USAID TRANSFORM: Primary Health Care

Year 4, Quarter 2 Report

January – March 2020

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ACRONYM LIST

AMYCN	Adolescent Maternal and Young Child Nutrition
ANC	Antenatal Care
ART	Antiretroviral Therapy
AWD	Acute Watery Diarrhea
AYD	Adolescent and Youth Development
AYHD	Adolescent and Youth Health and Development
BEmONC	Basic Emergency Obstetric and Newborn care
BP	Blood Pressure
CBCM	Catchment-Based Clinical Mentoring
CBHI	Community-Based Health Insurance
CBNC	Community-Based Newborn Care
CBS	Community-Based Surveillance
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHIS	Community Health Information System
CLA	Collaborating, Learning, and Adapting
CM	Crisis Modifier
CMAM	Community Management of Acute Malnutrition
CRC	Caring, Respectful, and Compassionate
CSC	Community Scorecard
CSL	Clinical Skill Lab
DHIS2	District Health Information System 2
DRM	Disaster Risk Management
ECD	Early Childhood Development
EDD	Expected Date of Delivery
EHCRIG	Ethiopian Health Center Reform Implementation Guidelines
EHSTG	Ethiopian Hospital Services Transformation Guidelines
EHIA	Ethiopian Health Insurance Agency
EOF	Eliminate Obstetric Fistula
EPAQ	Ethiopian Primary Health Care Alliance for Quality
EPI	Expanded Program on Immunization
EPSA	Ethiopian Pharmaceuticals and Supplies Agency
EVM	Effective Vaccines Management
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
FP	Family Planning
GBV	Gender-Based Violence
GP	General Practitioner
HBB	Helping Babies Breathe

HC	Health Center
HCF	Health Care Financing
HDA	Health Development Army
HEW	Health Extension Worker
HF	Health Facility
HIS	Health Information System
HIT	Health Information Technicians
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMS	Helping Mothers Survive
HP	Health Post
HSS	Health System Strengthening
HSTP	Health Sector Transformation Plan
HW	Health Worker
ICCM	Integrated Community Case Management
ICMNCI	Integrated Management of Common Newborn and Childhood Illness
IDP	Internally Displaced People
IDI	In-Depth Interview
IFRR	Internal Facility Report and Resupply Form
IIP	Immunization in Practice
IIfPHC	International Institute for Primary Health Care
IMNCI	Integrated Management of Common Newborn and Childhood Illness
IPC	Infection Prevention and Control
IPOS	Integrated Periodic Outreach Services
IPPFP	Immediate Postpartum Family Planning
ISS	Integrated Supportive Supervision
IUCD	Intrauterine Contraceptive Device
KAC	Kebele Advisory Committee
KMC	Kangaroo Mother Care
KPI	Key Performance Indicator
LARC	Long-Acting Reversible Contraceptive
LARC-FP	Long-Acting Reversible Contraceptive - Family Planning
LMG	Leadership, Management, and Governance
LMP	Leadership Management Program
LQAS	Lot Quality Assurance Sampling
MEL	Monitoring, Evaluation, and Learning
MNCH	Maternal, Newborn, and Child Health
MNH	Maternal and Newborn Health
MoH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
MUAC	Mid Upper Arm Circumference

MWH	Maternity Waiting Home
NBC	Newborn Corners
NICU	Newborn Intensive Care Unit
OF	Obstetric Fistula
PAC	Post-Abortion Care
PCMD	Preventing Child and Maternal Deaths
PFM	Public Finance Management
PHC	Primary Health Care
PHCU	Primary Health Care Unit
PHL	Primary Hospitals
PLGHA	Protecting Life in Global Health Assistance
PM	Permanent Method
PMT	Performance Monitoring Team
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
POP	Pelvic Organ Prolapse
PPBP	Policy Planning and Budgeting Core Process Owners
PPE	Personal Protective Equipment
PPFP	Postpartum Family Planning
PPH	Postpartum Hemorrhage
PRRT	Performance Review and Refresher Trainings
PSA	Public Service Announcement
PW	Pregnant Women
PWC	Pregnant Women Conference
QA	Quality Assurance
QI	Quality Improvement
QRM	Quarterly Review Meeting
RAC	Research Advisory Council
RED/REC	Reaching Every District/Child
RDT	Rapid Diagnostic Test
RDQA	Routine Data Quality Assurance
R-FUV	Random Follow-Up Visit
RH	Reproductive Health
RHB	Regional Health Bureau
RMC	Respectful Maternity Care
RMNCAH	Reproductive, Maternal, Neonatal, Child, and Adolescent Health
RRF	Reporting and Requisition Form
SBCC	Social and Behavioral Change Communication
SCC	Safe Childbirth Checklist
SDG	Sustainable Development Goals
SIA	Supplementary Immunization Activities

SMART	Specific, Measurable, Achievable, Realistic, and Timely
SMH	Safe Motherhood
SNNP	Southern Nations, Nationalities, and Peoples
SOP	Standard Operation Procedure
SS	Supportive Supervision
STI	Sexually Transmitted Infection
TA	Technical Assistance
TOT	Training -of-Trainer
TPI	Twinning Partnerships for Improvement
TT	Tetanus Toxoid
TWG	Technical Working Group
UBT	Uterine Balloon Tamponade
UDDM	Use of Data for Decision Making
UHC	Universal Health Coverage
UN	United Nations
U/S	Ultrasound
USAID	United States Agency for International Development
VPD	Vaccine Preventable Diseases
WAC	Woreda Advisory Committees
WaSH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WFP	World Food Program
WMS	Woreda Management Standard
WorHO	Woreda Health Office
YF-PAC	Youth Friendly - Post Abortion Care
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	$124,950 million
Cost-Sharing Amount	$12 million
Obligations to Date	$90,769,305.00

Estimated Expenditure During This Period	$5,352,997.79
Name of Subcontractors/sub-awardees	JSI Research & Training Institute, Inc., EnCompass LLC, Malaria Consortium, Abt Associates Inc., Ethiopia Midwives Association
Reporting Period	January – March 2020
Submission Date	May 15, 2020
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1. PROJECT INTRODUCTION

USAID Transform: Primary Health Care works alongside the Government of Ethiopia to make breakthrough and sustainable progress toward "preventing child and maternal deaths" (PCMD) by contributing to the 2030 Sustainable Development Goals and supporting the operationalization of the Government of Ethiopia's 2015/16 - 2019/20 Health Sector Transformation Plan (HSTP). The project supports the attainment of four HSTP transformational agendas including: woreda transformation; quality and equity in health care; caring, respectful, and compassionate (CRC) providers; and information revolution.

USAID Transform: Primary Health Care focuses primarily on strengthening the health system in the areas of maternal, newborn, and child health (MNCH), and family planning (FP)/reproductive health (RH). Success is measured through achievement of four high-level results: (1) improved management and performance of health systems; (2) increased sustainable quality of service delivery across the Primary Health Care Unit's (PHCU) continuum of care; (3) improved household and community health practices and health seeking behaviors; and (4) enhanced program learning to impact policy and programming related to preventable child and maternal deaths (PCMD).

2. SUMMARY OF ACHIEVEMENTS

This report focuses on USAID Transform: Primary Health Care's Year 4 Quarter 2 activities (January 1 to March 31, 2020). The following includes the major achievements of Quarter 2. Further details are included in the main body of the report.

Result 1: Improved Management and Performance of the Health System

Performance Standards and Measurement: 88.3% (353) of Woreda Health Offices (WorHOs) measured their performance against woreda management standards (WMS). 94.7% (1726) of health centers (HCs) measured their performances against EHCRIG standards. 95% (111) of Primary Hospitals (PHLs) measured their performances against Ethiopian Health Center Reform Implementation Guidelines (EHSTG) standards. 61.2% (5767) of kebeles measured the performance of 1,386 HCs.

Twinning. 53 twinning partnerships were established between 106 woredas. Technical support was provided to the twinning partnerships that are already established in all the partnering.

Reporting Progress. As of March 2020, 20.6% (309) of the PHCUs achieved above or equal to 80% of the standards, while only 25.4% (380) of HCs achieved below 60% of the standards. Similarly, based on WMS, 33.4% (118) of woredas were found to be higher performers (achieved a score above or equal to 80%), while 24.4% (86) of woredas scored below 60% of the standards. 6.2% (100) of HCs and 3.6% (four) PHLs were found to be within a high performing category

Federal Ministry of Health (FMOH)/Regional Health Bureau's (RHB's) Support. T/PHC supported the Ministry of Health (MoH) technically in the process of a fifteen-year (2020 – 2035) strategy development to achieve Universal Health Coverage through the national flagship "health extension program" (the roadmap) and in the development of the rapid assessment protocol to validate the adequacy and consistency of the community scorecard.

Facility Renovation. Approval of the procurement has been granted for 12 renovation sites and contracts have been signed with contractors (four in Amhara, two in Tigray, three in Oromia, and three in SNNP). During contract signing, a meeting was held with the contractor to clear-up project/contract items and to urge the contractors to complete the construction within the time frame agreed upon and with the required quality. The construction activities (excavation and back fill work) were initiated in all the sites.

Subgrant. Technical support was provided to all the grantees during the grant implementation process, documentation, and preparation of reports. Technical support was provided by a team comprising of the technical staff from the country, regional, and cluster offices. Technical support was given based on lessons learned from previous experiences and with the intent of improving the quality of subgrant implementation and enhancing the capacity of grantees. For the application process of the third round of the performance improvement fund, the regional grant management committees collected applications from 574 applicants across the four regions. These proposals are under review.

Connected Woreda Strategy (CWS). 495 HCs and 385 WorHOs were assessed at least three times using the CWS. It was observed that their average mean scores significantly improved from baseline to the sixth coaching time. 201 HCs and 46 WorHOs advanced their status from emerging (below the score of 65%) to candidate status (between the score of 65% and 90%). 11 HCs and three WorHOs transformed themselves

directly from emerging (below the score of 65%) to model (above the score of 90%). In addition, 21 HCs and five WorHOs advanced their status from candidate to model.

Health Care Financing (HCF). In collaboration with the Ethiopian government counterpart, mentorship on public finance management (PFM) was provided to 278 mentees (96 female) at 58 institutions (44 HCs, nine PHLs, and five CBHI schemes) in Amhara and SNNP. To automate PFM at health facilities, training was provided on installation and use of the integrated budget and expenditure (IBEX) software to 19 (nine female) finance personnel from two PHLs and four HCs in Amhara and Tigray. Community-based health insurance (CBHI)-focused integrated supportive supervision was conducted at 241 woreda-CBHI schemes, kebele sub-sections, PHLs and HCs (including 96 in Oromia, 49 in Amhara, 20 in SNNP, and three in Tigray). CBHI performance review meetings were conducted with 1,681 (314 female) participants. Financial and data management and reporting training was provided to 258 (75 female) CBHI-scheme executive staff of 97 CBHI woredas in SNNP. Health facility readiness assessment was conducted in 12 HCs of Amhara to assess the service availability and readiness to provide standardized healthcare services to CBHI members. In Oromia, to improve low level of membership enrollment, CBHI sensitization and orientation workshops were conducted for 192 (44 female) HEWs, kebele cabinet members, religious leaders, and elders, in three woredas using sub-grant funds. To enhance CBHI membership renewal, enrollment, and identification card distribution, community mass-awareness campaigns were conducted using the project's van for 316,438 community members (209,701 in SNNP, 65,025 in Amhara, and 41,712 in Oromia).

Leadership, Management and Governance (LMG). The LMG basic six-day block-course trainings were conducted using the subgrant fund. 97 PHCU health workers attended, including 69 from SNNP (11 female) and 28 from Tigray (eight female). After the provision of trainings, 17 projects (12 in SNNP and five in Tigray) were developed - mainly in the areas of maternal and child health services and health system management positions. Management positions include Vice of the Zonal Health Department (ZHD), Woreda Community-Based Health Insurance Coordinator, PHCU Director, and Vice PHCU Director. In addition, 148 PHCUs (including 88 in SNNP, 24 in Amhara, 24 in Tigray, and 12 in Oromia) LMG projects were coached and their progress was monitored.

Result 2: Increased Sustainable Quality of Service Delivery Across the PHCU's Continuum of Care

Family Planning (FP) and Reproductive Health (RH). 36 WorHOs and seven ZHDs were supported to prepare the subgrant proposals in SNNP. Technical assistance was provided to four planning exercises and orientation sessions on FP/RH using the subgrant by four WorHOs (including two in Oromia and two in Amhara). 97 participants were drawn from the four WorHOs and 24 HCs received the orientation and planning exercises on FP/RH. 230 PHCUs have conducted 780 back-up visit sessions and were able to serve 13,364 clients. Of these clients, 72% (9,621 clients) of the services provided were long-acting reversible contraceptive - family planning (LARC-FP) services. 24% (2309 clients) of the LARC services provided were for removal, including Intrauterine Contraceptive Device (IUCDs). In Oromia, a planning exercise and orientation session was conducted on FP/RH for 16 participants across five HCs and one WorHO. In addition, follow-up visits and technical supportive supervision were conducted in all regions as part of

capacity enhancement. The following graph shows improvement in FP service availability in project areas for which the project contributed for that can show the so what question.

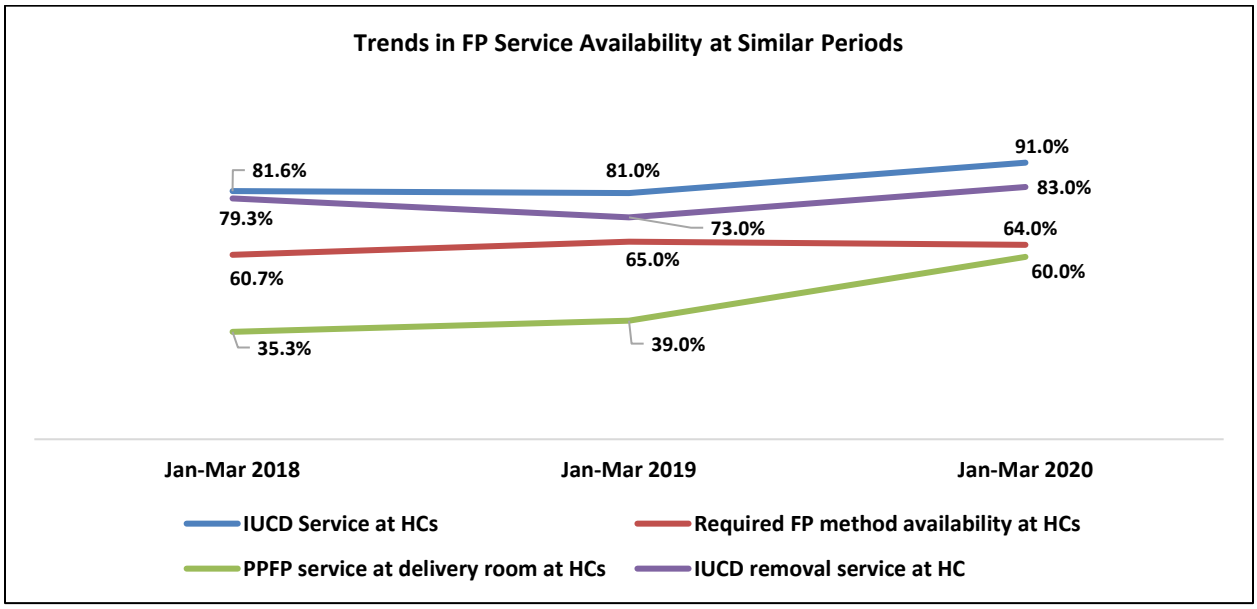


Figure 1. Trends in FP Service Availability at Similar Periods

Maternal and Newborn Health (MNH). A clinical mentors' training was conducted to train 98 Mentors. CBCM review meeting was conducted and 25 health workers attended. Additionally, seven mentees across three HCs graduated from the CBCM process. Technical support was given to the existing 30 clinical skill labs (CSLs). Infection prevention and control (IPC) materials were provided to nine CSLs for gap filling. Two CSLs were newly established in Saula and Wolkite sub-clusters. 67 HCs were supported with maternity waiting home (MWH) materials using the subgrant fund. Additionally, MWHs in 62 HCs were technically supported - through registration tools to record MWH utilization; providing orientation on admission criteria; distributing a soft copy of the MWH implementation guide; providing orientation for the community on availability of MWH during HP open house initiative meetings, giving on-the-job training for health workers on counseling services for pregnant women (PW) and their attendants on birth preparedness and complication readiness; providing maternal and newborn nutrition education, counseling and promotion of exclusive breastfeeding; and distributing soft copies of MWH social and behavioral change communication (SBCC) materials. MWHs in 65 HCs were improved and equipped with the necessary materials and job aids for essential newborn care. To help strengthen newborn intensive care units (NICUs) and their kangaroo mother care units (KMC), 15 clinical nurses were trained as NICU nurses for one month and 21 general practitioners were given orientation on NICU for one week. These clinical nurses and general practitioners were deployed to their respective PHLs to strengthen the existing NICUs or to set-up new ones. MNH-specific supportive supervision visits were conducted at 18 PHLs and five HCs. The following graph shows improvement in MNH service availability in project areas for which the project contributed for that can show the so what question.

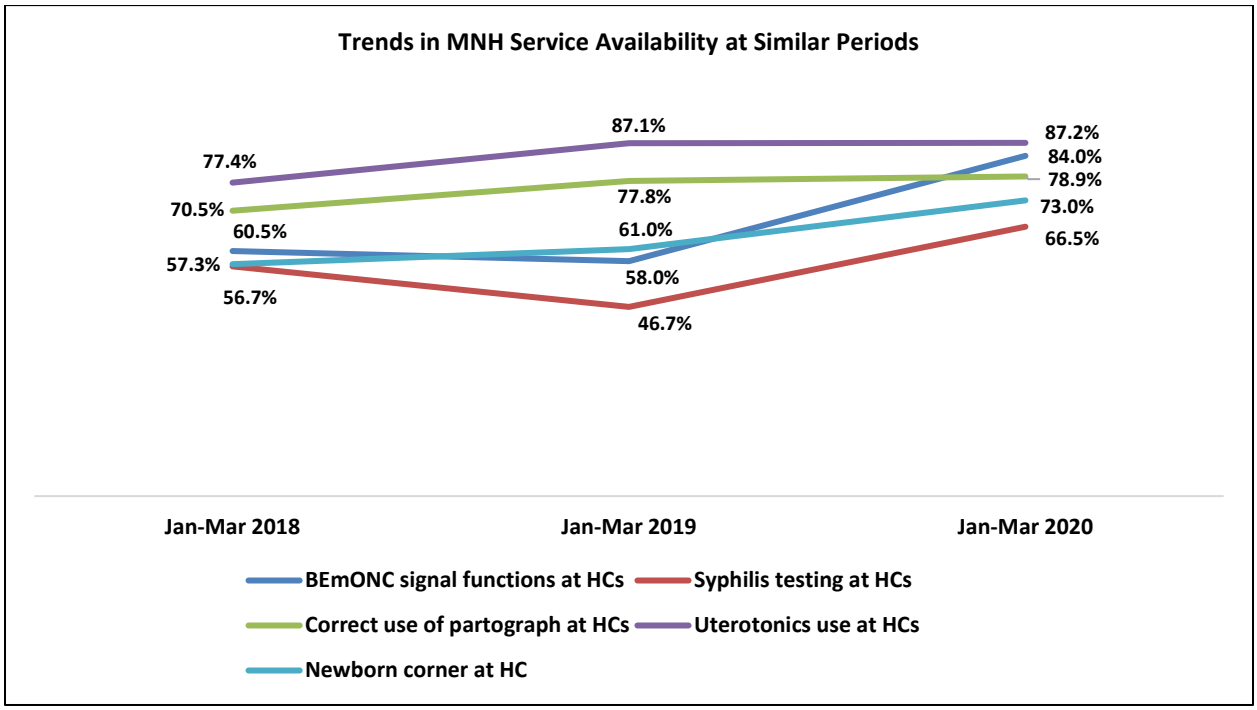


Figure 2. Trends in MNH Service Availability at Similar Periods

Obstetric Fistula. 179 new suspected fistula cases (15 in Amhara, 36 in Oromia, 120 in SNNP and eight in Tigray) were identified. From the suspected cases identified, 174 cases were confirmed, 173 cases of whom were referred, and 154 cases received treatment the other identified cases will be treated in the coming quarters. Following their treatment, 99 of the fistula survivors were rehabilitated. Furthermore, 104 mothers with pelvic organ prolapse (POP) were identified, diagnosed, and were referred for treatment. Out of the 104 mothers referred, 99 of the POP cases received treatment through the support of USAID Transform: Primary Health Care.

Child Health and Development. Integrated Management of Common Newborn and Childhood Illness (IMNCI) trainings were conducted in the three regions. 336 health workers were trained (including 48 in Amhara, 148 in Oromia, and 140 in SNNP). In SNNP, ICMNCI trainings were conducted in two sessions and 58 health workers were trained using the subgrant budget. An orientation on ICMNCI was given to 20 newly assigned health managers using revised modules. An early childhood development (ECD) regional training of trainers was conducted in SNNP. 20 health workers were trained from the RHB, ZHDs, WorHOs, and health facilities to facilitate the subsequent trainings in the region. Supportive supervision and mentorship were conducted specific to thematic areas and in an integrated manner through routine follow-up visits – reaching more than 1000 HCs and health posts (HPs).

Expanded Program on Immunization (EPI). Immunization in Practice (IIP) training was provided to 86 health workers in Oromia and Amhara through subgrant and crisis modifier funds. Reaching Every District/Child (RED/REC) categorization orientation was provided to 55 health workers in Oromia and SNNP through subgrant funds. EPI training was provided to 248 health workers and health extension workers in Oromia. Community-based surveillance (CBS) training was provided to 108 health workers and

health extension workers in SNNP and Oromia. 47 % (188) of woredas and 35% (640) of HCs used the RED categorization database to monitor EPI performance and provide feedback. More than 61 different models of refrigerators and 16 different types of medical equipment were maintained by the project drivers and trained public sector staff. Through Integrated Periodic Outreach Services (IPOS), various maternal and child health services were provided in Amhara, Oromia, and Tigray.

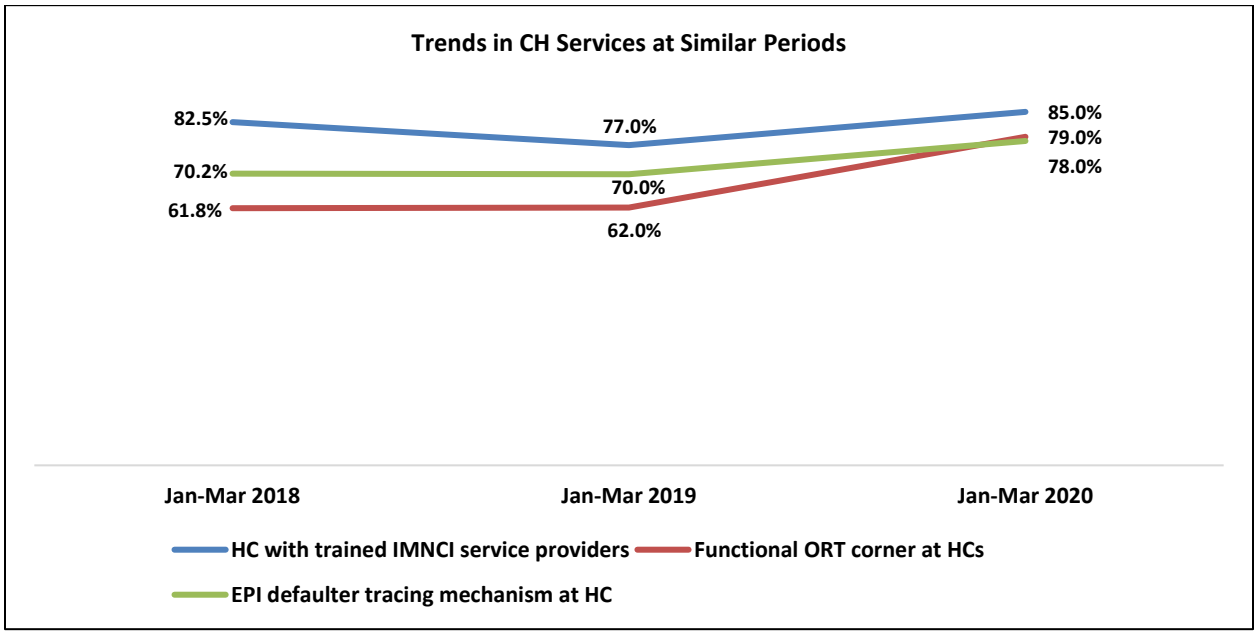


Figure 3. Trends in CH Services at Similar Periods

Adolescent and Youth Health Development (AYHD). Health facilities providing youth-friendly services (YFS) increased from 302 to 321. Information was provided to 908,775 adolescents and youth (485,622 female) on RH. 423,298 (169150 female) young clients received various RH services from 321 YFS sites. 185,462 adolescents and youth were, provided with modern contraceptives and 1,043 young women received post-abortion care (PAC) services. 2000 pregnancy testing kits and 18,391 brochures, posters, and leaflets were distributed to all health facilities with YFS. In SNNP, 353 girls across eight kebeles graduated after successfully completing all the required sessions of the "Her Space" initiative.

