USAID TRANSFORM: Primary Health Care

October 2019 – September 2020 Annual Report

July – September 2020 Quarterly Report

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ACRONYM LIST

ANC	Antenatal Care
AYHD	Adolescent and Youth Health and Development
BEmONC	Basic Emergency Obstetric and Newborn Care
CBHI	Community-Based Health Insurance
CLA	Collaboration Learning and Adapting
COVID	Coronavirus Disease
CSC	Community Scorecard
CTC	Case Management Centers
DHIS2	District Health Information System-2
ECD	Early Childhood Development
EHCRIG	Ethiopian Health Center Reform Implementation Guidelines
EHIA	Ethiopian Health Insurance Agency
EPAQ	Ethiopian Primary Health Care Alliance for Quality
EPI	Expanded Program on Immunization
ETB	Ethiopian Birr (ISO Currency Code)
FGB	Facility Governing Board
FMOH	Federal Ministry of Health
FP	Family Planning
GBV	Gender-Based Violence
GOE	Government of Ethiopia
HC	Health Center
HCF	Health Care Financing
HEW	Health Extension Worker
HF	Health Facility
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Post

HSTP	Health Sector Transformation Plan
HW	Health Worker
GAM	General Assembly Meetings
ICMNCI	Integrated Community Case Management
IDP	Internally Displaced People
IMNCI	Integrated Management of Common Newborn and Childhood Illness
IPC	Infection Prevention and Control
IPOS	Integrated Periodic Outreach Services
IUCD	Intrauterine Contraceptive Device
KPI	Key Performance Indicator
LARC	Long-Acting Reversible Contraceptive
LBW	Low Birth Weight
LMG	Leadership, Management, and Governance
MCH	Maternal and Child Health
MEL	Monitoring, Evaluation, and Learning
MNH	Maternal and Newborn Health
MWH	Maternity Waiting Home
NBC	Newborn Corner
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 Hospital
PIF	Performance Improvement Fund
PMT	Performance Monitoring Team
PNC	Postnatal Care
POP	Public Organ Prolapse

PPFP	Postpartum Family Planning
PPH	Postpartum Hemorrhage
PRM	Performance Review Meeting
PWC	Pregnant Women Conference
QA	Quality Assurance
QI	Quality Improvement
RED/REC	Reaching Every District/Child
RH	Reproductive Health
RHB	Regional Health Bureau
RCCE	Risk Communication and Community Engagement
RRU	Revenue Retention and Utilization
SBCC	Social and Behavioral Change Communication
SNNP	Southern Nations, Nationalities, and Peoples
STI	Sexually Transmitted Infection
SV	Sexual Violence
TA	Technical Assistance
TOT	Training of Trainers
TWG	Technical Working Group
UBT	Uterine Balloon Tamponade
USAID	United States Agency for International Development
USD	United States Dollar
WAC	Woreda Advisory Committee
WMS	Woreda Management Standard
WorHO	Woreda Health Office
YFS	Youth-Friendly Services
ZHD	Zonal Health Department

PROJECT SUMMARY

Program Name	USAID Transform: Primary Health Care
Life of Project	January 1st, 2017–September 30th, 2022
Name of Prime Implementing Partner	Pathfinder International
[Contract/Agreement] Number	AID-663-A-17-00002
Total Estimated USAID Amount	$124,950,000
Cost-Sharing Amount	$12 million
Obligations to Date	109,306,896.86
Estimated Expenditure During This Period	27,607,554.70
Name of Subcontractors/sub-awardees	JSI Research & Training Institute, Inc., En Compass LLC, Abt Associates Inc., Ethiopia Midwives Association
Reporting Period	Annual report: October 2019 – September 2020 Fourth quarter report: July - September 2020
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PROJECT INTRODUCTION

USAID Transform: Primary Health Care is a USAID-funded health project implemented by a consortium of organizations, led by Pathfinder International. The consortium includes JSI Research & Training Institute, Inc. (JSI), Abt Associates, Encompass, and Ethiopian Midwives Association, in collaboration with local government partners. Originally, the project was designed as a five-year project. Recently, a no-cost extension period was added for an additional nine months due to delayed activities from the impact of the COVID-19 pandemic and to ensure a smooth transition of achievements to the public sector. During the remaining of the project period, USAID Transform: Primary Health Care seeks to contribute to health sector actors' public purpose of preventing child and maternal deaths (PCMD) and improving engagement with the Government of Ethiopia (GOE) on the implementation of its Health Sector Transformation Plan (HSTP). The project focuses on improving the health system's performance and capacity in delivering quality health services related to family planning (FP), reproductive health (RH), maternal, newborn and child health (MNCH), obstetric fistula (OF), adolescent and youth health and development (AYHD), nutrition, and response to COVID-19 within Ethiopia's five agrarian regions of Amhara, Oromia, Sidama, Southern Nations, Nationalities and Peoples (SNNP) and Tigray.

SUMMARY OF ACHIEVEMENTS

Performance Management and Improvement. 97% (410) Woreda Health Offices, 94.7% (1726) Health Centers (HC), and 87% (106) Primary Hospitals institutionalized implementation reform standards. 81% (7722) villages were capacitated to take part in the implementation of social accountability tools. The project has participated in Orientation of minimum standards , assisting performance management teams in identifying challenges and developing improvement do-able activity plans and taking part in validation of self-measurements. One-third (19) woreda twinning partnerships were formally closed after organizing collaborative learning workshops. As of September 2020, 40% of health centers and 41% of woreda health offices achieved 80% or more against minimum standards. In addition, slightly lower than half (45%) achieved between 60% – 79.9%. These surpassed the project target of ensuring 40% health centers and woredas meet 80% of the minimum standard.

Leadership, Management, and Governance (LMG). During Year 4, six-day LMG basic trainings were conducted through subgrant funds to 579 (107 female) health workers from 134 Primary Health Care Units (PHCUs) under 28 woredas. These teams developed 169 projects in the areas of MNCH. During Quarter 4, ten leadership projects were trained and developed by 25 (two female) health workers across nine PHCUs in one woreda. Moreover, 499 (70%) of 716 existing LMG projects were closed (including 114 in Quarter 4). Additionally, 193 subsequent/follow-on projects were designed (including 78 in Quarter 4).

Connected Woreda Strategy. During Year 4, 65 HCs and 12 Woreda Health Offices (WorHOs) became "Model" (> 90%) in connected woreda implementation (see the table 1 below).

Table 1. Connected Woreda Strategy Implementation Status, by HCs and WorHOs

Connected Woreda Strategy Implementation Status by HCs and WorHOs		
Category	**Type of Health Institutions**	**# of Health Institutions**
Emerging to Model	HCs	31
	WorHOs	4
Candidate to Model	HCs	34
	WorHOs	8
Emerging to Candidate	HCs	123
	WorHOs	35

During Quarter 4, six health institutions (one WorHO and five HCs) advanced their status from "Emerging" to "Model". 41 health institutions (six WorHOs and 35 HCs) improved their status from "Candidate" to "Model". 30 health institutions (five WorHOs and 25 HCs) maintained their status as "Model". Moreover, Regional Health Bureaus (RHBs) and Zonal Health Departments (ZHDs) were validated and verified the connected woreda strategy self-assessment result.

Community Based Health Insurance (CBHI). During this year, 57 (109%) zonal and woreda level CBHI performance review meeting (PRMs) and 347 (116%) integrated supportive supervision (ISS) were conducted in health and insurance institutions. CBHI-related facility readiness assessments (FRA) were conducted in 40 (77%) health facilities, annual CBHI general assembly meetings (GAMs) held in 65 (104%) woredas, and community-CBHI schemes-health facility interface meetings held in 45 (82%) health facilities were facilitated and supported. In addition, 107 (65%) woreda and kebele cabinets; 312 (89%) Health Extension Workers (HEWs), elders and religious leaders; and 331 (76%) health providers were trained on CBHI. 128 (98%) CBHI scheme executives were trained on financial and data management. 492,617 individuals were reached with CBHI messages using project and EHIA vehicles. During Quarter 4, 12 woreda and kebele CBHI schemes and sub-sections were supported through ISS; 131 health providers from 21 health facilities (HFs) were trained on CBHI; and 17 HFs were assessed through FRA checklists.

Public Finance Management (PFM). In Year 4, planning, budgeting, resource allocation and utilization practices were strengthened at health facilities. PFM mentoring helped HFs make improvements in preparing financial reports and bank reconciliation, audit planning, and procurement. The use of IBEX in HCs contributed to improved methods and practices of collecting, analyzing, processing, and

disseminating financial information. As a result, HFs can generate more accurate and timely financial reports. HFs used revenue they retained by implementing health care financing reforms for the construction of maternal waiting rooms and purchase of medical equipment and medicines, which are believed to increase the uptake of institutional delivery by improving the quality of service delivery. As a result, the percentage of woreda-level government expenditure on health, out of its overall spending, improved from 12% in 2016/17 to 14% in 2019/20. The amount of retained revenue collected by Primary Health Care (PHCs) in the project intervention woredas has increased by 50%, from nearly $14 million in 2016/17 to $21 million in 2019/20. Additionally, the amount of retained revenue spent/utilized over this same period has doubled from $11.3 million in 2016/17 to $22.5 million in 2019/20.

Family Planning and Reproductive Health. During Year 4, health service providers participated in the following trainings: 195 providers on comprehensive Long-Acting Reversible Contraceptive (LARC), 821 providers on Implanon basic training and orientation to HEWs; 68 providers on post-partum family planning (PPFP); and 15 providers on comprehensive FP training for level IV HEWs. In addition, 142 facility heads, Woreda Health Office heads and logistic officers were trained on family planning/reproductive health (FP/RH)-focused planning exercise. Regular back-up LARC service support from HCs to HPs was availed through integration into the existing health delivery system. 710 HCs conducted back-up visits and served 51,344 clients with different FP methods of their choice in the reporting year. During Quarter 4, training was provided on Implanon insertion and PPFP for 126 FP service providers. As a result, 98 health facilities were covered with skilled providers. Follow-up visit data showed in 2017, the full FP method mix services for IPPFP, comprehensive FP services at the HPs level, and post-abortion FP were not available in any of public health facilities of the project woredas. However, in 2020, IPPFP is available in 49% of the facilities, post-abortion FP is available in 32% of the facilities, and there are comprehensive FP services in 4% of HPs. These improvements are due to the focused mentorship activities performed to the flagship programs of the MoH on IPPFP and IUCD insertion by level IV HEWs - including post-abortion FP by USAID Transform: Primary Health Care.

Maternal and Newborn Health. Capacity enhancement trainings and orientations on different Maternal and Newborn Health (MNH) topics were conducted for 3,341 participants. Additionally, post-training follow-up was conducted at 38 health centers (HCs); 47 mentees at 25 HCs graduated from catchment based clinical mentoring (CB CM), 617 mentees were mentored at 233 HCs with subgrants fund; two new CSLs were added to bring the total of CSLs to 32; and 2598 CSL visits were documented. TA was provided at two Zonal Health Department (ZHDs), 114 WorHOs, 113 Primary Hospitals (PHLs), 1348 HCs, 243 HPs, eight kebeles, and 86 households (HHs) during general and thematic-specific follow up visits. Strengthening early identification of pregnant women was conducted at 362 HCs and 679 HPs. The percentage of health posts identifying pregnant women early from the community has increased from 76% to 78% over on year period. 81 sessions of Pregnant Women Conferences (PWCs) were conducted and orientations were given to 783 participants. Maternity Waiting Home (MWH) registration logbooks were distributed to 1400 HCs. 67 MWHs were equipped with materials (including TVs, DVD players, flash disks, mattresses, pillows, pillowcases, bed sheets and blankets). 305 MWHs were strengthened technically (including an orientation on admission criteria, distributing an implementation guide, counseling, nutrition education, and exclusive breast feeding). 26034 mothers were admitted to MWHs. Additionally, ultrasound services were provided to 28,860 pregnant mothers at 100 HCs. Newborn Corners (NBCs) at 760 HCs were strengthened.

Newborn Intensive Care Units (NICUs) at 78 PHLs were strengthened. 15992 sick newborns were treated at NICUs with a 77% recovery rate. Over the past year, the percentage of woredas where strategies are put in place to identify pregnant women earlier from the community has increased from 80% to 90%; HCs providing all BEmONC signal functions increased from 69% to 81%; HCs providing women friendly delivery services increased from 84% to 93%; the percentage of ANC clients tested for syphilis at HCs increased from 68.1% to 83%; and the percentage of deliveries at HCs who received essential newborn care has increased from 75.4% to 82.5%.

Obstetric Fistula. During Year 4, 20 (seven female) mid-level health workers were trained on OF-POP and 50 HEWs (28 female) and community agents have been sensitized on case identification and referral. This has capacitated 18 PHCUs and communities to make early identification, diagnosis, and referral of survivors to treatment facilities. These newly supported PHCUs have now started providing the including case identification, diagnosis and referral. Out of those trained, a sensitization workshop for 50 participants was done during Quarter 4. During Year 4, more than 10,000 fistula-related training guidelines, manuals, and job aids (algorithms) have been distributed during training, review meetings and follow-up visits to improve the capacity of 298 PHCUs in the 4 regions. In Year 4, 400 new suspected fistula (OF) cases have been identified – 370, of which, were confirmed; 352 were referred; and 309 of those referred were treated. From these, in Quarter 4, 46 cases were identified, 40 cases were diagnosed, 39 were referred for treatment, and 33 were treated. During the first three quarters of Year 4, 311 mothers with advanced Pelvic Organ Prolapse (POP) were identified and diagnosed. Of these mothers, 272 were referred and 236 were treated with support from the project.

Child Health Development. Evidence-based interventions to decrease under-five morbidity and mortality include: Integrated Management of Newborn and Childhood Illness, Integrated Community Based Management of Newborn and Childhood illness (ICMNCI). During Year 4, several capacity enhancement activities were conducted: Integrated Management of Common Newborn and Childhood Illnesses (IMNCI) trainings for 919 health workers; ICMNCI to 169 Health Worker (HWs) and HEWs were conducted; and all primary hospitals, 1730 HCs (94%) and 3059 HPs (33%) were reached by integrated supportive supervision. 37 sessions of performance review meetings (PRT) were conducted in which 1019 HWs and HEWs participated, and 164 HWs and HEWs were trained in on-site Early childhood Development (ECD) counseling in Amhara and SNNP regions. ECD onsite trainings, post trainings were conducted, with 530 HCs and 840 HPs reached during integrated follow up were in Quarter 4. ICMNCI refresher trainings were conducted for 81 HWs and HEWs in SNNP. As result, IMNCI/ ICMNCI services by service providers increased and the quality of case management improved.

Expanded Program of Immunization (EPI). During Year 4, different capacity enhancement trainings were given for 1,798 HWs in different intervention areas. Reaching Every District (RED) is one of the strategies implemented - where 56% of woredas and 39% of the intervention HCs were using RED categorization database. Additionally, during Year 4, more than 533 different models of refrigerators and 283 various units of medical equipment were maintained and assembled by the project drivers. Additionally, 220 public sector staff were oriented in maintenance. An estimated cost of 1.6 million Ethiopian Birr (ETB) was saved. The project also implemented Integrated Periodic Outreach Services (IPOS) to provide integrated RMNCAYH-N interventions to hard-to-reach and in-secured intervention woredas through project

support. 18 woredas conducted IPOS during Year 4, reaching thousands of children and mothers. Comparing indicators from Year 4 Quarter 4 with indicators from Year 3 Quarter 4, there has been improvement in the availability of functional refrigerator at all levels; penta 1 to 3 dropout rate at all levels; the use of updated monitoring chart at all levels; daily immunization service at the HC and HP levels; and defaulter tracking mechanism at all levels.

Adolescent and Youth Health Development (AYHD). During Year 4, the AYHD program integrated Youth-Friendly Services (YFS) in an additional 100 public health facilities. Of these, 20 YFS facilities were integrated during Quarter 4. In Year 4, through all YFS facilities, over 3,336,895 (1,668,448, female adolescents and youth were reached with health information and counseling and 1,562,180 (859,199 female) received quality youth-friendly health services. During Year 4, 639 (460 female) health care providers were trained on YFS/STI. 282 (132 female) peer educators trained and linked with YFS facilities. During Quarter 4, 35 (11 female) health care providers were trained on YFS/STI and 99 (47 female) peer educators were trained and deployed to YFS facilities. The YFS scale-up is providing excellent learning opportunities for the public sector to further scale-up YFS using their budget to reach underserved young people in non-project areas. During Year 4, 597 YFS facilities were established by the public sector using their own resources with close technical support and skill transfer by the project staff. In Year 4, the "Her Space" initiative has enrolled over 1,700 adolescent girls - of which, 540 girls from Tigray and SNNP graduated upon completion of the 40-hour sessions. The remaining 1,100 girls will soon be engaged to complete the sessions when schools open.

