TRANSFORM Primary Health Care: proposal completed and started data collection
    - Contribution of peer educators in health service demand generation, YFS service utilization and engagement in social responsibility: proposal completed and received ethical approval from each regional health bureau.
    - First draft research result "Evaluation of Effectiveness and Efficiency of Basic Leadership, Management, and Governance Trainings of Primary Health Care Managers" report made.
    - Draft research proposal prepared on "Mutual Effects between Quality Improvement and Community Health Insurance Interventions" and submitted to USAID.
- In the reporting period, the MEL team in Ethiopia and US develop a call for proposal to identify international consultants that can replace the role of a previous USAID TRANSFORM partner (KIT) that is no longer in the partnership. Multiple rounds of screening were made in the reporting quarter, and the identified consultant will commence the assignment in the next quarter.

Sub-Result 4.3: Evidence Utilized to Inform Programming and Policy with Local and Global Stakeholders

Knowledge Sharing**:** Efforts have been made to share knowledge created by the project, through presentation in global and national forum. The following are opportunities where the project is sharing its lessons:

Five research topics were presented at ICFP 2018 conference held in Rwanda between November 12-15, 2018:

- "The Effect of Community Based Health Insurance on Modern Family Planning Utilization in Ethiopia: (Oral Presentation)
- "Integrating Long Acting Reversible Contraceptives within Youth Friendly Services to Adolescent and Youth in Ethiopia" (Oral Presentation)
- "Health workers' knowledge on Intrauterine Contraceptive Device and Associated Factors" (Poster Presentation)
- "Strengthening Health Systems to Ensure Equitable Access to Implant Removal Services in Ethiopia" (Poster Presentation)
- "Integrated Multisectoral Response for Sustainable Adolescent and Youth Development Conference in Ethiopia" (Poster Presentation)

A poster presentation was given to the Global Digital Health Network, between December 10 – 14 2018, in Washington D.C., USA. The poster presentation was titled "Assessment of Technical, Behavioral and Organizational Determinants of the Routine Health Information System of Ethiopia".

The following 12 abstracts are submitted to the upcoming 30th Ethiopian Public Health Association (EPHA) conference that will be held in the Aba Geda Conference Center in Adama from February 25–27, 2019:

- "Determinants of Immediate Postpartum Intrauterine Contraceptive Device Uptake among Women Delivering in Health Centers of Oromia Region, Ethiopia"
- "Perception of Service Users on Health Facilities Cleanliness and Safety, and its Link to Health Service Utilization in Ethiopia"
- "Delaying First Pregnancy: Contraceptive Uptake among Adolescents and Youth"
- "Exploring Gender Issues in Health Systems and in the Delivery of Quality of Health Services: Findings from USAID TRANSFORM: Primary Health Care Gender Analysis"
- "Gender Mainstreaming in the Ethiopian Health Sector Establishing Conceptual Clarity and Paving the Way for Practical Implementation"
- "Water, Sanitation and Hygiene (WASH) Practices and Contribution of HEWs in Rural Households' in Ethiopia"
- "Creating Safe Space for Young Girls Impacts their Lives Positively: A Best Practice from Her Space Project"
- "Integrated Management of Newborn and Childhood Illness Onsite Training"
- "Quality Improvement Initiative Brings Improvement to Postnatal Care within 24 Hours"
- "Environmental Compliance Practices in Government Healthcare Facilities in Ethiopia"
- "Women's Decision-Making Power and Health Service Utilization in USAID TRANSFORM: Primary Health Care Areas"
- "Precautionary Advocacy Strategy Serving as a Tool for Preventing Risk in Public Health Emergencies among Internally Displaced People in Gedeo Zone of SNNPR, the Experience of USAID TRANSFORM: Primary Health Care in Ethiopia"

Several branding activities were carried out including regular social media engagement on the project's Facebook page, finalization of the design of the project brochure and one-pager and a professional photoshoot and production of a video showcasing USAID TRANSFORM: Primary Health Care's work as part of a video and coffee table book documentation. As part of the efforts to increase visibility for the project,

an abridged version of the annual report for communication is being produced. Documentation of technical briefs, case studies and success stories were done for some thematic areas during the quarter

Table 20: Documentation of project activities done during the reporting Period

Type of Publication	Thematic Area	Title
Success story	Health Information Systems	Improved Data Quality Advances Evidence Based Practices
Success story	Obstetric Fistula	Relief from Obstetric Fistula Complications for a Rural Grandmother
Technical brief	Maternal and Newborn Health	Enhancing Knowledge and Skill Transfer through Skill Labs
Technical brief	Maternal and Newborn Health	Innovative use of condoms saves mothers' lives
Case study	Expanded Program of Immunization	Integrated Periodic Outreach Services (IPOS) address inequity in RMNCH-N services

PARTNERSHIP AND COLLABORATION

FP/RH Partnership**:** USAID TRANSFORM: Primary Health Care is closely working with Regional Health Bureau and its structures under the Regional Health Bureaus. During this quarter, the project supported the RHBs through active participation in FP/RH working groups and various meetings at various levels in regions. Among others, misconception about the use of family planning and women's right to use contraception according to the principles of informed choice are the issues discussed in Amhara region at the FP/RH meetings/forums.