Nutrition. 52 (12 female) service providers were trained in two sessions in Oromia and Tigray on severe acute malnutrition management. Training on Adolescent Maternal and Young Child Nutrition **(**AMYCN) was provided in two sessions to 85 (44 female) professionals using grant funds in two woredas in Oromia. One session of the AMYCN training was provided to 29 (13 female) multisectoral teams in Tigray. Integrated post-training follow-up visits were done in all regions focusing on micronutrient supplementation, screening and management of acute malnutrition, and growth monitoring and promotion. Onsite support was provided to the visited sites.

Crisis Modifier Fund Emergency Response. A cholera epidemic in SNNP affected people and caused deaths. Additionally, a yellow fever outbreak in SNNP also caused deaths. Measles cases were reported from Tigray. Similarly, measles and pertussis epidemics were reported in Amhara, along with malnutrition

in some woredas. USAID Transform: Primary Health Care took part and provided technical and financial (through the crisis modifier fund) support in all regions. At this time, the yellow fever outbreak has been under control while the containment of other epidemics has continued. Furthermore, USAID Transform: Primary Health Care has been taking part in prevention and containment of the COVID-19 at the national and regional levels supporting the government's efforts with technical, logistical, and financial support at all levels.

Gender. Based on the previously conducted gender analysis and its findings, a male engagement in Antenatal Care (ANC) and FP curriculum adaptation workshop was held. Technical staff from USAID Transform: Primary Health Care, the MoH, and partners working on FP and ANC attended the workshop. Eight male and eight female community facilitators were recruited and trained using the adapted male engagement in ANC and FP curriculum. Woreda-level intervention launching workshops were held in Bishoftu (Oromia) and Soddo (SNNP). In addition, 87 (15 female) health service managers and service providers across 41 WorHOs and 11 HCs received mentoring in SNNP, Amhara, and Tigray.

A gap-filling post gender-based violence (GBV) clinical skill training was conducted for 49 (23 female) service providers in Tigray and SNNP with the aim of increasing the availability of quality post-GBV services. In Oromia, in collaboration with the Nekemte ZHD, a GBV standard operation procedure (SOP) orientation was organized. The orientation was provided to 71 (37 females) stakeholders who immediately identified and referred eight GBV cases from their respective communities for health and other services.

Quality Assurance/Quality Improvement (QI). As of Quarter 2, 127 woredas and 541 health facilities (67 PHLs and 474 HCs) have established QI teams – including 248 on MNH, 58 on FP, 21 on AYHD, 23 on child health (CH), and 199 on integrated MNH-FP. As part of capacity enhancement, 583 (138 females) QI leaders from RHB, ZHD, WorHO, and QI team members in the health facilities were trained. With the support of USAID Transform: Primary Health Care, clinical auditing was undertaken in 153 QI implementing facilities. Coaching/mentoring support was provided to 145 facilities with QI teams. Collaborative learning sessions were conducted in five woredas and partnership defined quality exploration exercises was conducted in three woredas.

Result 3: Improved Household and Community Health Practices and Health-Seeking Behaviors

An estimated 1,459,016 individuals (697,289 female) in Amhara (106,841) Oromia (363,178) and SNNP (988,997) were reached with AWD, CBHI, measles, malaria, polio and nutrition-related messages. Orientation was provided to 12 kebeles across three woredas on the implementation modalities of HP open houses. 15 HP open house events were conducted in Amhara (ten), Oromia (four), and Tigray (one). Review and experience sharing meetings was held in 23 kebeles of Amhara, Oromia, and SNNP. Three sessions of community mobilization kick off workshops were conducted in Oromia (two) and SNNP (one) regions using subgrant funds. An estimated 2,155,212 individuals were reached with COVID-19 prevention messages in Addis Ababa city, Amhara, Oromia, SNNP, and Tigray.

Result 4: Enhanced Program Learning to Impact Policy and Programming Related to Preventing Child and Maternal Deaths

Four operations studies were finalized in Quarter 2 and the draft reports were produced. Ten success stories showcasing the results of interventions by the project were collected and finalized from Tigray, SNNP, and Oromia. An annual report of Year 3 for communication purpose was prepared and finalized, which will be shared with partners. Technical briefs, which had been initially developed at the beginning of project (in 2017), were updated for all thematic areas and will be shared with partners. To revitalize the importance of collaborating, learning, and adapting (CLA), an exercise was conducted during the senior management meeting that was held in Kombolcha town, Amhara. As part of the efforts in expanding, scaling-up, and sharing the lessons learned to partners, the CLA practice was carried out and documented on different initiatives in SNNP, Oromia, and Tigray.

Partnership and Collaboration. During the reporting period, partnership and collaboration was made primarily with MoH and other pertinent NGOs on areas of child health development; expanded program on immunization; adolescent and youth health development; social and behavioral change communication; and nutrition.

Project Data Management and Monitoring. New information was added to the dashboard for the health system strengthening (HSS) and for newly established YFS data entry. Improvements have been made to District Health Information System 2 (DHIS2) to allow the analysis of data by technical advisors. Technical advisors were supported and encouraged to regularly monitor their respective data entered from the field to ensure quality data and use for preparing progress reports.

Family Planning Compliance. 16,716 persons were trained (49% females) on FP, abortion restriction, and protecting life in global health assistance (PLGHA) compliance as an integral part of technical trainings and follow-up visits. FP/RH compliance monitoring engagements were also conducted in 20 health facilities in West Haraghe zone, Oromia.

Environmental Compliance. 16,615 persons were trained (49% females) on environmental compliance in four of the regions as an integral part of technical trainings and follow-up visits. To ensure effective adoption of compliance requirements at facility level, 20 public health facilities were visited for detailed compliance monitoring.

3. RESULT 1: IMPROVED MANAGEMENT AND PERFORMANCE OF THE HEALTH SYSTEM

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

Performance Standards

The MoH-Ethiopia, like many ministries in low-income countries, has been developing and implementing health reforms to achieve universal health coverage (UHC) in the age of the Sustainable Development Goals (SDGs). The performance management and improvement approach of the primary health care system focuses on enhancing high performing primary health care units (PHCUs) and providing comprehensive and people-centered health services to all.

The Ministry and RHBs adopted five minimum standards: WMS, EHCRIG, Ethiopian Hospital Services Transformation Guidelines (EHSTG), Key Performance Indicators (KPIs), and Community Scorecard (CSC). These performance standards of the health system aim to improve public health sector accountability and optimize learning and improvement.

During Quarter 2, USAID Transform: Primary Health Care continued its technical, financial, and operational support in the form of onsite orientation, coaching, mentoring, and experience sharing among targeted primary health care entities.

Major Achievements

- 85 (21.2%) woredas, 53 (45.3%) primary hospitals, 284 (15.0%) HCs, and 494 (5.3%) HPs directly received technical support from project staff in the form of on-site orientation and coaching on minimum standards.
- Of these 85 woredas supported during the reporting quarter, project staff supported 30 in Amhara, 28 in Oromia, 27 in SNNP, and one in Tigray.
- Experience sharing and learning tours focused on minimum standards and were organized for representatives of 14 WorHOs and 82 health facilities in Tigray and 35 WorHOs and 139 health facilities in Oromia.

Performance Measurements

The performance management team, in collaboration with a number of established performance improvement specialists, continuously and consistently measured the achievements of primary health care entities. The data collated from each team regularly translated to evidence-based information that was used to monitor progress based on stipulated roles and responsibilities and modify interventions for better health outcomes.

Major Achievements

- 353/400 (88.3%) of WorHOs measured their performance against WMS. 1726/1823 (94.7%) of HCs measured their performances against EHCRIG standards. 111/117 (95%) of primary hospitals measured their hospitals against EHSTG standards. 5767/9424 (61.2%) of kebeles measured the performance of 1386 HCs.
- Of the 353/400 (88.3%) of WorHOs that measured their performance using WMS, regional breakdowns were 88/91 (96.9%) in Amhara, 22/23 (95.7%) in Tigray, 152/162 (93.8%) in Oromia, and 92/124 (74.2%) in SNNP.
- Of the 1726/1823 (94.7%) of HCs that measured their performance again EHCRIGs, regional breakdowns were 96.3% in Amhara, 96.4% in Tigray, 93.6% in Oromia, and 94% in SNNP.
- The majority (1803/98.8%) of HCs measured their clinical service performance against KPIs.
- Almost all primary hospitals, or 111/117 (94.9%), measured their clinical and management related performance using EHSTG.
- About half of kebeles, or 5097/9510 (53.6%), measured the performance of their respective health centers using the CSC's six standards.

Performance Improvement

Performance improvement is a form of organizational development focused on increasing maternal, neonatal, and child health outputs and improving the efficiency of primary health care entities in executing a particular process. USAID Transform: Primary Health Care improves the capacity of health managers, staff, performance management teams, departments, core-processes, and whole organizations. The performance improvement projects are developed based on the information generated from health sector reform measurements, community scorecard reports, and twinning partnership strategies.

Sali Health Center, in Amhara, developed performance improvement projects which included the installation of uninterrupted water supply at the cost of 650,000.00 Et birr and the installation of back-up electric power sources at the cost of 53,000.00 Et birr. The health center performance management team mobilized internal and external resources.

Twinning Partnership

USAID Transform: Primary Health Care adopted, piloted, and scaled up the World Health Organization (WHO) recommended strategy called Twinning Partnerships for Improvement (TPI). There are 53 twinning partnerships established with and between 106 woredas. During the reporting period, the project provided technical support for all partner districts. Second-round coaching among partner woredas were facilitated in all four regions.

From Low Performer to Transformed Woreda, Field Practice of Hadero Tunto Woreda, SNNP

Hadero Tunito was one of the low performing woredas of Kembata Tebaro Zone of SNNP. Based on the 2007 national census data and an annual projected population growth rate of 2.6 in the year 2019/2020, the district has an estimated population of 107,644. Hadero Tuntio district is sub-divided into 15 villages (kebeles), the lowest administrative unit in Ethiopia. The essential health services are rendered through three health centers and 20 health posts.

USAID Transform: Primary Health Care, in collaboration with Kembata Tembaro ZHD, facilitated preliminary discussions to accelerate performance of district health offices using twinning partnership strategy and established a win-win partnership with Damboya, a medium performer district within the same zone.

The team-based capacity enhancement covered the concepts of twinning partnerships, problem-solving tools that included developing a team vision and Specific, Measurable, Achievable, Realistic, and Timely (SMART) desired measurable results, root cause analysis, process mapping, prioritization matrices, and action plan development. Through the support of the project, the district health offices developed the capacity to find and establish a structured improvement process, organize a team who understands the process, clarify the current knowledge of the process, understand the sources of process variation, and select process improvements.

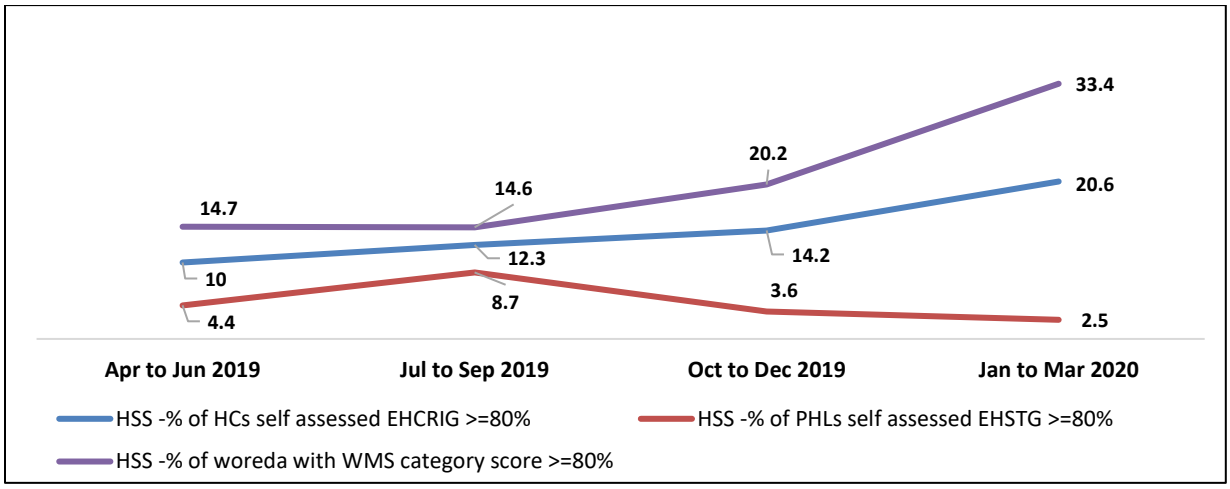
"Previously, we [district health offices] were competing to stood first. We do not have the culture of sharing information, know-how and resources. But after implementing twinning partnership strategies, district health offices became used to sharing documents, information, skills, and resources. Both districts positively compete … through filling gaps and ensure essential services are client centered. The performance improvement approach helps both districts to work together towards achieving high performance status."

-Head of Hadero Tunto Woreda Health Office

After the twelve-month twinning partnership, Hadero Tunito WorHO requested a validation team from the ZHD. The assessment team appraised the 89.5% score using the woreda transformation criteria, and the performance improvement of the district was exemplary. This twinning partnership can serve as a model for other twinning partnerships in the zone or elsewhere in Ethiopia.

Reporting Progress of Performance Improvement Ideas/Projects

Monitoring the achievement of performance improvement plan helps the health system to continue effective intervention or needs modification for better results. There are a number of monitoring progress platforms which includes Ethiopian Primary Health Care Alliance for Quality, Performance review meetings, and validation visits. During Quarter 2, the project supported primary health care entities and reported their progress towards achieving criteria of health center reform and woreda management standards. Figure 1 below depicts the increasing trends of primary health care unit achievement over EHCRIGs. As of March 2020, 309 (20.6%) PHCUs met more than or equal to 80% of the standards, while only 380 health centers (25.4%) achieved below 60%. Similarly, based on woreda management minimum standards, 33.4% (118/353) of woredas met high performer criteria using greater or equal to 80.0%, while 24.4% (86/353) of woredas scored less than 60%. However, only 6.2% (100/1622) of health centers and 3.6% (4/111) of primary hospitals achieved the criteria for high performance.



NB: The Denominator for Primary Hospitals (PHLs) increased from 89 to 117 in Quarter 2.

Figure 4. Health Sector Reform Achievements, April 2019 - March 2020

- One third of activity-supported woredas (33.4%) achieved ≥ 80% of WMS, while 42.2% achieved between 60% and 79.9%, and 24.4% achieved less than 60%.
- Out of 117 primary hospitals, only three (2.5%) achieved ≥ 80% on EHSTG standards, while 42.1% of PHL achieved between 60 to 79.9% and 55.4% achieved less than 60%. For this low-level successful achievement, the project investigated the reason as a best practice. Since most primary hospitals upgraded from HCs to hospitals in a short time, the standards related to infrastructure, rehabilitative and palliative care, medical equipment management, liaison, referral and social service, human resources and special radiological and imaging services are difficult to achieve. Therefore, these chapters may require longer periods of engagement and are performance improvement projects. Offering performance improvement funds may assist the health system to fill gaps in improving achievements against Ethiopian hospital service transformation guideline standards.
- Out of 1823 health centers, only 6.2% achieved ≥ 80% on uptake of essential services using 18 KPIs, while 46.0% of health centers achieved between 60 to 79.9%, and 46.6% achieved less than 60%.
- Ethiopian Primary Health Care Alliance for Quality (EPAQ) forums led to 324 primary health care units and 1075 cluster health centers benefitting from the performance review meetings and experience sharing events.

Support to the Federal Ministry of Health

USAID Transform: Primary Health Care continued its technical support to the Health Extension and Primary Health Care Services Directorate, MoH. During Quarter 2, the project conducted a critical review of local bench markings on the Health Extension program roadmap. In addition, the project provided technical support to the Reform and Good Governance Directorate, MoH, in the development of a rapid assessment protocol drafted to validate the adequacy and consistency of community scorecards.

Subgrant Management

Performance Improvement Fund. Major activities performed during Quarter 2 included implementation follow-up and provision of technical support to grantees during implementation by the project technical team at the cluster, regional program office, and country office level. Major areas of support were

participation in the facilitation of activity implementation, report preparation, and documentation at the grantee level.

In addition, the project grant management team collected reports from each grantee; reviewed their completeness, accuracy, and acceptability of each deliverable attached with the invoice and milestone completion certificates; and facilitated the approval and on-time payment facilitation for all accepted invoices.

Grant monitoring visits were conducted by the national grant management committee to selected woredas from each region with the following major objectives:

- Review the performance of the first- and second-round performance improvement fund subgrant implementation and progress of third-round grant applications.
- Assess gaps of each WorHO based on grant monitoring checklist to support/provide the required technical support.
- Follow-up and assess Year 2 performance improvement fund activity implementation, startup activities, how the project team supported this process, and lessons learned from the project.

The national grant management committee observed that there is good progress in understanding all the compliance requirements of the grant and observable improvements in areas of transparency, integration, documentation. The project team and grantees are expected to work hard to improve gaps observed due to frequent staff turnover; track emerging public sector priorities and campaign activities in areas of plan integration; activity implementation plan; sharing with the ZHD and cluster team; having transparency with all stakeholders; and with documentation etc. to achieve the grant and overall project objectives.

In general, the monitoring team-oriented grantees on the importance of each document and shared the possible recommended solutions for the gaps identified. Grantees also explained the importance and contributions of the grant and the risks that were faced if the grant is not available. Degifachew Debela, Dodola WorHO Head, Ato Nure Nukise, Borecha WorHO Head, and Yantai Simon Loka Abaya WorHO Head highlighted the following as major benefits of the grant support to their woreda during the grant monitoring visit:

- *“Due to the grant support, we were able to improve the woreda performance status compared to other woredas within the zone.*
- *They mentioned that there is an observable improvement in institutional delivery, EPI dropout rate, malnutrition screening, ECHRIG performance improvement, proper tracking of data, and improved coordination of technical support.*
- *They are now able to enhance the skills of health professionals in the woreda and improve quality service provision, conduct community-level activities due to the grant support.*
- *The support enabled them improve service coverage and put them closer to achieving their woreda planned needs.*
- *It also helped create transparency and a team culture”.*

Concerning the third-round performance improvement fund proposal collection and review, the regional grant management committee collected applications from 574 applicants as per the detail below.

Table 1. Performance Improvement Fund Applications, by Region

Applicants	Regions			
	Oromia	**SNNPR**	**Amhara**	**Tigray**
Regional Health Bureau	1	1	1	1
Zonal Health Department	21	17	12	-
Woredas	162	124	94	23
Primary Hospitals	31	32	38	16
Total Application	**215**	**174**	**145**	**40**

Once the national grant management committee set the annual priority areas in consultation with regional grant management committee, the announcement, review and selection of the subgrant applications were managed by the regional grant management committee. In reviewing the proposals, the regional grant management committee ensured that the planned activities correspond per the annual priority areas. The regional grant management committee, in collaboration with the project team, reviewed the proposals for their completeness, appropriateness of planned activities, and their compliance with all the requirements. The regional program office team provided all the required support to the regional grant management committee in reviewing the proposals - mainly in areas of maintaining the quality and standard of activities, avoiding duplication of resources, and so on. In addition, a second level review was conducted at the project country office level. A summary of the review was shared with the national grant management committee.

Facility Renovation

Renovation of health facilities as part of USAID Transform: Primary Health Care is intended to improve the quality of health services through infrastructure improvement by the provision of a new delivery block to selected health facilities.

The facility renovation work is planned to be carried out in four phases. Initially, the facilities assessment, design, and procurement of Phase I sites will be carried out. Once the construction of these facilities has commenced, the next phase of similar activities will begin. If facilities are found to be unfit for the renovation work, additional facilities from the next phases will be assessed and included in the design and construction.

The first phase of work includes construction of 12 delivery blocks in selected health centers distributed in the four USAID Transform: Primary Health Care intervention regions – including four in Amhara, two in Tigray, and three in both Oromia and SNNP.

The following includes the major activities performed in Quarter 2 in each of the renovation activities:

- *Procurement and Award*. The procurement process had passed all the required steps in the previous period and approval of the procurement has been granted and contracts signed between

the contractors in each lot/region and Pathfinder International Ethiopia. During contract signing, a kickoff meeting was held with the contractors to clear up project/contract items and to urge the contractors to complete the construction in time and cost with the required quality.

- *Construction.* The contractors have submitted required performance and advance bond guarantees and commenced the construction. The initial construction activities (excavation and backfill work) are being executed in all 12 sites.

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

Health Information Systems

The Connected Woreda Strategy aims to propel the information revolution in Ethiopia and improve the use of data for clinical and administrative decision making at the primary health care level. It has three major components: health information system (HIS) resource and capacity, data quality, and administrative data use. The Connected Woreda Strategy has an assessment tool that categorizes health institutions (WorHOs, and HCs) into Emerging (<65% achieved from the assessment criteria), Candidate (between 65% to 90% achieved from the assessment criteria), and Model (above 90% achieved from the assessment criteria).

In Quarter 2, 495 HCs and 385 WorHOs were assessed at least three times using the Connected Woreda Strategy. Their average mean scores significantly improved from baseline to sixth coaching. For more detail, please see Figure 2.

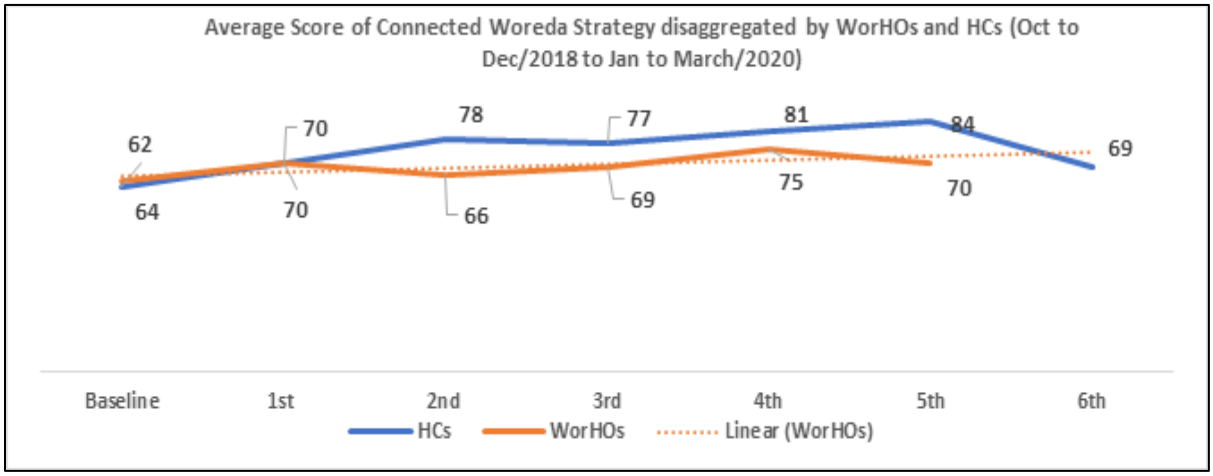


Figure 5. Average Score of Connected Woreda Strategy, Disaggregated by WorHOs and HCs, from Baseline to Sixth Coaching

As the number of coaching visits increased, the number of health institutions assessed using the Connected Woreda Strategy decreased due to other priorities, such as the COVID-19 outbreak.

In this quarter, USAID Transform: Primary Health Care continued providing technical and financial support based on significant gaps identified at Emerging and Candidate facilities. For instance, the project provided on-the-job trainings on the use of data for decision making (UDDM), Electronic Community Health Information System (eCHIS), and lot quality assurance sampling (LQAS) for 244 health information technicians (HIT) professionals in six woredas in Tigray. In addition, the project also provided technical support on how to establish functional performance monitoring teams (PMT) at the primary health care level. Finally, an action plan was developed and shared with policy planning and budgeting core process owners (PPBP) at the zonal and woreda levels.

Major Achievements

- 201 HCs and 46 WorHO advanced their status from Emerging (below 65%) to Candidate (Between 65% to 90%) facilities.
- 11 HCs and three WorHOs were transformed directly from Emerging (below 65%) to Model (> 90%).
- 21 HCs and five WorHOs advanced their status from Candidate (Between 65% to 90%) to Model (>90%) facilities.

Additionally, USAID Transform Primary Health Care, in collaboration with ZHDs, identified major gaps related to HIS resources and capacity, data quality, and administrative data. Action plans were then developed based on the Connected Woreda Strategy components. Due to these action plans, significant improvements were observed at health facilities on HIS resource and capacity, data quality, and UDDM Indicators. For more detailed description, see Table 2 below.

Table 2. HIS Resource and Capacity, Data Quality, and Administrative Data Use Improvement Status, by HC

Category	Initiatives	Target HCs	Jan-Mar 19		April-Jun 19		July-Sept 19		Oct-Dec 19		Jan-Mar 20	
			#	%	#	%	#	%	#	%	#	%
HIS Resource and Capacity	# of HC trained on DHIS2	1821	1500	82.4	1561	85.8	1821	100	1521	84%	1470	81%
	# of HC trained on revised HMIS and UDDM	1821	1447	79.4	1524	83.7	1539	84.5	1564	86%	1821	100%
Data Quality	# of HC trained on perform LQAs regularly	1821	1350	74.1	1559	85.6	1725	94.7	1599	88%	1356	75%
Admin. Data Use	# of HC trained on functional PMT	1821	1200	65.9	1592	87.4	1810	99.4	1683	92%	1414	78%

HIS Resource and Capacity

USAID Transform: Primary Health Care has been working to strengthen the capacity of HITs through training and capacity building at the primary health care level. Trainings on UDDM, revised HMIS, and DHIS2

improved the capacity of the primary health care unit related to HIS governance at the PHCU level. In Quarter 2, the project provided gap filling data management and data use trainings for 244 health professionals from two districts. Moreover, 629 pushpins boards were distributed to 16 woredas in Oromia as a means of Information dissemination and use through performance-based grant funding. See Table 2 for a more detailed description.