Nutrition. The project supports key government programs that aim to improve maternal and child nutrition practices. In collaboration with other partners, development of five policy documents were supported. More than 603 health facilities were supported in with a joint mission with RHBs and with thematic specific supervisions. More than 760 people were trained on various nutrition topics. Improved height measuring boards were provided to 218 health facilities. One publication and one international presentation were done to share lessons to the wider nutrition community

Responses to Health Emergencies. Several health emergencies happened in the reporting time. Due to its ground level presence, the project has supported most of the responses with technical and logistics supports. Crises modifier fund was mobilized to fill critical response gaps in nine different emergencies. In addition to COVID-19 pandemic, cholera, measles, malaria and IDP responses were the major once. The supports have helped to contain the emergencies, minimizing deaths and sufferings

Gender. Based on the project's gender integration priorities, during Year 4, 623 (268 female) health workers were trained on health care response to gender-based violence (GBV)/sexual violence (SV); 669 multi-stakeholder actors were oriented on GBV Standard Operating Procedures; and several job aids were distributed. To date, follow-up data showed 80% of health centers in the project intervention areas are providing post-GBV services and 320 women and girls accessed the service. In addition, 232 Woreda Health Offices received mentorship support on gender analysis and action planning. As a result, 43% of the intervention woredas have developed gender-responsive woreda-based annual plans. In the areas of program learning, an infographic on GBV landscape analysis findings was created, technical brief was written on male engagement in RMNCH, and success in the gender integration approaches were made available to wider stakeholders. Furthermore, as a member of FMOH gender and health technical working

group substantive technical support was provided to the FMOH Women, Children and Youth Affairs Directorate in compiling findings of women in healthcare leadership analysis, preparation of result matrix five-year strategic plan, and guidance notes on workplace harassment.

Quality Improvement/Quality Assurance (QI/QA). During Year 4, within primary health care facilities, 2046 QI leaders and health workers received training on quality improvement. Of those trained, 215 were trained on QI TOT (Training of Trainers); 1347 were trained on basic QI training to QI team members in the health facilities; 106 QI coaches were trained on QI coaching; and 276 participants from the health facilities were trained on infection prevention. During Quarter 4, 56 QI TOT and 51 basic QI trainings were given to health workers. Implementation of QAQI activities in health facilities has improved the quality of care shown by an increased average self-auditing assessment scores of MNH, FP, AYHD, and child health collaborative. This has resulted in improving the quality of services provided in the health facilities. To date, the MNH QOC network learning health facilities in the project sites have shown improvement in the outcome indicators - such as stillbirth rate and neonatal death. Most of the QI projects in different collaboratives have also shown progress. Community engagement in the QI has also shown good progress in working together to improve the quality of care in service provisions and utilization. In Quarter 4, as member of national and regional TWG of Health Sector Quality Directorate (HSQD) technical support was provided to the FMOH and Regional Health Bureaus in strengthening the quality of care - such as development of FP quality standards, a national health care safety training manual, a national coaching guide, and a health center clinical auditing tool.

Social Behavioral Change Communication (SBCC). USAID Transform: Primary Health Care implemented various SBCC interventions to improve RMNCH-N related health practices. During Year 4, 145 (29 in Quarter 4) health post (HP) open house events were conducted. Community mobilization trainings were provided to 27 subgrant woredas in Quarter 4. 35 million (15,971,795 in Quarter 4) individuals were reached with COVID-19 and other health messages by using audio-mounted vehicles, printing and disseminating various IEC materials, technically supporting regional SBCC Technical Working Group (TWG) meetings, assisting the FMOH to conduct the 2nd national SBCC Summit, and supporting the COVID-19 national and regional risk communication and community engagement teams.

Operation Research (OR). In Year 4, the project organized a systematic and meta-analysis refresher training to Amhara regional knowledge hub teams to develop high-impact manuscripts based on the Regional Health Bureau (RHB) priorities. As a result, two research manuscripts developed through the training were submitted to a journal for publication. In addition, three operational research were completed, and 14 research results/program learnings were shared with national and international audiences in conferences and through peer reviewed journal articles.

Collaborative Learning and Adapting (CLA). A theory of change exercise was conducted among cluster offices virtually, using the strength-gap analysis data that was collected before the detection of the first COVID-19 case. The participation of the RHBs was ensured in the theory of change exercise using different venues. During the exercise, COVID-19 pandemic containment and provision of essential health services were taken into consideration and included in the annual plan. The findings of the mid-term review were also used for the program learning, iterative adaptation, and annual planning. To share the program learning to partners, 13 thematic-area-oriented technical briefs, an annual report for communication

purposes, and 82 success stories were produced and disseminated. To revitalize the importance of CLA, the senior management meeting was used as a 'pause and reflect' activity to identify areas of program learning for adaptive management. In the fourth fiscal year, several initiatives introduced by the activity were incorporated into the national policy and strategy.

Effect of COVID-19 on Service Availability. The first COVID-19 case in Ethiopia was detected in March 2020. This situation may have led to frustration among the health workers and people of Ethiopia. In line with this, there was a decline in service availability detected in April 2020. However, the situation returned to normal and showed improvement in some technical areas. As understood from the following graph, for all services there was a decline in Apr - Jun 2020 - which was the quarter immediately after the first COVID-19 case was detected. When the pandemic restrictions slowed, more improvements were observed in most of the indicators in Quarter 4. This may be due to the intensive efforts made by the public sector and its partner to fill the gaps observed due to the pandemic.

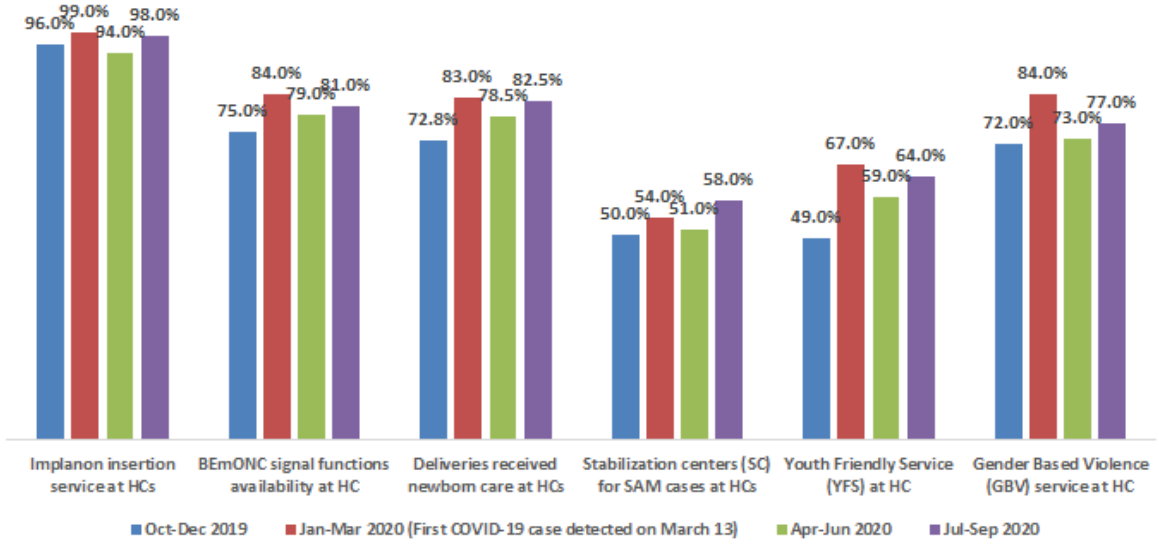


Figure 1. Service Availability Status Before and After Identification of the First COVID-19 Case in Ethiopia

RESULT 1: IMPROVED MANAGEMENT AND PERFORMANCE OF THE HEALTH SYSTEM

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

Performance Standards

The Ministry of Health has adopted, piloted, and disseminated guidelines and implemented universal minimum clinical and managerial standards and safe quality care at primary health care entities. Under the Health Sector Transformation Plan I (HSTP I 2015-2020), the Ministry, beneficiaries, experts, leaders, and development partners worked according to predefined criteria for performance management. The process of adapting, field testing, and learning ensured that the criteria are acceptable and applicable at all levels of the health system in Ethiopia. The purpose of implementing minimum standards was to increase the proportion of model households, model villages, high performing primary healthcare entities, and model/transformed woredas.

The minimum standards include Woreda Management Standards (WMS); Ethiopian Hospital Services Transformation Guidelines (EHSTG); Ethiopian Health Center Reform Implementation Guidelines (EHCRIG); Key Performance Indicators (KPIs) and Community Scorecard (CSC). USAID Transform: Primary Health Care provided technical support from adaptation to implementation and ensured the sustainability of the performance standards by helping establish a culture of learning within the entities using them. With technical support from the project, the Ministry confirmed the continuity of these initiatives by including them among key implementation strategies in the HSTP II 2020-2025.

In Year 4, the project maintained its Year 3 achievement of high coverage of institutionalizing minimum standards in primary health care entities. These achievements were recorded through facilitating gap-filling training and onsite orientation on the minimum standards. From Year 3 to Year 4, CSC implementing kebeles (villages) increased from 55.8% (5313/9510) to 81.2% (7722/9510); WMS implementing woredas increased by 50 woredas that is from 100% (360/360) to 97% (410/420); EHSTG implementing primary hospitals increased from 101 to 106; KPIs implementing health centers increased from 1628 to 1690; and EHCRIGs implementing health centers decreased by 109 from 1753 to 1644. Turnover of health managers and restructuring of woredas were the main reason for the observed changesdecline. For a comparison of achievements, see Figure 2 below.

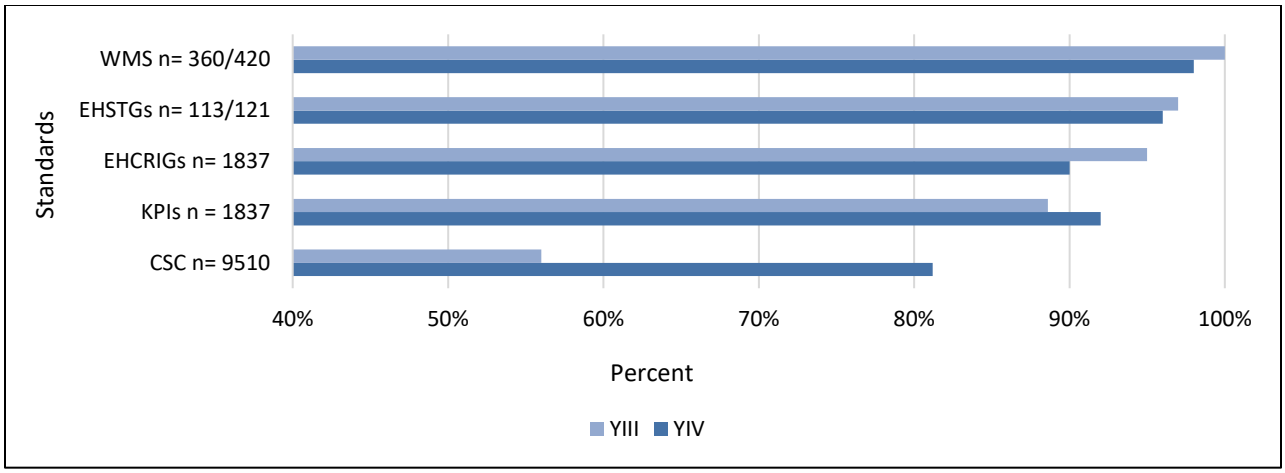


Figure 2. Coverage of Minimum Standard Implementing Entities in Year 3 and Year 4

Major Achievements

In Year 4, USAID Transform: Primary Health Care, in collaboration with the RHBs and FMOH, provided a gap-filling training on health sector reforms for 1,415 health workers (514 female). The project participated in the revision process of the EHCRIG to modify, add, and remove minimum standards.

During Quarter 4, the project supported on-site orientation on minimum standards for 501 health workers (135 female). Hence, the Activity strived to minimize the effect of turnover of health leadership on performance against the minimum standards.

Performance Measurements

A performance measurement is numerical information that quantifies a primary health care entity's overall inputs, processes, and outputs in terms of the minimum standards. The project provides technical, financial, and other resources to targeted organizations to enhance their effectiveness and efficiencies towards achieving the targets set by the Ministry.

During Quarter 4, almost all WorHOs (410/420) self-assessed their past three months' performance against input, process, and outputs indicators of WMS. 96% (116/121) and 92% (1658/1842) of primary hospitals and health centers measured their level of compliance against EHSTG and EHCRIG standards for the previous three months, respectively. CSC was measured by 6,923 (72%) of villages. The process empowered communities to demand accessible, quality, and equitable basic health services from health care providers and administrators through their active participation in the performance planning, implementing, monitoring, and evaluating of essential health services. The implementation of these transparency and accountability tools had positive effects on improving patient waiting time, the behavior of health providers, health-seeking behavior of community members, availability of essential services, and safety and physical infrastructure in the health facilities.

Major Achievements

During Quarter 4:

- CSC was measured in 72% of kebeles (75% in Amhara, 72% in Oromia, 71% in SNNP, 75% in Tigray). And the measurement assists the health centers to improve the behavior of health workers, reduce waiting time, improve the cleanliness and safety of facility, enhance availability of supplies, diagnostic services and properly uses ambulance,
- EHCRIG was measured in 1,220 (91%) of the health centers – including 495 (98%) in Amhara, 669 (84%) in Oromia, 373 (91%) in SNNP, and 126 (97%) in Tigray.

Performance Improvement

Performance Improvement is a process of using performance measurement information for organizational development to increase outputs and improve efficiency. The project institutionalized effective team work at primary health care levels in Ethiopia. By supporting inspired and inspiring leaders, the staff developed a shared vision, identified performance improvement projects, established win-win partnerships, aligned resources, and shared skills on root cause analyses, prioritizing solutions, mobilizing resources, and developing specific action plans.

During Quarter 4, the project continued providing technical support to targeted organizations to scan health facility data, explore beneficiary feedback and identify priorities of the health sector. Among several innovative performance improvement approaches, the project supported 53 twinning partnerships between 106 woredas.

Twinning Partnership

A twinning partnership is a formal, substantive, and collaborative partnership established between relatively high and medium or low performing woredas for one year.[1] During Year 3, 49 partnerships were established between 98 woredas. In Year 4, this increased to 53 partnerships between 106 woredas. The project also provided technical support for the development of a performance-based financing implementation manual for the Ministry.

During Quarter 4, 19 twinning partnerships (12 in Amhara, five in SNNP, one in Oromia, and one in Tigray) formally closed (graduated) after learning collaborative workshops.

[1] *World Health Organization (WHO). (2016). Partnership Preparation Package - WHO Twinning Partnerships for Improvement. Geneva: World Health Organization; 2018 (WHO/HIS/SDS/2018.13). License: CC BY-NC-SA 3.0 IGO.*

Practical Twinning Partnership Learning Workshops, August and September 2020 – Gera and Gomma Districts, Jimma Zone (Top), Sululta Woreda (Bottom Left), Chole Health Center, Arsi Zone (Bottom Right)

Major Achievements

- The twinning partnership strategy is a key primary health services implementation strategy in the HSTP II (2020 – 2025). The Ministry initiated performance-based financing for twinned woredas.
- In Amhara Region, Oromia Special Zone, and Awi Zone, cost share to scale-up the twinning partnership strategy achieved by including non-project supported woredas.
- The project documented performance improvement through twinning partnership.
- The performance of Gisherabel woreda in woreda transformation implementation improved from low performing to medium performing (43% to 60%).
- The performance of the lead woreda (Antsokia Gemza) progressed from 77% to 83%, though it is still categorized as medium performing.