Maternal Health Partnership: Country and regional project office staffs took part in series of meetings and gave TA to FMOH and RHBs respectively as members of different TWGs. Additionally, the following TAs were rendered to the public sector as requested-have started developing national RMNCH catchment based clinical mentoring and coaching mentors' training materials and pocket guide development in collaboration with FMOH.

Child Health Development Partnership: Child survival TWG at all levels is an opportunity to work with the ministry, UN agencies and other NGOs. Project offices at all levels actively participate in the meetings and support the ministry. We are cooperating with other partners, exchange materials to avoid duplication of efforts. National sensitization workshop on ECD was conducted in the presence of members of three ministries (MOH, MoWCA, MOE), regions, world bank, UNICEF, and other partners.

Nutrition Partnership: Improving multi-sectoral coordination and partnership with the health system and implementing partners/NGOs in project intervention Woredas through partner mapping, TWG, training, joint follow up visit beyond on-spot technical support and enhanced program implementation and minimized resource duplication. USAID TRANSFORM: Primary Health Care from the beginning established effective and active training and partner mapping mechanisms to all thematic. Based on this, Nutrition thematic designed and collected updated information on training and partners mapping through respective CLOs. Then discussion has been made with identified partners and regional health bureau MNCH & Nutrition process on our intervention Woredas that haven't partner working on nutrition to minimized overlap and maximized our resource. Joint follow up visit, RHB, USAID TRANSFORM: Primary Health Care, Save the children and UNICEF, also conducted to hotspot and Woredas with high case load of Severe Acute Malnutrition. On-site technical support and feedback provided to all levels of the health system.

QI/QA Partnerships: First quarter QI regional technical work force meeting was conducted in Oromia region in the month of Nov 2018. The agenda focused on; Leadership engagement on QI issue, reduction of duplication of efforts, TOR Review and finalization, drafting of quality improvement road map and siting regular QI task force meeting. All partners working on QI in Oromia region presented their intervention Woredas and discussed and agreed to minimize overlap.

SBCC Partnerships:

- **Playing a Key Role in the Development of SBCC Quality Assurance Guideline:** USAID TRANSFORM: Primary Health Care participated in a workshop aimed at developing SBCC quality assurance guideline. The workshop was organized by Federal Ministry of Health in Adama Town from October 8-10, 2018. The guideline is aimed at supporting SBCC stakeholder to produce effective SBCC materials and interventions.
- **Supported FMoH in Designing and Printing SBCC Quality Assurance Guide:** The project supported FMoH in designing and printing 200 copies of SBCC quality assurance guideline. The guideline is aimed at ensuring the quality of SBCC programs and materials
- **Supported Oromia Health Bureau in Printing WDA Training Guides:** The project supported Oromia Health Bureau in printing 5,000 copies of Women Development Army training facilitation guide. The facilitation guide is printed in Affan Oromo language based on the request submitted by the Regional Health Bureau.
- **Participated in Dissemination Workshop:** USAID TRANSFORM: Primary Health Care participated in a workshop aimed at disseminating hygiene and environmental health and neglected tropical diseases health communication message guide. The guide is aimed at supporting stakeholders to deliver harmonized health messages to their intended audiences. The workshop was organized by FMoH and John Hopkins Center for Communication in Addis Ababa, December 14, 2018.

- **Participated in SBCC Material Review Workshop:** USAID TRANSFORM: Primary Health Care participated in a workshop organized by Growth through Nutrition Project from November 13 – 15, 2018. The workshop was aimed at reviewing the SBCC materials drafted by the project.

HIS Partnership: Per the request from the Oromia RHB, the project in collaboration with DUP covered the Per diem and transportation cost of the 94 trainees on HIS.

State Minister Visit in Collaboration with RHB**:** SNNP project regional office hosted state minister for operation H.E. Miss Seharla Abdulahi field visit in Halaba zone at Halaba kulito health center, Laye Bedene health post and Halaba kulito Primary hospital in December 2018. During the field visit Halaba zone chief administrator, Halaba zonal health department head, SNNP RHB head and USAID TRANSFORM primary health care project staff, and the state minister chief of staff were in attendance. Based on her observation during the visit the state minister appreciated the activities and considers the woreda to be on the right track to ensure USAID TRANSFORMation with in the given time period and she promised to donate Laundry and X-ray machine for Kulito Primary Hospital.

H.E. Miss Seharla Abdulahi on field visit in SNNP

USAID Visit to SNNPR: The USAID mission carried out a two days technical and management visit in SNNPR. The visiting team started their visit by looking at activities from HP and HC in the project implementation of Dara Woreda in Sidama Zone. Moreover, they had a half day productive discussion in the process of the project implementation with regional project staff and the RHB.