Data Quality Assurance

USAID Transform: Primary Health Care provided continuous mentorship and coaching on how to perform data quality at the primary health care level. Specifically, this is through LQAS for HCs and routine data quality assurance (RDQA) for WorHOs. In Quarter 2, 1356 (76%) of HCs have regularly performed LQAS on a monthly basis. See Table 2 for a more detailed description.

Clinical and Administrative Data Use

USAID Transform: Primary Health Care has been working to strengthen the clinical and administrative data used to improve patient care and service delivery at the primary health care level through continuous mentorship and coaching on the establishment of a functional PMT. In this quarter, 1414 (78%) of health centers have a functional PMT. These health facilities identified key equity and quality indicators, regularly monitored plan vs performance analysis, and planned for the identified gaps as per the national standard.

Use of Data for Decision Making improved Performance of Health Center at Yinemeda Health Center

Yinemeda Health Center is found in SNNP in Kaffa Zone at Saylem Woreda. USAID Transform Primary Health Care has been providing technical and financial support to improve use of data for decision-making and evidence-based practices at the primary health care level - where both clinical and administrative data is generated and used for patient care. The HC has a PMT which discusses annual performance on the health reform agenda. In September 2018, The HC-PMT identified major gaps on limited data use for decision making at each service point of the health center, including information dissemination outside the compound of the HC.

In particular, the PMT understood the benefit of quality for the decision-making process and performance improvement initiatives. Besides that, PMT identified major information use challenges and problems such as poor data quality, poor recording of standard registries, tallies, and PMT logbooks that contributed a lot for limited information use and poor decision due to incomplete data sets.

The HC-PMT, in collaboration with USAID Transform: Primary Health Care, discussed how to improve the use of data for decision-making and information use. The teams identified possible causes behind the limited information use and poor decision due to incomplete data sets - including the lack of and high turnover of trained professionals, lack of commitment to improve data quality and information use, and shortage of health information system supplies (e.g., pin push boards, standard registries, tallies, and PMT logbooks).

Based on the identified gaps, an action plan was produced and communicated to WorHOs and ZHDs. The project supported need-based use of data and provided pushpin boards for information display. The project introduced the Connected Woreda Strategy for woredas, HCs, and HPs for continuous self-assessment to improve HIS resource availability, capacity enhancement, data quality, administrative data use, and functionality of the PMT. Moreover, the WorHO allocated enough budget for supportive supervision and data verification, including the provision of enough HIS resources and supplies. Finally, through continuous technical support, Yinemeda HC has significantly

improved compared with the previous health system performance and the woreda became one of the best performing woredas in SNNP.

Today, the HC has reached an impressive result on HIS resource and capacity information use and health system performance [such as HIS resource and capacity (80%), and administrative data use (85%.)] As a result, the average score of the EHCRIG significantly increased from 76% to 92%. Moreover, the KPI score improved from 62% to 83%.

Health Care Financing (HCF)

The USAID Transform: Primary Health Care works to strengthen community-based health insurance (CBHI) and health care financing (HCF) reform implementation at the PHC level as an essential building block for improving the health system. Since the CBHI membership registration period took place during the quarter, much of the project's work focused on improving household-level CBHI enrollment and renewal activities. Additional activities included mentoring health facility personnel in public financial management (PFM).

Mentoring HF Managers and Key Financial Staff on PFM. The project team and GOE counterpart mentors provided PFM mentoring to 278 mentees (96 female) accountants, procurement officers, budget officers, cashier, and property officers at 58 institutions (44 HCs, nine PHLs, and five CBHI schemes) in Amhara and SNNP. Mentors assessed post-PFM training capacities of these personnel using the PFM mentoring guide prepared under the project. The GOE mentors from BoFEDs, ZOFEDs, and ZHDs attended PFM mentoring orientation and completed PFM TOT training provided by the project. Mentors found that most HFs were not following good PFM practices and worked with the mentees to address knowledge and skills gaps – including working together to learn skills such as preparing financial reports and bank reconciliation, audit planning, procurement, among others. Mentors provided updates to the ZOFED, ZHD, WoFED, WorHO, and HF management teams on the gaps identified, the status of mentoring, and next steps. To automate PFM at PHCs, the project collaborated with BoFED and ZoFED to provide training in installing and using the integrated budget and expenditure (IBEX) software for 19 (nine female) finance personnel from two PHLs and four HCs in Amhara and Tigray. The use of IBEX in HCs contributes to improved methods and practices of collecting, analyzing, processing, and disseminating finance information. With IBEX, HFs are able to generate more accurate and timely financial reports.

Percent of Budget Allocated to WorHOs. Regional BOFEC health sector data shows that the number of woredas that have assigned >=15% of their total budget to the health sector has increased overall over the last four years. At the beginning of the project**,** only 27% of woredas had >=15% of their total budget to the health sector. In Year 4, in part as a result of advocacy efforts made by the project, this has jumped to 46% of woredas. On average, the amount of the woreda's total budget to the health sector has been about 14% for the past three years - higher than the 13% baseline average for 2009 Ethiopian Fiscal Year (EFY) (2016/17) in Year 1. WorHO membership in the woreda cabinet, the financial management and accounting capacity building provided to health and finance staff, and the large number of advocacy workshops on PFM were the major contributors to this encouraging development.

Improved PFM Practices and System at Loke Primary Hospital in West Arsi Zone

USAID Transform: Primary Health Care in Oromia has contributed to improved PFM practices and systems in PHLs, including at Loke PHL in West Arsi Zone, where PFM practices have greatly improved. Before receiving the project's support, PFM practices at Loke PHL were weak – there was no proper book keeping and poor quality of financial report preparation and submission. Poor PFM practices can result in embezzlement, resource shortages, and poor and unequitable health service delivery.

USAID Transform: Primary Health Care provided training on PFM, HCF, and IBEX to key hospital financial management personnel. The project collaborated with the Oromia regional BoFEC to assist Loke PHL to automate their financial management system by installing IBEX software. The software has helped the hospital to keep financial records easily and automatically, and to generate better quality and timely financial reports. These capacity strengthening interventions provided under the project have helped Loke PHL improve and automate its PFM system and better manage financial resources.

As a result, the hospital now has good financial recordkeeping practices. For example, a documentation system is in place; reliable and timely financial reports are submitted; and there is an improved internal control system that can minimize errors and embezzlement. Improvements to PFM, in turn, contribute to efficient and effective resource utilization, which supports quality health care provision at the hospital.

CBHI Capacity Enhancement Trainings, PRMs, and TA. CBHI-focused ISS was conducted at 241 woreda CBHI schemes, kebele sub-sections, PHLs and HCs (96 in Oromia, 49 in Amhara, 20 in SNNP, and three in Tigray). This was aimed at providing technical support to woreda and kebele executives, cabinet members, and HF senior management team members in order to improve CBHI membership enrollment and renewal and health service provision. 23 regional, zonal, and woreda-level CBHI performance review meetings (PRMs) were conducted with 1,681 (314 female) to review and evaluate the status of CBHI implementation, identify gaps in the process, and develop corrective measures. The PRMS included 14 participants from Oromia, six from SNNP, and three from Amhara. At PRMs, the project presented ISS findings for discussion and next action steps.

The project, in collaboration with ZHDs, EHIA branches, and the USAID Health Finance Improvement Program (HFIP), provided financial and data management and reporting training to 258 (75 female) CBHI scheme executive staff across 97 CBHI woredas in SNNP. The USAID Health Financing Improvement Program covered training costs and USAID Transform: Primary Health Care delivered TA training on accounting and reporting. In addition, the health service launch (i.e., time when CBHI members can start using their coverage to access health services) events of two schemes (Shashego and Gesha) were supported involving 159 (25 female) participants in SNNP in partnership with EHIAs and ZHDs. Health facility readiness assessments were conducted in collaboration with EHIAs in 12 HCs in Amhara to assess HF service availability and readiness to provide standardized healthcare services to CBHI members prior to signing MOU with CBHI schemes. In Oromia, to improve low level of membership enrollment, the project also conducted CBHI sensitization and orientation workshops for 192 (44 female) HEWs, kebele cabinet members, religious leaders, and elders, in three woredas using subgrant funds.

The project support for CBHI implementation, in partnership with RHBs, EHIA branches, and ZHDs, have contributed to the following results:

- 100% of CBHI schemes in Tigray, 91% in Amhara, 73% in Oromia and 60% in SNNP have launched a health benefit package coverage for CBHI members. Tigray and Amhara exceeded the 80% HSTP geographic target set by the GOE for 2020 and the other project regions approached it.
- In Amhara, the CBHI enrollment rate is higher in the project woredas (62%) than the overall regional rate (57%). This is the same for the CBHI renewal rate (79%) that exceeds the total regional renewal rate (77%).
- SNNP increased the CBHI renewal rate to 53% and revenue mobilization level to over 111 million Birr since last year. Also, geographic coverage of schemes providing health benefit packages increased to 60%, a 6.4% growth over the last quarter.
- Oromia significantly increased its CBHI enrollment rate from 32% to 41%, and renewal rate from 72% to 86% between year4 Vs Year3 reporting periods. This has resulted in 1,538,620 households (or 7,385,376 individuals) eligible to receive financial protection through CBHI coverage in the project intervention woredas in the region.

Table 3. Enrollment and Renewal Rate Across Regions

Region	Indicator	Project	Region	Difference
Amhara	Enrollment rate	62%	57%	5%
	Renewal rate	79%	77%	2%
	Indicator	**Jan-Mar/2019**	**Jan-Mar/2020**	**Increase**
SNNP	Renewal rate	44%	53%	9%
	Revenue mobilized in Million Birr	102.2	111.1	8.9%
Oromia	Enrollment rate	32%	41%	9%
	Renewal rate	72%	86%	14%

Challenges in HCF implementation. Challenges included insufficient attention by some woreda officials to allocate enough non-salary budget for PHLs and HCs, and timely reimburse CBHI costs for health facilities. Additional challenges included high turnover and shortage of critical PFM staff at primary health care level and the start of the COVID-19 pandemic in Ethiopia.

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

The FMOH of Ethiopia places great emphasis on improving leadership. Leadership development programs intend to equip individuals with improved leadership skills and introduce the concept of distributed leadership. This concept incorporates inclusivity, collectiveness and collaboration, and results in, all staff, not just those in senior management roles, gaining valuable leadership skills. USAID Transform: Primary Health Care utilizes a six to nine-month continuous learning approach focused on improving LMG. The core LMG teams are those who have attended the live training sessions and subsequently disseminate their leadership, management, and governance knowledge and skills to their workplace team (primary health care staff) through on-the-job orientation and continuous learning processes. By applying these LMG tools, day-to-day health related challenges can be solved effectively and efficiently.

LMG Capacity Enhancement. The LMG basic six-day block course training was conducted through subgrant funds to 97 PHCU health workers - including 69 from SNNP (11 female) and 28 from Tigray (eight female). These teams developed 17 projects (12 in SNNP and five in Tigray) in the areas of maternal and child health and health system reform. These projects were vital to accomplishing KPIs and ensuring woreda transformation. Impact of the women leadership development trainings delivered in Year 3 is evident through the fact that, in this reporting quarter, four women (including two in Amhara and two in Oromia) were promoted to management positions. Management positions included Vice Zone Health Department (ZHD), Woreda CBHI Coordinator, PHCU Director, and Vice PHCU Director. Out of 74 trainees, 11 women were promoted after the women leadership development training.

Coaching/Follow-Up. USAID Transform: Primary Health Care provided coaching and monitoring to 148 PHCU LMG projects (including 88 in SNNP, 24 in Amhara, 24 in Tigray, and 12 in Oromia). In addition to the quantitative projects these teams worked on, qualitative outcomes such as work climate improvement, teamwork, management system strengthening, and individual capacities to respond to challenges were also improved.

Phone follow-ups were conducted with 43 women leaders (22 in Oromia, 11 in Amhara, and ten in SNNP) and regional teams have extended their support remotely. In addition, the project supported the core LMG teams to conclude their primary leadership project and develop follow-on projects. Currently, out of 557 primary leadership projects, 197 (35.3%) are closed.

Sustainability. LMG core teams established in the PHCUs are continuing to use the LMG tools to develop solutions to the day-to-day challenges they face. Accordingly, after accomplishing the first-round leadership projects, the figure below depicted the trend of developing 99 LMG follow-on projects over time (including 20 in Amhara, 24 in Tigray, 42 in Oromia, and 13 in SNNP) in the area of maternal and child health and health system reform to work in a six to nine-month period.

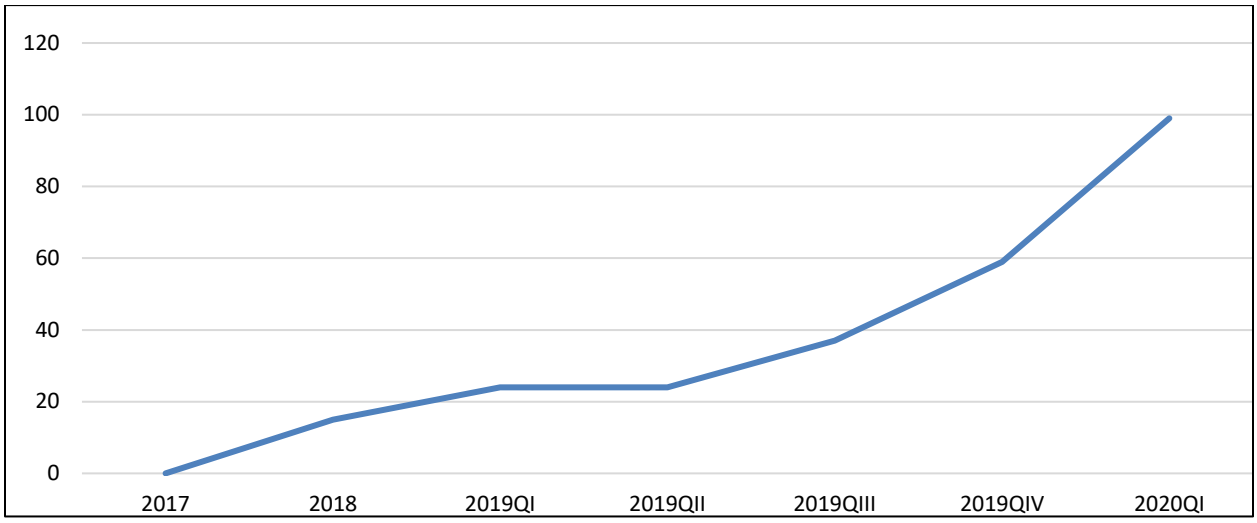


Figure 6. LMG Follow-On Projects Developed, June 2019 – March 2020

Improvement seen after LMG interventions are:

- Application of LMG practices and use of the challenge model to improve the performance of key indicators;
- Work climate at most facilities, which could be described as improved communication between the team, the creation of a supportive environment, and reduced complaints;
- Existing LMG teams were able to design second- and third-round projects, which is indicative of the sustainability of interventions.

Support to the FMoH. USAID Transform: Primary Health Care has continued its technical support to leadership and management initiatives of the FMOH through participation on coaching support provided to candidate leaders identified by FMOH, in collaboration with the International Institute for Primary Health Care (IIfPHC).

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

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

Family Planning and Reproductive Health

The goal of the FP/RH thematic area of the project is to create capacitated PHC facilities which can provide quality and appropriate FP/RH services. To achieve this goal, the FP/RH activities are organized as a

package of activities to be functional in all health facilities of a given woreda – a FP/RH package woreda. The package of the FP/RH activities consists of two major areas:

1. Strengthening the existing services and supporting the government to establish new FP/RH initiatives; and
2. Improving the health service delivery system through implementing innovative FP/RH interventions.

In Year 4, the FP/RH implementation approach has a primary focus of providing technical assistance (TA) to the public sector health offices, which will be involved in the subgrant programs. The package of TA and support include:

- Support grant proposal writing;
- Participate in capacity building trainings, planning exercises, and review meetings of grant programs to ensure the public sector provides quality and standard trainings;
- Direct project support areas:
    - Provide consumables and supplies required for clinical practice during capacity building trainings, which will be conducted through the subgrant program;
    - Orient and plan exercises/review meetings on permanent methods (PM);
    - Conduct follow-up and support the implemented FP/RH activities in the public sector;
    - Provide FP/RH job aids and manuals;
    - Support some facilities with equipment and consumables to establish new back-up and Implant removal services.

In Quarter 2, the regular project activities both at the office and field level were restricted due to the state of emergency due to COVID-19. The project will prepare the guide to adapt the FP/RH activities in the project with the pandemic - specifically to support the public sector to revitalize the essential health services which might have been compromised due to the pandemic.

TA to Strengthening and Support to Establish New FP/RH Services at the PHC. LARC trainings include comprehensive LARC and postpartum family planning (PPFP) to clinical care providers, Implanon insertion for health extension workers (HEWs), and comprehensive FP for level 4 HEWs trainings. All the trainings follow a service delivery-based approach through a combination of theoretical lectures, a practical session on anatomical pelvic/arm models using a competency assessment checklist and followed by clinical practice on clients at the health facilities under the supervision of the trainers.

Technical assistance to the subgrant program includes support to the public sector through selection of trainers, preparing training materials and providing consumables and supplies for the clinical and model practice including attending the actual training sessions. Accordingly, in this quarter, TA for capacity building trainings were provided to PHCUs, woreda and zonal health offices (ZHOs) – including six LARC trainings conducted in Oromia and SNNP; two PPFP sessions conducted in SNNP; five Implanon basic training (on-site) for HEWs in Tigray; and ten orientation sessions on Implanon NXT in Oromia and SNNP.

As a result, 524 health care providers across 432 facilities were trained. In addition, the PHCUs, the WHOs, and ZHOs were able to organize and conduct the trainings with minimum support from the project.

Data from RFUV was analyzed for FP/RH services and showed improved results between the first RFUV in 2017/2018 to the third RFUV in 2019/2020. The percentage of women aged 15-49 years and aged 15-24 years who were currently using any FP method increased from 49% to 63%, and 54% to 67%, respectively. There was a remarkable increase from 12% to 23% in the CPR for LARCs. A similar increase from 33% to 39% was observed for short-acting methods. The newly implemented immediate postpartum family planning (IPPFP) program by the MOH also showed a significant increase in HC and HP delivery room service availability - from 11% to 25% for HC and 57% to 80% for HP service availability. A similar increased trend was observed in the method mix of IPPFP, Implant, and IUCD, from 50% to 80%. The increased average number of providers trained on PPFP might have contributed to the improved IPPFP services availability both at the HCs (from 0.3 to 0.7) and PHs (from 0.5 to 1.7), respectively.

Technical Assistance to Subgrant Program on Proposal Writing for FP/RH Health Services. TA to grant program proposal writing activities include gap identification of FP/RH services in health facilities in the woredas/zones and budget preparation for proposed activities. Accordingly, 36 WorHOs and seven ZHBs were supported to prepare the subgrant proposals in SNNP.

Technical Assistance to Subgrant Program to Improve the Health Service Delivery System. The interventions under this topic are activities that improve the health service delivery system and promote ownership and sustainability of the FP/RH services by the public sector.

Technical Assistance to Subgrant program on Planning Exercise and Orientation on FP/RH. The objectives of this session are to communicate and create a common understanding with the public sector on the strategic approach, and to enhance the skills and knowledge of the public sector service providers and managers to use service data to plan and budget FP/RH services. This session also allows participants to review and fill correctly the supply requests and reporting formats the PHCUs uses to report to the WorHOs. The planning exercise and orientation session on FP/RH was provided to all PHCUs and primary hospital heads, all providers involved in logistic management and FP service provision, and the WorHO head. Accordingly, through the subgrant program, TA was provided to four FP/RH planning exercises and orientation sessions, which were conducted by four WorHOs (two in Oromia and two in Amhara). 97 participants attended who were drawn across four WorHOs and 24 HCs.

Technical Assistance for LARC Back-Up Service Support from HCs to HPs. The objective is to provide those FP services which are not normally provided at the HP level - such as Implanon, Jadelle, and IUCD insertion and removals. In Quarter 2, 230 PHCUs conducted 780 back-up visit sessions, serving 13364 clients. Of the services provided, 9621 (72%) were LARC-FP services. From the LARC-FP services provided, 2309 (24%) were removals, including IUCDs. The back-up intervention promotes the public health sector facilities to own and integrate the intervention into the existing health service system. According to the monitoring data report (February 2020), this strategy has demonstrated a promising impact on the public health care

service system. Of the 544 HCs that reported back-up service visits, 155 (28%) of the PHCUs were able to organize and conduct back-up service visits on their own. 117 (32%) of the PHCUs received minimal support from the project to organize and implement the back-up intervention. The remaining 272 (50%) of PHCUs have conducted the back-up intervention through the support of the subgrant program. RFUV data also showed an increase in the proportion of PHCUs undertaking back-up visits from 24% to 50%, respectively. It is likely that the increased back-up support intervention and support to the static implant removal services at the HCs and PHs provided by the project may have contributed to the increase in HCs (81.7% to 87.3%) and PHs (77% to 98.6%) having available Implant and IUCD removal services.

FP/RH Activities Implemented by Regional Offices. The Oromia Regional Office provided one FP/RH planning exercise and orientation for 16 participants across five HCs and one WorHO.

Follow-Up of Level 4 HEWs FP Services at the HP Level. In SNNP, 222 mentorship sessions were conducted in 74 HPs, 19 PHCUs, and two PHLs across 19 woredas. Almost half of the services provided by level 4 HEWs were LARCs, including removals. The table below shows services provided by type.

Table 4. Type of FP Services Provided at the HP Level, SNNP

Types of FP Services Provided	# Clients Served at the 74 HPs	%
Counseling	7,278	
Implant Insertion	2,987	41.6
Implant Removal	432	6.0
IUCD Insertion	120	1.7
IUCD Removal	11	0.2
Short acting FP methods	3,628	50.5

Special Report on Level 4 HEWs Program in SNNP. In Quarter 2, a team from the SNNP RHB, USAID Transform: Primary Health Care, and other partners conducted integrated supportive supervisory visits to level 4 HEWs – including ten USAID Transform: Primary Health sites. Selection for the ISS visits was based on those supported by the MoH, RHB, and the project**.** The supervision also included mentoring of trained level 4 HEWs who did not practice IUCD service provision after the training using pelvic models. The following results were reported after the ISS:

- *Family Planning Service:* 51 (85%) 48 (80%), and 24 (40%) of the HPs were able to provide Jadelle, Implanon, and IUCD services, respectively. All ten of USAID: Transform Primary Health Care supported HPs included in the visit were able to provide all the LARC services.
- *Infection Prevention:* Only 33% of the HPs visited have three buckets for the decontamination process. All USAID Transform: Primary Health Care supported HPs OBJOBJ the appropriate infection prevention equipment.
- *Logistics:* Only about half of the HPs visited had FP commodities. Kits and consumables, including materials for the FP service provision, were completely available in the HPs supported by the project.

During the visit, the RHB gave recognition to the package of activities used to implement the comprehensive FP-training of level 4 HEWs. The RHB recommended that other partners follow the standard used by USAID Transform: Primary Health Care. Additionally, the RHB requested our regional office conduct a monitoring assessment of the level 4 HEW program in all HPs supported by the project in the region at their own expense.

PAC and PPFP Services. The project has supported the integration of FP services into other health service units through the training of providers on LARC service provision and providing gap filling supplies to initiate services immediately after the training. Accordingly, in SNNP, follow-up visits were conducted to 45 YFS clinics. The follow-up report showed that PAC services were available in all YFS clinics during the visit period. Out of 287 clients who received PAC services, 254 (88.5%) received post-abortion contraception (including 120 Implanon, 52 Jadelle, 23 IUCD, and 59 short-acting methods). 78% of all post-abortion contraception given were LARC methods. In the same YFS clinics, 4787 clients were served with different FP methods of their choice (including 44% LARC and 56% short-acting). Similarly, in Tigray, PAC service data was collected from 57 HCs. 697 women were served with PAC - of which, 468 (67%) received post-abortion FP (>98% LARC methods). From the two follow-up service data results, more than two thirds of women (>77%) were able to receive post-abortion contraception and the majority (88%) used LARC.

Immediate Post-Partum Family Planning (IPPFP). In Tigray, follow-up visits were conducted to monitor the IPPFP services status in 69 HCs. The follow-up report showed that IPPFP services were available, including the recommended FP method mix, in all 69 HCs. As a result, of the 8432 deliveries that occurred this quarter, 864 (10.2%) women received IPPFP services OBJOBJ. The small proportion (8%) of IUCD that were used for IPPFP compared to Implants implies the need to improve the pre-delivery counseling services for all women attending a health facility in general, and for pregnant women in particular.

Maternal Health

Onsite technical supports and other investments contributed to the improvements in signal functions and quality of care. Based on RFUV data from December 2018 to December 2019, the percentage of HCs delivering all the seven BEmONC signal functions has increased from 65% to 75%; HCs delivering women friendly delivery services has increased from 79% to 88%; and HCs having all the required laboratory tests has increased from 46% to 64%.