Reporting Progress

The project documents and reports on the progress of by targeted primary health care indicators for model household, model village, high performing primary health care unit, and model/transformed woreda. The project supported knowledge sharing events called Ethiopian Primary Health Care Alliance for Quality (EPAQ). The figure below depicts the increasing trends of high-performing health centers and WorHOs. The primary hospitals lag the project targets for the reporting period.

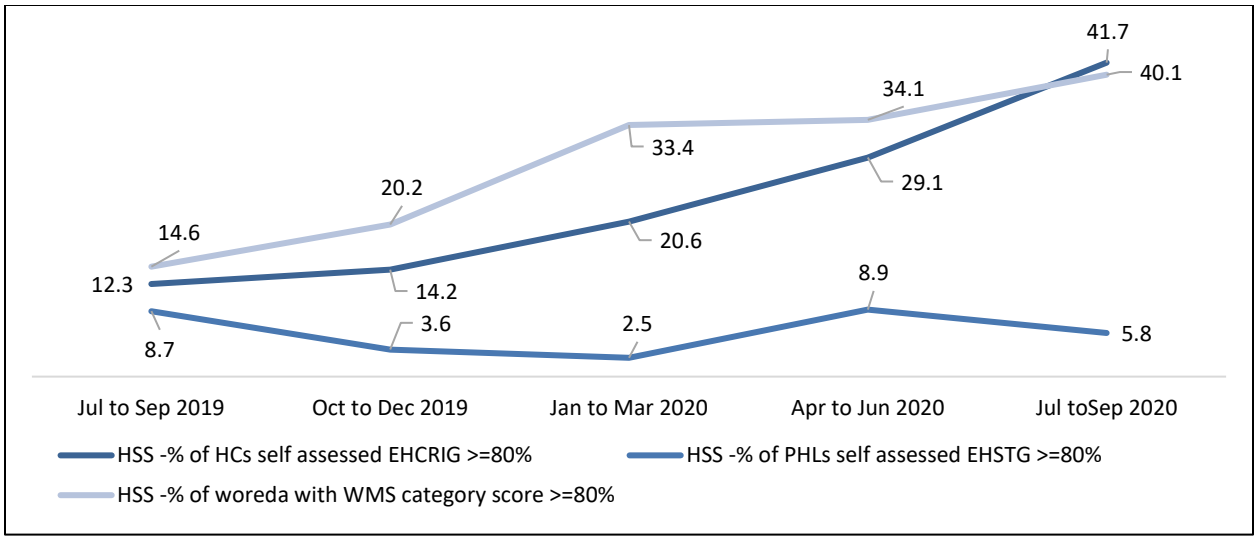


Figure 3. Trends of High Performing Health Centers, Woredas, and Primary Hospitals against Reform Standards (July 2019 to Sept 2020)

Major Achievements

- During Quarter 4, about 40% of districts and health centers scored greater or equal to 80% against the minimum standards. Slightly less than half (45%) achieved between 60-79.9%.
- 87 performance review and knowledge sharing meetings used the EPAQ approach. 736 health workers (348 female) participated.

Enhanced Responsiveness of District Council through EPAQ, Best Experiences from Jimma Zone, Oromia

Gera district is a USAID Transform: Primary Health Care supported district located in Jimma Zone of Oromia. Based on the 2007 population census and a projected estimate for the year 2019/2020, 112,395 people live in Gera district.

The Gera District Health Office, with direct support from the project, organized a performance review and improvement tool called Ethiopian Primary Health Care Alliance for Quality (EPAQ). The EPAQ approach limits the number of participants according to their roles and responsibilities. Agendas and reporting templates were shared two weeks before the actual workshop. The workshop included an experience sharing walk through in a high-performing health facility. Participants developed an action plan to address identified challenges. The reports from the EPAQ workshop focused on health transformation agendas, best practices, and challenges to achieving high performance.

For the EPAQ exercise, three participants were invited from each health center including the health center head, health extension program focal person, and the finance or admin officer. Five sector office and district council heads also took part in the process. During the workshop, some of the major challenges identified by the participants included the lack of computers to implement digital health information system (HIS), laboratory services interrupted

by lack of electricity and laboratory technicians, and renovation needs. In the action plan development stage, the district council assumed the responsibility to mobilize and allocate resources and solve the identified challenges.

"The EPAQ approaches help us to get woreda administration and cabinet members' attention to solve the challenges of the health facilities. Within six months, the district council purchased solar suit for two health centers, recruited and hired four lab technicians, purchased and distributed six laptops, and allocated budget for Chira Health Center maintenance. The implementation of EPAQ in our district give us the opportunity to present our challenges to the decision makers and stakeholders. If we were not invited to the workshop, the problem would not be solved on time. I believed that these experiences should be scaled-up by most of districts in Ethiopia."

Admasu Bekele, Gera Woreda Health Office Head, Jimma Zone

Support to the Federal Ministry of Health

In Year 4, the project provided technical support for the Health Extension and Primary Health Care Services and Reform/Good Governance Directorates of the Ministry. The project supported development of the Health Extension Program Roadmap (2020 – 2035) and documenting best practices on implementation of transparency and accountability tools. In addition, the project worked closely with the Ministry in annual review and plan alignment meetings. The project provided technical support in the revision of Ethiopian Health Center Reform Guidelines and development of Health Extension Program (HEP) Roadmap implementation manual. The project used these opportunities to ensure the continuity of its previous support to the Ministry.

Subgrant Management

Second Round Performance Improvement Fund. During Year 4, implementation of the second-round performance improvement fund sub-grant agreements continued. 403 grants agreements were signed with WorHOs, ZHDs, and RHBs for United States Dollar (USD) 6,644,321with Woreda Health Offices, USD 1,014,165 with zonal health departments, and USD 18,715 with Regional Health Bureaus. All subgrantees completed the first and second milestones, 94% completed the third milestone and 88% completed the final milestone. The subgrantees spent USD 7,446,885, which accounts for 97% of the total earmarked resources.

Major activities performed during the year included implementation follow-up and provision of technical support to grantees at the cluster, regional program office, and country office levels. Major areas of support were participation in the facilitation of activity implementation, report preparation, and documentation at the grantee level. 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.

Originally, the plan was to complete activities by April 14, 2020, but this was not possible due to various reasons (disease outbreaks and security situations). The grants management team facilitated agreement modifications for 358 grantees to extend the agreements to June 15, 2020.

Preparation for the closeout of the second-round performance improvement fund subgrants commenced and the project team provided full technical support on the formats to be used, expected final reports, and the timeline for closeout. In Quarter 4, the project facilitated the closeout in collaboration with the regional grant management committee. For 402 sub-grant agreements, fixed amount award completion certificates were collected with the final report. Payments tied to the final milestone were facilitated based on acceptable deliverables received from each grantee.

In addition to regular field level support provided by the cluster staff, grant monitoring visits were conducted to selected grantees in all regions by a grant team from the country and regional offices. USAID Transform: Primary Health Care used the Grant Management Field Visit Checklist and evaluated grantees' project preparation capacity; implementation readiness; level of transparency; knowledge on compliance (mainly about the agreement terms and conditions); activity implementation status; quality of activities implemented; and documentation related to the subgrant. Monitoring visits showed progressive improvements in the understanding of the subgrant activity implementation, documentation of the required reports and files, and strict compliance to the required certifications. The people involved in the discussion said the support is improving their understanding of problem analysis and project preparation, which is important for any similar opportunities in the future.

The national grant management committee conducted grant monitoring visits to selected woredas from each region with the following 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 a grant monitoring checklist to support/provide the required technical support;
- Follow-up and assess second-round 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 grantees' understanding of all the compliance requirements of the grant and observable improvements in areas of transparency, integration, and 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; implement the activity plan; share their plan with the ZHD and cluster team; maintain transparency with all stakeholders and in documentation; and to achieve the grant and overall project objectives.

The monitoring team provided orientation for the grantees on the importance of each document and shared recommended solutions for the gaps identified. Grantees explained the importance and contributions of the grant and the risks they would have faced if the grant was not available. Degifachew Debela, Dodola WorHO Head, Ato Nure Nukise, Borecha WorHO Head, and Yantai Simon Loka Abaya WorHO Head highlighted the following major benefits of the grant support to their woreda:

- “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, improve quality service provision, and conduct community-level activities;
- The support enabled them to improve service coverage and put them closer to achieving their woreda planned needs;
- It also helped create transparency and a team culture.

Grant monitoring visits were conducted to selected grantees that were behind schedule in implementation to support them in finalizing planned activities within the agreement period. In some of the regions, regional grant management committees were able to review the status of the grantees and were involved in supporting grantees to complete their activities within the agreement period.

Third Round Performance Improvement Fund Subgrant. Members of the national grant management committee from the Maternal Child and Nutrition Directorate, the Resource Mobilization Directorate, and the Primary Health Care Directorate of the FMOH met with USAID Transform: Primary Health Care to discuss the priority areas of the third-round subgrants. To understand the process of the previous two rounds of the subgrant, the grant management committee discussed:

- The overall grant objectives and types of grants are provided to eligible governmental entities;
- Closeout status of the first round of Performance Improvement Fund (PIF) grant;
- Emergency supported activities through Rapid Response Funds;
- Challenges faced, lessons learned, and actions taken in response to challenges;
- The process followed in the facilitation of the second round subgrant;
- Milestone completion status of the grantees awarded in the second round PIF subgrant;
- Number and types of Rapid Response Fund grants awarded and their settlement status;
- Types of activities planned in the second round PIF;
- Roles and responsibilities of the national grant management team based on the terms of reference endorsed at the beginning of the project.

The national grant management committee developed its priority areas that will be used in the third-round performance improvement fund subgrant announcement. The committee considered the previous rounds of grant implementation experiences, practical gaps at the grassroots level, and future directions of the FMOH. The priority areas were designed in a way that will help to invite Government of Ethiopia entities at all levels. It was designed at the RHB, ZHD, primary hospitals, WorHOs, PHCUs (service delivery), and the community level. The committee also discussed and agreed on the timeline and shared the priority areas with each regional grant management committee. The priority areas developed for the third-round performance improvement fund are as follows:

Table 2. Priority Areas for the Third-Round Performance Improvement Fund Applications

Grantees	Priority Areas
Regional Health Bureau Level	● Grant review, monitoring, experience sharing, and learning platform ● Standardization of service delivery and management
Zonal Health Department Level	● Grant review, experience sharing, and learning platform ● Grant monitoring and coordination ● Scale-up of proven initiatives
Woreda Health Office Level	● Reforms implementation ● Collaboration and learning ● Multisectoral engagement
Primary Hospital Level	● Hospital service transformation guideline (HSTG) ● Quality improvement and assurance
PHCU Level	● PHCU level review and learning platform ● Onsite level training ● Health facility environmental sanitation and hygiene ● Facility and community interface ● Service quality improvement ● 2nd generation health extension program and Innovations and technologies
Community Level	● Health system literacy ● Strengthening community structures ● Community-level multi-sectorial collaboration and Gender transformation

The regional grant management committee from each region announced the performance improvement fund application to all eligible government entities after a detailed discussion on the priorities. Then the regional grant management committee accepted applications from 574 applicants, per the table below.

Table 3. Third-Round Performance Improvement Fund Applications, by Region

Applicants	Regions				Total	Funds
	Oromia	SNNPR	Amhara	Tigray		
Regional Health Bureau	1	1	1	1	4	535,871.97
Zonal Health Department	21	17	12	-	50	1,332,326.33
Woredas	162	124	94	23	403	5,492,796.71
Primary Hospitals	31	32	38	16	117	885,446.36
Total Application	**215**	**174**	**145**	**40**	**574**	**8,246,441.37**

Once the national grant management committee set the annual priority areas in consultation with the 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 corresponded to the annual priority areas. The regional grant management committee, in collaboration with the project team,

reviewed the proposals for completeness, appropriateness of planned activities, and compliance with all the requirements. The regional program office team provided 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. A second-level review was conducted at the project country office level. A summary of the reviewed proposal was shared with the national grant management committee. After a detailed review of the summary prepared for concurrence request and detailed proposal from each grantee, the project submitted 574 proposals for USD 8,246,441.37 to USAID for approval on May 26, 2020 and received agreement officer approval on June 15, 2020.

During this reporting period, the grant management team at the central and regional office levels prepared the agreement document with all supporting documents and attachments to finalize the agreement signing process within a short period of time. The project team finalized the agreement preparation with all attachments for 574 grantees and conducted meetings with the regional team to organize agreement signing and orientation sessions without violation of COVID-19 restrictions. Taking into consideration each region-specific condition and the large number of participants, arrangements were made, and a detailed orientation was provided in collaboration with the RHBs. The orientation was focused on major lessons from the first- and second-round subgrants, agreement terms and conditions, applicable mandatory and required as applicable standard provisions, and major changes included in the third-round subgrant and their implications. WorHO heads, hospital heads, Zonal Department heads, and representatives of woreda finance attended the orientation.

Rapid Response/Crisis Modifier Fund (Activity Carried Over from Past Year). Based on the Memorandum of Understanding (MOU) signed with the Oromia RHB, in response to the cholera and scabies outbreak in different zones of Oromia, the project facilitated payments for the following activities during Year 4:

- Orientation on scabies identification and case management for health professionals;
- Supportive supervision by District Health Office, ZHD, and RHB;
- Rapid response team for scabies affected area;
- Procurement and distribution of hygiene and sanitation materials for scabies affected areas;
- Advocacy workshop and community sensitization workshops for political, religious, and community leaders in response to cholera outbreak;
- Cholera case management training for health care providers;
- Cholera surveillance training for experts from Zonal and District Health Offices;
- Supply of necessary water, sanitation, and hygiene (WASH) materials to established Case Management Centers (CTC);
- Establishment of cholera outbreak prevention and control teams at the zone and district level;
- Monthly active case search, contact tracing, and follow-up by district health offices;
- Supportive supervision to cholera affected areas.

To properly monitor the use of the Rapid Response Fund, payments were facilitated based on Pathfinder International's financial management procedures. For each activity conducted, a payment request was generated from RHBs with all expected and required supporting documents.

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

Health Information Systems

USAID Transform: Primary Health Care supported the effort to create model woredas that are able to implement need-based support and became high-performing in health information systems by using the connected woreda strategy as the guiding document. During our year four plan alignment with MOH, USAID Transform PHC activity has a plan to support 78 Woredas on connected woreda strategy implementation. Due to out continuous mentorship and coaching of those health institutions. The number of model health institutions improved from 2 (0%) to 82 (18%) and candidates increased from 244 (54%) to 382 (85%). Emerging institutions decreased from 311 (69%) to 93 (20%) due to the support provided by the activities. In addition, the project aligned its plans with the MOH and other partners like Digital Health Activity (DHA) to avoid duplication of efforts. In Quarter 4, seven health institutions transformed to "Model" status (from "Emerging" to "Model"), 44 health institutions Advanced to "Model" status (from "Candidate" to "Model"), and 30 health institutions maintained "Model" status. The validated average mean score of health institutions significantly improved each quarter (see figure below).

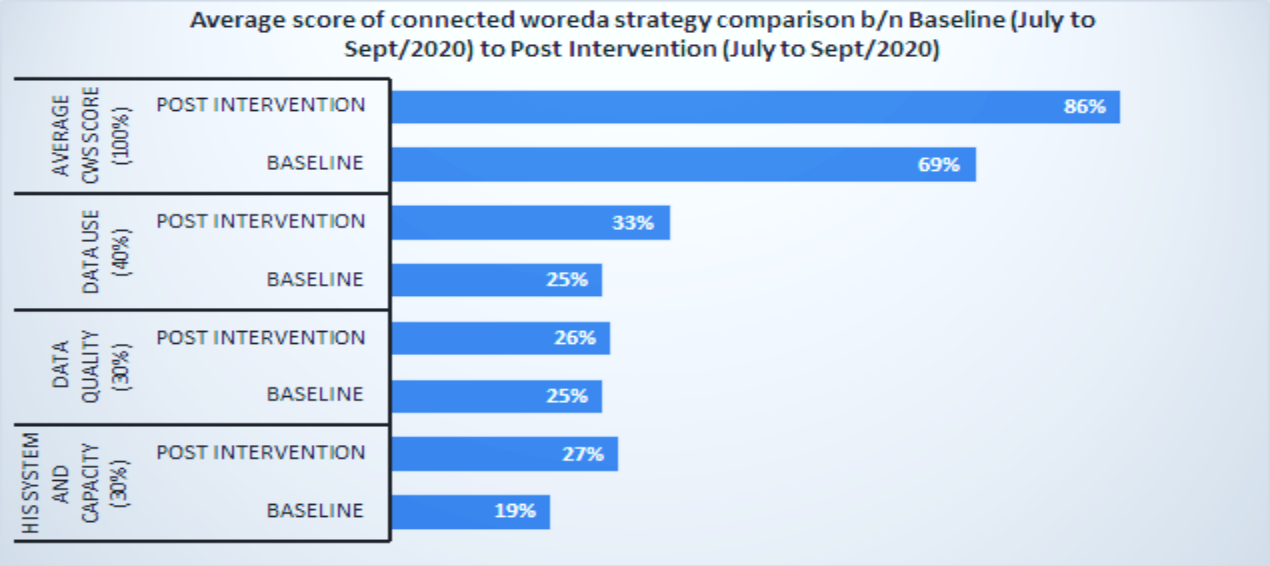


Figure 4. Average Score of Connected Woreda Strategy Disaggregated by HIS System & Capacity, Data Quality, and Data Use from Baseline (July-Sept/2019) to After Intervention (July-Sept/2020)

The project has been providing tailored support based on the major gaps identified during connected woreda coaching, particularly from the "Emerging" and "Candidate" health institutions. In Year 4, 399 (88 female) health information technicians received gap filling training on the connected woreda strategy through the project's performance improvement subgrant fund. 629 pushpin boards were distributed to help primary health care entities improve the culture information use.