USAID visit to Tigray: A USAID team comprising both from Washington and Addis offices paid visit to project sites in different woredas of Tigray from October 31 to November 2, 2018. The members of the

visiting team included Theresa Shavers, Liz Kibour, and Alanna White from USAID Washington and Carolyn Curtis, Dr. Zewditu Kebede from USAID Addis and Jieun Seong, KOICA deputy head accompanied by country, regional and cluster project office staff. This visit was arranged following the regional quarter review meeting which was held at Agamos hotel in Adigrat town from October 29-30, 2018 and prior to the country level review meeting which was held at Yared Zema hotel in Axum town from November 5-7, 2018.

The sites visited were PHLs, HCs, HPs and communities within Ganta Afesum (Bizet HC), Gulomekeda (Zalanbessa HC & Addis Tesfa HP), Hawzien (Fre-semaetat PHL, Megab HC & Debre-Hiwot HP) and Raya Azebo (Mehoni PHL, Kukufto HC & Tsaeda Meda HP) woredas. In these visited sites, the team had the opportunity to meet community representatives, members of women development army groups, adolescent and youth peer educators, health extension workers, health service providers and managers. At each level of the visited sites, presentations on performances of the 2010 EFY and discussions were made. Peer educators in two of the visited HCs, have presented their performances including their innovative approaches to educate their peers in multiple venues. Different service units including FP, maternal and child health, NICU and others were visited.

Upon conclusion of the visit to each level, the team members gave feedback and mentioned their appreciation that the community and HF level performances are excellent. These include the PHCU linkage, the involvement of different groups and the community in supporting the health system, health service providers' commitment, the services provided, and the community based health insurance scheme. However, they pointed out that the NICU set up is not well established and emphasis should be given to the cleanliness of the set up and the oxygen administration to neonates. The overall conclusion of the team was that the project is contributing well to the improvement of the health system in the region.

Team from USAID Washington and Addis, Visiting One of the Project HPs

USAID VIP delegation visit in Tigray: A USAID VIP delegation paid a visit to Hawzien, one of the project woredas in Tigray. The delegates had included:

1. Jim Richardson, Assistant to the Administrator in USAID's Bureau for Policy, Planning and Learning (PPL)
2. Beth Dunford, Assistant to the Administrator in the USAID Bureau for Food Security
3. Leslie Reed, Mission Director, USAID/Ethiopia
4. Martha VanLieshout, T3 coordinator and Special Assistant to Jim Richardson
5. Diana Leo, White House Liaison and
6. Juan Carlos Rodriguez, Deputy Chief, Office of Assets and Livelihoods in Transition

The team traveled to Debrehiwot Kebelle in Hawzen woreda and met with the Mrs. Kidsan Berhane who is a HEW at the HP and discussed implementation of the health extension program including a discussion with community members benefiting from the CBHI including their financial risk protection. Next to the HP visit, a model HH headed by Mrs. Kidan was visited where the HH compound and health extension program packages practiced including use of bed nets, separated bed and living rooms, compound cleanliness, smoke free kitchen, biogas, two latrines, one inside and the other outside of the house compound, separated barn were observed. Following this discussions were made with women development army groups who met in Mrs. Kidan's house. Finally Megab HC was visited where health service providers and Mr. Kinfe head of the HC were met and discussion made on the primary health care linkage, health service provision and the implementation of the community based health insurance.

USAID VIP delegates attending introductory explanation about the project inside the premises of Debre-Hiwot HP

PROJECT DATA MANAGEMENT AND MONITORING

DHIS2: The project DHIS2 system became operational in August 2018. Since then, several functionalities and modules has been added to the system including different dashboards, data analysis summaries, and maps using the Geographic Information System (GIS) feature. Mapping has allowed the project to understand the geographical distribution of data. The GIS application allows us to create thematic mapping of areas and points, view facilities based on classifications, and visualize districts and Woreda catchment areas by indicators and data elements. The GIS tool integrates seamlessly with the data visualizer and pivot table app. Users can at any time choose to visualize a map as a chart or table and switch back to map view again

The dashboards are designed to give an overview of multiple analytical items like maps, charts, pivot tables and reports which together can provide a comprehensive overview of the project progress. The dashboards are classified by thematic areas and use data collected from different administrative levels and sources including follow-up visit, HMIS, and training data to create rich tables and data visualizations that drive evidence-based decision making. In addition to, previously collected PMP and FUV historical data, YFS service data, HMIS and training raw data, were imported into the system to ensure a complete picture and facilitate trend analysis. In this reporting period all follow-up visit data, random follow-up, and YFS service data were collected, reported and analyzed through DHIS2.

Some of the existing challenges include late and unclear FMOH DHIS2 implementation and direction. The project DHIS2 architecture was designed to have a link with the FMOH DHIS2 server and synchronize HMIS related data directly from the FMOH system. However, it remains unclear how partners can access the collected data directly. Organization unit management: Even after having all the Woredas and facilities

censused in our catchment areas there are still frequent changes and updates. Finalizing the mater facility list prepared by the government may resolve the problem.

Strategic Information Integration within Follow-up Visits: There are two types of follow-up visits under USAID TRANSFORM: Primary Health Care: 1) non-random follow-up visits, also called routine supportive follow-up visits, and 2) random follow-up visits. Both use a similar follow-up visit checklist as a tool to provide onsite technical support. The tool which was designed in consultation with advisors, served as an entry point to provide onsite technical support at all levels. The checklists are updated regularly based on updates and feedbacks. The checklist is developed for WorHO, Primary Hospital (PHL), Health Centre (HC), Health post (HP), Community (Kebele office) and Household (HH).