Gap Filling Trainings. Both on- and off-site gap filling capacity enhancement trainings were conducted during this reporting quarter. A clinical mentors' training was conducted for 98 trainees, UBT for 20 trainees, HMS/HBB for 69 trainees, and "limited obstetric ultrasound (U/S)"/VSCAN for 17 trainees. During the U/S training, 150 mothers were scanned and those with identified problems were managed accordingly. Phone follow-up and one round of onsite mentoring was conducted for four weeks after the U/S training. Using subgrant funds by woredas, orientations and trainings were conducted – including 11 trainees on UBT; 19 health managers on BEmONC; 277 trainees on respectful maternity care (RMC); 468 trainees on CRC health work force; 81 trainees on maternal and perinatal death surveillance and response (MPDSR); and 46 trainees on integrated supportive supervision skills for 46 trainees. Additionally,

orientation on early pregnant women mapping, the pregnant woman conference (PWC) guide, referral linkage, and male engagement was conducted for 662 health care providers and HEWs. A sensitization workshop on skilled birth attendance and early ANC initiation was also conducted for 221 attendees.

Catchment-Based Clinical Mentoring (CBCM). With both financial and technical assistance from the project, the national CBCM guide and training packages were developed, approved, and adopted by FMOH and are being utilized nationally. Advocacy workshops were also conducted. In Quarter 2, 12 PHLs were mentoring 33 HCs. One session of the CBCM review meeting was conducted with 25 attendants and seven mentees across three HCs graduating from the CBCM process. Using subgrant funds by woredas, 77 HCs were mentored by their respective catchment PHLs and 206 mentees were mentored in the process. Additionally, 69 sessions of CBCM and three sessions of CBCM review meetings were conducted.

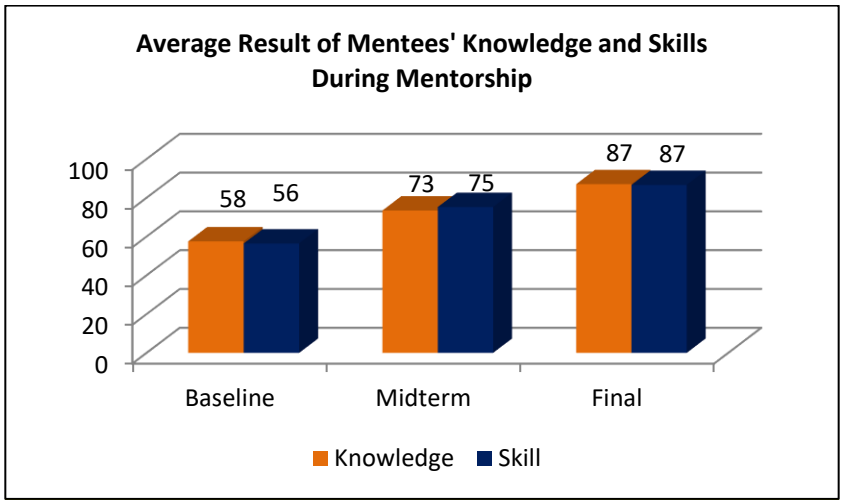


Figure 7. Average Results of Mentees' Knowledge and Skills During Mentorship

Observed changes at some of the mentee facilities after CBCM support:

- Improved availability of essential drugs at delivery room;
- Enhanced skills of midwives on signal functions.;
- Proper case management and timely referral;
- Improved referral and feedback system between HPs-HCs-PHLs;
- Consistent and correct use of partograph, safe childbirth checklist (SCC) and family recognition card;
- Early identification of pregnant women and linking to ANC services;
- Delivering women friendly care services.

Clinical Skill Labs (CSL). One of the project's capacity enhancement strategies is establishing CSLs at health centers and primary hospitals where providers and students can practice clinical skills. During this quarter, all 30 CSLs were strengthened technically. Nine CSLs that were strengthened by filling IPC material gaps and two new CSLs were established at Saula and Wolkite sub-clusters. Staff of the facilities, catchment HFs, and students from nearby higher education institutions are practicing in the CSLs. In total, 768 CSL

visits by mentees were documented during this quarter to practice different clinical skills .Skill areas that were noted to need practice included: normal labor and delivery; vaginal breech delivery; manual removal of placenta; management of APH and PPH, including NASG application and shock management; management of hypertension in pregnancy; LARC, including PPFP; essential newborn care; neonatal resuscitation; neonatal sepsis management; and hand hygiene practice. These skill areas were practiced in this quarter as a result. All CSLs were advised to have a "CSL day" once a week, where at least two hours are dedicated on a non-busy day. The CSL focal person, in consultation with staff, the MCH unit, and the facility heads decide who goes to the CSL and what sets of skills need discussion and practice.

Photo: Newly established CSL, Saula Hospital, February 2020

On-site support through FUVs. Other capacity-enhancement and setup improvement activities included TA during general and MNH thematic-specific RFUVs and supportive supervision visits. Data collection is also conducted during those RFUVs.

During RFUVs, strengthening of the implementation of BEmONC signal functions was done at 90 HCs. TA to strengthen the MPDSR system was conducted at 35 WorHOs, two PHLs, and 72 HCs - hence non-functional MPDSR committees have become functional. Based on RFUV data, the percentage of HCs which have established an MPDSR system has increased from 42% (December 2018) to 53% (December 2019).

MNH-specific supportive supervision visits were conducted at 18 PHLs and five HCs to strengthen CBCM, CSLs utilization, BEmONC, CEmONC, NBC, and NICUs. During the supportive supervision (SS) in Amhara, Amdework PHL's storage site was visited and a new infant radiant warmer was found in the store. This infant radiant warmer was later brought to the service delivery point for use. Additionally, an operation room light, which was in store for more than a year, was installed at the Laska PHL in Basketo special woreda of SNNP by a project driver and other team members. Refrigerators were also fixed at the Amaro WorHO. Based on RFUV data, the percentage of PHLs delivering CEmONC services has increased from 72% (December 2018) to 87% (December 2019).

An MNH-specific integrated performance review meeting and ISS was conducted at the PHCU level for 16 HCs and 50 HPs. 229 health workers, HEWs, and experts from five WorHOs took part in the review meeting. Additionally, a midwives' forum with 76 participating midwives was conducted to strengthen the quality of ANC and skilled delivery. Early ANC, essential ANC services, 24 hours stay in a health facility after delivery were the major areas identified that need to be strengthened.

Photo: Project driver installing an operation room light, Laska PHL, Basketo Special Woreda

During HC visits, the following were assessed: the availability of obstetric medications in labor and delivery rooms; the consistent and correct use of partograph and SCC. Based on the assessment, the project identified gaps in RMC/WFC; essential obstetric drugs and supplies management; consistent and correct use of partograph and SCC; BEmONC signal functions; ENC and neonatal resuscitation; data verification and recording; and infection prevention. TA rendered on identified gaps included the following:

- Brief onsite orientation on respectful maternity care/women friendly care services provision;
- Essential drugs and supplies management;
- Consistent and correct use of partograph and SCC;
- Orientation on BEmONC signal functions;
- Essential newborn care services provision including newborn resuscitation;
- Onsite data verification and recording systems orientation;
- Providing infection prevention tools and other job aids to be posted in the room.

Support was also provided to strengthen the supply chain management of MNH supplies. Onsite support was provided to HFs during RFUVs on the utilization of reporting and requisition form (RRF), internal facility report and resupply form (IFRR), stock cards, and bin cards in MH departments and drug stores to ensure regular availability of MH supplies. Shortages of IFRR and stock cards were seen at some visited HCs and WorHOs respectively, and different soft copies of the formats were shared.

TA to strengthen early identification of pregnant mothers and pregnant women conferences (PWCs) were provided within 47 HCs and 85 HPs. The TA included:

- Midwives were oriented on the PWC guide and encouraged to conduct PWCs on a regular basis;
- Orientation on the importance of early identification of pregnant women (PW) for timely initiation of ANC services, and how to work with HEWs and health development armies to timely link pregnant mothers to HCs;
- Use of PW registration with their last normal menstrual period (LNMP) and calculated expected date of delivery/confinement (EDD/C) at HCs and HPs to trace defaulters;
- HEWs and midwives were oriented to enhance male engagement during PWC;
- Orientation to the community during HP open house events on the early signs and symptoms of pregnancy and to link women with HFs for ANC services;
- PWC guidelines were provided to all visited HFs;
- 41 sessions of PWCs were conducted in 12 HCs and 49 HPs.

Maternity Waiting Home (MWH)

One of MOH's strategies to increase health institutional delivery and hence skilled birth attendance is equipping MWHs per the national standards and utilizing them for the intended purpose.

During this quarter, 67 HCs were supported with MWH materials (TVs, DVD players, flash disks, mattresses, pillows, pillowcases, bed sheets and blankets) using the subgrant fund. 62 HCs were supported technically on the following:

- Registration tools to record MWH utilization;
- Orientation on admission criteria and provision of a soft copy of the MWH implementation guide;
- Orientation to the community on the availability of MWH during HP open house initiative meetings;
- On-the-job training for health workers on counseling service for PW and their attendants;
- Providing maternal and newborn nutrition education, counseling, and promotion of exclusive breastfeeding;
- Soft copies of MWH SBCC materials were distributed (videos and their facilitation guides).

3,720 mothers were admitted to MWHs within Oromia during this quarter. 3,293 (88.5%) of them gave birth within the affiliated HF. The rest of the mothers were either referred or were still in the MWHs during reporting time. Referrals were made to receive better/higher level care due to complications during their stay at MWHs or during labor and delivery.

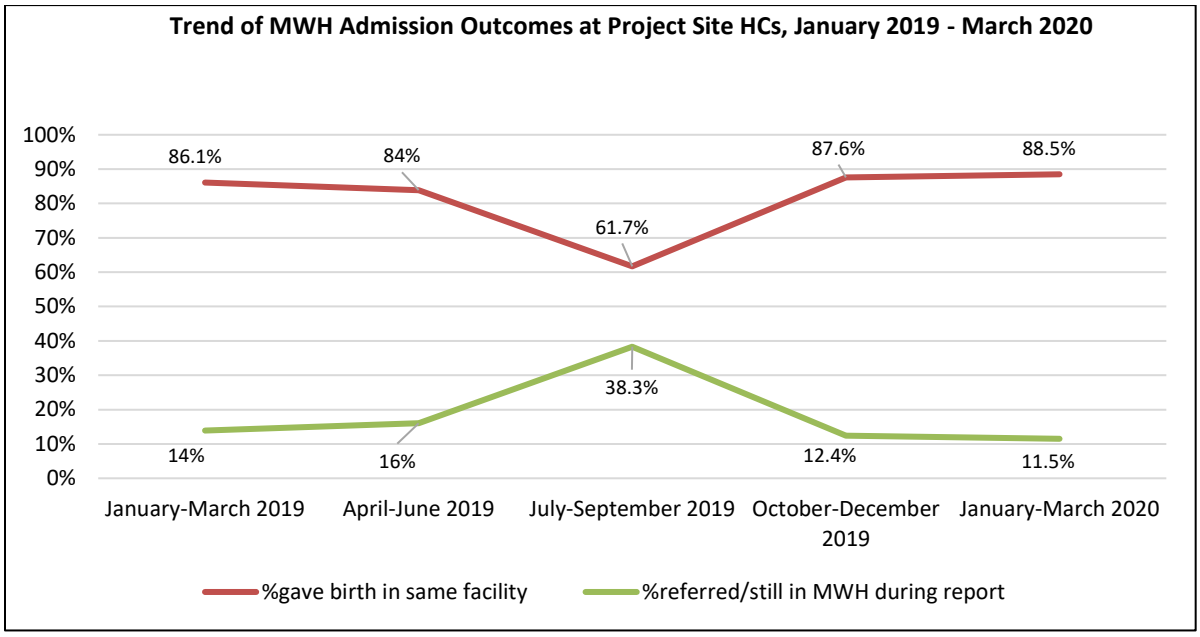


Figure 8. Trend of MWH Admission Outcomes at Project Site HCs, January 2019 – March 2020

Task Shifting on "Limited Obstetric Ultrasound"/VSCAN and UBT Services. During Quarter 2, 5981 mothers were scanned using an ultrasound. 953 (15.9%) of mothers were found to have some type of abnormality in their pregnancies and were referred to the next level of care. Seven UBT kits were used and seven mothers were saved from complications of refractory postpartum hemorrhage (PPH).

Newborn Health

Strengthening Newborn Corners (NBCs). Newborn corners at 65 HCs were strengthened by improving organization and equipping with necessary materials and job aids for ENC. As documented in the RFUV data, the proportion of project intervention HCs

Strengthening Neonatal Intensive Care Units (NICUs). As part of strengthening NICUs and their kangaroo mother care units (KMC), 15 clinical nurses were trained as NICU nurses for one month and 21 general practitioner physicians (GPs) were given NICU orientation for one week. These clinical nurses and GPs were deployed to their respective PHLs to strengthen the existing NICUs or set up new ones. Based on gaps identified during follow up visits, TA was provided to six NICUs and hence have strengthened. During this quarter, 3024 sick newborns were admitted to NICUs of project intervention PHLs and 2445 (80.9%) of them were discharged improved, 163 (5.4%) died, and 292 (9.7%) were referred to the next level of care.

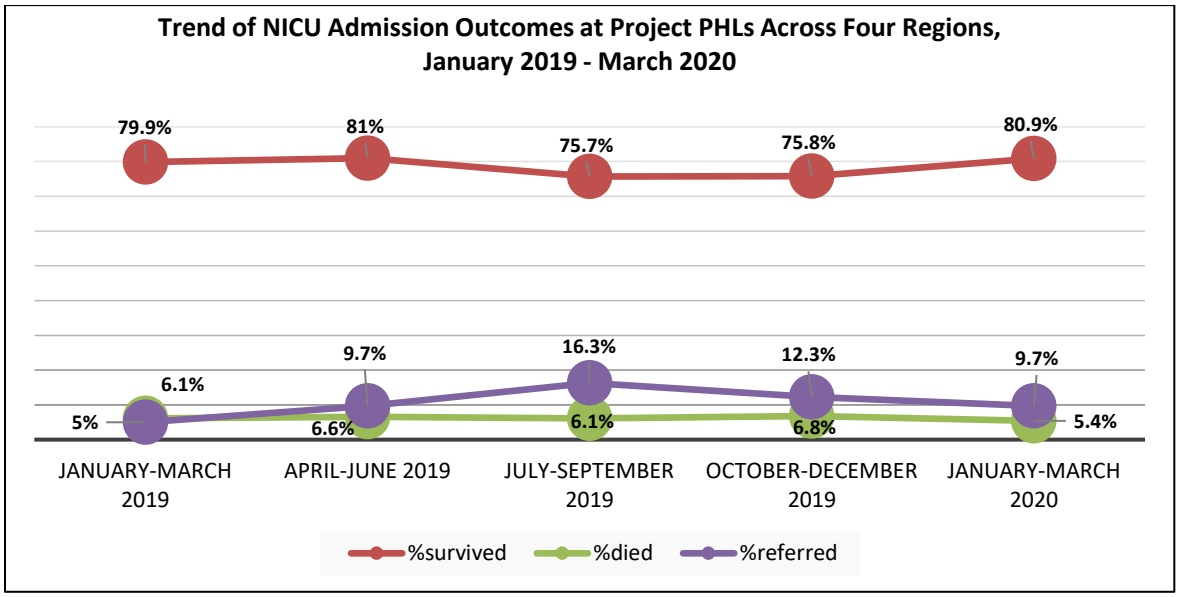


Figure 9. Trend of NICU Admission Outcomes at Project PHLS across Four Regions, Jan 2019 – March 2020

Based on RFUV data, the percentage of project intervention PHLs with NICUs has increased from 77% (December 2018) to 97% (December 2019).

MNH teams' Contribution at National (MoH) and Regional Levels. MNH team members have contributed at different levels of the health care system (FMOH, RHB, ZHD, WorHO, and HF) by taking part in different technical working groups (TWGs) (including SMH, MPDSR, MCH-logistics) and task forces. At the country office level, the following major activities were carried out:

- A safe motherhood (SMH) month celebration high-level advocacy meeting was attended on January 10, 2020, with high level delegates of federal and regional governments and partner organizations;
- An activity overview was displayed during a high-level advocacy meeting on January 10, 2020 as part of the SMH month celebration;
- An interview was given on the maternal health activities to South TV during the SMH month high level advocacy meeting and exhibition;
- An MNH innovations briefer was edited by updating service utilization data;
- An MNH services uptake data collection template was developed, discussed with the MEL team, and was incorporated into the data collection system of the project;
- MWH registration logbooks of Amharic, Afan, Oromo, and Tigrigna versions were finalized and submitted for printing;
- Attended a HSTP-II technical meeting to finalize the draft HSTP-II document;
- Wrote the project specific report on MNH;
- Provided a technical training for mid-level providers on "limited obstetric ultrasound" in the Amhara as part of a task shifting endeavor;
- Finalized the NICU assessment tool for data collection through cluster office staff and started data collection;

- Attended the core technical team's meetings to develop national ANC guidelines and integrate the WHO's recommendation to adapt "ANC for positive pregnancy experience";
- Two documents on gaps and possible interventions on ANC and ENC were developed in March 2020;
- Commented and enriched a concept note and developed in-depth interview (IDI) and focus group discussion (FGD) guides for data collection of a study to be conducted on "Factors Associated with Defaulting from Antenatal Care services in Ethiopia: A Qualitative Study".

Obstetric Fistula

Pathfinder International has supported the FMOH in its national effort to Eliminate Obstetric Fistula (EOF) in Ethiopia by 2020 through the congressional earmarked fund up until June 2017. USAID: Transform: Primary Health Care has further continued its commitment to the national EOF initiative by integrating it with other RMNCAH interventions during the last four years of the project. The project has been supporting the implementation and operationalization of the National Action Plan for the Elimination of Obstetric Fistula by 2020 in all its operational areas. In this regard, USAID Transform: Primary Health Care has relied on the two-prong approach of the FMOH and executed several major activities as per the plan.

During Quarter 2, the project identified 179 new suspected fistula survivors and supported the diagnosis of 174 of them. Additionally, the project sponsored the referral of 173 survivors with subsequent treatment of 154 of them by Hamlin Ethiopia, as well as the rehabilitation of 99 survivors of fistula following their treatment. Furthermore, 104 mothers with POP were identified, confirmed, and referred for treatment. Of whom, 99 mothers with POP received treatment through project support.

Child Health and Development

During the reporting period, several capacity enhancement activities were conducted, in the form of trainings, follow-ups, and review meetings. IMNCI trainings were conducted in three regions and 336 HWs were trained (48 in Amhara, 148 in Oromia, 140 in SNNP). 218 were trained onsite in woredas of SNNP and Oromia using subgrant budget, and 46 HWs were trained in cooperation with the RHBs by providing logistic and technical support. This will help build sustainable ownership of the program. Two sessions of ICMNCI training were conducted for 58 HEWs using subgrant budget in SNNP. Orientation on ICMNCI was given for 20 newly assigned health managers using revised modules. Early Childhood Development (ECD) regional training was conducted in SNNP, and 20 HWs from RHB, zonal health, WorHOs, and health facilities were trained to be facilitators for the next training in the region. During the practical session, 44 mothers were counseled on ECD.

Supportive supervision and mentoring visits were conducted specific to thematic areas. This was integrated with routine follow-up visits and more than 1000 HCs and HPs were reached. Generally, the correct classification and treatment improved in HCs compared to results in Quarter 1. Specifically, correct classification increased from 68% to 74% and correct treatment increased from 66% to 70%. There was a slight decrease in HPs with correct classification decreasing from 74% to 70%, and correct treatment from

68% to 66%. This shows that the support from HCs is weak and that there is a need to strengthen through both supervision and woreda or PHCU-level review meetings.

Performance review and refresher trainings (PRRT) at the woreda and PHCU-level helps to improve the quality of case management and the utilization of health facilities. These trainings were conducted at seven woredas, using the subgrant budget (two in SNNP, two in Tigray, three in Oromia). At the PHCU-level, trainings were conducted in three woredas of Tigray, where 474 HWs and HEWs participated.

Project staff participated in national ECD and RAC (Research Advisory Council) meetings, organized by the FMOH, to produce a research paper on monitoring. ECD counseling cards and key messages are currently in the process of being translated to Afan Oromo, and Tigrigna in order to prepare for implementation in selected woredas. A research paper was also completed on the outcome of onsite IMNCI training.

The quality of child health services (IMNCI and ICMNCI) and utilization in HCs and HPs is improving through repeated mentoring and onsite training. All activities were conducted in cooperation with FMOH/RHB at all levels, many of them by sharing costs. Alternatively, activities were conducted onsite, which helps to improve sustainability and ownership of the program by the public sector. For example, the public sector selected the facilitators, place, and venue of training. New initiatives, such as onsite IMNCI and ICMNCI integration with EPI capacity enhancement in learning woredas continued in this quarter. Regular partners' meetings in all four regions, including the FMOH, were conducted. During these meetings, participants reviewed activities and coordinated programs to avoid duplication of efforts. Implementing partners and United Nations (UN) agencies also participated in TWG meetings and other activities. ECD counseling cards and job aids in Amharic, Afan Oromo, and Tigrigna are in the process of being printed and will be rolled out in four woredas (one woreda per region) after woreda-level training. The results will then be shared with the FMOH for scale-up.

Expanded Program on Immunization

Capacity Enhancement. During the reporting period, IIP training was provided for 86 HWs in Oromia and Amhara through grant and rapid response funds. All IIP trainings were integrated with cold chain user orientations. Effective vaccines management (EVM) training was provided for 16 HWs through grant funding. During the EVM training, RED categorization lessons and practical exercises were provided for all participants. RED/REC categorization orientation was provided for 55 HWs in Oromia and SNNP through grant funding. As part of a response activity for the measles outbreak, measles case management training was provided for 38 HWs in Amhara.

EPI training was provided for 248 HWs and HEWs in Oromia. Community-based surveillance CBS) training was provided for 108 HWs and HEWs in SNNP and Oromia. Capacity-building activities in the form of trainings, review meetings, mentoring, and coaching through integrated and thematic supportive supervisions have brought different improvements in the woredas and HFs. When compared

across the three RFUVs and the current quarter, the availability of functional refrigerators, vaccines and supplies, daily immunization services, defaulter tracing mechanisms, and utilization of updated EPI monitoring charts at all levels have shown improvement. Penta 1 to 3 dropout rate also improved and was within the acceptable range.