Major Achievements

Based on the validation conducted by ZHDs and RHBs on connected woreda strategy:

- 34 HCs and eight WorHOs advanced their status from "Candidate" (Between 65% to 90%) to "Model" (> 90%) facilities.
- 25 HCs and four WorHOs were transformed directly from "Emerging" (below 65%) to "Model" (> 90%).
- 89 HCs and 25 WorHOs advanced their status from "Emerging" (below 65%) to "Candidate" (between 65% to 90%) facilities.
- Two HCs were maintained their status as "Model" (>90%) compared with baseline data
- 127 HCs and 23 WorHOs maintained their status as "Candidate" (between 65% to 90%).

Significant changes were observed at WorHOs and HCs level this year in terms of HIS resources and capacity, data quality, and administrative data. A more detailed description is presented in the following sections.

The Connected Woreda Strategy Enhances the Capacity of Woreda on Performance Management and Improvement Initiative in Guresum WoHO

Guresum Woreda Health Office is in East Hareregе Zone of Oromia and has a population of 211,330. USAID Transform: Primary Health Care has been providing technical and financial support to Guresum Woreda on performance management and improvement initiatives using quality data for evidence-based practices. The Woreda Health Office collected baseline data using the connected woreda strategy after orientation provided by the project. In October 2018, the WorHO-Performance Management Team (PMT) identified major gaps related to poor data management, HIS resource and capacity, and limited information use that led to poor performance in health reform agendas - such as Woreda Management Standard (42%), Ethiopian Health Center Reform Implementation Guideline (54%), and proportion of PHCU performance (42%).

WorHO-PMT members agreed on a connected woreda approach to improve the use of quality data for performance management and improvement initiatives. WorHO-PMT members observed poor data management in supportive supervision and routine Health Management Information System (HMIS) reports and a shortage of standard data quality and PMT logbooks. This has limited information use and has led to wrong decisions on their day-to-day health reform agendas. The WorHO-PMT discussed strategies to improve these areas with USAID Transform: Primary Health Care. The woreda personnel assigned HIT personnel to assess data quality and provide feedback using the connected woreda strategy to improve data quality and information use.

PMTs discussed findings and gaps in data quality and information use. Action plans were produced and communicated to stakeholders. The project also provided gap filling need-based use of data for decision making training for 30 health professionals, provide mentorship for HIT professionals and provided HIS inputs and supplies according to an agreed-upon schedule.

After the WorHO-PMT received a softcopy of HIS inputs (tally registries and logbooks) and allocated budget to print HIS inputs, these were distributed to all PHCUs. The capacity and resource gaps were filled, and HIS inputs were secured for one year. As a result of this continuous technical support, the WorHO-PMT has significantly improved the WMS, EHCRIG, and proportion of high PHCUs. Guresum WorHO has

reached an impressive result on connected woreda strategy, improving WMS to 92.2% "Model" and EHCRIG to 88% "Model." In addition, the proportion of high-performing PHCUs significantly improved to 93% "Model" in December 2019.

HIS Resource and Capacity. USAID Transform: Primary Health Care has been working to strengthen the ability of WorHOs and HCs on the performance of health information system through capacity building for HIT professionals at the primary health care level. HIS resource and capacity have shown dramatic improvement from 67% to 90% in Year 4. In Quarter 4, the project provided gap-filling connected woreda trainings for 18 WorHOs and 28 HCs in West Gojjam, Awi, Central Gondar, North Gondar, Waghimra and Oromia Zones in Amhara through the project performance-based subgrant.

Data Quality Assurance. During Year 4, USAID Transform: Primary Health Care, in collaboration with the RHBs and the MOH, worked on transforming the use of quality data production to improve information use culture in 80 woredas from 91 transformation targeted woredas. 62 (78%) of WorHOs and 246 (67%) of HCs significantly improved their level of quality data production and use as compared to their baseline. In Quarter 4, 27 WoHOs and 93 HCs significantly improved their level of data quality production as compared with the baseline data.

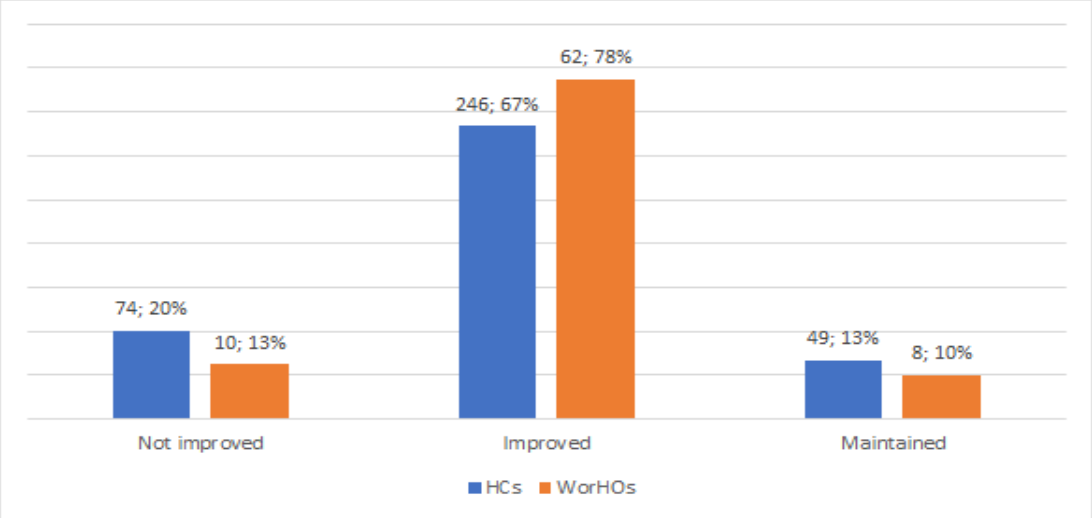


Figure 5. Data Quality Improvement Status from Baseline (July 2019) to After Invention (Sept 2020)

Administrative Data Use. USAID Transform: Primary Health Care has been working to strengthen the culture of data use at the primary health care level to improve patient care and service delivery through continuous mentorship and coaching. In Year 4, 256 (69%) HCs and 59 (74%) of WorHOs showed significant improvement in using data for their performance improvement and management as compared with their baseline (July 2019). These health institutions identified key equity and quality indicators, regularly monitored plan versus performance analysis, and planned for the identified gaps per the national

standard. In Quarter 4, 26 (33%) of WorHOs and 136 (37%) of HCs showed significant improvement in the use of data for decision making (see success story below).

Improved Data Quality and Use Enhanced the Performance of PHCUs: The Case of Kinbaba HC

Kinbaba Health Center is in Bahir Dar Zuria Woreda, West Gojjam Zone. It has five health posts and serves more than 32,484 people. Although the health center provides quality health care services, it has faced challenges in achieving the highest standards in data quality and use. The major gaps identified during the initial connected woreda self-assessment were limited understanding on allocation of adequate budget, no capacity gap assessment and partner forum, inability to track report completeness and timeliness for received and submitted reports using a logbook, and poor performance monitoring team (PMT) logbook usage. To improve use of data for decision making and evidence-based practices at the primary health care level, USAID Transform: Primary Health Care has been providing technical and financial support based on the gaps identified. Project support includes training for woreda and health center staff, regular technical support in self-assessment, and capacity building for staff to perform ongoing evaluation to classify the progress. The health center's PMT has started doing orientation on identified gaps for health professionals on use of data for decision making and how to build functional PMT at primary health care unit level. The PMT proposed an agreed action plan to overcome gaps identified on HIS resource and capacity, data quality, and administrative data use. Moreover, the HC allocated enough budget for HIS resources, data quality, supportive supervision, HIS mentorship, coaching, and data verification. Through regular HIS coaching, 90% of the identified problems were solved. The health center has significantly improved their connected woreda strategy score from 64% (Emerging) to 100% (Model). Moreover, the average score of the health center in Key Performance Indicator (KPI) and EHCRIG also significantly improved – from 81% to 91% and 89% to 90%, respectively. Through continuous technical support, Kinbaba HC significantly improved compared with its previous health system performance and is now one of the highest performing HCs in Bahir Dar woreda, based on the transformation criteria.

Health Care Financing

USAID Transform: Primary Health Care works to strengthen health care financing (HCF), including CBHI and public finance management (PFM) implementation at the PHC level as an essential building block for strengthening the health system. The health sector strategic plan (HSTP) targets establishing CBHI schemes in 80% of woredas and enrolling at least 80% of households; decreasing out-of-pocket health expenditures as a share of total health expenditure from 31% to 23%; and increasing general government expenditure on health as a share of total general government expenditure to 10%. To support realization of these targets and to improve access to and use of priority maternal and child health service, the project implemented the following activities in the reporting period.

Public Finance Management

One of the key components to transform woredas is creating high performing Primary Health Care Units (PHCU) which is realized through improving public financial management of primary health care. Improving public finance management (PFM) practices ultimately helps to increase the proportion of the budget that woreda administrations allocate to health sector at primary health care level. Similarly, efficient planning, budgeting and prioritizing on health expenditures, and good auditing practices,

contribute to improve efficient utilization of health resources. USAID Transform: Primary Health Care contributed its part to the improvement of budget allocation, revenue retention and utilization by implementing various capacity enhancements on PFM including PFM training, mentoring, coaching, auditing practices to modernize and automate the financial information system at PHC level.

Orientation on use of the PFM Mentoring Guide for PHC (developed by the project in Year 3) was provided to PFM mentors from ZHD and zonal finance and economic development offices in Oromia region. The oriented mentors were HCF focal persons from each zone and key PFM experts who had participated in the guide's adaptation and translation process and PFM TOT training. PFM mentoring is a new concept in the health sector introduced through the project. Hence, USAID Transform: Primary Health Care contributed not only by developing the guide, but also by providing technical support to create and enhance PFM mentoring skills in the sector as well as the mentoring program itself. By supporting the institutionalization of PFM mentoring, the project is implementing a sustainable strategy through transitioning PFM-strengthening TA provided under the project to GOE counterparts.

Project and GOE mentors provided onsite PFM mentoring for 1,020 (357 female) HF managers and key financial personnel that work in 28 PHLs and 205 HCs in 89 intervention woredas of the five intervention regions. Of these, mentoring at 11 PHLs and 53 HCs in 25 woredas was performed in Quarter 4. The mentoring was conducted after capacity gaps were identified through supportive supervision (SS) and a review of financial documents, and focused on planning, budgeting, financial administration, documentation, and reporting.

In Oromia and SNNP, onsite PFM and HCF training was conducted for 117 (32 female) new health facility governing board (FGB) members and HF senior management using subgrant funds. Training covered the roles and responsibilities of FGBs and its members, revenue retention and use, fee waiver, and exemption services. The project, in collaboration with ZHD and EHIA, carried out zonal-level PFM PRMs with 40 (15 female) participants in Ilu Ababor Zone in Oromia using subgrant funds.

To digitalize the financial management information system and to advance the methods and practices of collecting, analyzing, processing, and disseminating reliable financial information at HFs, TA to install and use IBEX was provided for 133 (37 female) finance personnel from 32 PHLs and 34 HCs in all five regions.

The project conducted a review of the training materials used in its PFM capacity enhancement interventions to identify gaps and provide recommendations for instructional design improvement.

HCF-related SS was conducted, in collaboration with Zonal and Woreda Health Offices, at five HCs located in five woredas in Oromia. The CBHI schemes of these woredas were also supported through SS conducted in collaboration with EHIA. During SS, the team identified strengths and gaps of HF staff in implementing HCF reforms and CBHI, provided onsite feedback, and advised on corrective actions to take to improve implementation. To mitigate the spread of COVID-19, many activities took place through email, telephone, and SMS. PFM mentoring, orientations, and CBHI launch events were conducted in person in meeting halls with all safety precautions in place and authorized by an official letter from ZHDs.

Changes Observed in PFM

- The number of woredas that have assigned >=15% of their total budget to the health sector has increased from 118 in 2018/19 to 180 in 2019/20. This is 50% of the total 360 intervention woredas. On average, health's share of the total woreda budget has been allocated 13% in 2018, 14% in 2019 and 14% in 2020 compared with the project target 13%, 14%, and 15% each year respectively.
- The general government health budget use rate increased from 93% in 2018/19 to 94% in 2019/20.
- The number of HFs using the IBEX system increased from 50 in 2018/19 to 116 in 2019/20.
- Internal revenue generated by PHCUs increased from $17 million in 2018/19 to $21million in 2019/20

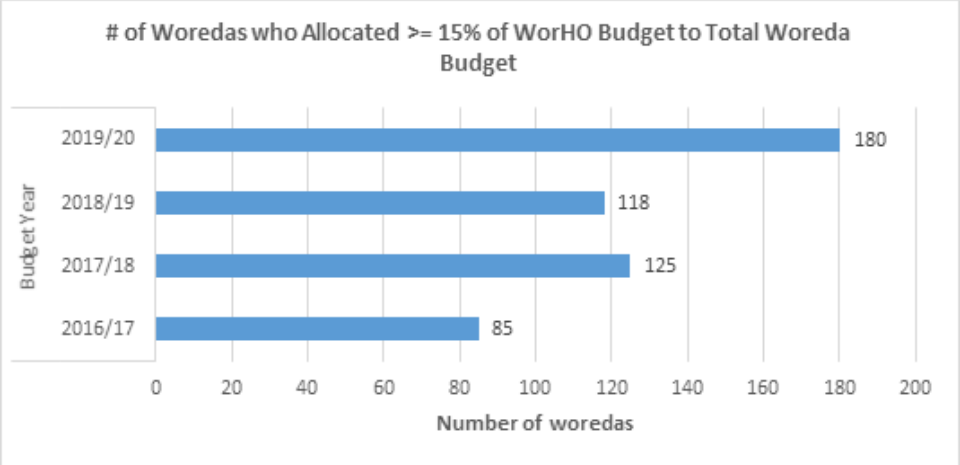


Figure 6. Number of Woredas who Allocated >=15% of WorHO Budget to Total Woreda Budget

Community-Based Health Insurance

USAID Transform: Primary Health Care supported 57 zonal and woreda level CBHI PRMs for 4,136 (916 female) cabinet members in all five regions (32 in Oromia, 18 in SNNP and Sidama, five in Amhara, and two in Tigray) to review and evaluate CBHI implementation, identify gaps in the process, and develop corrective measures. All the meetings were organized and conducted in partnership with the USAID Health Financing Improvement Program (HFIP) and health and insurance GOE counterparts and expertise and costs were shared between counterparts and using the subgrant funds. Nine training sessions on the basics of CBHI took place for 605 (228 female) cabinet members from 98 kebeles and nine woredas in Oromia that were newly selected to implement CBHI. The events were executed in collaboration with RHBs, ZHDs, and EHIA branch offices.