In non-random follow-up visits, the visitors (CLOs and RPOs) are responsible for selecting the WorHO, PHLs, HCs, HP, communities and households to be visited. The visitors select sites to be visited based on criteria such as giving priority to those facilities that need close follow-up, or sites may be visited by integrating with other activities. The results from the non-random follow-up visits may not be used for generalization; rather it is used for immediate feedback and adaptive management and as a case study for outcome monitoring and program learning.

Random follow-up visits are conducted once per year for the three-month period, October to December. The RPO MEL officers, in consultation with the country office MEL team, are responsible for selecting the WorHOs, PHLs, HCs, and Health posts (Communities) to be visited by using updated sampling frame and a simple random sampling technique. The visitors are responsible for selecting eligible HHs under each selected HP, using a random walk technique. Random follow-up visit results can be used for generalization about the level of program outcomes and will help to produce unbiased data for decision making.

The general objective of outcome monitoring using data from the random follow-up visit is to monitor outcomes of health interventions in the target areas.

The specific objectives of the random follow up visits are:

- To generate representative data that can be used for generalization of the levels of health outcomes in program areas
- To produce periodic data for assessing changes in outcomes
- To assess whether some key health indicators have improved in target areas since the start of the project for which the program is contributing for
- To produce strategic information for program managers on informed decisions.

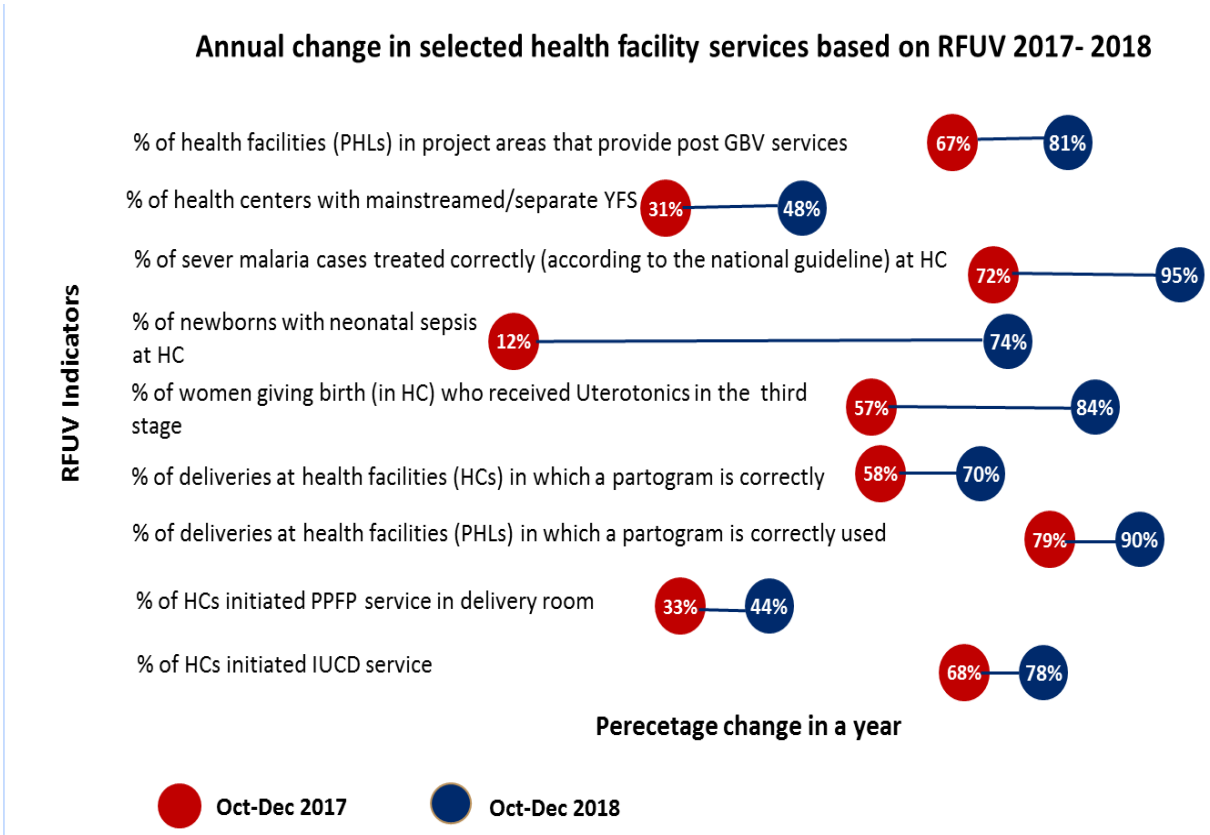


Figure 11: Annual Change in Selected Health Facility Services, 2017 - 2018

Sampling: 50% of the intervention Woredas are selected for random follow-up visit and all primary hospitals considered. There is inclusion of new intervention Woredas with facilities in this year, so as the intervention Woredas increased to 360 from 298. To control the effect of new (phase 2) Woredas in the findings of the random follow-up visit, 50% Woredas are considered from phase 1 as well as phase 2 Woredas and the comparison of findings was made only for phase 1 intervention sites.