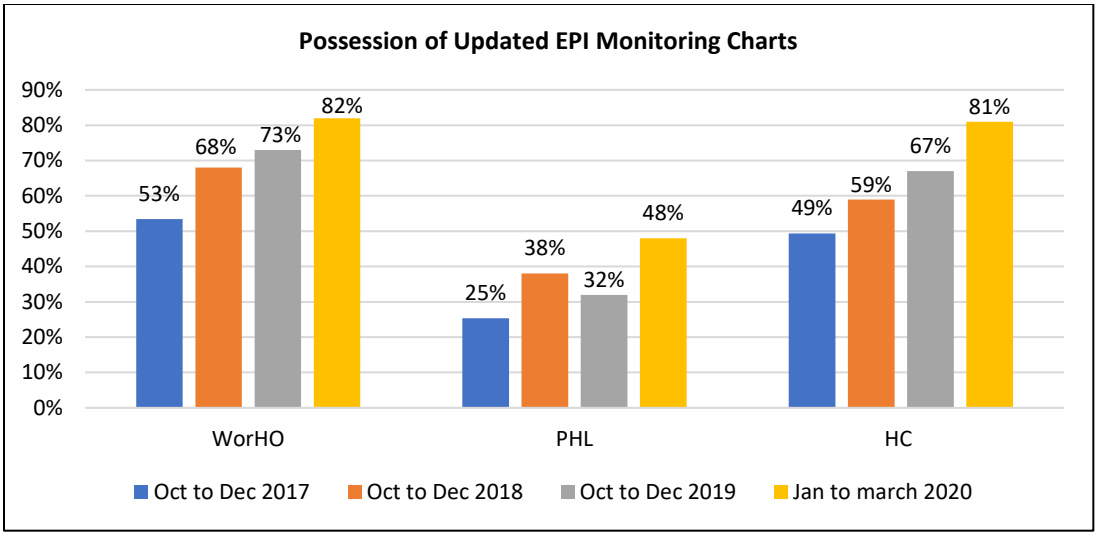


Figure 10. Trend in Possessing Updated EPI Monitoring Charts, October 2017 – March 2020

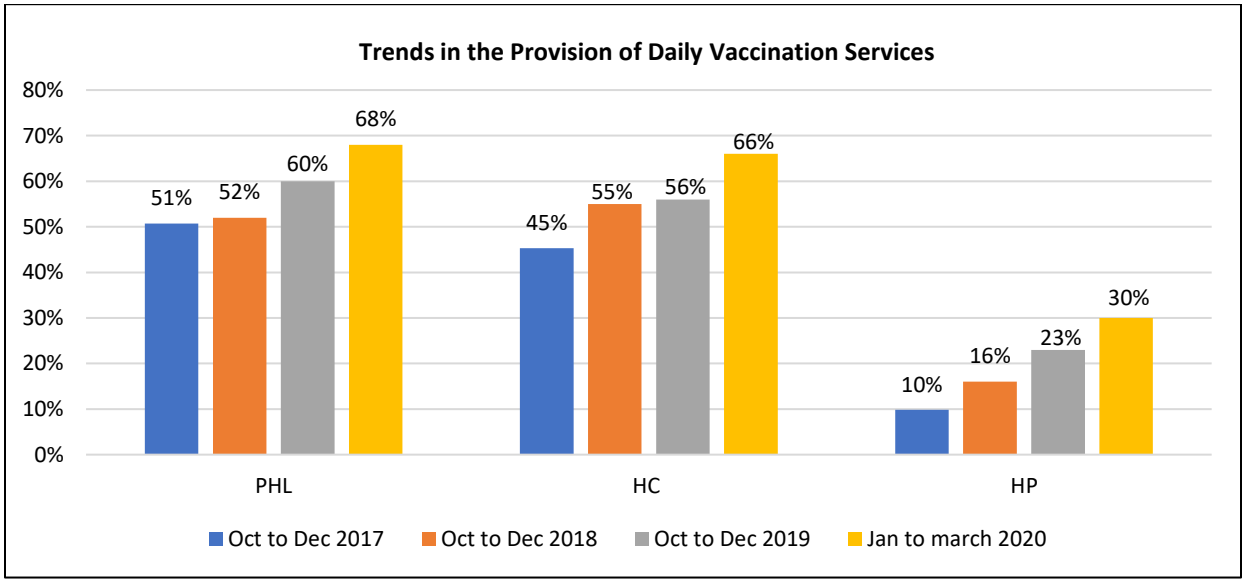


Figure 11. Trends in the Provision of Daily Vaccination Services, October 2017 – March 2020

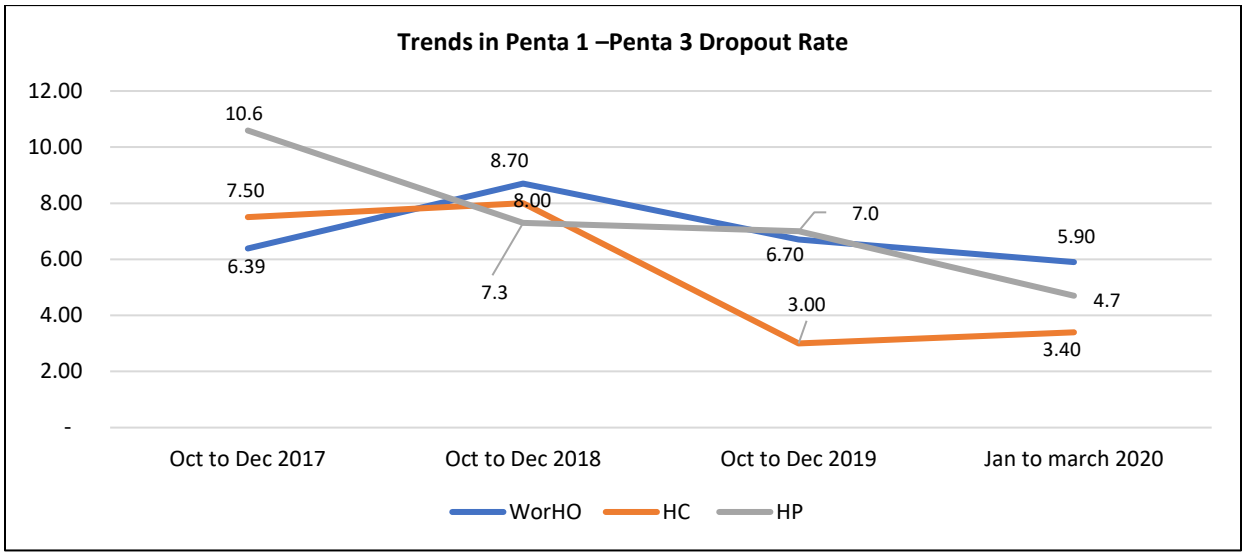


Figure 12. Trends in Penta 1 – Penta 3 Dropout Rate, October 2017 – March 2020

Strengthening the Implementation of RED/REC Strategy. The RED/REC approach enables woredas and HFs to prioritize areas with poor access and utilization of immunization services. Districts and HFs are encouraged to make micro plans to identify local problems and adopt corrective solutions. This, in turn, improves equitable and sustainable access to vaccines for every age-eligible target and reduces incidence of vaccine preventable diseases (VPDs). Considering this, the project has been supporting the public health system to use the RED/C database. In Quarter 2, 188 (47%) of woredas and 640 (35%) of HCs were using the RED categorization database to monitor EPI performance and provide feedback to their respective lower levels. At the start of the project, 29% of woredas and 6% of HCs used the database. All regions have shown improvement; however, more effort will be required to enable more WorHOs and HFs to utilize the database.

RED/REC Database Utilization at Adewala PHCU

Adwala HC is one of the seven HCs in Tahtay Awyabo woreda, Tigray. The total population is 9,024, including 267 who are children under the age of one. Immunization is one of the services provided at the HC. There are EPI trained health workers, enough vaccines and supplies, and functional cold chain equipment in the HC. However, despite EPI service coverage in the HC being good, Penta 1 to Penta 3 and Penta 1 to MCV1 dropout rates were very high.

In September 2018, while conducting routine follow-up visits, cluster staff provided orientation on the RED/REC database for the HC Director, Supervisor, and EPI focal person and installed it on their computers. The HC team were happy to accept the tool and started to enter the data immediately. Through technical support and follow-up by project staff, the HC team started to monitor performance using the database. In the beginning, the team identified poor EPI service utilization was a high dropout of 10% and above. However, the team implemented different strategies to track defaulters and reduce future defaulters. The HC team continued to use the database information for decision-making and have contributed to the reduction of the measles dropout rate from 10% to 4% within a year.

The PHCU Director, said *"following the orientation, we were happy to accept the tool and started to enter data immediately. The tool enabled us to categorize HPs based on the performance and to provide need-based support in that we were able to significantly reduce dropout rates…RED/REC database tool not only improved the performance but also improved EPI data quality in the PHCU".*

Improving Vaccine Supply, Safety, and Regulation. The quality of vaccines can only be ensured with a functional cold chain system. Administration of vaccines that are not potent will increase the risk of side effects and lead to failed immunization of the individual against vaccine preventable diseases. Considering this, the project has been supporting the public health system on supply chain management, logistics, and cold chain management. Project staff are also engaged with Ethiopian Pharmaceuticals and Supplies Agency (EPSA) hubs to enhance the supply chain system and maintain faulty fridges at WorHOs and HFs. During the reporting period, more than 61 different models of refrigerators and 16 different medical equipment (ultrasound, autoclave, OR light, centrifuge, radiant warmer, blood pressure (BP) apparatus, and delivery vacuum extractors) were maintained by the project drivers and trained public sector staff. An estimated cost of 133,484 ETB is saved by the public sector, which could even increase if the refrigerators were locally maintained. During maintenance, the project staff provide orientation for 32

staff in cold chain maintenance and medical equipment handling in SNNP. The number of refrigerators maintained in the current quarter is relatively low due to limited staff movement and lack of spare parts in some areas.

Integrated Periodic Outreach Services (IPOS). The project has been implementing IPOS in hard-to-reach areas of SNNP, Oromia, and Amhara in collaboration with woredas and HFs. The aim of these services is to improve the accessibility of immunization services for all children regardless of where they are born, who they are, or where they live.

Photo: HWs provide vaccination and measure Mid Upper Arm Circumference (MUAC) during IPOS in SNNP, February 2020

In Quarter 2, 18,540 vaccination services were provided to children; 1,272 pregnant women received ANC services; 1,037 women received Tetanus Toxoid (TT) vaccines, 1,682 women received FP services; 967 women received Fefol supplementation; 6,283 PLW and 29,859 children were screened for malnutrition; 19,011 children received vitamin A; 13,188 children were dewormed; 499 children were treated for diarrhea; 263 children were treated for pneumonia; and 43 children were found to be positive for malaria and received treatment at 11 woredas within Amhara, Oromia and Tigray (South Achefer, Surma, Goba, Hammer, Dasenech, Benatsemay, Dillo, Fentale, Mieso, Kurfachale and Melka balo) through grant funding. Although difficult geographical terrain and security problems meant that hard-to-reach kebeles presented challenges, the provision of a wide range of services meant that woreda performance improved significantly.

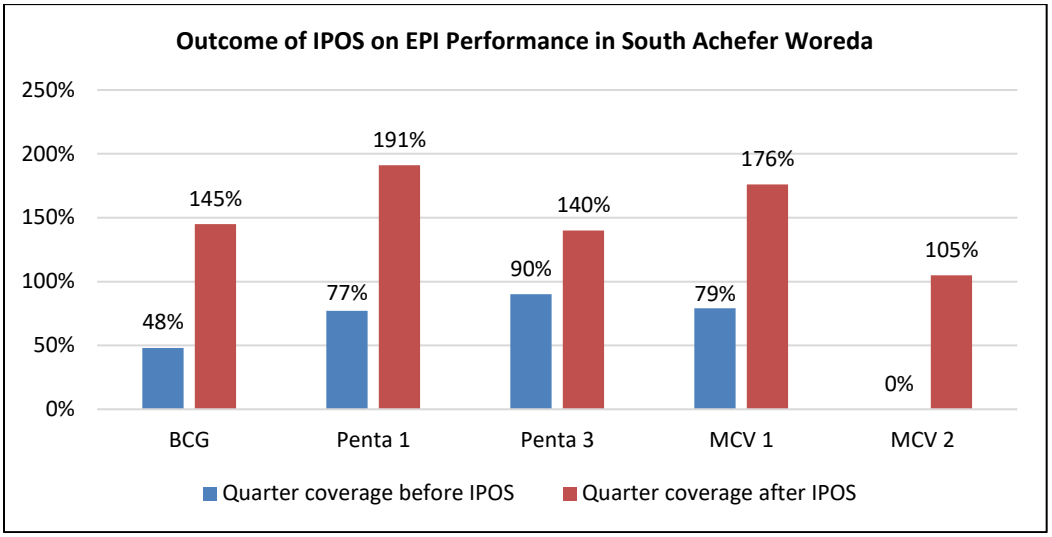


Figure 13. Outcome of IPOS on EPI Performance in South Achefer Woreda

Surveillance and Emergency Preparedness, Response and Recovery. The project has been supporting the health system to strengthen surveillance, epidemic preparedness, response, and recovery at different levels to save lives and minimize adverse health effects. Specific attention has been placed on vulnerable and marginalized populations.

For example, community-based surveillance training (CBS) contributes to the improvement in the surveillance system at Goba woreda of Kaffa Zone. An orientation was provided for kebele leaders. CBS focal points were selected, and high community participation was observed. Because of this, surveillance report timeliness, completeness, and regularity improved. Additionally, CBS performances were reviewed monthly during PHCU monthly meetings and WorHOs provided technical support.

Technical, financial, and logistic support was provided during the measles outbreak in different woredas of Amhara and SNNP. Currently, the outbreaks are under control through the joint efforts of surveillance, case management, and mop-up campaigns.

Following the cVDPV2 outbreak in Oromia and SNNP, a second-round of the mOPV2 campaign was conducted in March 2020 across 79 woredas in the two regions - with an administrative coverage of 105% and 112%, respectively. Project staff provided technical support during micro planning and orientation sessions and focused on logistics, community mobilization, transportation, random check survey, and supervision. LQAS data showed that of the total 63 lots, 52 (85%) were passed - which was an improvement from round 1.

Rapid Assessment. Rapid assessments were conducted by the project in four zones (with their respective WorHO, HC, and HP) and displayed a high number of missed children during the first round of the mOPV2 campaign. The aim was to assess the status of routine immunization systems. The implementation of

national strategies like RED/C, however, is very weak at all levels. Routine EPI microplanning is not being completed by the visited woredas and none of the interviewed woredas were reporting the status of the cold chain system. In addition, process indicator data was lacking in the system, and data quality verification was not being exercised by both the woredas and the facilities. Most of the visited health facilities were not providing daily vaccination services due to prior experiences related to the open vial policy, a minimal number of staff, and cold chain breakdowns. A significant proportion of the HFs do not have defaulter tracing mechanisms; HC-HP linkage and support were found to be very poor; and routine report and surveillance information flow are delayed and incomplete. This resulted in a delay of action and counseling. Therefore, the communication of key messages to caretakers was not properly addressed, which despite being very important, is often neglected.

Supplementary Immunization Activities (SIA) Preparation. Integrated measles and polio SIA Project teams at all levels will support the micro planning process and RAT and will prepare both training materials and field guide materials. Integrated measles polio SIA was planned to be conducted on April/2020; project team at all level supported micro planning process, RAT, training materials and field guide materials preparation.

COVID-19 Pandemic and EPI. Guides from FMOH to continue basic services and guidelines on routine immunization service continuity and mitigation plan were shared with implementation regions, zones, and woredas. At all levels, project staff closely followed the implementation status of EPI and existence of Vaccine Preventable Diseases (VPD) outbreaks.

Adolescent and Youth Health Development

Ensuring adolescent and youth health is a crucial element of the demographic dividend and demographic transition. Evidence indicates that creating access to YFS reduces mortality, morbidity, and managing fertility - which helps countries transition to next stage of demographic transition. USAID Transform: Primary Health Care, in collaboration with FMOH, RHBs, and WorHOs continued to scale-up YFS to ensure access and utilization of health information and services to adolescents and youth in their communities.

Expansion of YFS. During Year 4, activities are planned to integrate 20 YFS through project support and 78 through grant funding.

During Quarter 2, 20 public health facilities were identified to be scaled-up to YFS. An in-depth facility assessment was conducted and the procurement of YFS equipment and furniture was finalized. However, the equipment and furniture were not transported to the designated YFS facilities because of challenges related to COVID-19. During Quarter 2, there were 302 existing YFS facilities - in addition to the new 20 YFS facilities that needed close technical support through capacity enhancement training for health care providers on YFS to cope attrition and fill the gap; peer educator's engagement; and availing essential commodities to help the YFS services continue.

During Year 4 of the USAID Transform: Primary Health Care, 78 YFS facilities were planned to be scaled-up as part of the woreda grant funding divided throughout the four milestones of the grant implementation - including Amhara (56), SNNP (16), and Oromia (six). During Quarter 2, 14 YFS facilities started reporting in SNNP and Amhara through grant funding; where many of grant-supported YFS facilities started providing services but did not report yet. The rest of the YFS facilities that are planned through grant funding will be established in the next milestone and start reporting.

As a result of the YFS scale-up, capacity enhancement for health care providers and peer educators' engagement, complemented with important commodities, enabled adolescents and youth to receive comprehensive, high quality health services with equity, respect, confidentiality, and privacy. The YFS facilities provided age tailored information through peer educators and YFS health care providers to assist adolescents and youth make an informed choice and decisions to seek health service and make positive life style changes.

YFS Information and Service Uptake. USAID Transform: Primary Health Care, in collaboration with the RHBs, ZHDs, WorHOs, and YFS facilities provided 908,775 adolescents and youth with information on YFS. Of the adolescents and youth reached, 485,622 (53%) were females. During this quarter, 423,298 (39.96% female) young clients received various health care services from 321 YFS facilities.

Adolescent and Youth Contraceptive Uptake. 185,462 adolescents and youth accepted modern contraceptives during this quarter. Of those who received contraceptives, 12,455 (6.7%) accepted LARCs (including 80.9% Implanon, 9.9% Jadelle, and 5.6% IUCD). During this quarter, the YFS facilities increased from 302 to 321. However, there was a decrease in contraceptive uptake when compared with the previous quarter (from 7.7% to 6.7%). This may be due to shortage of LARC commodities (as reflected by cluster offices during technical support and quarter review meetings) and trained staff turnover in some of the facilities. This indicates the need to work with RHB to improve the availability of the necessary contraceptive commodities, empower the facilities to fill and request the RRF on time, and provide additional capacity enhancement on LARCs for YFS service providers where there are no trained LARC YFS providers.

Youth Friendly- Post Abortion Care (YF-PAC). As part of YFS service provision, YF-PAC has been integrated in YFS facilities that include PAC services. Of all adolescent and youth clients who received health care from all YFS facilities, 1,043 young women received YF-PAC – of which 911 (87.3%) accepted post-abortion contraceptives. USAID Transform: Primary Health Care will continue to emphasize the importance of improved counseling skills during training of YFS and YF-PAC to further improve PAC contraception uptake.

STI, HIV, and AIDS Treatment and Care. STI, HIV and AIDS care and treatment service is an important component of YFS - with an aim to reduce new infections; treat and care for adolescents and youth living with such infections; and expand contact tracing to minimize the spread of these infections. Considering these challenges, providing these lifesaving services in all YFS facilities has been a priority for

adolescence and youth who seek these services. Pregnancy testing, STI treatment, HIV testing services are provided in all YFS facilities. During Quarter 2, 2,646 (1495 female) young people visited YFS facilities for STI care and treatment. 27,197 (13,403 female) HIV testing services were provided - of which, 0.27% (74) tested positive. Those who tested positive were automatically linked to antiretroviral therapy (ART) clinics for further investigation and access to HIV treatment, care, and support. Furthermore, in areas where there are new infections, service providers and WorHOs are advised to take action in providing tailored messages in collaboration with peer educators and strengthen the testing service among key populations.

Pregnancy Testing Services. 13,553 adolescent young women visited YFS facilities for pregnancy testing services and 5,056 (37.32%) tested positive. As part of the YFS service, all who tested positive for pregnancy were linked with ANC series and received counseling on safer sex practices and family planning to prevent unwanted pregnancy, STIs, and HIV infections. Integrating the testing services within the YFS facilities creates an opportunity to provide tailored information and counseling services to adolescents and youth to prevent unprotected sex, unintended pregnancies, STIs, and HIV infections.

Meaningful Engagement of Adolescent and Youth*.* Peer educators continue to play their strategic role for YFS facilities by working to increase the health care seeking behavior of adolescent and youth; ensuring cleanliness of the health facilities; and delivering corporate social responsibilities (donating blood, caring for elders, orphans and vulnerable children) in their respective communities. The peer educator's engagement in YFS service provision, improved the knowledge of clients in accessing health service with confidence and agency. In this reporting quarter, 446,925 (232,521 female) adolescent and youth clients were reached by peer educators in YFS facilities and the community.

COVID-19 Pandemic Response by Peer Educators. In addition to their regular activities, peer educators continued to reach their respective communities by educating their peers and the community on risk factors, transmission, prevention, and mitigation of COVID-19. They continued facilitating and educating handwashing, promoting physical distancing, and other prevention methods.

Job Aids, Commodities, and Supplies*.* Additionally, the existing and new YFS facilities need job aids, SBCC materials, consumables, and supplies on a regular basis to fill the gaps. During this quarter, 2000 pregnancy testing kits and 18,391 brochures, posters, and leaflets were distributed across all YFS facilities.

Improving Quality of YFS Services through Collaborative Learning. The Quality Improvement and AYHD team started integration of quality improvement activities using the MoH YFS standard tools to ensure the quality of YFS services in Amhara, SNNP, and Tigray. During this quarter, the second clinical audit was conducted in three of the 11 YFS health facilities in Amhara. The audit showed improvements in the YFS service provision that should be encouraged in YFS facilities. Likewise, the AYHD and quality improvement and quality assurance (QIQA) teams will continue working in teams to improve the quality of YFS service at all levels.

Enhance YFS Program Ownership and Leadership by the Public Sector. USAID Transform: Primary Health Care plays an encouraging role to the public sector through mentoring, on-site technical support, and capacity enhancement support. However, the quality of the YFS service provision and standardization of implementation still need critical follow-up, mentoring, technical support, and consultations. During this quarter, 152 YFS facilities were established in Amhara, Oromia, SNNP, and Tigray.

"Her Space"

Adolescence is the time for laying the foundation for positive health behaviors, critical thinking, education, finance, decision making, and other important life skills for transitioning to adulthood. USAID Transform: Primary Health Care has been supporting the "Her Space" initiative in Amhara, Oromia, SNNP, and Tigray to primarily target very young adolescent girls, ages 11 to 14 years. The "Her Space" initiative refers to girl-only spaces that follow a particular methodology and are sessions that cover a wide range of health, nutrition, education, safety, gender, and economic empowerment themes. The sessions are led by a volunteer mentor, who is a young female selected from the community where the "Her Space" program is being implemented.

Graduation of "Her Space Girls". In Quarter 2, 353 girls graduated from the "Her Space" program across kebeles of SNNP. As part of the graduation ceremony, certificates were awarded and mentors, HEWs, and community contributors were honored and recognized for their voluntary work and contribution. Each phase of the "Her Space" initiative implementation demonstrated that schools were actively recruiting girls as participants; parents were actively engaged; brothers of the girls were involved and supporting household chores; nearby health facilities and HEWs monitored the program; and girls were able to visit health facilities, market places, microfinance institutions, and police stations.

"Her Space" Initiative through Grant Funding. The "Her Space" initiative was planned in 24 kebeles of Amhara, SNNP, and Tigray through grant funding. 18 out of 24 kebeles enrolled 900 very young adolescent girls who started implementing the initiative. To create a safe and supportive environment for the girls, a one-day orientation was conducted for each group of participants in different kebeles. The girl's participants, their parents and brothers, and community gate keepers participated. This helped to introduce the mentors to parents, brothers, and community gate keepers. Also, the orientation helped explain the purpose and significance of the program; the duration and timing of the program; place of the program; and responsibilities of parents and siblings.

Currently, all "Her Space" initiative activities have stopped because of the school closure due to COVID-19.

Strengthening Multi-Sectoral Response for Positive Adolescent and Youth Health and Development. Woreda Advisory Committees (WACs) and Kebele Advisory Committees (KACs) are evidenced to improve the ability of different sector offices and stakeholders to respond to young people's life challenges. WACs and KACs develop a strategic response to an adolescent and youth's life challenges and ensure holistic

growth and development of adolescents and youth at the local level. USAID Transform: Primary Health Care, in collaboration with the RHBs, provided support to establish WACs and KACs in target woredas and kebeles. In Quarter 2, 80 new WACs were established in Amhara, SNNP, and Tigray. In all WACs and KACs, the woreda and the kebele administrator serve as chairpersons and the WorHO and HEW in the kebeles serve as secretaries.

Nutrition

Project staff provided various levels of support aimed at improving coverage and ensuring the quality of high impact nutrition programs. Advocacy, partnership and capacity building activities undertaken in this quarter included the following:

Participation in Coordination Meetings. The project continued to strive for improved collaboration at national and regional health and nutrition coordination meetings. These included two CMAM that were used to ensure coordinated action, especially in rolling-out the revised "Acute Malnutrition Guideline". Joint action plans were developed and include calling for a national review meeting. Most planned activities, however, were halted due to the unforeseen COVID-19 pandemic. The Multi Agency Nutrition Emergency Task Force (MANTF) was the other important forum where concerns and lessons were shared (three meetings with one online). Two nutrition project conferences (Care-Ethiopia and Nutrition International) were also attended to draw lessons and recommendations. The mission also organized implementing partner meetings on water, sanitation, and hygiene (WaSH) and nutrition.

Technical Support on Policy Document Preparation. Technical support was also provided in the development of policy documents (e.g. revising the nutrition section in the HSTP-II, the Argo-pastoralist CiNUS guide, and the nutrition services guide for COVID-19 response). Technical support was also provided to create a regional pool of trainers for the newly revised acute malnutrition guideline with close collaboration with the RHBs, UNICEF, and WFP.

Training on Management of SAM. 52 (12 female) service providers were trained in two sessions in the Oromia and Tigray. These were done to fill gaps that were jointly identified with ZHDs. Participants were carefully selected, and they returned to providing services with new skills and capacities.

Adolescent Maternal and Young Child Nutrition (AMYCN) Roll-Out Training. Two sessions of AMYCN training were provided to 85 (44 female) professionals using grant funding in two woredas in Oromia. The training also included practical sessions on complementary food demonstration and home gardening, which gave them the skills to do the same in their facilities.

School Nutrition. One session of training was provided to 29 (13 female) multi-sectoral teams in Tigray Hawzen woredas (from health, agriculture, water and youth-and-women affairs sectors). The two selected

schools started the initiative that include school gardening, mini-media, and establishment of nutrition clubs. The initiative was interrupted when schools closed due to the COVID-19 pandemic.

Post-Training Follow-Up Visits. Integrated post training follow-up visits were completed in all regions. The priority areas of these trainings were micronutrient supplementation, screening and management of acute malnutrition, and growth monitoring and promotion. Onsite support was also provided to the visited sites.

Evidence Generation. In addition, a concept note was developed to study basic health and nutrition services in areas affected with measles epidemics. Casual investigation with FGDs and key informant interviews showed that the frequent epidemics were related to weakened health extension program due to non-functional community structures, decreased motivation, and inefficiency of systems and structures. A detailed analysis has revealed complex issues behind these factors. These factors were identified to be very important for other essential health services and may negatively influence other basic health and nutrition services. The new proposal focuses on the assessment required to determine basic health service coverage in areas affected by the measles epidemic. This will subsequently inform the development and emergency response programming in the country in order to address the immediate, underlying, and basic causes. The study unfortunately has not yet materialized due to the unforeseen COVID-19 pandemic.

Health Emergencies

Based on the periodic multi-sectoral assessments completed by disaster risk management (DRM), a significantly higher proportion of project woredas were regularly identified as priority districts for different risks. Due to the vulnerabilities in implementation areas, emergencies were important challenges this quarter as well. The COVID-19 pandemic has exacerbated the impact of the other pressing outbreaks summarized below.