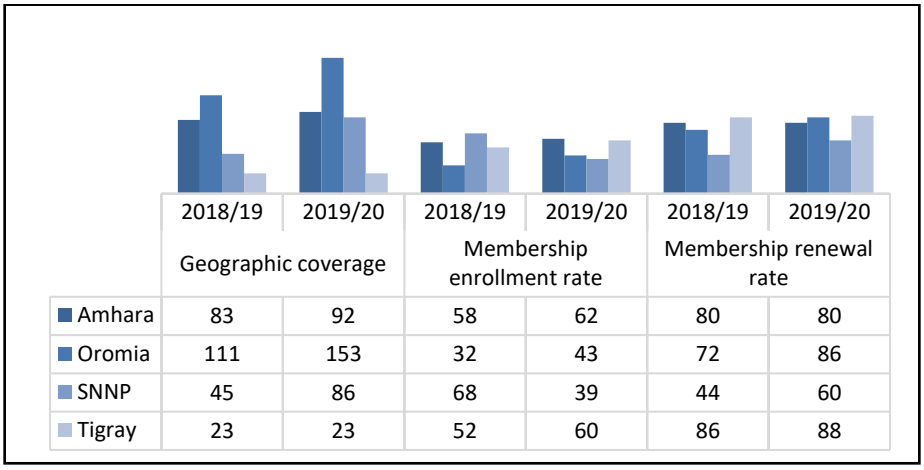
USAID Transform: Primary Health Care, in partnership with USAID HFIP and the respective health and insurance counterparts, provided CBHI-focused ISS TA at 347 woreda CBHI schemes, kebele sub-sections, PHLs, and HCs in five regions (164 in Oromia, 77 in SNNP and Sidama, 69 in Amhara, and 37 in Tigray) in order to improve CBHI membership enrollment and renewal, ID card preparation and distribution, and quality of services at contracted facilities. 12 of the health and insurance institutions (three CBHI schemes,

one PHL, four HCs, and four CBHI kebele sub-sections) received TA in Quarter 4 in SNNP. To reinforce performances, on-site orientation was given to 68 key staff from 45 CBHI schemes and HFs in SNNP and Amhara (39 in SNNP and 29 in Amhara). Of these, 10 staff from three HCs in Amhara received the orientation in Quarter 4. In collaboration with EHIA and USAID HFIP, the project also provided financial and data management training to 128 CBHI schemes (97 in SNNP and Sidama, 31 in Oromia) that experience high staff turnover. Post-training follow-up visits were conducted at five CBHI schemes in Oromia and on-the-spot TA was provided on gaps observed.

To help improve HF service availability and readiness to provide quality services to CBHI clients a training in CBHI basics, allowed benefit packages, client handling and management, and clinical auditing was conducted in partnership with Clinton Health Access Initiative (CHAI) and EHIAs for 331 (59 female) health providers by sharing training costs and expertise. The training participants were from 81 HCs and PHLs in Oromia, Amhara, and SNNP. Of these, 131 (38 female) participants from 21 HFs were trained in Quarter 4 in SNNP and Sidama. A CBHI-focused health facility readiness assessment was conducted at 40 HFs (28 Amhara, 12 SNNP) that were candidates for entering into contracts with schemes to provide services to CBHI beneficiaries. The assessment was conducted in partnership with EHIA and ZHDs. The assessment for seven of the HFs (three in Amhara and four in SNNP) was carried out during Quarter 4. In Oromia, CBHI clinical auditing was also carried out at six HFs in North Shoa Zone using subgrant funds.

Changes Observed in CBHI

As mentioned above the GOE's HSTP target is to cover 80% of woredas under CBHI by 2020. In the project focus woredas, 354 (89%) woredas have established CBHI schemes and are providing financial protections to their beneficiaries to access health services as set in the health benefit package. The CBHI coverage increased by 35%, with 92 new woredas establishing CBHI schemes in current year. The CBHI coverage in the project focus woredas also tripled as compared with the 118 woredas at baseline in 2016/17.



	Geographic coverage		Membership enrollment rate		Membership renewal rate	
	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20
Amhara	83	92	58	62	80	80
Oromia	111	153	32	43	72	86
SNNP	45	86	68	39	44	60
Tigray	23	23	52	60	86	88

Figure 7. CBHI Indicator Comparison by Region

Facility Renovation

Infrastructure improvement for health facilities is part of USAID Transform: Primary Health Care's implementation methodology to improve the quality of health services. The improvement work planned includes the provision of new delivery blocks to selected health facilities. Based on a rough estimate of the cost of the renovation work and using a prototype Maternal and Child Health (MCH) block constructed previously, USAID Transform: Primary Health Care plans to construct 57 MCH blocks for 18 health facilities in Amhara, 20 health facilities in Oromia, 12 health facilities in SNNP, and seven health facilities in Tigray. The estimated number of sites per region may be reduced based on the actual cost the project will incur guided by the prevailing market prices.

Design. Prototype design documents including all the drawings, Bill of Quantity, and technical specifications have been prepared and submitted to USAID for review. Including the feedback, the final document for prototype design was prepared in Quarter 1. Similarly, site specific designs have been prepared for phase I construction sites (12 sites) based on the site assessment and design information collected from the sites. The prototype design will remain as is for all consecutive construction sites. Site assessments for phase II sites in Amhara and SNNP have been completed and preparation of site development designs began in Quarter 4.

Procurement and Award. The procurement process included posting an invitation to submit expression of interest to bidders, shortlisting qualified bidders, and inviting bidders to provide their technical and financial offers. The offers have been evaluated and, based on the cumulative technical and financial results, the best offers in each lot have been selected.

The contracts have been 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. These procurement and contract award processes have been carried out in the Quarter 1 and Quarter 2 of Year 4.

Table 4. Phase I Construction Site Contracts

No	Contract/ Lot no	Region	Site/ Health Center	Site Contract amount (ETB) Excluding VAT	Total Lot Contract Value (ETB) Excluding VAT
1	1	Amhara	Durbete HC	2,107,470.60	8,398,401.40
2			Kidamaja HC	2,060,344.60	
3			Maynet HC	2,019,184.60	
4			Nefas Mewcha HC	2,211,401.60	
5	2	Oromia	Chanhco HC	2,206,739.55	6,568,026.25
6			Darian HC	2,142,369.15	
7			Fiche Gelila HC	2,218,917.55	
8	3	SNNP & Sidama	Balela HC	2,597,473.18	8,624,080.10
9			Damboya HC	3,161,325.47	
10			Guba HC	2,865,281.45	
11	4	Tigray	Hawelti HC	1,683,615.38	3,108,230.56

12			Hewane HC	1,424,615.18	

Construction. The following are major construction activities performed in the reporting period:

- Lot 1-Amhara Region: The contractor completed the construction of all concrete structure works and partially completed the wall construction in three of the sites. In addition, all the roof steel structure parts for all the four sites have been fabricated in the workshop. The construction work on one of the sites stopped just before completing the select fill work under the foundation due to the rain. The overall project progress reached 30% during Year 4. Among these activities, the foundation for two sites and the remaining superstructure work was executed during Quarter 4 - amounting to 15% of the total project progress.
- Lot 2-Oromia Region: The contractor completed the construction of all concrete structure work and fabrication of the roof steel structure and partially completed the wall construction in two of the sites. The construction work on one of the sites stopped just before completing the select fill work under the foundation due to the rain. The overall project progress reached 30% during Year 4. Among these activities - roof beam concrete work, partial wall masonry, and roof steel structure fabrication work for the two sites was executed during Quarter 4 -amounting to 12% of the total project progress.
- Lot 3-SNNP and Sidama Regions: The contractor has completed the construction of all concrete structure work, fabrication and partial installation of roof steel structures, and partially completed the wall construction in all three sites. In addition, the steel door and windows and wooden door fabrications have been started at the workshop and installation of roof cover has been partially executed. The overall project progress reached 50% during Year 4. Among these activities - concrete work for roof beams, roof steel structure, and wall masonry work was executed during Quarter 4- amounting to 17% of the total project progress.
- Lot 4-Tigray Region: The contractor has completed the construction of all concrete structure work, fabrication, and partial installation of roof steel structures and completed the wall construction in both sites. In addition, cement plastering work has been started in both sites. The overall project progress reached 58% during Year 4. Among these activities - concrete work for roof beams, roof steel structure, wall masonry work, and partial cement plastering was executed during Quarter 4 - amounting to 22% of the total project progress.

During the construction process, USAID Transform: Primary Health Care provided continuous work inspection for all activities by conducting site visits weekly and more as needed based on the actual work at each of the sites. All the tests and important work activities have been inspected before covering up and proceeding to the next level of work. Moreover, all the construction materials and methods for the executed works have been submitted by the contractor; review and approval has been given by USAID Transform: Primary Health Care before supplying and installing the materials. All the quality requirements have been followed per the technical specification and design drawings. In addition, continuous support has been given to the construction contractors to complete the work according to the contract time by receiving, reviewing, and commenting their construction schedules, continuously informing the contractors to follow the schedule, informing them to provide recovery actions for delayed activities, and following preparation of and adherence to a three week look ahead schedule by the contractors.

Table 5. Progress by Lot Number

Lot #	Total Progress	Progress During Quarter 4
Lot 1	30%	15%
Lot 2	30%	12%
Lot 3	50%	17%
Lot 4	58%	22%

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

The HSTPII mission is "to promote the health and wellbeing of the society through providing and regulating a comprehensive package of health services of the highest possible quality in an equitable manner." Fostering the LMG capacity of PHC directors and health workers is an important element to ensure quality and equitable health services in the health system. USAID Transform: Primary Health Care has continued its support to build the LMG capacity in woredas and PHCUs health workers throughout its intervention regions.

During Year 4, USAID Transform: Primary Health Care accomplished the following LMG activities and results:

- Six-day LMG basic trainings were conducted through sub-grant funds for 579 (107 female) health workers from 134 PHCUs in 28 woredas. These teams developed 169 projects in the areas of maternal and child health and health system reform, which has contributed to accomplishing KPIs and ensuring woreda transformation. During Quarter 4, 25 (two female) health workers in nine PHCUs of one woreda were trained in LMG and developed ten leadership projects.
- Integrated with health system reforms and gender themes, LMG orientation was provided to 131 PHC directors and health workers from 60 PHCUs in ten woredas in Tigray during Quarter 4.
- 507 coaching sessions were conducted for LMG projects (125 coaching in Quarter 4). Furthermore, 78 women trained on women-only LMG training were mentored by experts (13 women mentored in Quarter 4).
- Of 716 developed LMG projects, 499 (70%) were closed in Year 4 (114 projects in Quarter 4) and the rest are on the pipeline of accomplishing to end-result.

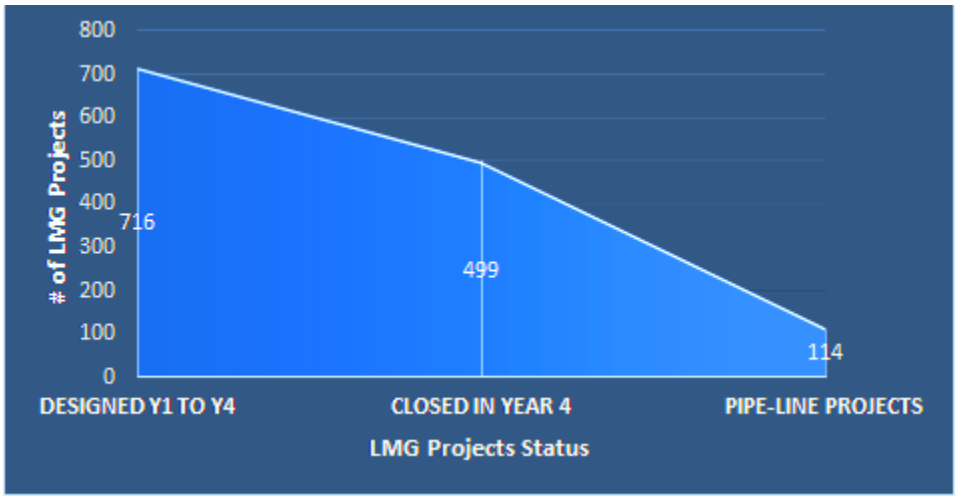


Figure 8. LMG Projects Status

- In Year 4, 193 subsequent/follow-on projects were designed in the PHCU, compared to 26 in Year 3. Among these, 78 subsequent projects were designed in Quarter 4. This was a result of close follow-up conducted by the project, and LMG skill retention and ownership created in the PHCU.

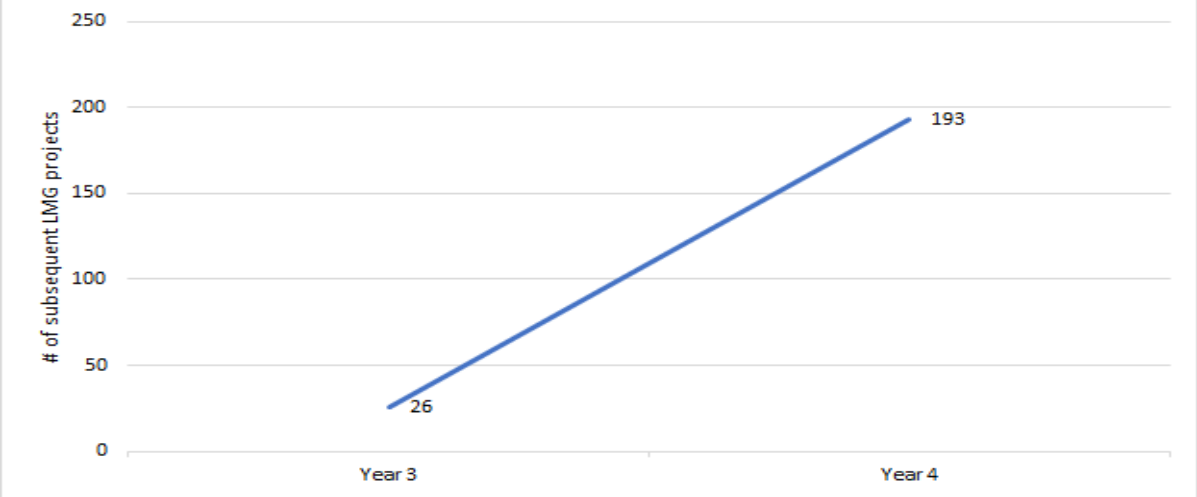


Figure 9. Subsequent/Follow-On LMG Projects

- After the women leadership training conducted by the project (during Year 3), 11 women received leadership promotions in different areas - such as Woreda Team Leader, ZHD Vice Head, PHCU Director, and PHCU Vice Director. The rest are working on their leadership projects which help them to strengthen and improve problem solving, work climate, leadership skills, and resource mobilization. USAID Transform: Primary Health Care has continued to advocate with RHBs to place these women in a leadership/management position. Some of the women's leadership impacts are documented in the following success stories.

Women Leadership Training Helped a Woman with Personal Development and Creating a Responsive Health System in the PHCU: The Case of Densa HC

Soliana Yimer Mengesha is a 28-year-old Pharmacy Technician certified with a diploma. She is working as a store focal person in the pharmacy department of Densa Health Center, located in N/Wollo zone of Amhara Region. In her five years' experience in the HC, she faced many problems from her own side and from the HC side as a system.

As Soliana described, "before the leadership training organized by TPHC, I was shy, socially poor, was not supportive, judgmental, and lacked team-work". These personalities made her to be lagged from giving solutions, put her in externalizing any challenges came to her duties and sometimes rose conflicts b/n her staff. So, these resulted in making her a mid-performer in her BSC performance evaluation (88%).

After the Women Leadership training, "I am completely changing and becoming empowered, confident, committed, decisive, socially supportive, problem solver, enhancing team-work and contributing for the HC success", said Soliana. Immediately returning from the training, she provided a one-day orientation of the leadership training to her colleagues. This helped her to create a supportive and responsive health system in the facility and achieve her six-month project timely by 100% - which was designed to "establish a well-functioning health center governing board from September 2019 to February 2020". This training also made her a high-performer employee by scoring 95.4% and by being certified. Furthermore, as she has established a workplace LMG team, her colleagues also developed subsequent projects in the HC, which will contribute to the PHC transformation.

Soliana Yimer (right) and her recognition certificate (left)

Moreover, currently she is exercising her leadership skills as a delegate HC Director (multiple times); became a leader (Reform, Quality, PMTCT, and CASH committees) and participates as a secretary (management and DTC committees). Soliana was also promoted from Pharmacy Member to P harmacy Head.