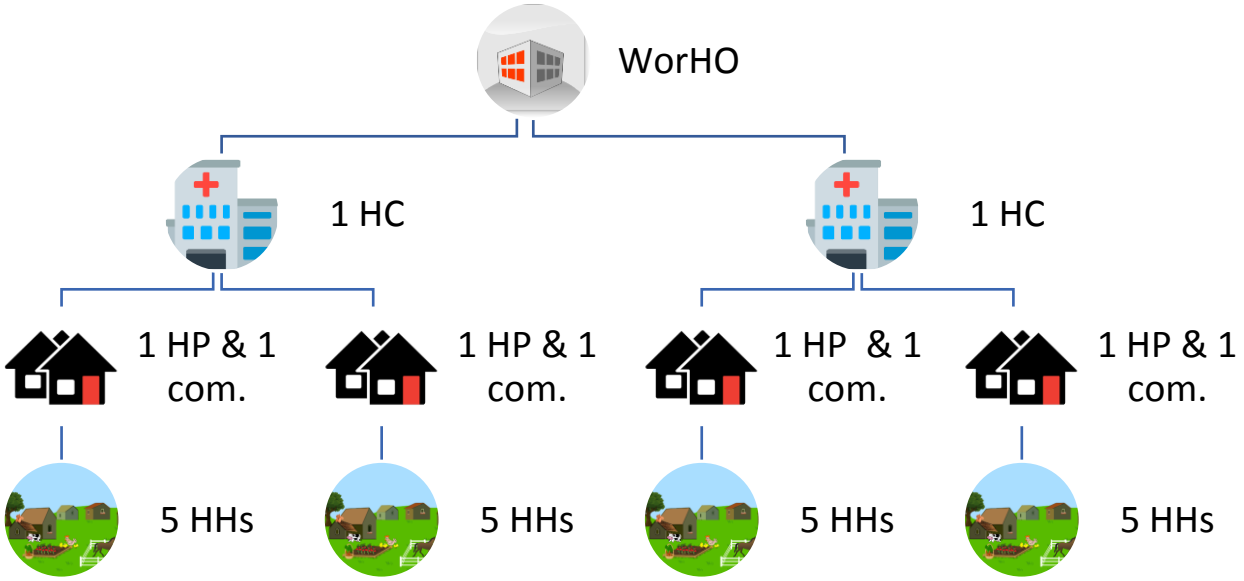


Figure 12: The Pyramidal Approach to Select Facilities and Households for random follow up visit

In this reporting period, USAID TRANSFORM: Primary Health Care conducted the second-round random follow-up visits in October to December 2018. The random follow-up visits were conducted by regional offices and cluster offices to WorHOs, PHLs, HCs, HPs, communities and HHs. All regions completed the data collection successfully; the data collection and analysis were made through the project DHIS2 instance. Preliminary findings of the second round random follow up visit results show changes in some thematic areas. Final results will be shared in a separate document when made available for circulation.

Senior Management Supportive Supervision: USAID TRANSFORM: Primary Health Care senior management team members conducted regular program management supervision to each Regional Program Offices (RPO) as part of the operational plan and regular activity of the project. The team conducts this type of monitoring visits to RPOs at various levels and places to assess the progress of activities and collect information from the project staff and the public system health service managers and partners. Based on the findings of the field visits, the visiting team will give pertinent program management, technical and managerial on-site assistances through formulating corrective action plan and strategy to improve program implementation. Additionally, the visiting team will present those points that require higher level management decisions and involvement of other parties.

The visiting team is drawn from different thematic areas to enable assessment of program performance from different perspectives. The semi-structured questionnaire includes: program management; human resource management; financial management; logistics management; partnership and coordination; and monitoring, evaluation, and learning. Information was collected using semi structured open ended questions. In-depth interview, observations, discussions and document reviews were done and necessary bilateral and participatory problem identification, solution setting and planning for corrective action were also made at different levels. A final de-briefing session was made with all RPO and CLO staff. While the

management visit was conducted in all regions during the reporting period, the reports are not yet finalized.

Monitoring, Evaluation and Learning (MEL) Theme Team Meeting: A MEL theme team meeting was conducted from December 24-28, 2018 at Addis Ababa. All regional MEL officers and country office MEL team members attended. The main objective of the meeting was to create common understanding among staff and improve the MEL system implementation. The agendas of the meeting were MEL plan overview, MELA base line study findings, Woredas expansion and graduation processes, peer to peer learnings on MEL system, file and data management orientation, DHIS2 orientation, knowledge management and research orientation. During this meeting, skills transfers, and a common understanding was established among team members.

COMPLIANCE

Pathfinder International has put in place an integrated, holistic and robust compliance management program. Like others, implementation of the project is subject to operational and programmatic compliance protocols.