There were multiple emergencies in the four regions during this quarter. Due to its ground level presence, the project has supported most of the responses with technical and logistic support. Supplementary crisis modifier (CM) budgets were mobilized for several emergencies with glaring response gaps. The current implementation of several activities aims to control these emergencies in a timely manner.

Yellow Fever and Cholera Outbreaks in SNNP (Multiple Woredas). In response, the CM mobilized 54,562.00 USD. The cholera epidemic affected more than 2,000 people in 15 woredas and caused 35 deaths in South-Omo, Gofa, Gamo, Gedio, and Konso Zones. Several actors have been supporting the responses. The epidemic, however, is not yet been controlled and the response needs more support. Cholera is a major threat and needs to be contained before attention and resources are reallocated to the COVID-19 response. Overall, resources were mobilized to support key activities - including improved surveillance, case management, and community engagement.

The yellow fever outbreak occurred in Ener-Enor woreda in Guraghe Zone and affected 38 people and killed four. Entomological and epidemiological investigations suggested that the transmission is happening between human and primates (monkeys) through wild mosquitos (*Aedes Simpsoni)*. The risk of the epidemic worsening is of high probability and the response must include urgent measures - including vaccination, vector control, and improved case management. The supplementary CM funds are being used for these activities. Currently the epidemic is controlled in affected areas and another vaccination campaign in neighboring woredas will be undertaken soon.

Multiple Emergencies in Amhara (Waghimra Zone). In response, the CM mobilized 39,208.35 USD. Measles epidemic is a recurrent problem in the zone. In Quarter 2, four woredas (Sahla, Gazgibla ,Tagbji and Dahina) were the worst affected. Pertussis (whooping cough) was the other major outbreak with Dehana (96 cases) and Sahala (331 cases) woredas, expanding to Abergele woredas.

Malnutrition is also a major problem this year, along with scabies and anthrax. All the woredas are classified as hotspot woredas this year with more than 200,000 people in need and identified for various humanitarian support. The zone was putting efforts to contain the emergency, but the responses were not yet comprehensive and sufficient. There are some partners supporting the ZHD in addressing demands, but there were huge gaps.

The CM fund was mobilized and is being used to undertake immunization campaigns, conduct surveillance, and improve case management. Activities are also underway to strengthen the routine immunization along with the response.

Measles Outbreak in Tigray (Asgede Tsimbla Woreda*).* In response, the CM mobilized 17,669.20 USD. 228 measles cases were reported from epidemic-affected institutions and the woreda (including 40 at Mekelle University, 107 at Aksum University, and 81 in Asgede Tsimbla woreda). The PHEM department in the RHB is leading the ongoing response. With the available resources, most of the planned activities are executed in the universities. The response for the epidemic in Asgedes Tsimbla woreda, however, remained sub-optimal due to a lack of resources.

The supplementary CM fund was mobilized and was used to improve case management, undertake reactivation campaign, improve active surveillance, and undertake post-emergency follow-up. After the interventions were undertaken, the outbreak was put under control.

Gender

Guided by its Gender Strategy, USAID Transform: Primary Health Care is actively integrating gender into each of its four result areas. In this reporting quarter, various activities have been conducted to kick-off male engagement in FP and ANC implementation research activities, improve the delivery of post-GBV clinical services, and enhance institutional capacity to conduct gender analysis. Efforts were also made to

disseminate evidence on the project's gender integration approach and success was achieved thus far. The woreda grant mechanism is being used to increase the gender and health trainers' pool and enhance awareness of stakeholders on FGM and early marriage prevention and response in woredas where the practices are reported to be increasing.

Male Engagement in ANC/FP Curriculum and Community Facilitators Training. Based on 2018 Gender Analysis findings that affirmed limited male engagement in ANC and FP, an implementation research activity was designed to determine the adaptability, feasibility, and cost of implementing a male engagement model in SNNP and Oromia. The intervention directly targets 96 couples who are expecting and have children less than five years of age for a series of curriculum-based group dialogues spanning a six-month period. Sessions will cover the topics of fatherhood, pregnancy, delivery, family planning, care giving, GBV, among others.

In Quarter 2, a curriculum adaptation workshop was held among technical experts from USAID Transform: Primary Health Care, the FMOH, and partners on FP and ANC. A review of generic sessions was done and findings from the formative assessment were integrated into the curriculum. The curriculum has eleven interactive sessions, which were adapted to the local context and emphasize and anchor the roles of fathers' in FP, pregnancy, delivery, and childcare. The English version of the curriculum has been translated to Amharic and Affan Oromo languages during this quarter.

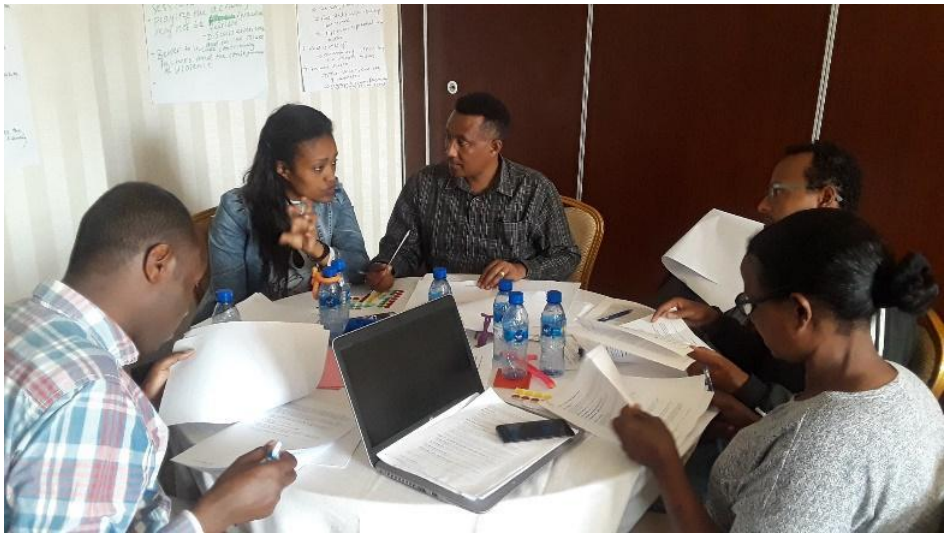


Photo: Male engagement in ANC and FP curriculum adaptation workshop participants, Addis Ababa

Furthermore, eight male and eight female community facilitators were recruited and trained using the adapted male engagement in ANC and FP curriculum. The facilitators are tasked to convene expectant fathers and fathers with children under five weekly. At the end of the training, the Women, Children and Youth Affairs Directorate Director made a closing remark emphasizing the uniqueness of this intervention

to reach men for better ANC and FP outcomes. The FMOH is very much looking forward to the lessons to be drawn for scale-up.

Photo: Male engagement in ANC and FP community facilitators and trainees

Male Engagement in ANC and FP Community Dialogue at Woreda Level. Following the curriculum adaptation and community facilitators training, a woreda-level intervention launching workshops were held in Bishoftu (Oromia) and Soddo (SNNP). The launching workshops were aimed at familiarizing stakeholders about the intervention and solicit their support for the implementation. 98 (50) stakeholders participated and were introduced to the rationale of the intervention, formative assessment findings, and topics of the dialogue sessions. Stakeholders expressed their commitment to the successful implementation of dialogue groups in their respective communities.

Photo: Woreda Level Male Engagement in ANC and FP intervention launching workshop, Soddo Town, SNNP

With the aim of creating a conducive environment for male engagement, in addition to the launching workshops, a two-day training was conducted for health service providers and experts from the Women Children and Youth Affairs Office where the community dialogues will take place. The two-day training was held in SNNP for 28 participants (19 females). Participants were introduced to skills on how to engage men during ANC and FP counseling and reinforce the role of men as a supportive partner and change agents in the community. Through the performance improvement grant fund, Oiyda Woreda in SNNP took the initiative to build the health care worker's capacity on male engagement by conducting a training. The training was conducted for 15 participants (eight female) from two health centers and was aimed at making health care workers active promoters of male engagement at the facility and community levels.

Photo: Participants of the training during group work, SNNP

Mentorship on Gender Analysis and Action Planning. In Quarter 2, extensive efforts were made to provide mentorship support to WorHOs and HCs to conduct gender analysis and prepare action plans. Accordingly, 87 (15 female) health service managers and service providers from 41 WorHOs and 11 HCs received mentoring in SNNP, Amhara, and Tigray. During the mentoring sessions, participants were introduced to the Gender Integration Continuum and WHO Gender Analysis Matrix - which aided them in assessing their activities from a gender lens. Participants specifically exercised techniques for identifying gender-related gaps in their respective project contexts, as well in regard to their own roles and responsibilities. Finally, participants developed action plans for solving project-related issues that require immediate intervention and for including activities that address gender gaps in the woreda-based planning processes.

Photo: Group discussion following GA orientation at Hulet Ejju WorHo Motta Town, Amhara

GBV Services. In this reporting quarter, gap filling post-GBV clinical skill training was conducted for 49 (23 female) service providers in Tigray and SNNP. The aim of the skill training was increasing the availability of quality post-GBV services. Following the training, a registration log book, GBV algorithm, and referral forms were provided to each trainee by the RHB. As a result, 21 health centers and four primary hospitals have improved their clinical post-GBV services and data capturing mechanisms. In addition, post-training follow-up visits were conducted as part of routine follow-up to ensure services are continuously available.

Beyond improving health care response, orientation sessions were also organized to introduce GBV SOPs to multi-stakeholder actors who play important roles in comprehensive GBV prevention and response. In Tigray, in collaboration with the Regional Women Affairs Office, a high-level stakeholder's workshop was organized in the presence of the Region Deputy President Dr. Debretsion Gebremichael - who emphasized that every stakeholder should exert efforts to prevent and respond to GBV. Furthermore, in Oromia, in collaboration with the Nekemte Zonal Health Office, a GBV SOP orientation was provided for 71 (37 female) stakeholders. In the orientation, participants immediately identified and referred eight GBV cases from their respective communities to health and other services.

Gender Integration Throughout Different Levels of the Health System. Routine follow-up and post-training visits to health facilities have revealed encouraging results, particularly regarding women's increased participation in health care leadership and the availability of post-GBV services at the HC level. The figure below shows the results from two phases of random follow-up visits, with regard to two relevant gender indicators. Between 2017 and 2019, the percentage of WorHOs with female members in their management committees increased from 65% to 83%. Furthermore, during the same period, the percentage of HCs providing post-GBV services has increased from 54% to 74%.

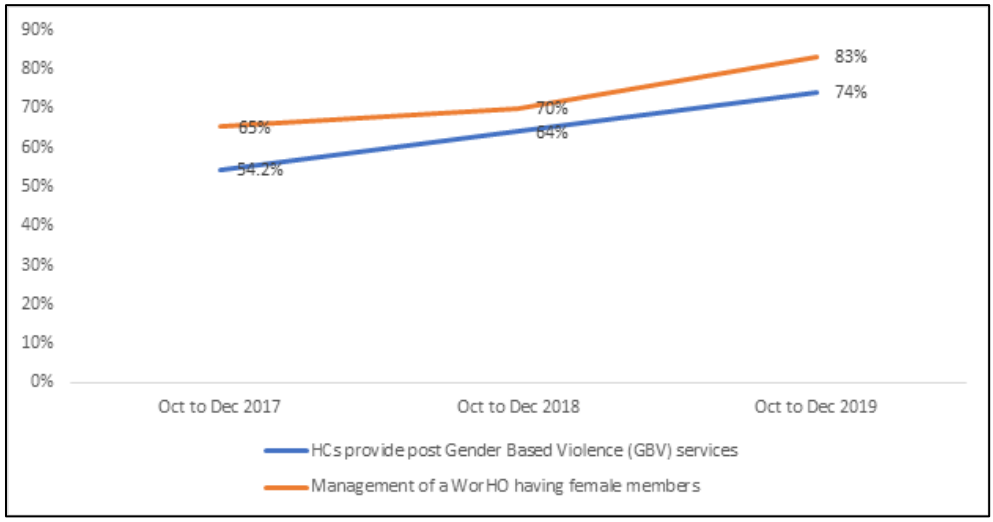


Figure 14. Trends in Selected Gender Indicators from Follow-Up Visits, 2017 - 2019

Despite such progress, gender integration across health systems and service delivery remain challenging due to a number of factors. Facilities often lack the necessary structures required to comprehensively develop and lead gender integration activities, particularly gender analyses. Further, such facilities often have a limited understanding of the value that gender integration contributes to health outcomes. In order to address these issues, the project is continually expanding and reaching more woredas with its two-fold strategy of advocacy and on-site mentorship.

Lessons Learned Shared to USAID Education Office and READ II Project. During this reporting quarter, the project invited and shared its gender integration approach to the USAID Education Office and its READ II project staff through an online platform. The knowledge sharing focused on the project's participatory approach to gender analysis, development of its gender strategy, and success stories around bringing more women to health care leadership. Ten participants attended the discussion and indicated further communication to continue for adaptations of the lessons and tools.

Technical Support to FMOH Women in Health Care Leadership Analysis. In Quarter 2, two focus group discussions among men and women directors at the FMOH were conducted. These focus group discussions were conducted separately to understand how women leaders (mostly new) are coping with their leadership roles, and to identify challenges and design support mechanisms. Accordingly, the project engaged with the gender directorate and provided inputs to the development of FGD guides. The project also conducted FGDs and summarized raw data for further analysis for the development of a final report and an action plan.

Technical and Financial Support to SNNP RHB Gender Unit. The SNNP RHB is the only RHB that has its Women and Children Affairs structure up to WorHO level demonstrating commitments to addressing gender-related gaps in the health systems and service delivery context in the region. Accordingly, during

the quarter, the RHB conducted a six-month performance review among the experts in the structure and the project supported the design of the review meeting.

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

The MoH is preparing its national CRC health services implementation strategy for the year 2020/21-2024/25. As the part of TWG, USAID Transform: Primary Health Care supported the preparation of the strategy. The strategy document was reviewed by the senior management of the Ministry and their comments were addressed by the working group during a three-day workshop - which was attended by 25 people from universities, public hospitals, and the MoH. The strategy document also includes an implementation plan.

CRC Specific Supportive Supervision. CRC-specific supportive supervision was conducted by the country office team to provide onsite technical support and identifying lessons related to CRC. Moreover, health facility visits are meant to understand activities implemented related to CRC and identify promising practices. The support was provided to Damote Woyide Woreda in Wolaita Sodo Zone where three health centers under the woreda - Badessa, Sake and Koyo - were visited. All visited health centers equipped with CRC trained health staff and training was provided through a USAID Transform: Primary Health Care subgrant. CRC-related activities are well implemented in the woreda, which was evidenced through feedback from the community and community score card results. The facilities continuously strive to improve clients' satisfaction through room expansion, increasing the number of staff, performing quarterly client satisfaction surveys and through community forums. Badessa Health Center also selected a CRC ambassador to promote CRC in the facility. However, documentation of CRC-related activities was not strong and is often regarded as low-profile activity. The understanding of all the management team about the CRC related interventions was also found to be inconsistent.

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

QI Collaborative. USAID Transform: Primary Health Care has continued working on four different areas of QI collaboratives - such as MNH, FP, AYHD, and CH to work on continuous service quality improvement in the RMNCAH program. In this quarter, 139 woredas, 512 health facilities, 68 PHLs, and 474 HCs have established QI teams. Specific to thematic areas, QI teams included 248 MNH, 58 FP, 21 AYHD, and 23 CH. Additionally, 199 integrated MNH FP QI collaborative sites have been established.

Capacity Enhancement. In Quarter 2, 583 (138 female) QI leaders from RHB, ZHD, WorHO and QI team members in the health facilities were trained. 48 QI leaders were trained on QI TOT training; 85 (five

female) were trained on QI coaching; and 450 received a basic training. During the basic QI training, self-initiated QI projects were developed to be tested/implemented in the next action period. All these trainings were supported through the subgrant fund.

Clinical Audit Progress in MNCH, FP, and AYHD Service Quality Standards. Clinical auditing is conducted during start-up for baseline data. Quarterly follow-up assessments are done as part of self-assessment by the QIT. It informs further improvement of the service provision in the health facilities. In this quarter, clinical auditing was undertaken in 153 QI implementing facilities. Project personnel supported these health facilities (PHLs and HCs) to conduct the self-assessment/clinical auditing in MNCH/FP and adolescent service areas. Action plans were developed on the gaps identified to further improve standards of care. So far, most facilities showed significant progress in QI standards during follow-up auditing.

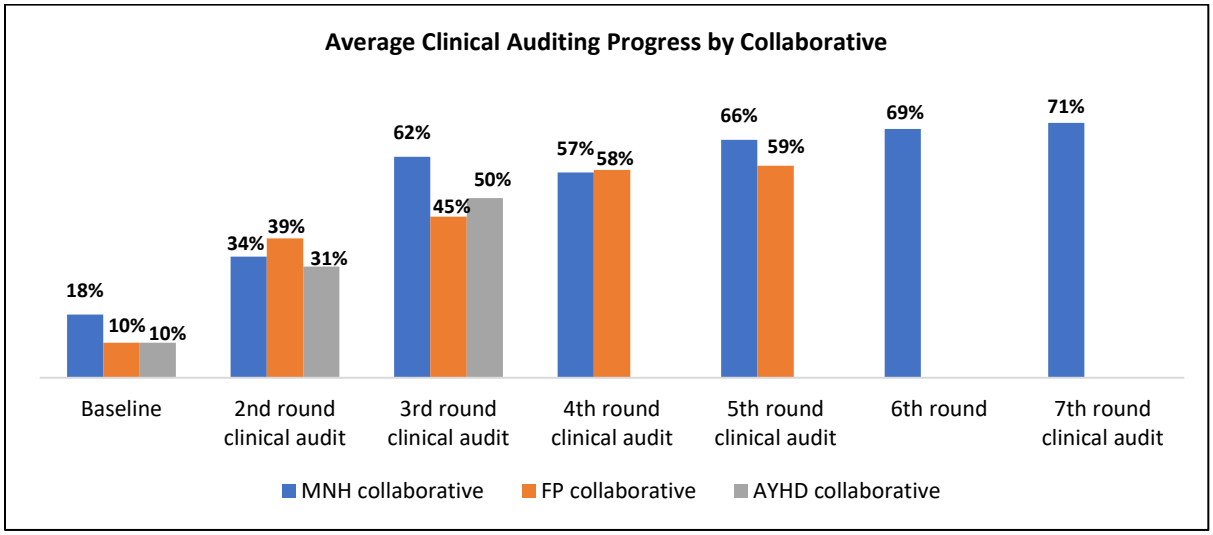


Figure 15. Average Clinical Auditing Progress by Collaborative, Baseline to 7th Audit

QI Projects. In this quarter, self-initiated QI projects have been developed on MNH, FP, AYHD, CH, and the integrated MNCH/FP. The QI projects focused on quality service delivery and outcomes related to improving:

- Early ANC and completing four ANC visits, syphilis testing during ANC visits, pregnant women nutritional screening; Iron supplementation, and partner testing,
- Skilled birth attendance, use of the clinical bundle such as safe childbirth checklist, partograph, surgical checklist, reducing perinatal mortality, and Experience of care in MNH services;
- Early PNC and neonatal sepsis, neonatal death;
- PPFP, FP integration with YFS, ART, delivery services, method mix availability, client experience of care/client satisfaction, FP backup service availability, FP counseling/method informed index;
- MNH/FP service uptake through community engagement;

- Adherence to IMNCI chart booklet, Growth monitoring (GMP) in under 2 children, Nutritional screening in under 5 children, EPI on specific antigen and fully immunization;
- Post abortion FP uptake, Peer educator participation in Adolescents service;
- MNCH/FP and adolescent Referrals;
- CASH and adherence to the environmental compliance;

Progress has been noted in most of the QI projects. QI teams continued to develop more projects on the identified gaps on MNH, FP, CH, and AYHD service areas to ensure continues quality improvement.

The Case of Sululta Districts QI Projects on Improving PPFP Utilization

In collaboration with the Oromia RHB, USAID Transform: Primary Health Care built QI capacity of the quality improvement teams of the health facilities in Sululta District. Using the QI tool, teams designed and exercised QI projects to solve challenges in their facilities. The team has managed to improve the service uptake of PPFP in their facilities.

Project Title: Improving IPPFP Service Uptake in Three PHCUs and One PHL of Sululta District

According to EDHS 2016, the national unmet need for FP is 22.3% and for Oromia it is 29%. The median IPPFP service utilization was 15.5% in Chancho PHL, 2.5% in Chancho HC, and 0% in Gorfo and Duber HCs. In response, each health facility QIT aimed to improve IPPFP service availability and utilization from the baseline median to 30% by the end of December 31, 2019. To do so, the team used the QI tool to first identify the root cause of low utilization of PPFP using a fish bone diagram analysis. Then, the team generated and tested the following change ideas, one at a time:

Change Ideas:

1. **Clinical service providers/midwives providing ANC services improving the counseling of pregnant women visiting ANC clinics for IPPFP use after birth.**

- *Service providers in the ANC room will counsel pregnant women on PPFP. Counsel to determine if the client wants to receive IPPFP services immediately after delivery of her baby. If affirmative, he/she puts a mark on the follow-up card as a reminder that the client agreed to receive the service.*
- *A midwife who assists in the delivery will refer to the card and reinforce the counseling and provide the IPPFP of the client's choice after completing the delivery services (based on the eligibility criteria and condition of the mother).*

2. **On-the-job training through peer-to-peer skills transfer.**

- *Senior midwifes and/or health care providers who get trained on PPFP service provision will train other midwives on-the-job and transfer skills to them.*

3. **Ensuring FP supplies are stocked and refill contraceptive commodities.**

- *Regularly supply/logistics quantification and forecasting when 25% stock remain on-hand*.

Outcome Measure:

- % of mothers who received IPPFP services per month.

Process Measure:

- Number of staff who received on-the-job training through peer-to-peer skills transfer.
- Number of days IPPFP commodities are available per month.
- % of women who receive counseling as per standard (REDI).

The health facilities selected change ideas and tested one at a time using the Plan, Do, Study and Act (PDSA) cycle. The QIT decided and tested on-the-job training through peer to peer skills transfer, timely requesting and refilling contraceptive commodities, and the provision of counseling to all women as per the standard (REDI). Following the intervention of these change ideas, median IPPFP service up-take median increased from 15.5% to 40% in Chancho PHL, 2.5% to 23% in Chancho, 0% to 36% in Gorfo, and 0% to 62.5% in Duber. The run chart shows significant improvement which complies with run chart rule 1 (shift) in Chancho PHL and Gorfo HC and rule 2 (trend) in Chancho HC and rule 3 (rule of run) in Duber HC - indicating that the tested change ideas by the project brought signal.