Changes Observed. Since start-up, LMG has extended its capacity enhancement through basic training and coaching to 212 woredas (Y1=8, Y2=34, Y3=142 and Y4=28), 653 PHCUs (Y1=70, Y2=200, Y3=249 and Y4=134), and 2,707 health workers (Y1=247, Y2=789, Y3=1092 and Y4=579). Even though Year 4 coverage decreased from Year 3, it is equal to average coverage of Year 1 and Year 2 (see figure below). This may be due to shifting of public health priorities to emergency response amid the COVID-19 pandemic emerging in the middle of Year 4.

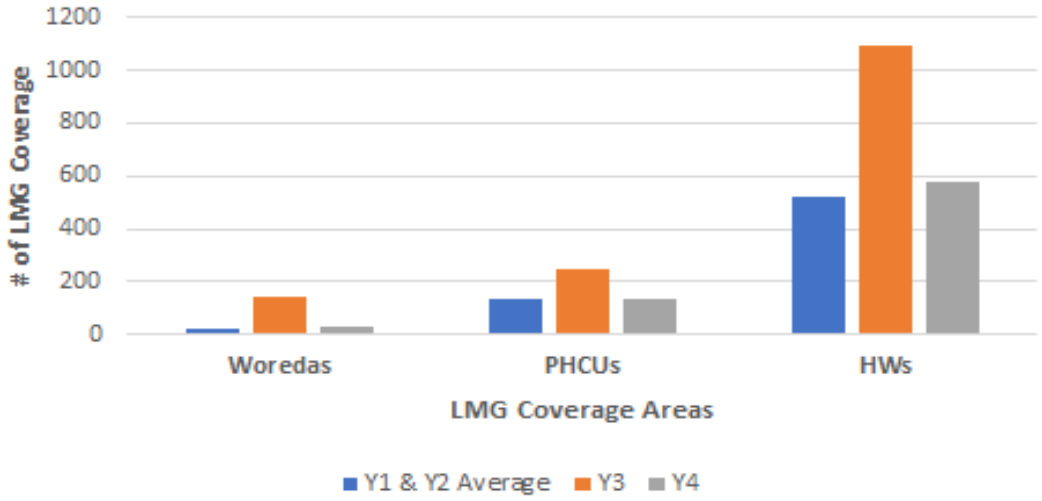


Figure 10. LMG Coverage (Year 1 to Year 4)

As a result of continued LMG coverage, leadership projects designed in the areas of MNCH contributed to improved PHCU status and ensure woreda transformation. LMG skill retention was observed in some facilities and LMG approaches and tools were used to solve facility challenges, improve PHCU work climate, and strengthen teamwork.

LMG Practices Improved the EHSTG Implementation of Adi-Daero Primary Hospital: The Case of Tigray Region

Adi-Daero PHLs is in L/Adiabo Woreda, in the northwest of Tigray Region. It serves 130,122 people directly and/or through referral from three HCs and 19 HPs. Previously the hospital was providing services and were recorded as low standard in implementing the EHSTG, with an average of 34%.

After USAID Transform: Primary Health Care conducted the LMG capacity enhancement training, Adi-Daero Primary Hospital's LMG core team identified their low practice on EHSTG implementation as a challenge and developed their projects using the challenge model. This team has shared their LMG knowledge and skills with their colleagues and built same consensus on the desired measurable result "to increase the EHSTG implementation of Adi-Daero Primary Hospital from the current 34% to 79.5%, within June 2019 to September 2020." While working on this project, a functional quality LMG team was established at the hospital for quality improvement using a continuous EHSTG self-assessment approach. USAID Transform: Primary Health Care and the WorHo provided coaching support and monitored progress. EHSTG chapters were tracked at every quarter and at the end of the LMG project. The primary hospital recorded excellent progress in achieving EHSTG with average of 79.5% implementation.

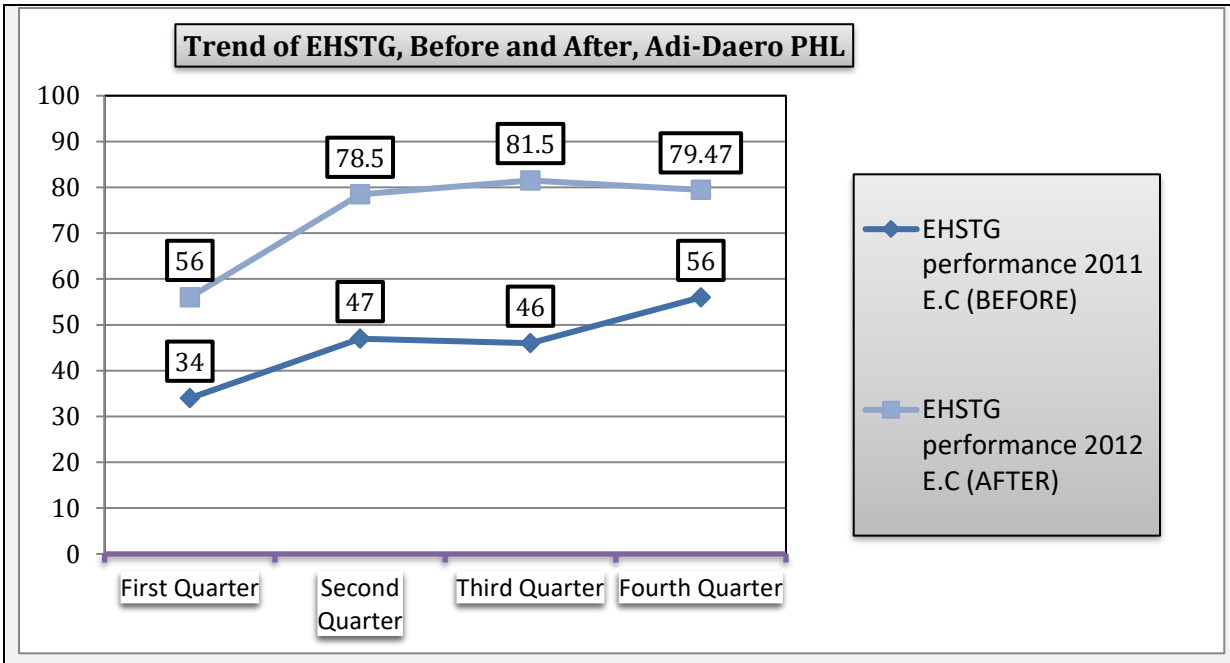


Figure 11. Trend of EHSTG, Adi-Daero PHL

As an impact of LMG training through improving EHSTG standards, MNCH services improved especially through the establishment of NICU facilities, standardized infection prevention practices, and improved management of referral and feedback system.

NICU facility before (integrated with inpatient) (left) and NICU facility after EHSTG improvement (right)

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

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

Family Planning and Reproductive Health

The project provided a package of support to the FP/RH sub-grant activities including technical assistance (TA); skill building in planning and implementation; follow-up to ensure that quality standards are followed for all FP/RH activities; gaps in essential commodities and supplies (such as insertion removal kits and consumables) are filled; and training materials are made available.

Over the course of the year, the project provided TA and support for the following trainings: 33 trainings on Implanon insertion, ten trainings on comprehensive FP, three trainings on PPFP, and one training on level IV HEWs. The project trained 1,099 FP service providers and, as a result, 948 health facilities were staffed with skilled providers. As part of the sub-grant package of support, 426 HPs and 236 HCs and PHs received post-training kits and supplies to initiate services immediately after the training. In addition, TA was provided for six planning and ownership orientation sessions on FP/RH to 142 facility heads, woreda health office heads, and logistic officers. Similarly, TA and support was given to the public sector to establish and conduct regular back-up LARC service support from HCs to HPs by integrating it into the existing health delivery system. In Year 4, 710 HCs conducted back-up visits and provided 51,344 clients with the FP methods of their choice at the community level. 79% were LARC services - of these, 26% were removal including Intrauterine Contraceptive Devices (IUCDs) (see table below).

Table 6. Profile of the Subgrant Activities who Received the Package of Support

Subgrant Activities Support Provided	Sessions	Woredas/ PHCUs	Trained/Participants / Clients	Facilities Benefited from the Support
Capacity Building Trainings				
Implanon basic training and orientation to HEWs	33	36	821	697
Comprehensive FP training for level IV HEWs	1	1	15	15
Comprehensive LARC training for health care providers	10	10	195	175
PPFP training for health care providers	3	2	68	61
Subtotal	**47**	**49**	**1099**	**948**
Planning and ownership orientation on FP/RH	6	6	142	35 HCs, 6 WHOs
Back-up LARC service support from HCs to HPs	2911	710 -PHCUs	51344 clients	3550 HPs

During Quarter 4, TA and support were provided for the following trainings: eight trainings on Implanon insertion and one training on PPFP. In total, 126 FP service providers were trained. As a result, 98 health facilities were staffed with skilled providers. The project provided skill building on how to conduct trainings to eight WorHOs, which improved their capacity to provide standard and quality FP trainings. In Quarter 4, 77 HCs performed back-up LARC service support to HPs and provided 3,948 clients with the FP methods of their choice at the community level. 82% were LARC users. Out of this, 24% were removals, including IUCD. As a result of the support provided to the subgrant FP/RH activities, there were improvements in the overall FP/RH services:

- The public sector conducted FP/RH activities independently
    - 787 HCs conducted back-up LARC services for HPs;
    - 41 HCs conducted on-site Implanon insertion training for HEWs at their workplace;
    - 19 woreda health offices conducted FP/RH trainings and planning exercise sessions.

- Improved FP/RH services (according to the RFUV Quarter 1 and Quarter 4 2019/20 report)
    - All expected FP methods availability increased both at the HCs and HPs from 66% to 68% and 41% to 43%, respectively;
    - LARC-removal services maintained at 88% in the HCs;
    - FP service integration in ART, YFS, and EPI clinics increased from 43% to 48%;
    - The back-up LARC support to HPs have also increased from 26% to 28%.

Support to Essential Health Services

In Year 4, support was given to the public sector to revitalize essential health services, which were affected by the COVID-19 pandemic. To accomplish this task, the project staff participated in the joint integrated supportive supervision (ISS) activity organized by RHBs. The joint team analyzed the regional RMNCH-N reports and identified facilities with less than 50% annual performances for the ISS. The field visits were conducted to 256 HCs, 927 HPs, 87PHs, and 370 HH in 96 woredas. The assessment revealed the following major gaps in the health service delivery system:

- There were health facilities which totally stopped service provision, including FP/RH due to providers' re-assignment to COVID 19 response activities and providers leaving the facilities
- There were health facilities which did not fully provide the health services including FP/RH
- There were facilities which experienced stock outs and shortages of essential supplies for FP/RH services

To address the identified gaps, the project has prepared a package of support activities to revitalize the EHSs, including provision of an adaptation guide for COVID 19 pandemic.

As an Immediate Response:

- Vehicles were assigned to all ISS visits.
- Teams of providers were organized to provide back-up of FP services to rural communities. Because of this, through 963 visits, 28,629 clients in 508 HPs were served with different FP services of their choice;
- Provided two IUCD insertion and two removal kits and consumables to 151 HCs and 208 HPs - worth about 1,411,280 Ethiopian Birr.

As a Long-Term Response:

- 212 HEWs were trained and oriented on Implanon insertion skills. As a result, 208 HPs were able to initiate FP/RH services at the community level, including training of eight clinical care providers in seven HCs on IPPFP.

According to the regions contraceptive acceptance rate data, collected from October 2019 to September 2020, a decreased performance was observed in the months of March and April 2020. This gradually improved the following months after the interventions. In Quarter 4, 175 HCs, 320 HPs in 48 woredas were supported to revitalize the EHSs through 317 back-up LARC support visits and were able to serve about 10,534 clients with different FPRH services of their choice. Similarly training of 122 HEWs on Implanon and four clinical care providers on IPPFP were done. As a result, 98 HPs and two HCs were able to initiate FP services.

These efforts to revitalize the EHSs of the project was possible through the newly estimated package of innovative interventions. These interventions include:

- The integrated back-up LARC service support to HPs from HCs;
- Training of health care providers at the workplace through capacitated public sector providers;
- System established to provide gap-filling supplies to affected facilities and post-training supply provision for trained providers to initiate the FP/RH services immediately after the training.

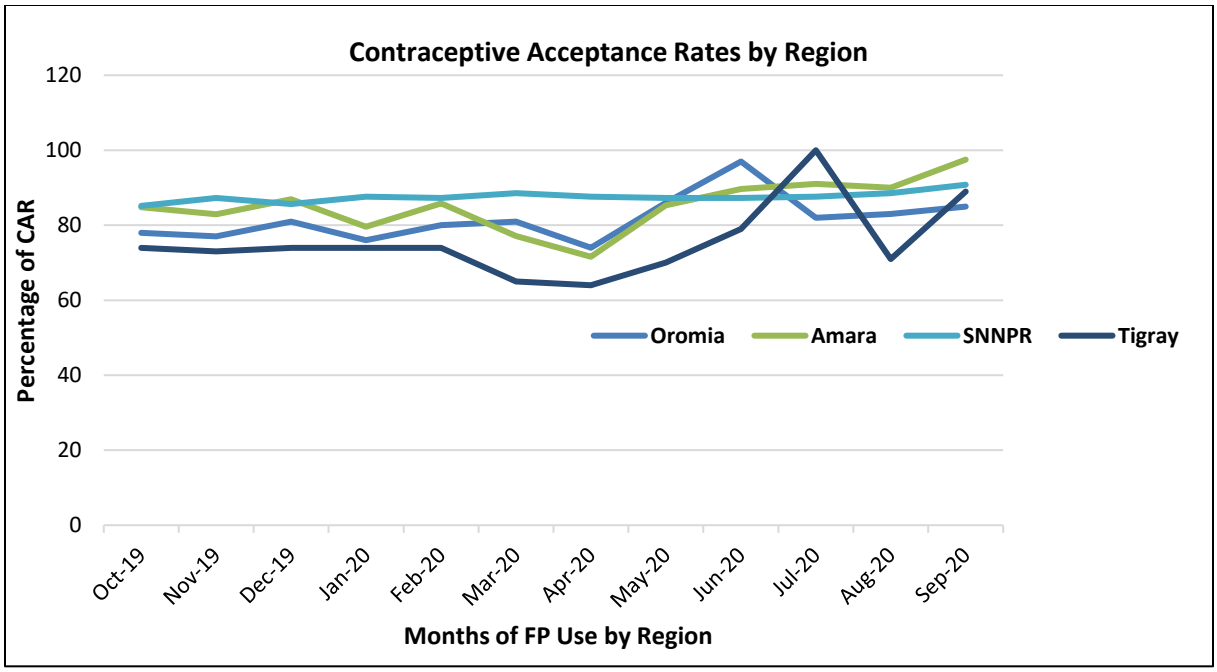


Figure 2. Contraceptive Acceptance Rate Trends by Region

Monitoring and Mentorship Follow-Up of FP/RH. During Year 4, closer support and focused mentorship activities were performed to the flagship programs of the MOH on IPPFP and IUCD insertion by level IV HEWs, including post-abortion FP. At the beginning of this project, the full FP method mix services for IPPFP, comprehensive FP services at the HPs level, and post-abortion FP were not available in any of the public health facilities. As of this year, in 2020, IPPFP is available in 49% (952) of the facilities, post-abortion FP is available in 32% (627) of the facilities, and comprehensive FP services at the HPs level is available in 4% (392) of the HPs with trained level IV HEWs. About 70% (274) level IV of the HEWs have recieved at least one visit of mentorship after the training and imost of the HEWs have had a gap in IUCD insertions where the mentors have demonstrated and revised the proper techniques to insert IUCD, This means that all the 392 of the HPs with trained level IV HEWs have initiated comprehensive FP services at the HPs level. The monitoring service data of the flagship programs show increased access to the full range of FP/RH services - including 3525 (12%) of women receiving IPPFP methods after delivery. Of these women, 75% were able to use all available LARC methods - including IUCD. Similarly, from the 75% (2280) of the women who received PAC services, 40% of them have used different LARC methods of their choice. In addition, at the HPs with trained level-IV HEWs, 51% (13,236) of the clients who received FP services after being counseled have used LARC methods – including LARC removals (see table below). During Quarter 4, mentorship and monitoring follow-up was conducted for IPPFP at 78 HCs and for post-abortion FP services at 70 HCs. The monitoring of service data from the health facilities showed that 9% (765) of women who delivered at the health center received IPPFP. Additionally, 91% of the women used LARC methods, including 6% (46) who used IUCD. Similarly, 62% (500) of the women who received PAC services used an FP method of their choice. Among these women, 78% (391) of them used LARC methods, including IUCD.