- With regard to operational compliance, in collaboration with the Home Office, Compliance Director the newly refocused compliance framework had been tested in Ethiopia. The Compliance Director of Pathfinder International, in her visit to Ethiopia has launched this framework and offered a full day refresher training on operational compliance matters including but not limited to Pathfinder professional conduct policy, Ethical standards, Anti-fraud and harassment policies to 51 staff of Pathfinder International Country Office and Tigray Regional Staff.

- As part of Environmental Compliance support provided to the Federal Ministry of Health of Ethiopia, Pathfinder International offered technical and financial support in preparation of Infection Prevention and control (IPC) and Patient Safety initiative.

This being achieved during the quarter under review, in compliance with USAID TRANSFORM: Primary Health Care compliance requirement below is further detail of progress report on the two major program compliance areas:

FP and PLGHA Compliance: In the quarter under review, all USAID TRANSFORM: Primary Health Care project implementing regions have integrated family planning & PLGHA compliance on-site trainings with their other thematic area trainings to staff as well as service providers in the target areas. In this regard, 5069 service providers and program managers were trained. The trainings were aimed at enhancing the skills of service providers and implementors to adhere to USAID's FP/RH compliance requirements and matters related to PLGHA. Undertaking similar awareness and sensitization on the USG legislative and policy requirement for family planning activities have become a routine part of management support, supervision and follow up visits to the health facilities and partners.

Environmental Compliance: USAID TRANSFORM: Primary Health Care's environmental compliance requirements have been routinely mentored to service providers and partners in the quarter. As part of this ongoing effort of ensuring environmental compliance, 4,953 persons trained in this reporting period in target areas.

TECHNICAL COMMUNICATIONS

Media Engagement: The project organized media engagement workshop in Shashemene Town from November 28 to 29, 2010. 20 (14 male and 6 female) journalists drawn from six media houses attended the workshop which was aimed at enhancing media involvement in health promotion and education endeavors. Both the Regional Health Bureau and all the participants applauded the workshop and pledged to intensify health promotion activities. All the participants mapped out their existing health related programs and drafted a health promotion action plan at the end of the workshop.

Journalists drawn from South TV and radio head office, Fana Broadcasting Corporation FMs, Educational Media, Ethiopia News Agency, South Radio and Television Agency FMs, SNNPR, Communications Bureau, SNNPR Health Bureau and Hawassa university attended the workshop.

Supportive Supervision on Public Health Emergencies communication: It is recalled that USAID TRANSFORM: Primary Health Care in collaboration with the SNNP regional Health Bureau, launched emergency communication system by organizing a week-long training focusing precautionary advocacy strategy for communicating risk in public health emergencies by prioritizing Internally displaced sites at Gedeo zone of SNNPR which composes Gedeb, Bule, Kochere, Wonago, Yirgachefe Town, Dilla Zuria Woredas, Dilla Town administrations.

Following the training, the project conducted supportive supervision. Supportive supervision focused on assessing major gaps in implementing precautionary advocacy strategy and the way forward. In line with this the project assessed risk communication strategies implemented after the training, building trust and mechanisms employed for engaging affected populations, approaches applied for communicating uncertainty, tactics used for community engagement, the presence of integration in emergency response systems, governance and leadership, Information system and coordination, capacity building, finance, strategic communication planning, monitoring and evaluation tools, utilization of social media, and messaging. Finally, the project delivered additional on job technical capacity enhancement.

MAJOR CHALLENGES AND ACTIONS TAKEN

The following table portrays challenges encountered and actions taken during the reporting period:

Challenge	Actions Taken/Required
Rapid leadership changes in many part of the project areas, little support from the government due to shifting attention to other critical political and security issues.	Our cluster and regional offices started giving update and information to the newly assigned leaderships regarding to our project priorities, strategies and implementations.
Family planning opposition and misconception among individuals	With the RHB, continuous discussion is being done with key stakeholders. However, still more discussion will be required with health professionals to provide FP services with well informed choices.
Frequent security problems, particularly in western zones of Oromia and west Guji zone	Vigilant with security issue and act accordingly
Delayed process of sub-grant approval process seems to affect the implementation schedule	Waiting for its approval and facilitate implementation following its approval
Difficulty to transport FP commodities to remote and inaccessible HPs (Tigray)	Various possible options were used

MAJOR ACTIVITIES FOR NEXT QUARTER

The following are some of the key focus activities for the next quarter (for details, refer to the quarter two activities in the year three work plan matrix):

- Re-planning of carry over activities from quarter one of year three
- Support implementation of management standards and performance improvement projects
- Support LMG cascading
- Improve quality of Connected Woreda strategy implementation
- Support implementation of public finance management
- Support CBHI scheme implementation
- Support implementation of sub-grant activities
- Improve capacity at primary level care for quality FP and MNH service provision
- Conduct child health-related services including EPI gap-filling training and onsite support for health workers
- Provide gap-filling nutrition trainings
- Consolidate the testing of new anthropometric measurement and decision-making tool
- Integrate malaria activities with other project activities
- Provide malaria case management and epidemic prevention and control training for ANC service providers
- Provide fistula and POP screening training for service providers
- Provide training and materials to YFS sites
- Support the introduction of new technologies (e.g UBT, Solar Suit Case, V-scan)
- Provide basic gender and health training for PHCU health care managers
- Provide CRC training to midwives and MNH service providers
- Establish new MNH collaborative at PHCU level
- Sensitize HEWs on male involvement
- Distribute the Family Health Guide
- Develop plan for better Operations Research activities on the project and for stronger support from US offices for field teams
- Support regional OR capacity-building
- Participate in national and regional TWGs
- Conduct compliance training and monitoring at different venues
- Conduct routine follow-up visits and data quality assurance support
- Conduct the second Project Technical Advisory Committee site visit