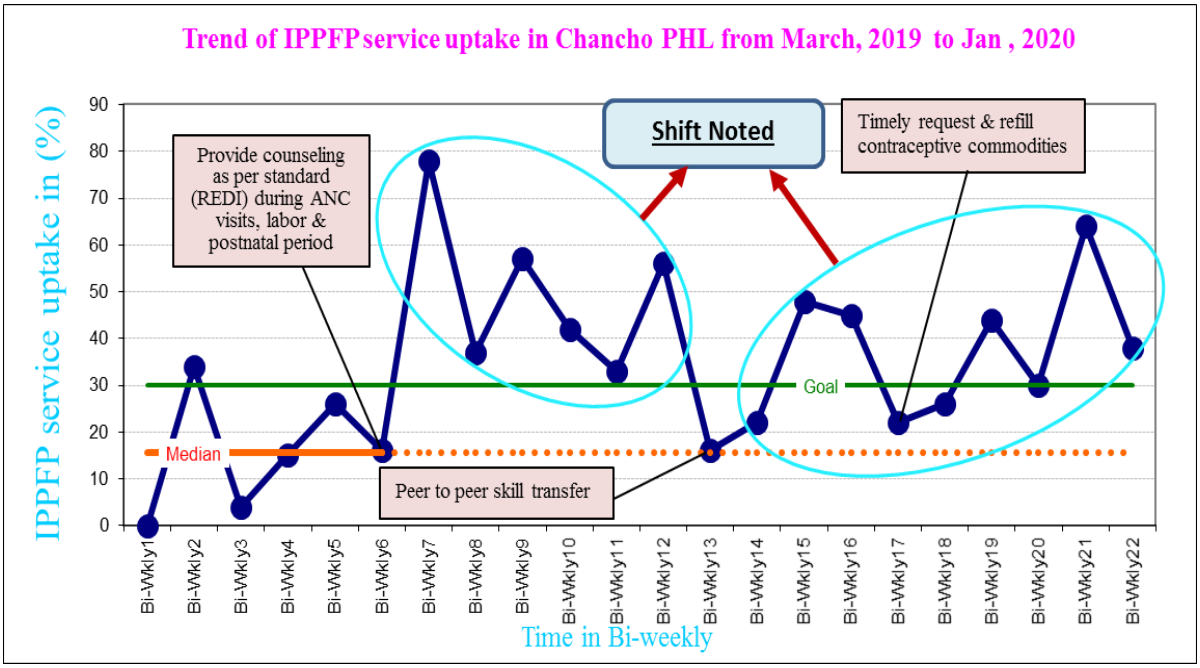


Figure 16.1. Trend of IPPFP Service Uptake in Chancho PHL, March 2019 – January 2020

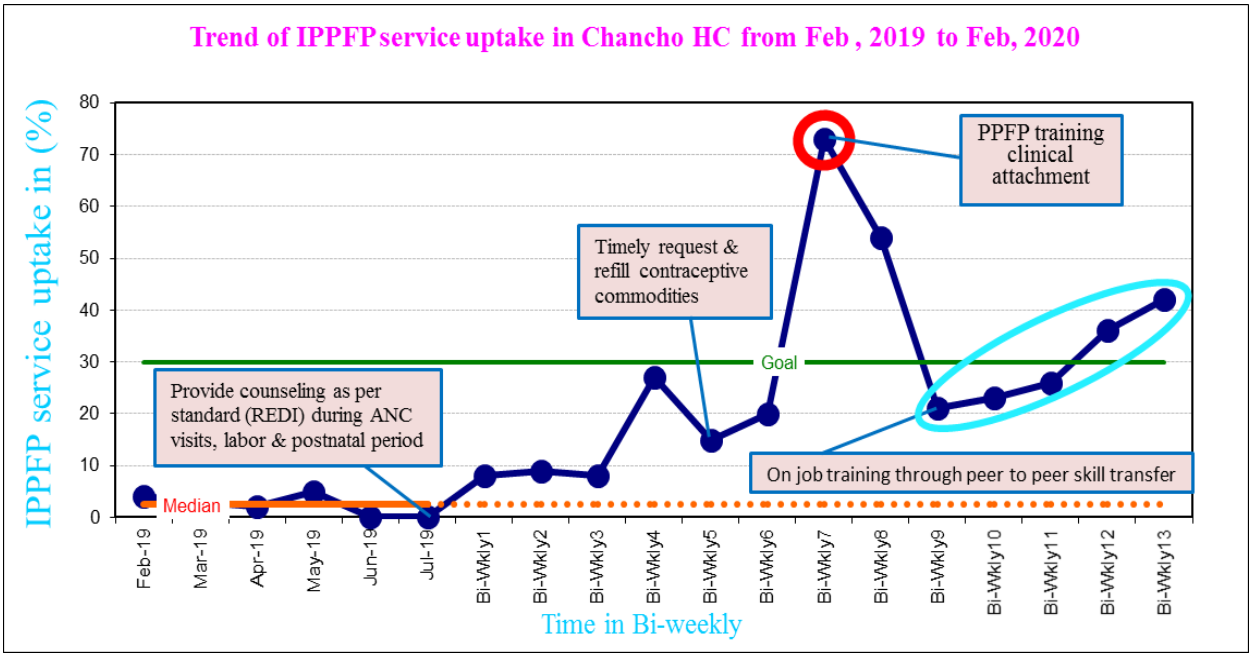


Figure 16.2. Trend of IPPFP Service Uptake in Chancho HC, February 2019 – 2020

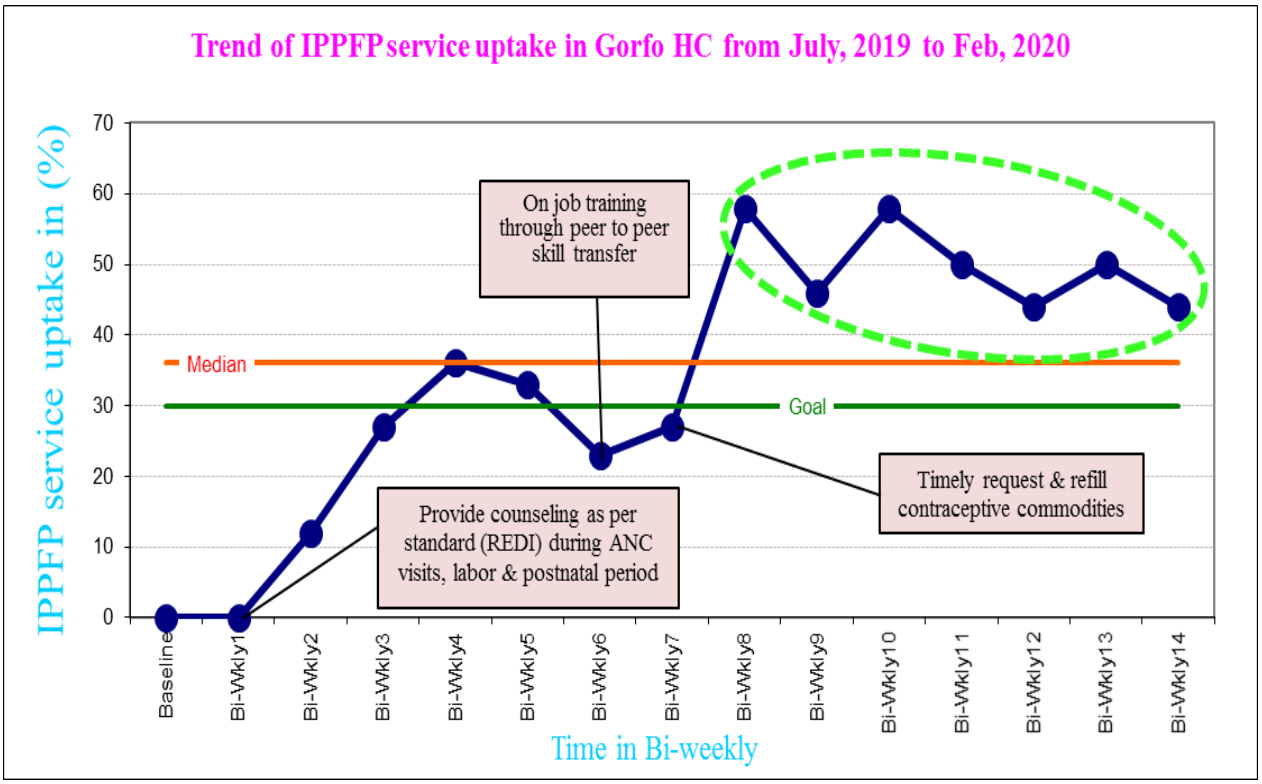


Figure 16.3. Trend of IPPFP Service Uptake in Gorfo HC, July 2019 – February 2020

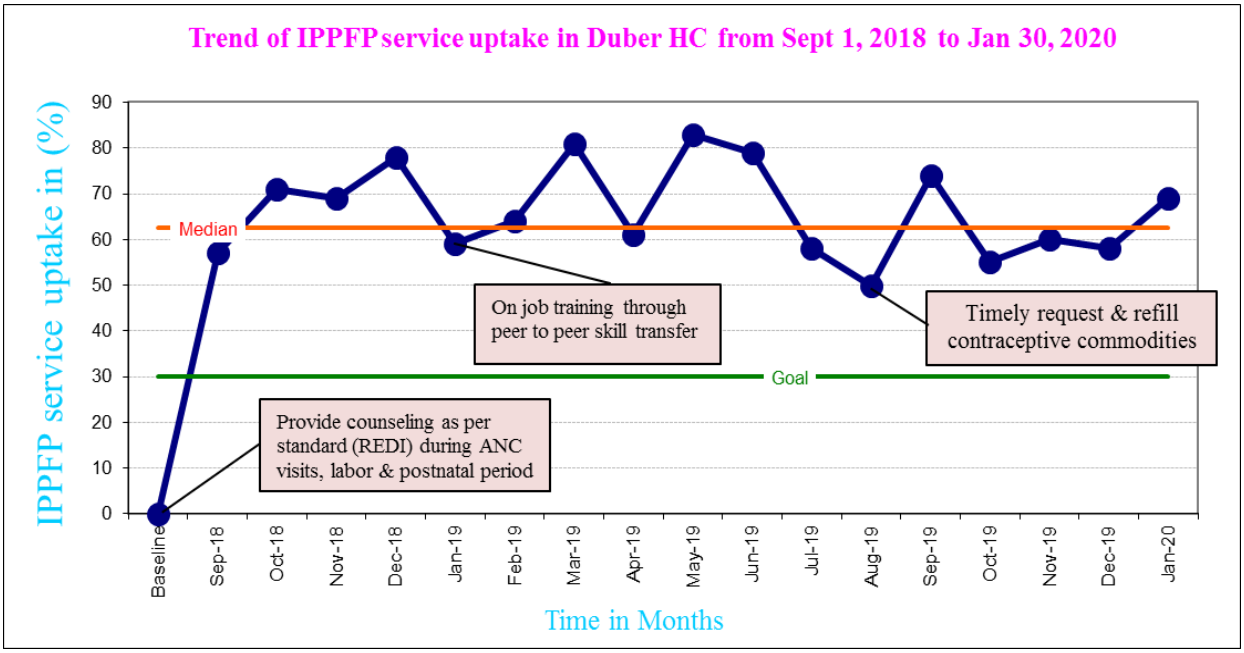


Figure 16.4. Trend of IPPFP Service Uptake in Duber HC, September 2018 – January 2020

Coaching and Mentoring Support to the QI Team. In this quarter, coaching/mentoring support was provided to 145 facility QI teams by RHB, zonal, and woreda coaches through support from project staff, phone follow up coaching and by engaging public sector coaches to regularly visit QI implementing facilities. During these visits, coaches with QI team members assess gaps, monitor QI progress, review data quality, support data tracking on the run chart, and support data for decision-making and documentation of success. Changes observed through coaching visits include the presence of functional QI team with different sub-teams (CASH, clinical audit, MDSR etc.) and presence of regular QIT meetings in most health facilities. They were able to use the clinical audit findings to prioritize areas for improvement, develop a new QI project, review PDSA cycle and monitor QI project and health facilities, started to use data dashboards to measure the QI projects progress and assign focal persons for quality.

Collaborative Learning Session. In this quarter, USAID Transform: Primary Health Care conducted learning sessions (LS) in five woredas. 174 (67 female) participants from eight health facilities participated in the learning session. The objective of the collaborative learning session is to foster peer-to-peer learning, accelerate change, and create a culture of QI. During the sessions, 19 new QI topics were developed, and which will be implemented in the next action period. All these sessions were chaired and facilitated by RHB, ZHD, and WorHO heads and a quality focal person.

Community Engagement in QI: Partnership-Defined Quality (PDQ). In this quarter, USAID Transform: Primary Health Care conducted PDQ in three woredas through subgrant funding. The project has conducted community and providers quality exploration to identify gaps and started to work towards

improving the prioritized gaps. Follow-up visits were also done to the sites through face-to-face coaching. The project had planned to have workshops for the two woredas which have undergone the first two steps. However, due to challenges related to COVID-19, the project could not conduct the workshops.

Other community teams that have already engaged in QI has started conducting regular meeting in their respective kebeles to discuss on the gap they have identified to improve the quality of care on MNCH (early pregnancy identification, delivery service, early postnatal care and family planning uptake). The community representatives were working with service providers to strengthen community/provider linkage to improve the services. After they engaged in the process, community representatives said, *"we have learned that we are equally responsible to ensure MNCH service quality, together we can assure quality".*

MNH QOC Learning network. MNH QOC initiative is working towards achieving the reduction of maternal and newborn deaths by 50%. FMOH HSQD has been implementing the initiative in sixteen learning districts and forty-five health facilities with partners, of these learning districts and health facilities USAID Transform primary health care has been working in four of the learning districts and fifteen health facilities in the four regions in the past 2 years. In this quarter, collaborative learning sessions were conducted in all the four MNH QOC network learning districts. There was a good peer to peer learning to improve MNH QOC during the learning sessions. As part of data use for improvement, common core indicators (CCI) were collected routinely on care given to the mother and the newborn, experience of care, and maternal and prenatal deaths. During analysis of those collected data, We have noted improvement in some of the indicators in most of our learning facilities, For example, in Maini Hospital, one of the learning health facility in Tigray improvement has been noted in institutional delivery, institutional still birth rate and pre-discharge neonatal mortalities, in this hospital average institutional deliveries has increased from 86 in the baseline to 126 per month, institutional still birth rate has decreased from 42 in the baseline to 17 stillbirth per 1000 live birth/ month, median pre-discharge neonatal death has decreased from 27 per month 1000 livebirth in baseline to 5 per 1000live birth per month. This finding is similar with the report compiled by FMOH HSQD 2012 EFY 2nd quarter report on MNH QOC initiative (aggregate CCI data), the report has shown that the median neonatal mortality rate of the follow-up period has decline by 3% compared to the baseline and median stillbirth rate has decreased by 4% to the follow up median.

Technical Support to the FMOH and RHB. USAID Transform: Primary Health Care has participated in different TWGs in HSQD (Health Sector Quality Directorate), such as the National Health Care Quality Improvement TWG, the Ethiopian Hospital Alliance for Quality (EHIAQ) TWG, the QED MNH TWG, and the Patient Safety TWG. In this quarter, as part of HSQD TWG, the project staff were involved in developing a clinical auditing tool for health centers and assisted with the development of the national healthcare safety training manual. Abstracts were also submitted in response to the call for abstracts for the National Annual Quality Summit.

USAID Transform: Primary Health Care has been involved in strengthening the regional quality steering committee at Oromia, Amhara, SNNP, and Tigray RHB health service quality units. In this quarter, in

addition to taking part in the regional TWG activities, the project provided technical support on the preparation work for the 2nd Regional Quality Summit for the Oromia RHB. In addition, the project was part of the committee for abstract evaluation, bulletin printing, and resource mobilization to execute the summit.

4.4 Sub-Result 2.4: Introduced and Scaled Innovative Service Delivery Interventions to Prevent Child and Maternal Death

Most of the innovative activities started in previous periods remained in progress during Quarter 2. These innovative activities are integrated into each technical area mentioned above. Some of the innovations in progress during this quarter include on-site trainings, CBCM, CSL, IPOS, and planning exercises for FP, UBT and limited ultrasounds.

5.RESULT 3: IMPROVED HOUSEHOLD AND COMMUNITY HEALTH PRACTICES AND HEALTH-SEEKING BEHAVIORS

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

Mass Awareness Using Audio Mounted Project Vehicles. USAID Transform: Primary Health Care reached an estimated 1,459,016 individuals (697,289 female) in Amhara (106,841) Oromia (363,178) and SNNP (988,997). Individuals were reached regarding AWD, CBHI, measles, malaria, polio and nutrition-related messages. The recorded audio messages were transmitted in places where large group of people congregate using audio mounted project vehicles.

IEC Materials Dissemination. USAID Transform: Primary Health Care disseminated 59,473 IEC materials during the quarter. The project also reprinted 3,000 PWC facilitation guides, 300 MWH video discussion guides, 25,000 FP brochures, and 3,000 HP service list posters.

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

Orientation on Health Post Open House. USAID Transform: Primary Health Care oriented 12 kebeles in three woredas on the implementation modalities of the HP open house. The orientation was aimed at equipping the participants with the knowledge and skill required to implement the HP open house intervention. 137 (41 female) kebele administration members, HEWs, health workers and woreda health

office experts attended the orientation sessions that took place in Tigray. All the kebeles developed a roll-out plan of action that would be followed by the catchment HC and WorHO.

Health Post Open House. USAID Transform: Primary Health Care conducted 15 health post open house events in Amhara (ten), Oromia (four), and Tigray (one) to promote curative and preventive services rendered at the HP level. Closure of HPs, lack of proper fence and potable water, need for functional women development army, timely ambulance services, and limited engagement of the kebele administration in creating model kebeles were the major problems identified during the conference. Consequently, the participants developed a plan of action which would be followed-up by the catchment health centers and WorHos. 914 (341 female) community members attended the event. The event enabled HEWs, kebele administrations, health centers, WorHos, and community representatives to exchange ideas and promote mutual responsibilities. Using subgrant funds, three woredas in Oromia conducted four HP open house events and 280 (198 female) community representatives participated in the event.

Community Mobilization Review Meeting*.* USAID Transform: Primary Health Care conducted review and experience sharing events in Amhara, Oromia, and SNNP during the quarter. The two-day long meetings were aimed at reviewing the progress of the community mobilization intervention initiated in 23 kebeles. 101 (34 females) individuals comprising of community mobilization team members, catchment HCs, woreda and zonal health offices, as well as RHB representatives, participated in the meeting.

All the kebeles highlighted the implementation of the community mobilization strategy in their kebeles. 100% of the kebeles have organized a community mobilization team, shared roles and responsibilities, explored and prioritized their health problems, developed their action plans, and started implementation. As a result, service uptake has shown significant improvements in most of the kebeles. Improvements include increased pregnancy identification, ANC visits, facility delivery, CBHI membership, and improved latrine coverage. The initiative also helped to enhance multisectoral collaboration for health. Moreover, it serves as the nearest support structure for the HEWs.

Lack of commitment, irregularity of meetings, turnover of kebele command post members, weak 1-5 networks, poor documentation, as well as lack of follow-up from the catchment HC and WorHOs were the major gaps identified during the meeting. Accordingly, all the kebeles pledged to renew their commitment and enhance the implementation of the community mobilization approach. Accordingly, they developed a short-term plan of action, which would be followed by the catchment HCs.

Community Mobilization Kick off Workshops Conducted using Subgrants. Three sessions of community mobilization kick off workshops were conducted in Oromia (two) and SNNP (one) through the grant mechanism. The workshops were aimed at equipping the participants with the knowledge and skills required to mobilize their communities for health. The two-day workshop brought together 175 (58 female) community and government representatives from 15 kebeles and ten woredas. Issues of model

kebele, MNCH-N, WaSH, gender and community mobilization were thoroughly discussed during the workshops. All the kebeles have started rolling-out the community action cycle since the workshop.

CBHI-Focused Community Level Demand Creation Activities. CBHI-focused community interface meetings were conducted in collaboration with EHIA, ZHD, and WorHO at two HCs in Amhara and 31 woredas in Oromia. Meetings were conducted using the project subgrant fund and aimed at improving the quality of health services provided to CBHI members and promote community engagement in reviewing CBHI implementation. The community members voiced concerns about health service quality. Members of the client council, facility governing board (FGB), WorHO officials, and the project team developed a joint plan of action to overcome challenges to the provision of high-quality service.

To enhance CBHI membership renewal, enrollment, and ID distribution, community mass-awareness campaigns were conducted using the project's van for 316,438 community members (209,701 SNNP; 65,025 Amhara; 41,712 Oromia). The mobilizations were conducted on market days when many people gather. Mobilization was also conducted during the Dire Shekusen "Ziyara" cultural event in Oromia that was attended by over 400,000 people and 3000 brochures were also distributed at this event.

The annual general assembly meetings (GAMs) that engage community representatives to review overall CBHI performance and health service provision to beneficiaries were held in 50 woredas in four regions (45 in Oromia, one Amhara, one in SNNP, and three Tigray). The GAMS included 869 (262 female) participants. They were conducted in collaboration with EHIA, ZHDs, and WorHOs.

School Health Training using Subgrants. Hulet Eju Enessie, Debay Tilat Gin, and Debre Elias WorHOs of East Gojam Zone, Amhara conducted school health training using subgrants. 208 (70 female) individuals comprising of school directors, teachers, school club leads, HEWs and catchment HC representatives attended the trainings - which were conducted in seven sessions. The four-day training was aimed at equipping the participants with the knowledge and skills required to implement school health interventions and create model schools. The trainees also developed their action plans which would be followed by their respective woreda education offices.

6. RESPONSE TO COVID-19 PANDEMIC

The project is a member of the national and regional PHEOC (emergency operating centers), making significant contributions in planning, coordination, and implementation of activities. The project is actively taking part in the weekly virtual meetings, and these useful forums ensure strategic project alignment and support. The project is also an active member of the COVID-19 health partners' forum that virtually meets every week. In addition, 31 mobile vans and audio mounted vehicles are engaged in the risk communication and activity in Addis Ababa and in the four project regions.

Ensuring continuity of essential services during COVID-19 is the other important agenda. To that effect, the project is collaborating with the MNCHN directorate and case teams are designing strategies and producing guidance documents. A COVID-19 workplace precaution orientation was also provided in three sessions for country level staff and guidance and updates were continuously shared with all field level project staff.

The overall situation and project's role are summarized below:

Since Ethiopia reported its first confirmed case on March 13, 2020, the number of cases has gradually increased and a spread to different regions. The pandemic is driving attention and resources at all levels. Regions are preparing in all the core recommended areas. Regional response plans are prepared with the participation of stakeholders. There are huge unaddressed gaps, however, and FMOH needs increased support from partners.

While significant attention has been placed on the COVID-19 response in each respective region, the unmet needs in the plan and the nature of the epidemic pose a big threat. Based on national and regional projections, the health sectors are expected to be particularly challenged in finding the balance between responding to the epidemic and maintaining essential health service delivery. It will therefore require diligence to mitigate the risk of system collapse. Several actors are contributing to the response and the projects role are summarized below:

Roles of the Project:

1. Engagement with the coordination platforms at national and sub-national levels is maintained.
2. Based on the priorities in the response plans, the project is supporting selected activities with technical, logistic, transportation, and financial inputs.
3. Reallocation of funds from planned activities is under consideration to support the COVID-19 response.
4. Core support to essential services is maintained by engaging at policy and at ground level efforts.
5. Additional resources mobilization is being conducted to cover critical response gaps. For example, a crisis modifier proposal was submitted that requested additional supplementary funds.
6. Close monitoring of public health emergencies must be maintained. The diversion of attention could create an environment where other epidemics thrive.

Mass Awareness Creation. USAID Transform: Primary Health Care reached an estimated 2,155,212 individuals with COVID-19 prevention messages during the quarter. The messages were broadcasted using 33 audio mounted project vehicles with the goal of heightening community awareness on issues of COVID-19. The intervention also serves as a reminder that prompts the community to practice COVID-19 related precautionary measures in their daily routines.

Table 5. Number of Individuals Reached with COVID-19 Messages

Location	# of Audio Mounted Vehicles Assigned	# of People Reached with COVID-19 Messages		
		Male	Female	Total
Addis Ababa	2	21,080	27,815	48,895
Amhara	10	144,770	159,000	303,770
Oromia	7	354,108	315,440	669,548
SNNP	5	383,592	449,325	832,917
Tigray	9	157,942	142,140	300, 082
Total	**33**	**1,061,492**	**1,093,720**	**2,155,212**

Photo: Mass Awareness on COVID-19 and Related Precautionary Measures Addis Ababa, Ethiopia, April 7,2020

Technical Assistance. The SBCC Advisor is a member of the national Risk Communication and Community Engagement (RCCE) team. The SBCC Advisor is supporting the RCCE team in developing, reviewing, and enriching COVID-19 related guidelines and IEC materials.

All the community engagement officers are members of the regional risk communication and community engagement (RCCE) teams. They are playing key roles in the planning, coordination and implementation of regional COVID-19 responses. All the community engagement officers are collocated in their respective RHBs upon the request of the RHB.

The project staff are members in emergency operating centers (EOCs) in all the four regions. The project's Emergency Coordinator is a member of the health partners forum and is a member of the regular national

EOCs virtual forum. Through these platforms, the project is collaborating and supporting the response coordination activities.

Impact of COVID-19 in project implementation:

The pandemic will have significant impact on the health sector and on the project's work in the coming quarters. Some these impacts are summarized below.

- Training and review meeting activities are banned to avoid gathering and ensure social distancing;
- Schools are closed and activities there couldn't progress (e.g. school nutrition, her space initiative);
- Number of people visiting health facilities is observed to be decreasing;
- Attention is significantly diverting away from the routine programs posing a threat on development gains on the sector in general;
- PPE for health workers is yet to be satisfied, hence they are continuously expressing their concerns and dissatisfaction;
- As a trusted partner, the project is receiving growing requests for support from the public sector at all levels;
- Some national and project-specific activities couldn't progress as planned (measles supplementary immunization activities, studies etc.)

Contingency plan prepared to respond to current needs. In addition, year four work plan mapping conducted, and re-planning will be made based on the result of the mapping to respond to current situations.

7.RESULT 4: ENHANCED PROGRAM LEARNING TO IMPACT POLICY AND PROGRAMMING RELATED TO PREVENTING CHILD AND MATERNAL DEATHS

Apart from its role in enhancing program learning and adaptive management, USAID Transform: Primary Health Care serves as a learning ground for future policy and program directions, bridging a disconnect between implementation research, policy, and practice. Conducting and disseminating implementation research; documenting success stories and best practices and related activities using different venues are some of the key activities under the result.

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

Systematic review and meta-analysis topic identification and preparation for publication on progress by Amhara regional knowledge hub as a follow on the past quarter. The project provided support to initiate this undertaking.

7.2 Sub-Result 4.2: Evidence of What Works in Preventing Child and Maternal Death, Informed by Results from Program Learning and Iterative Adaptation

Knowledge Generation. The following Operational Research activities are completed. The final draft of the reports were produced during the reporting period:

- "Assessing Facilitators and Barriers of the Ethiopian Primary Health Care Facilities Referral System: A Case of Transform Primary Health Care"
- "Mutual Effects of Health Care Service Quality and Community-based Health Insurance (CBHI) Interventions"
- "The Effect of Maternity Waiting Home on Immediate PPFP Utilization"
- "Health Consequence and Quality of Life among Women with Grades 3 and 4 Pelvic Organ Prolapse in Ethiopia"

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

Collaboration, Learning, and Adapting (CLA)/Knowledge Management (KM)

Increased Knowledge Sharing and Visibility

Participation in Public Events. The project shared knowledge garnered through various avenues which resulted in increased visibility. Success stories produced were shared with USAID for women's history month (March). The project also participated in public events, namely safe motherhood month (January), and showcased its work through various communication materials (banners, pull-up banners, brochures, technical briefs, medical equipment, posters etc.) using a booth. Various high-level attendants, including the President of the Federal Democratic Republic of Ethiopia, State Minister of Health, and partnering organizations were present. The developed communication materials were also displayed at the annual Ethiopian Society of Obstetricians and Gynecologists (ESOG) meeting (February) and were shared with the maternal and child health TWG at the MoH. Social media engagement also continued in the reporting period.