Despite the small proportion of IUCD utilization by clients, it was possible to achieve increased access to a full range of FP services, specifically for LARC services. During Year 4, the monitoring results indicate the need to strengthen and improve the awareness of the clients and the service providers to increase the IUCD utilization.

Table 7. Availability of Full Method Mix FP/RH Services, Mentorship, and Monitoring Service Data, 2017 – 2020

Services	# of HFs in the Project Area*			# of HFs Services Available at Present							
Facilities	HCs	PHLs	HP	HCs	PHLs	HP	# HFs visited	# client served with FP	Proportion of		
									LARC	IUCD	LARC removal
Immediate PPFP	1796	167	NA	740 (41%)	118 (71%)	NA	212	3525 (12% of deliveries)	97%	9%	NA
Post-abortion FP	1796	167	NA	534 (30%)	93 (56%)	NA	282	2280 (75% of PAC served)	40%	9%	NA
Comprehensive FP by level IV - HEWs**	NA	NA	9188	NA	NA	392	167	13236 (96% of counseled)	51%	<3%	22%

*None of the facilities had the stated services when the project began

**Training of level IV -HEWS was dependent on the availability of trained HEWs, which was a small number

Maternal Health

Capacity Enhancement Activities. Due to the COVID-19 pandemic, it was not possible to conduct capacity enhancement trainings during the second half of the reporting year and some trainings were conducted during the first two quarters only. The project held a clinical mentors training for 154 trainees; a MPDSR training for 53 trainees; Uterine Balloon Tamponade (UBT) for 20 trainees; a helping mothers survive/helping babies breathe (HMS/HBB) training for 69 trainees; and a task shifting limited obstetric ultrasound training for 17 trainees.

Orientations and trainings conducted using subgrant funds included clinical mentors training of trainers (TOT) for 25 trainees; basic clinical mentoring training for 118 trainees; UBT for 11 trainees, Basic Emergency Obstetric and Newborn care (BEmONC) training for 16 HWs and BEmONC orientation for 70 health managers; Respectful Maternity Care (RMC) training for 624 participants; CRC training for 519 participants; MPDSR training for 334 participants; and an MNH/BEmONC and RH/FP integrated supervision skills training for 339 trainees.

Post HMS/HBB training phone follow-up was conducted for 41 health facilities (including 19 during Quarter 4). This was followed by in-person supportive supervision visits and technical support at 38 HCs (including 19 during Quarter 4). After the task shifting limited obstetric ultrasound trainings, onsite mentoring was conducted twice for HCs of the 17 trainees and all of them were certified.

Orientation on early pregnant women mapping, the PWC guide, referral linkage, and male engagement was conducted for 676 health care providers and HEWs (including 14 during Quarter 4). A sensitization workshop on skilled birth attendance and early ANC initiation was also conducted for 221 attendees.

FUV data show that over the past one year the percentage of woredas where WorHO management team members received BEmONC orientation has increased from 46% to 62%, the percentage of woredas where strategies are put in place to identify pregnant women earlier from the community has increased from 80% to 90% and the percentage of health posts identifying pregnant women early from the community has increased from 76% to 78%.

On-site Support during Follow-Up Visits (FUVs). Other capacity-enhancement and setup improvement activities included TA during general and thematic specific follow up and supportive supervision visits. Both general and thematic specific onsite follow up and supportive supervision visits were conducted (some of them with public sector staff). These were done at two ZHDs, 102 WorHOs, 28 PHLs, 276 HCs, 148 HPs, eight kebeles, and 86 households. Appropriate technical support was provided based on the gaps identified. Phone follow-ups were also conducted on UBT utilization (10 PHLs), CSL utilization (two HFs), limited obstetric ultrasound service utilization (four HCs). Additionally, a midwife forum was conducted to strengthen the quality of ANC, skilled delivery, and postnatal care (PNC) services where 20 midwives took part in this forum.

TA to strengthen MPDSR systems was conducted at 68 WorHOs, 2 PHLs, and 362 HCs (199 during Quarter 4) during FUVs - which was revitalized previously to non-functional MPDSR committees. In Year 4, the percentage of WorHOs with a functional MPDSR team has increased from 69% to 78%. Additionally, HCs which have established case review and audit systems for maternal and newborn death has increased from 49% to 60%.

533 HCs received TA during FUVs to strengthen implementation of BEmONC signal functions - including 341 HCs receiving TA during Quarter 4. 39 HCs received TA on storage of essential supplies and drugs, stock management, and supply forecasting to ensure the availability of well-functioning supply chain management systems in HFs. This was integrated into RFUVs.

MNH-specific supportive supervision visits were conducted at 12 WorHOs (all during Quarter 4); 51 PHLs (26 during Quarter 4); 134 HCs (112 during Quarter 4); and 95 HPs (all during Quarter 4). The aim of these supportive supervision visits was to strengthen CBCM, CSLs utilization, BEmONC, CEmONC, NBC, and NICUs. Major gaps identified were the absence or substandard quality of MWHs; inappropriate location and arrangement of service delivery units (e.g. NICU far from labor, delivery, and operation rooms); shortage of the necessary medical equipment and other supplies; high CB CM mentor and mentee turnover; transportation problems during CB CM; substandard services delivery (e.g. iron and folic acid/IFA supplementation and deworming during ANC contacts); and absence of logbooks (e.g. MWH). Based on the identified gaps, TA was provided on IFA supplementation and deworming during ANC, instrument processing and other IP practices, newborn resuscitation, correct and consistent use of the partograph and safe childbirth checklist, documentation, and rearrangement of service delivery setups.

CEmONC strengthening through TA was conducted at 56 PHLs during Year 4 - including 13 during Quarter 4. In year 4, the percentage of HCs providing all BEmONC signal functions increased from 69% to 81%; HCs providing women friendly delivery services increased from 84% to 93%; HCs having all the required laboratory investigations for ANC increased from 56% to 69%; HCs having all essential obstetrics drugs in delivery room increased from 53% to 65%; percentage of ANC clients tested for syphilis at HCs increased from 68% to 83%; percentage of deliveries where partograph is correctly used at HCs increased from 73% to 74%; the percentage of PHLs providing all BEmONC signal functions increased from 96% to 100%; ANC clients tested for syphilis at PHLs increased from 95% to 98%; deliveries where a partograph was correctly used at PHLs increased from 81% to 93%; and deliveries where Uterotonics were received in the third stage of labor or immediately after birth at PHLs increased from 85% to 97%.

Strengthening Early Identification of Pregnant Women and PWC. USAID Transform: Primary Health Care works to strengthen early identification of pregnant women in communities, supports orientation and community sensitization meetings, and provides technical support and orientation for HWs and HEWs to improve MNH service uptake. During Year 4, a midwives' fora were conducted with 119 participating midwives to strengthen the quality of ANC and skilled delivery. Early ANC, essential ANC services, and 24 hours PNC stays were the major gaps identified that need to be strengthened. The project held 81 sessions of PWCs at HCs and HPs. PWCs are conducted monthly by HEWs at a convenient place in kebeles/HPs with support from midwives and the conference focuses on four areas: pregnancy, labor and delivery, birth preparedness and PNC, and newborn care. Each session lasts 60-90 minutes. A pregnant woman is expected to attend at least four sessions and no more than 30 mothers attend a session at a time. Additional interventions including PWCs were conducted in 17 HPs using subgrant funds. These interventions included an orientation on early identification of pregnant women with referral linkages for 133 pregnant women; an orientation on early mapping of pregnant women and PWC facilitation guide for 37 pregnant women; orientation on early sign and symptoms of pregnancy and linkage to HFs for timely initiation of ANC for 200 women during four HP open house events.

Further interventions included integrating family planning back-up support into PWCs at 67 HPs - which led to 184 pregnant women taking part and all of them being tested for Human Immunodeficiency Virus (HIV). Furthermore, TA to strengthen early identification of pregnant mothers and PWC was provided to 346 HCs (including 134 during Quarter 4) and 545 HPs (233 during Quarter 4). The TA included: orientation on strategies to strengthen early mapping of pregnant women; involvement of HDA to link to HFs for timely initiation of antenatal care (ANC) services; distribution of PWC facilitation guide and orientation of midwives on the guide; discussion on early identification and registration of pregnant women at catchment health facilities; and use of facility data for action in linking mothers to HFs for further care and services. Seven WorHO staff were oriented on how to analyze and monitor their ANC data to improve early identification and enrollment of pregnant mothers to the services and referral of those who need it.

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. In Year 4, the percentage of HPs identifying pregnant women early from the community increased from 76% to 78%; the percentage of HPs which have established referral system between HPs

and HC for pregnant women for ANC increased from 60% to 65%; and the percentage of HPs providing PNC services as per the standard increased from 58% to 63%.

Post CBCM Changes at Ilala, HC

Catchment-Based Clinical Mentoring (CBCM). With both financial support and TA from the project, the national CBCM implementation guide and training packages were developed, approved, and adopted by MoH and are now being utilized nationally. During Year 4, 47 mentees from 25 HCs completed a six-month long CBCM and graduated (including 16 during Quarter 4). Additionally, one CBCM review meeting was conducted and CBCM follow-up visits were also conducted. Using subgrant funds, 617 mentees at 233 HCs were mentored and a CBCM review meeting was conducted during Year 4.

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.

Maternity Waiting Homes (MWH). Utilization of MWHs is one of the strategies used to increase institutional delivery and hence skilled birth attendance. Equipping MWHs per the national standards and technical support to improve their utilization is one of the interventions implemented by the project. During Year 4, 67 HCs were equipped with necessary MWH materials, 305 HCs were supported technically,

and national MWH registration logbooks printed and distributed to 1,400 HCs. Additionally, 26,034 pregnant mothers were admitted to MWHs during Year 4 and 22,651 (87%) of them gave birth within the same HF. 3383 (13%) were either referred to the next level for better care (major reasons for referral included prolonged labor, breech presentation, transverse lie, twin pregnancy, and cord prolapse) or were still in the MWH during reporting. 14455 postpartum mothers received early PNC services in those MWHs before discharge from the health facility. Using subgrant funds, 91 MWHs were strengthened by providing materials such as mattresses, blankets, bed sheets, pillows, TVs, and 32 GB USB flash disks.

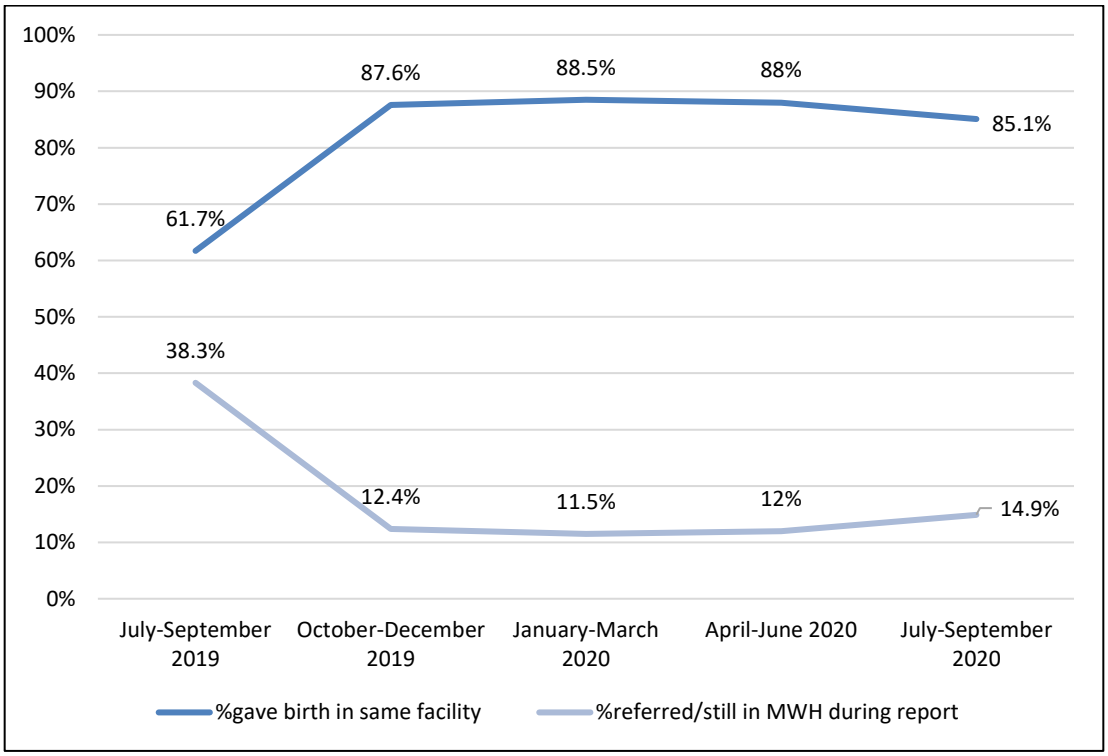


Figure 13. Trend of MWH Admission Outcomes at Project HCs, July 2019 - September 2020

Solar Suitcase. The 100 installed solar suitcases are functional and enabling the HFs to provide services seven days a week and 24 hours a day.

Medical Equipment Maintenance and Job Aids Distribution. MNH job aids for Tranexamic acid administration; postpartum hemorrhage (PPH); PTB; low birth weight (LBW); ANC, SD, PNC, prevention of mother-to-child transmission monitoring charts; PWC facilitation guides; FHG; and maternal and newborn danger sign posters were distributed to HFs. 31 oxygen concentrators, 22 refrigerators (six with solar preventive maintenance), 13 infant radiant warmers, 13 infant incubators, six phototherapy machines, eight OR examination lights, seven room heaters, six autoclaves, four anesthesia machines, 11 suction machines, four centrifuge machines, two BP apparatus, one microscope, one ultrasound machine, two patient monitors, three infusion pumps, two stabilizers, three OR tables, and two weight scales were repaired during NICU mentoring. In addition to these, lots of faulty medical equipment were identified and information was shared with the responsible bodies.

Newborn Health

Strengthening Newborn Corners (NBCs). All newborns are expected to receive essential newborn care (ENC) services immediately after birth in order to survive, as well as additional services like resuscitation when necessary. HFs need to have NBCs with all the necessary equipment, drugs and other supplies to provide ENC services. USAID Transform: Primary Health Care has been strengthening ENC services through technical support, maintenance of non-functional equipment and gap filling supply of some materials. During Year 4, 760 HCs were supported to strengthen ENC services provision by strengthening their NBCs (with 341 supported during Quarter 4). Most of the visited HCs were providing ENC services, but some have no newborn resuscitation tables and lack essential drugs at the delivery room for ENC service. The TA provided to address the identified gaps included orientation on supply management to timely request ENC supplies and drugs, guidance to prepare appropriate tables for newborn resuscitation, orientation on data management and use of ENC activities, and orientation on components of ENC plus newborn resuscitation. In Year 4, the percentage of newborns with neonatal sepsis receiving prereferral treatment at the HP increased from 49% to 67%; the percentage of HCs with NBCs increased from 64% to 77%; and the percentage of deliveries who received newborn care increased from 75% to 83% at HC and from 88% to 97% at PHLs.

Strengthening Neonatal Intensive Care Units (NICUs). As part of strengthening NICUs and their kangaroo mother care units (KMC), 34 clinical nurses and 21 general practitioner physicians were trained during Year 4. These professionals are expected to strengthen existing NICUs or set up new ones in their respective PHLs. Post-training NICU equipment such as resuscitation kits containing an ambubag with different size face masks, bulb suctions, and oxygen tubes were provided to the 11 PHLs by Jimma University Medical Center (JUMC). Based on gaps identified during follow-up visits, TA was provided to 78 NICUs to strengthen the services provided. A NICU in Dedo PHL has started to provide services during Year 4 after NICU nurses were trained through support from the project. During Year 4, 15,992 sick newborns were admitted to NICUs of project-supported PHLs (4,831 admitted during Quarter 4). 12,282 (76.8%) of these newborns improved and were discharged. 1058 (6.6%) died and 1885 (11.8%) were referred to next level of care. The remaining either left against medical advice or were still on treatment at the time of data collection.