ANNEXES

Annex 1: Performance as Measured by Quarterly Reportable PMP Indicators

Code	Thematic area	Indicator Name	Data source	Quarter1 Oct-Dec 2018			Annual (Oct 2018-Sept 2019)			Possible reason for +-10% of the quarter target
				Planed	Achieved	% Achieved	Planed	Achieved to date	% Achieved to date	
I	**R1**	**Result 1: Improved management and performance of health systems**								
1.6	HS	# persons trained on performance management and improvement related issues	Training report	422	103	24.4	1,652	103	6.2	The FMOH and RHBs allocated budget from other sources, and our involvements shift to only technical supports.
1.7	HS	# persons trained on Health Care Financing (HCF) related issues	Training report	792	2,398	302.8	2,214	2,398	108.3	Public sector request for additional woredas for CBHI lead to train more people, especially in Oromia region
1.17	HS	Number of integrated follow up visit made to WorHOs for onsite technical assistance by project staff using the integrated project follow up visit checklist	Activity report	201	197	98.0	879	197	22.4	Public sector request for additional woredas for CBHI lead to train more people, especially in Oromia region
1.19	Sub-Grant	Percentage of woredas utilizing performance improvement fund and liquidating within the timeframe	Activity report	90	82.3	91.4	90	82	91.4	
II	R2	**Result 2: Increased sustainable quality of service delivery across the PHCU's continuum of care**								
2.24	Fistula	Number of confirmed fistula cases identified and referred for treatment centers	Activity report	125	123	98.4	500	123	24.6	
2.34	AYHD	Number of visits made by adolescents and youth for health care at YFS sites	Activity report	286,317	326,292	114.0	1,145,268	326,292	28.5	Inclusion of new woredas that have YFS facilities established by IFHP project and improved data quality due to introduction of DHIS2 for the project
2.35	AYHD	Number of person trained on AYHD related issues?	Training report	1688	751	44.5	4,008	751	18.7	Priority events such as ARM & ISS in Tigray and security reason in Oromia leads to cancelation of trainings

Code	Thematic area	Indicator Name	Data source	Quarter1 Oct-Dec 2018			Annual (Oct 2018-Sept 2019)			Possible reason for +-10% of the quarter target
				Planed	Achieved	% Achieved	Planed	Achieved to date	% Achieved to date	
2.42	Nutrition	Number of persons trained on nutrition related issues	Training report	310	206	66.5	985	206	20.9	
2.47a	Malaria	Number of health workers trained on malaria case management as part of IMNCI/ ICCM/ CBNC trainings	Training report	585	88	15.0	970	88	9.1	Trainings were planned for remote areas in Oromia, but re-planned for next quartered due to security reasons
2.47b	Malaria	Number of ANC service providers trained on malaria case management as a standalone training	Training report	870	658	75.6	870	658	75.6	Trainings were planned for remote areas in Oromia, but re-planned for next quartered due to security reasons
2.48	FP/RH	Number of people trained on FP/RH service provision	Training report	855	806	94.3	4,084	806	19.7	
2.49	CH	Number of persons trained on Child Health	Training report	645	119	18.4	1,720	119	6.9	Trainings were planned for remote areas in Oromia, but re-planned for next quartered due to security reasons
2.50	MNH	Number of people trained on Maternal and Newborn Health	Training report	549	559	101.8	1,191	559	46.9	
2.56	QA/QI	Number of integrated follow up visit made to health facilities (PHLs, HCs or HPs) for onsite technical assistance by project staff using the integrated project follow up visit checklists	Activity report	1,358	1354	99.7	4,391	1,354	30.8	
III	R3	**Result 3: Improved household and community health practices and health-seeking behaviors**								
3.4	SBCC	Number of person trained on SBCC	Training report	60	17	28.3	180	17	9.4	The current situation about family planning in Amhara region lead to cancelation of training
3.10	SBCC/ AYHD	Number of contacts made to adolescents and youth to provide health information at YFS sites	Activity report	680,073	724,513	106.5	2,720,294	724,513	26.6	
3.15	Gender	Number of people trained on Gender and related issue	Training report	256	185	72.3	843	185	21.9	Priority events such as ARM & ISS in Tigray leads to cancelation of some training
3.18	SBCC	Number of integrated follow up visit made to communities/ Kebles for onsite education/ sensitization by project staff using the integrated project follow up visit checklist	Activity report	850	814	95.8	2,266	814	35.9	