*Documentation of Successes***.** Success stories showcasing the results of interventions by the project were collected and finalized from three intervention regions - namely Tigray, SNNP, and Oromia. Some of these success stories and practices were shared in the reporting period with USAID for women's history month, (March).

Using Knowledge Management Tools. An abridged version of the annual report was completed during the reporting period to succinctly highlight the project's annual interventions for Year 3 within each thematic area using data visualization and summarized reports.

Preparation of Technical Briefs. Technical briefs had been created initially during the beginning of the project for each thematic area to increase project visibility and share the program learning to the partners and the general public. During the reporting period, these technical briefs were updated for all the thematic areas by including progress made so far and what remains to be done.

Collaborating, Learning and Adapting (CLA)

*CLA***.** To revitalize the importance of CLA, CLA exercise was conducted among senior management staff during the senior management meeting of USAID Transform: Primary Health Care that was held in Kombolcha Town, Amhara. The exercise was interactive, in which web-based and computer-generated questions were posed to the participants of the review meeting to respond to those questions from their mobile phones. This exercise stressed on the importance of collaborating with other partners to reduce the duplication of efforts and the significance of sharing the lessons learned to other partners in making impactful interventions to be implemented by other partners and to ensure the sustainability of the project.

Participants of the review meeting were asked about their opinion on the new innovations and interventions they think are implemented well thus far by the project. The most commonly mentioned innovations according to the participants were: twinning partnerships of woredas and health centers for the performance improvement; the "Her Space" initiative; establishment of the clinical skill laboratories; introduction of the V-scan ultrasound into the selected health centers for limited obstetric service during antenatal care; FP exercises; IPOS; and HP open house events. Others that were mentioned as innovative practices include: insertion of UBT to avoid PPH; on-site training to different thematic areas to fill the existing gaps of trained staff; the peer education approach to reach youth with different health messages on RH/FP; the Connected Woreda Strategy, level-4 IUCD service initiation; and the installation of the solar suitcases in selected health centers to help health workers assist delivery during the night time.

The participants were asked about the interventions adapted over time in the implementation of the project. Hence, twinning partnerships of the woredas and health centers for the performance improvement; introduction of the V-scan ultrasound for limited obstetric services during ANC; providing onsite training on different thematic areas; the "Her Space" initiative that involved other sectors outside

health (such as education woreda and kebeles administrations); separate and mainstreamed approach of the YFS; HP open house events; and IPOS.

The other question that was forwarded to the participants of the review meeting was, "what have you learnt and do differently in the coming quarter?" The responses were: making sure the expense of every thematic area and activity is within budget limit; consolidation of the already implemented interventions and good practices; documentation of the lessons learned thus far (success stories, technical briefs, best and emerging practices, and publication of peer reviewed articles); ensuring the data quality at all levels, collaborating with other partners to share best experiences and ensuring sustainability of the initiatives introduced by the project; documenting emerging practices; working on sustainability of the activities within the public health system at primary health care level; ensuring integration of different services provision through IPOS; and organizing experience sharing opportunities for different partners.

Case Studies

CLA in SNNP. Learning lessons from the already established clinical skill laboratory centers within SNNP, USAID Transform: Primary Health Care's regional office collaborated with the Sawula Hospital and established the clinical skill laboratory center at the hospital. Apart from the establishment of the center in the hospital, collaboration was made with other partners to solicit resources for the newly established skill lab center. As a result of this, during the reporting quarter, seven students from the Arbaminch University took training at this newly established skill lab center. The center is expected to improve the quality of RMNCH services being provided at the Sawula Hospital. This is part of the efforts in expanding and scaling-up of the new initiatives started by USAID Transform: Primary Health Care.

CLA in Oromia. In Oromia, collaboration was made between USAID Transform: Primary Health Care and the regional government to share the lessons learned from the activity implementation from the "chosen" district - that has been found to be up to standard in terms of implementing the QI initiative. 174 persons (67 female) from the ZHDs, WorHOs, PHLs, and PHCUs of the Finfinne, Jimma, Mettu and Arsi clusters paid visit to Sululta District. This collaborative work was aimed at: strengthening the quality improvement of knowledge and skills of the health care providers, reviewing the status of MNH quality improvement project's findings, sharing experience for the betterment of the QI projects in their respective district, and to scale-up the QI initiative to other districts in order to ensure sustainability.

CLA in Tigray. In Tigray, USAID Transform: Primary Health Care collaborated with the Tigray RHB and organized learning sessions for three days in Humera town. These learning sessions focused on QI and QA. All partners from the QI team of all general hospitals and all partners working on the QI and QA in the region were invited and took part. In these learning sessions, USAID Transform: Primary Health Care of the Tigray regional office actively participated and shared the lessons learned from the QI initiative at the three primary hospitals and two general hospitals being supported by the project.

Table 6. List of Successes Produced, Quarter 2

Thematic Area	Title
Family Planning	Accessing Remote Populations through Woreda-Wide Support
Health System Strengthening	Community Scorecards Form an Accountable Workforce with Empowered Communities
Child Health and Development	Equipping Health Workers through Onsite Skill Transfer
Maternal and Newborn Health	Innovative Use of Condoms Saves Mothers' Lives
	Enticing Women to Choose Institutional Delivery
Expanded Program on Immunization	Immunization Tracking Tool Ensures No Child is Missed
Family Planning	Strengthening Bonds through a Change in Approach
	'Planning Exercise' Produces Contextualized Solutions
SBCC	A Religious Leader Becomes A Change Agent
Cross cutting	Stories from Damot Woyde Woreda

8.PARTNERSHIP AND COLLABORATION

CHD Partnerships. Child survival TWG at all levels and the ECD TWG at the national and regional level are opportunities to work with the ministry, UN agencies, and other NGOs. Project offices at all levels actively participate in the meetings. The project is cooperating with other partners, exchange materials to avoid duplication of efforts. The project is a member of the child survival TWG and the multisectoral ECD TWG including the research advisor group (RAC). Together with MOH, MoWCA, MOE, World Bank, UNICEF, and other partners, the project is working on guidelines, training materials, and job aids in child health and ECD.

EPI Partnerships.

- Actively participated in TWG, task force and other meetings at all levels;
- Participated in national EVMA 2019 result dissemination and CiP development workshop;
- Participated in EPI coordination forum document and Integrated polio measles SIA field guide review at MoH;
- Participated in integrated measles polio SIA training materials preparation, microplanning at the MoH;
- Regular information sharing among partners and the MoH at all levels;
- Participated in thematic specific supportive supervisions and review meetings at all levels;
- Participated in polio and measles outbreak response at all levels.

AYHD Partnerships. The nation TWG meeting to support the MoE to include the education for Health and wellbeing in the curriculum of grade 1-12 classes. CSE is changed to Education for Health and Wellbeing (EHW). The EHW has four pillars: life skills-based SRH education; safe, non-violent, inclusive, and effective learning environments for all; promoting healthy eating and drinking; and physical activity, sports, and substance use.

National TWG at MoH. Before the COVID-19 pandemic, the AYHD team participated in MoH-led consecutive national TWG on AYH meetings in preparation for the AYH conference that was planned by the MoH. The theme of the conference was developed and shared – which was “connect for adolescent and youth health”.

With the COVID-19 pandemic reaching Ethiopia, a meeting was held with the MoH AYH case team to develop a guide to strengthen essential AYH health services functionalities during the COVID-19 pandemic. The guide has been developed and shared to all partners.

SBCC Partnership. USAID Transform: Primary Health Care financially supported Tigray RHB to organize a five-day strategic SBCC training aimed at equipping the regional SBCC TWG members with the knowledge

and skills required to plan, implement, and monitor SBCC interventions. 12 (three female) experts from the RHB and partner organizations attended the training which was facilitated by the Communication for Health Project in Adigrat town.

HCF Partnership. The project continued working with USAID Heath Finance Improvement Program, EHIA, WorHOs, and RHBs to finalize the revised HCF implementation directive. It also continued working as a member of the TWG to support EHIA in developing its next five-year (2020/21 – 2024/25) strategic plan with other partners (MOH, CHAI, and the USAID Health Finance Improvement Program) - including helping to align the strategic plan with the HSTP-II strategy and M&E manual.

9. PROJECT DATA MANAGEMENT

DHIS2. The project DHIS2 system became operational since August 2018. Then after, 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. In this reporting period, additional forms and dashboards were added for HSS.

Furthermore, the DHIS2 system is regularly maintained and for newly established YFS facilities, forms were assigned. YFS facilities are grouped by type of support (including direct project support and those that are subgrant supported). Also, YFS facilities were grouped by separate vs. mainstreamed to facilitate analysis.

Strategic Information. The follow-up visit data is reported regularly. The annex, training, HSS, and YFS service data is reported periodically. The analysis is made automatically and presented in the dashboards developed for each thematic area. Monitoring data available in DHIS2 is analyzed periodically to substantiate the quarterly and other project reports. Support also provided on data management and analysis on a study on IPPFP.

10. COMPLIANCE

During the reporting quarter, USAID Transform: Primary Health Care's Compliance unit undertook interventions to ensure adherence of pertinent programmatic activities with the signed cooperative agreement. As a result, all applicable USG legislative and policy requirements, including FP and abortion, PLGHA, and USAID Environmental Compliance expectations were well attended. To this end, trainings and orientation sessions continue to be an integral part of regular technical trainings and performance review sessions. Furthermore, these trainings were reinforced through random and routine follow-up visits and monitoring at different health facilities - including HCs, HPs and PHLs. In addition, more rigorous and detailed compliance monitoring engagements within 20 facilities in Oromia (West Haraghe) were

conducted during Quarter 2. These monitoring sessions were conducted with the use of Pathfinder's compliance monitoring and reporting electronic application. At the end of each monitoring session, focused and comprehensive feedback was provided to the respective facility management and service providers.

Environmental Compliance. In accordance with the signed Environmental Mitigation and Monitoring Plan, the two primary objectives of improving the management and performance of health systems in the HSS thematic area and achieving increased sustainable quality of service delivery across the PHCU continuum of care in other thematic areas of the project were satisfactorily achieved. As part of preventive action, environmental compliance training with specific focus on infection prevention and comprehensive orientations were provided to health extension workers and managers in all the four program implementation regions during the reporting period. During the reporting quarter, 16,615 persons were trained on environmental compliance as an integral part of technical trainings and follow-up visits. To ensure effective adoption of compliance requirements at facility level, in addition to routinely visited and monitored facilities, 20 additional public health facilities were visited for detailed compliance monitoring. It has been noted that some facilities need to acquire adequate waste disposal bins with an appropriate colored bin liner to dispose different health care wastes in accordance with the National Infection Prevention and Control Manual.

FP/RH and PLGHA Compliance. For FP, abortion, and PLGHA Compliance requirements, trainings and orientations were provided at different levels of the project staff. The trainings were to enable the public sector practitioners to become knowledgeable in the area of USG policy and legislative requirements and to refresh project staff awareness about PLGHA requirements. During the reporting quarter, 16,716 persons were trained on FP, and abortion restrictions as an integral part of technical trainings and follow-up visits. In addition to the regular monitoring embedded routine and random follow-up sessions, more detailed FP/RH compliance monitoring engagements were also conducted in 20 health facilities in Oromia (West Haraghe) and provided on site TA. At the end of each monitoring session, comprehensive feedback was provided to reinforce existing and other best practices. All in all, the monitoring results revealed that the policies and legislative requirements were well adhered to and USAID Transform: Primary Health Care is fully compliant with applicable legislative and policy requirements.

11. MAJOR CHALLENGES AND ACTIONS TAKEN

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

Challenge	Actions Taken/Required
Inadequate thematic specific IMNCI, ICMNCI follow up by the public sector	Use all opportunities to do mentoring, not only by regional officers, but also involve woreda and HC staffs for sustainability and ownership

Difficulty in supporting health facilities, because of COVID-19 pandemic at the end of the quarter	While supporting prevention activities of COVID19, use all opportunities to make sure that routine child health activities are not interrupted. In fact, no much impact during the reporting period
Shortage of cold chain maintenance toolkit for Tigray	Discussion with concerned bodies

12. MAJOR ACTIVITIES FOR NEXT QUARTER

The following are some of the key focus activities for the next quarter:

- Map-out year four planned activities
- Identify activities in the year four work plan that can be implemented with the current situation:
    - Re-focus activities to TA through onsite mentorship and follow-up visit
    - Activity participate TWG to design a strategy to maintain existing achievements
    - Integrate COVID-19 in each activity to maintain routine activities
- Support to insure the continuation of basics services at the public service facilities in each thematic area using different opportunities
- Actively participate in the prevention of COVID-19 pandemic that can be within the mandate of the project. Implement the contingency plan submitted to USAID.
- Refer revised/ mapped year four work plan matrix for details

ANNEXES

Annex 1.1. MEL Plan Indicators Progress towards FY2020 and LOP Targets for Indicator Measured from Follow-up Visit

NB: most of the targets are on track except indicators 1.3 - this is because most of the PHLs have been recently upgraded from HCs and have not yet implemented EHSTG as expected.

Code	Indicator Name	2017 (Baseline)	2020 Target	LoP Target	Current quarter (Jan-Mar 2020) Achievements	% Achieved from 2020 Target	% achieved from LOP target
1.2	Percentage of Health Centers (HC)with high performance (>=80%) as measured by Ethiopian Health Center Reform Implementation Guideline (EHCRIG) score for the recent quarter	0	30	40	20.6	69	52
1.3	Percentage of PHLs with high performance (>=80%) as measured by the Ethiopian Hospital Service Transformation Guideline (EHSTG) implementation score for the recent quarter	0	25	40	2.5	10	6
1.4	Percentage of WorHOs with high performance (>=80%) as measured by the Woreda Management standard (WMS) score for the recent quarter	0	40	50	33.4	84	67
1.16	Percentage of supported health Centers that have women representatives among the board	75	86	95	80	93%	84%
2.9	Percentage of health centers providing BEmONC signal functions	58	80	90	84	105%	93%
2.15	Percentage of pregnant women tested for syphilis during their ANC visit at HC	46	70	75	67	95%	89%
2.18	Percentage of deliveries at HCs in which a partograph is correctly used	57.7	75	80	79	105%	99%

Code	Indicator Name	2017 (Baseline)	2020 Target	LoP Target	Current quarter (Jan-Mar 2020) Achievements	% Achieved from 2020 Target	% achieved from LOP target
2.19	Percentage of women giving birth at HCs who received Uterotonics in the third stage of labor (or immediately after birth)	56.6	90	95	87	97%	92%
2.20	Percentage of facilities that conduct case review/audits into maternal and newborn death in past one year (HC level)	54.4	65	70	69	106%	99%
2.21	Percentage of newborn with neonatal sepsis who received treatment (at HC level)	12.3	87	90	77	89%	86%
2.22	Percentage of asphyxiated newborns who were resuscitated (at HC level)	86.7	95	97	92	96%	94%
2.28	Immunization dropout rate from Penta 1 to Penta3 under a HP	10.6	5	4	0	0%	0%
2.31a	Percentage of newborns at HCs with neonatal sepsis who received treatment	12	86	90	0	0%	0%
2.33	Percentage of health centers with mainstreamed/separate YFS	31.1	60	65	67	112%	103%
2.51	Percentage of health Centers (HCs) in project areas that provide post GBV services	54	73	75	84	115%	112%
4.1	Percentage of health centers that met minimum information use standards/ criteria	51.3	65	90	66	102%	73%
5.2	Percentage of Health Posts with posted TIAHRT chart	26	60	70	54	90%	77%

Annex 1.2. Output indicators quarter performance and progress towards annual target

NB: Most of the indicators are with less than 90% achievement and this is mainly because of COVID-19 pandemic.

Code	Indicator Name	Quarter 2			Annual (Oct 2019 - Sept 2020)		
		Planned	Achieved	% Achieved	Planned	Achieved to Date	% Achieved to Date
2.24	Number of confirmed fistula cases identified and referred to treatment centers	182	117	64%	728	200	27%
2.34	Number of visits made by adolescents and youth for health care at YFS sites	300,000	424,228	141%	1,200,000	702,404	59%
2.35	Number of persons trained on AYHD related issues	287	140	49%	870	467	54%
2.42	Number of persons trained on nutrition related issues	235	86	37%	480	86	18%
2.48	Number of persons trained on FP/RH service provision	629	60	10%	1,777	60	3%
2.49	Number of persons trained on child health	177	114	65%	517	230	44%
2.50	Number of persons trained on maternal and newborn Health	317	161	51%	514	206	40%
3.4	Number of persons trained on SBCC	34	0	0	180	-	0%
3.10	Number of contacts made to adolescents and youth to provide health information at YFS sites	761,682	908,775	119%	3,046,729	1,900,086	62%
3.15	Number of persons trained on gender-related issues		128	-	146	166	114%
5.1	Number of persons trained on family planning compliance to USG legislative and policy restrictions	3,460	3,686	107%	10,000	6,866	69%
5.3	Number of persons trained on environmental compliance to USG rules and regulations	3,956	3,501	89%	10,000	7,100	71%

Annex 1.3. Indicators that can show changes in project areas for which the project contributed for.

Follow up visit data at three similar periods - used to show changes over time to answer the "so what" questions.

Key Indicators by Thematic Areas to Monitor Progress	Jan-Mar 2018	Jan-Mar 2019	Jan-Mar 2020
Performance Management, Supply Chain and Data Use			
HCs led by functional governing board	74.0%	68.0%	83.0%
Health centers review EHCRIG chapters in the most recent quarter and reported it timely	63.6%	87.0%	98.0%
HCs using LQAS for data accuracy check	76.6%	69.0%	85.0%
HCs having active/ functional performance review team	74.9%	68.0%	76.0%
HCs head/ director trained on Leadership, Management and Governance (LMG)	22.7%	20.0%	37.0%
Health Care Financing (HCF)			
HCs started retaining and utilizing its internal revenue	96.6%	98.0%	99.0%
HC finances, including RRU, audited in the last fiscal year	51.3%	61.0%	73.0%
HC found in CBHI woredas provide health care services to CBHI beneficiaries	61.7%	77.0%	92.0%
Last quarter's reimbursement request paid by the CBHI scheme		61.0%	65.0%
Family Planning (FP)			
IUCD insertion FP service available in a health center	81.6%	81.0%	91.0%
All expected FP methods available in all days in the past one month in a HC	60.7%	65.0%	64.0%
PPFP service available in delivery room in a HC	35.3%	39.0%	60.0%
There is removal service for IUD in a HC	79.3%	73.0%	83.0%
Maternal and Newborn Health			
HCs providing all BEmONC signal functions	60.5%	58.0%	84.0%
HCs having newborn corner	57.3%	61.0%	73.0%
HCs having all essential obstetrics drugs in delivery room	41.8%	50.0%	64.0%
PHLs established case review/audit system for maternal and newborn death	38.3%	46.0%	61.0%
Percentage of ANC client tested for syphilis	56.7%	46.7%	66.5%
Percentage of deliveries Partograph correctly used	70.5%	77.8%	78.9%
Percentage of deliveries on which Uterotonics received in the third stage of labor or immediately after birth	77.4%	87.1%	87.2%
Percentage of newborns with neonatal sepsis who received treatment	78.9%	58.5%	77.2%
Percentage of asphyxiated newborns resuscitated	96.2%	92.9%	91.6%
Child Health Development (CHD) & EPI			
HFs providing IMNCI service by trained health service provider	82.5%	77.0%	85.0%
HFs trained staff used chart booklet while providing services	77.4%	80.0%	87.0%
HFs having functional ORT corner	61.8%	62.0%	79.0%
Percentage of children classified correctly		66.7%	74.2%

Percentage of children treated correctly		63.7%	69.9%
HCs having updated EPI monitoring chart	59.5%	65.0%	81.0%
HCs having defaulter tracing mechanism	70.2%	70.0%	78.0%
Adolescent and Youth Health Development (AYHD)			
There is a separate YFS service in a HC	42.0%	43.0%	55.0%
There is a mainstreamed YFS service in a HC	0.0%	8.0%	12.0%
Separate YFS sites functional at the date of visit	84.8%	73.0%	89.0%
There are AYHD related service standards, guidelines and manuals in YFS sites	77.4%	68.0%	79.0%
The range of services being provided in a YFS meet at least the minimum service standard packages	57.5%	56.0%	70.0%
There is functional peer education program linked to a YFS outlets	48.1%	37.0%	52.0%
Nutrition			
HFs having monthly demonstration session on the use of locally available food Ingredients for CF preparation	21.9%	22.0%	35.0%
HCs support OTP services in its catchment HPs	83.0%	81.0%	91.0%
HCs having stabilization Center (SC) to treat complicated SAM cases	55.1%	37.0%	54.0%
HCs provide ferrous sulfate for pregnant women	77.8%	94.0%	97.0%
Gender			
There are women representatives among the HCs board	75.4%	80.0%	80.0%
Most male partners accompany their wives when they come for family planning services	33.2%	34.0%	38.0%
Service providers invite/allow male partners during ANC check-ups	72.7%	83.0%	80.0%
Male partners (any person a laboring mother wants) allowed to be with her during labor and delivery	85.9%	93.0%	95.0%
HCs provide post Gender Based Violence (GBV) services	62.2%	66.0%	84.0%
HCs conducted gender analysis	8.8%	6.0%	9.0%
Obstetric Fistula (OF)			
HCs having OF training manual	32.6%	39.0%	42.0%
HCs having an “algorithm for Fistula Case Screening”	34.5%	40.0%	57.0%
HCs having clinical capability for the diagnosis of suspected cases of OF	68.2%	64.0%	72.0%
Quality Assurance/ Quality Improvement (QA/AI)			
HCs established QI team or assigned a focal person for QA/QI	44.6%	51.0%	69.0%
HCs having a procedure to treat patient with courtesy, consideration, and respect for patients	65.0%	79.0%	84.0%
The recent five referrals made as per the referral protocol	43.2%	44.0%	49.0%
HCs implement a mechanism for continuous service quality improvement (CQI)	24.4%	29.0%	40.0%
HCs having standard service management guidelines for services	52.7%	64.0%	75.0%
Trained health workers provide service as per the standard guidelines (Conduct at least three case observations and deicide)	55.3%	56.0%	71.0%

HCs having functional quality improvement team/ learning collaborative	27.8%	26.0%	40.0%
Social Behavior Change Communication (SBCC)			
HCs having a social behavior change communications (SBCC/Demand Creation) plan	36.4%	39.0%	58.0%
HCs reviewed community level SBCC/demand creation activities in the past one month	36.9%	35.0%	61.0%
HCs working together with the Kebele administration to discuss health related issues	68.4%	68.0%	87.0%
HCs availing family health guide, posters and other IEC materials to the clients and HPs	68.6%	73.0%	85.0%
HCs having functional maternity waiting room/home	75.0%	77.0%	67.0%
Environmental Compliance			
HCs with clean and properly maintained environment	73.5%	78.0%	89.0%
HCs separating the general waste from the infectious / hazardous waste	67.4%	73.0%	78.0%
HCs having an infection prevention procedure guideline	56.3%	57.0%	73.0%
TIAHRT chart/ family planning choice chart posted in waiting room	25.7%	28.0%	47.0%
TIAHRT chart/ family planning choice chart posted in FP room	55.7%	65.0%	82.0%
TIAHRT chart/ family planning choice chart posted in delivery room	24.0%	25.0%	45.0%

Annex 2. Publications Printed

Title	Author	Year
Gender-based violence landscape analysis; USAID Transform: Primary Health Care Project	Diana Sanitllan, Heran Abebe, Lyn Messner,Elizabeth Stones, Dustin Smith	2020
ICMNCI Chart booklet Tigrigna	FMOH	2018
ICMNCI Exercise Booklet Tigrigna	FMOH	2018
Maternity waiting home video guide – Amharic	C4H	2019
Maternity waiting home video guide - Oromiffa	C4H	2019

Annex 3. Short-Term Technical Assistance Provided

Name	Organization	Date	Purpose of the TA
Elizabeth Stones	EnCompass LLC	Feb10-28,2020	To support male engagement facilitators training
Patrick Welsh	EnCompass LLC	Feb 12-28,2020	Lead male engagement curriculum adaptation

Annex 4. International Travel During the Reporting Period

Name	Date	Country and Host Organization	Purpose of Travel
N/A			

Annex 5. Financial Performance

Thematic Areas (Core Activities)	Year 4 Revised Forecast	YTD Actual	Annual Budget Vs. Actual Year 4 Quarter 1 + Quarter 2	Quarter 1 + Quarter 2 Budget	Quarter 1+2 Budget vs. Actual
		To-date Year 4 Quarter 1 + Quarter 2			
Maternal Health	8,034,252.98	4,688,137.96	58%	4,537,601.47	103%
Newborn Health	5,960,897.37	3,125,425.30	52%	3,366,607.54	93%
Child Health	3,887,541.77	1,953,390.81	50%	2,195,613.61	89%
FP/RH	8,034,252.98	3,255,651.36	41%	4,537,601.47	72%
Total	**25,916,945.10**	**13,022,605.43**	**50%**	**14,637,424.08**	**89%**
Time Elapsed			**50%**		**100%**
Crisis Modifier	**637,474.90**	**296,078.03**	**46%**	**297,416.36**	**47%**