Code	Thematic area	Indicator Name	Data source	Quarter1 Oct-Dec 2018			Annual (Oct 2018-Sept 2019)			Possible reason for +-10% of the quarter target
				Planed	Achieved	% Achieved	Planed	Achieved to date	% Achieved to date	
3.19	SBCC	Number of integrated follow up visit made to households for onsite education/ counseling by project staff using the integrated project follow up visit checklist	Activity report	4,250	4133	97.2	11,330	4,133	36.5	
V	**C**	**Compliance to USG Rules and regulations**								
5.1	Compliance	Number of person trained on family planning compliance to USG legislative and policy restrictions	Training report	5,000	5069	101.4	20,000	5,069	25.3	
5.3	Compliance	Number of person trained on environmental compliance to USG rules and regulations	Training report	5,000	4953	99.1	20,000	4,953	24.8	

Annex 2. Publications Printed

Publications in Print

Title	Author	Year
Comprehensive LARC	FMOH	2017
Implanon NXT Participants Amharic Manual	FMOH	2017
Implanon Participants Tigrigna Manual	USAID TRANSFORM	2017
Implanon Participants Oromiffa Manual	USAID TRANSFORM	
Postpartum Family Planning Participants Manual	FMOH	2017
In-service on PAC Participants Manual	FMOH	2013
Quality Assurance Guide	FMOH	
Fistula algorithm Amharic, Oromiffa , Tigrigna and English	USAID TRANSFORM	2018
Obstetric Fistula and Pelvic organ Prolapse facilitator Guide	FMOH	2016
Obstetric Fistula and Pelvic organ Prolapse facilitator Guide	FMOH	2016
Pregnant women registration to be used by HP staff	USAID TRANSFORM: Primary Health Care	2018
Board Game	FMOH	2017
Facility Trainers Manual	FMOH	2017
How to use PHCG infograph	FMOH	2017
Infographic of the PHCG programme	FMOH	2017
Waiting Area Sean	FMOH	2017

Annex 3: Short-Term Technical Assistance (STTA) Provided

Short-Term Technical Assistance During the Reporting Period

Name	Organization	Date	Purpose of the TA
Sandina Green	Pathfinder	October 7 – 17, 2018	To organize compliance training and to conduct site visit
Camille Collins	Pathfinder	December 9 – 11, 2018	To provide technical support for SBCC activities
Kristin Eifler	JSI	November 5-17, 2018	To provide technical support

Annex 4: International Travel During the Reporting Period

International Travel on Behalf of USAID TRANSFORM: Primary Health Care (Oct – Dec 2018): Cost covered by USAID TRANSFORM: Primary Health Care project

Name	Date	Country and Host Organization	Purpose of Travel
Eyerusalem Demissie	Oct. 9 – 13, 2018	Mozambique	USAID rules and regulation training
Girma Gemechu (FMOH)	November 11 – 16, 2018	Kigali, Rwanda,	To attend ICFP conference
Genet Deres (FMOH)	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Elsabeth Meskelekal (Oromia)	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Dr. Kidest Lulu,	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Dr. Mengistu Asnake,	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Dr. Yewondwossen Tilahun	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Girma Kassie	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Dr. Ketsela Dessalegn,	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Adeba Tasissa, (Oromia)	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Zerihun Tilahun (SNNP)	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Atsede Tadelle, (Tigrai)	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Bekele Belayihun,	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Solomon Abebe	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Wondimagegnehu workineh (Amhara)	November 11 – 16, 2018	Kigali, Rwanda	To attend ICFP conference
Dr. Ephrem Teferi, CHD Advisor	October 13-17, 2018	Kenya, Nairobi	To attend consultation meeting to operationalize the nurturing care framework by the health sector
Yared Abebe	30 October – 2 November 2018	Accra, Ghana	To attend '*Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop*'

Annex 5: Financial Performance

The following matrix portrays financial performance during the reporting period. As understood from the matrix there is under spending during the quarter and the major reason for this is delay in the release of sub-grants to the government. There was a plan to reals over $2.7 million sub-grant to government but not realized due to delay in approval process.

Thematic Areas	Year III Quarter I Budget	YRIII Q1(Oct-Dec, 2018) Actual	Quarter Budget Vs Actual	Year III Annual Budget	YTD Actual to-date YRIII Q1 (Oct-Dec, 2018)	Annual Budget Vs, Actual YRIII, Q1	Remark
Maternal Health	2,531,446.05	1,437,540.61	57%	10,818,385.29	1,437,540.61	13%	The major under spending in YR III Q1 is due to Delay in the Sub- Grant to gov't process for an amount of $2,750,000.00 which was planned to release in Q1
New Born Health	941,567.81	924,133.25	98%	4,023,883.25	924,133.25	23%	
Child Health	1,174,215.94	718,770.31	61%	5,018,128.04	718,770.31	14%	
Family planning/RH	2,670,328.84	1,591,562.82	60%	11,411,914.65	1,591,562.82	14%	
Malaria	584,869.94	462,066.63	79%	2,499,499.58	462,066.63	18%	
Total	**7,902,428.58**	**5,134,073.62**	65%	**33,771,810.81**	**5,134,073.62**	**15%**	
Time Elapsed			**100%**			**23%**	