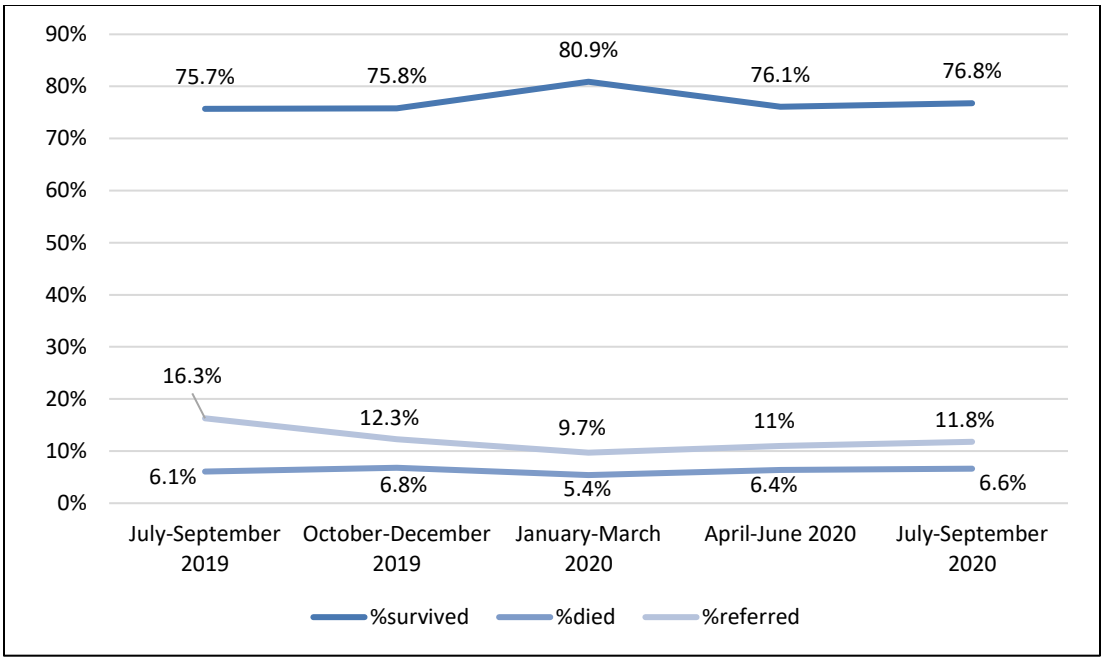


Figure 14. Trend of NICU Admission Outcomes at Project PHLs, July 2019 - September 2020

MNH Team Contribution at the Policy/MoH Level. MNH team members have contributed at the policy and MoH level by taking part in different TWGs including Safe Motherhood (SMH), MPDSR, and MCH-Logistics, as well as task forces. The following major activities were carried out during the reporting year:

- Contributions were made during development of HSTP-II that were focused mainly on the maternal health section. This described the project's scale-up of task shifting endeavors on "limited obstetric ultrasound" by mid-level providers at HCs.
- The team is also working as a member of the national RMNCAH-N research advisory council (RAC) with a focus on maternal health.
- A safe motherhood (SMH) month celebration high-level advocacy meeting was organized with the MoH on January 10, 2020, with high level delegates of federal and regional governments and partner organizations in attendance. The project's overview was displayed on exhibition during the advocacy session and an interview was conducted with South TV on the maternal health interventions of the project.
- MWH registration logbooks of Afan Oromo, Amharic and Tigrigna versions were finalized, printed, and distributed to MWHs.
- Assessed the "Readiness of Primary Hospitals to Provide Neonatal Intensive Care Services in Ethiopia." A manuscript is being processed for publication in a peer reviewed journal. Based on gaps identified some NICU medical equipment are being procured and discussions are being made with relevant bodies at RHBs to develop action plans.
- Assessed the "Factors Associated with Defaulting from Antenatal Care Services in Ethiopia: A Qualitative Study" and are currently writing up the findings.
- Assessed "Readiness of Health facilities to Provide the Basic ANC Laboratory Tests and Client Satisfaction on the Service" and are currently writing up the findings.
- Working as a member of the core technical team to develop national ANC guideline.

- Worked as a core technical team member in the revision of "National Obstetrics Management Protocol of Hospitals 2010 Edition."
- Developed a national protocol for administration of tranexamic acid (TXA) for treatment of PPH. This was approved by MoH and 5000 copies were printed and distributed by the Activity.
- Technically supporting MoH in the development of SRH strategy 2021-2025.

Obstetric Fistula and Pelvic Organ Prolapse (POP)

USAID Transform: Primary Health Care has embarked on the national agenda to the "Elimination of Obstetric Fistula in Ethiopia" by the FMOH to integrate and provide OF activities with other RMNACH-N interventions. The project has been supporting the implementation and operationalization of the National Action Plan for the Elimination of Obstetric Fistula in all its operational areas. USAID Transform: Primary Health Care has relied on the "two-prong approach" of the FMOH for its interventions. The overarching principle of the "two-prong approach" is the prevention of new cases of fistula through RMNACHN interventions, while treating all prevailing fistula survivors through the continuum of care approach. The project, in consequent, executed several major activities as per the plan during Year 4/Quarter 4 of the project. Major achievements during Year 4 include:

Support for Survivors of Fistula and POP- the Continuum of Care. The project has identified a total of 400 new suspected fistula survivors during Year 4 – including 46 which were identified during Quarter 4. Among these, the project has further supported the diagnosis of 370 cases of fistula - of which 40 were diagnosed during Quarter 4. The project was also able to sponsor the referral for treatment of 352 (including 39 in Quarter 4) diagnosed survivors of fistula. Of those referred for treatment, 309 cases received treatment (including 33 treated in Quarter 4). Out of the 309 cases treated, 111 mothers were rehabilitated – including 12 in Quarter 4. This was done through our partnership with the Healing Hands of Joy (HHoJ) and took place all in SNNPR. Furthermore, the project has supported the identification and confirmation of 311 mothers with advanced Pelvic Organ Prolapse (POP). The project sponsored the referral of 272 of these mothers for treatment. 236 of these women were referred and were reported to have received treatment - all in the first three quarters of Year 4. The trend in performance in OF and POP has tremendously declined in Quarters 3 and 4 because of the COVID-19 pandemic movement restrictions and the prioritization of other essential health services by the public health system emanating from the national COVID-19 adaptation strategy. To compensate for the decline, the project has already planned to improve support to survivors through strengthened partnership, networking and collaboration with key partners at all levels in Year 5.

Clinical Skill Training for Mid-level Providers. Despite efforts from the project and key partners in "task-sharing" for OF, the randomized FUVs and the Monitoring Evaluation and Learning (MEL) survey on OF and POP across the four regions displayed an inadequate availability of trained providers per facility in the major regions. The objective of the training is partly to strengthen the "task-sharing" efforts of the government in the clinical diagnosis and pre-referral care for survivors of Fistula. These findings were used to plan and undertake three more sessions of clinical skill training for OF under the project in Year 4. However, during Year 4, only two sessions of clinical skill-based training on the identification, diagnosis,

and referral of 'OF' & POP cases for mid-level HWs were organized in Amhara and Oromia regions. The training in Amhara was provided for 20 mid-level (seven female) health workers and capacitated 18 facilities during Quarter 4. Although this low achievement is primarily due to the COVID-19 pandemic, it is also due to some security concerns in some of the regions.

Table 8. Year 4 Fistula and POP Performance by Indicators and by Quarter

OF/POP Cases Identification, Referral and Treatment					
OF & POP Indicators	**Oct-Dec 2019**	**Jan-Mar 2019**	**Apr- Jun 2020**	**Quarter 4 (July-Sep 2020)**	**Year 4 Total**
Number of Identified suspected fistula cases	**135**	**159**	**60**	**46**	**400**
Number of confirmed Fistula cases	**119**	**154**	**57**	**40**	**370 (92.5%)**
Number of fistula cases referred for treatment	**103**	**153**	**57**	**39**	**352 (95%)**
Number of fistula case treated	**91**	**134**	**51**	**33**	**309 (88%)**
Number of fistula case rehabilitated	**0**	**99**	**0**	**12**	**111**
Number of identified POP cases	**142**	**104**	**65**	**0**	**311**
Number of POP cases diagnosed	**142**	**104**	**65**	**0**	**311**
Number of P0P cases referred for treatment	**103**	**104**	**65**	**0**	**272**
Number of POP cases treated	**80**	**99**	**57**	**0**	**236**

Child Health and Development

USAID Transform: Primary Health Care works to strengthen the quality of child health services through targeted training and technical assistance. Through a combination of trainings, supportive supervision, performance review meetings, and mentoring, the project plans to reach targets outlined in the sustainable development goals and to successfully transform successful woredas.

Most capacity enhancement activities were conducted by cost sharing in cooperation with RHBs included grant budgets. Trainings were conducted onsite at both the woreda and PHCU levels, which helps to build sustainability and ownership by the public sector. Facilitators and supervisors were from their own facilities, which helped to build their skills during provision of services. All the activities were implemented in cooperation with MOH, RHBs at all levels, WHO, UNICEF, PATH, Save the children, and EPS, and USAID Transform: Primary Health Care shared and disseminated standard training materials, supervision checklists, and new approaches. In Year 4, the project improved the quality of IMNCI and ICMNCI services provided by trained health workers and health extension workers. Specifically, improvements focused on correct classification and treatment, which in turn will decrease child morbidity and mortality. Additionally, HCs and HPs utilized functional ORT corners to help treat dehydration and promote hydration treatment at home.

Due to the COVID-19 pandemic, the main activity conducted during the second half of the year was supportive supervision. In order to decrease the number of social gatherings by 50%, the project supported fewer trainings and review meetings. The trainings and review meetings that were conducted, however, occurred onsite and included a minimal number of trainees and facilitators. Similar to many services, the availability of child health services decreased due to facility closures and reduced health staff at the beginning of the pandemic. The utilization of these services is now on the rise and particular emphasis has been placed on community-based prevention services.

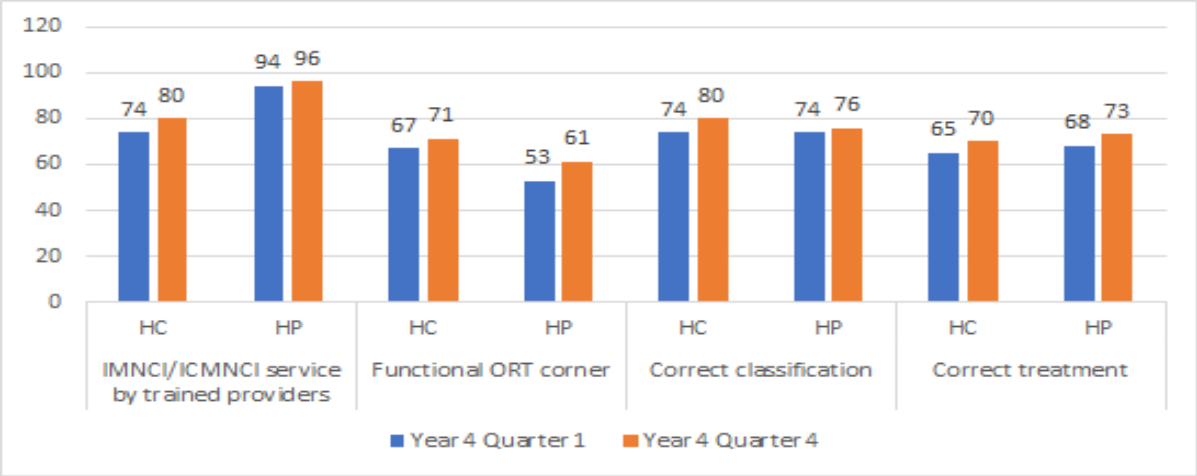


Figure 15. Percentage of HCs and HPs Showing Improved Quality of Service

After conducting master and regional trainings in Year 3, counseling and key message cards organized by FMOH were translated to Afan Oromo and Tigrigna by project regional staff in Year 4. ECD onsite learning trainings were conducted in Amhara and SNNP regions (one woreda/region).

Of the 915 parents counseled in ECD over two months in Amhara region, 70% of the parents were counseled in HCs. Findings in 28 selected households showed that many parents practiced early stimulation and responsive care, but that only one quarter of them have two or more toys or books at home. Additionally, findings displayed that 4% of children aged 0-59 months were left alone or in the care of children less than 10 years old., Lastly, one out of every three children experienced physical punishment or psychological aggression such as shouting. These findings clearly display the focal areas for parental counseling and training (see figure below).

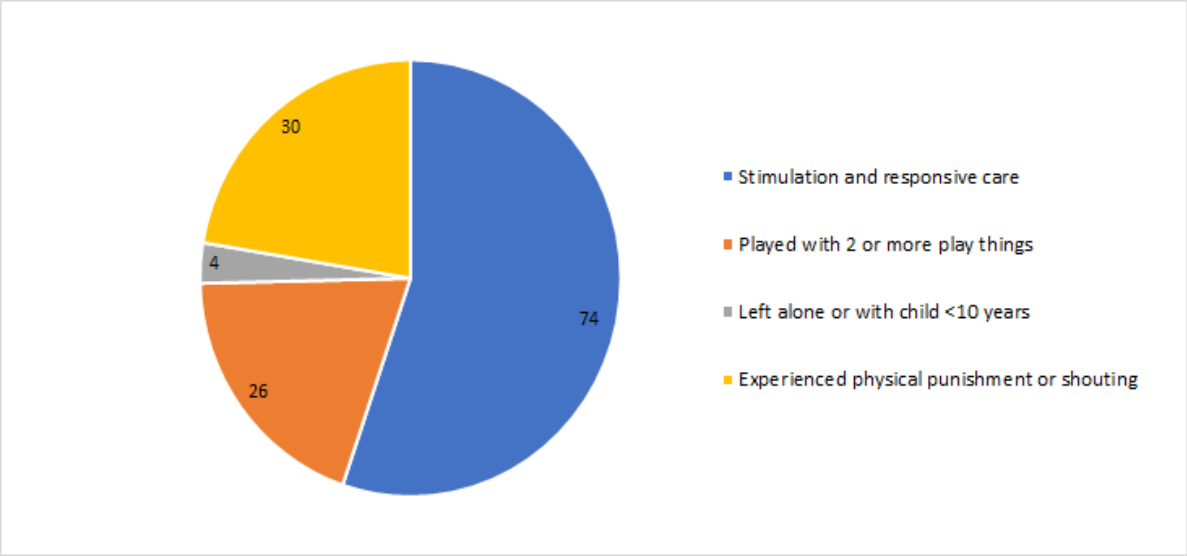


Figure 16. Findings of HH Visit after ECD Counseling

Capacity Building to CHD. USAID Transform: Primary Health Care enhanced the skills and capacity of HWs and HEWs through onsite trainings, supervision, and review meetings. All activities were conducted in cooperation with FMOH/RHB at all levels, and many activities included cost sharing, occurred onsite, or used grant funds, which helped to improve the sustainability and public sector ownership of the program. The public sector selected the facilitators and training venue for each activity. New initiatives including onsite IMNCI, ICMNCI integration with EPI, and ECD counseling in learning woredas continued this year. Regular partners meetings were conducted in collaboration with MOH in all four regions and these meetings focused on activity reviews and program coordination in order to mitigate duplication of efforts. The project also participated in TWG meetings led by MOH and attended by other implementing partners including Save the children, PATH, and UN agencies such as WHO and UNICEF. TWG meetings addressed the standardization and revision of training materials and supervision practices. Additionally, the project participated in the ECD/ RAC (Research Advisory Council) led by MOH, collaborated with partner organizations, and produced a research paper on ECD monitoring.

Expanded Program on Immunization

Capacity Enhancement. During the reporting period, different trainings were organized both onsite and offsite. A majority of these trainings used subgrant fund and some of the trainings included cost share with the public sector. The trainings provided were Immunization in Practice (IIP) for 357 HWs; Effective Vaccine Management (EVM) for 182 HWs (including 20 HWs in Quarter 4); Integrated Refresher Training (IRT)/EPI for 852 HEWs; RED/REC for 114 HWs; Community Based Surveillance for 108 HWs and HEWs; Measles case management for 107 HWs; and EPI microplanning for 78 HWs.

Trainings, review meetings and onsite mentoring and coaching were among the major strategies of capacity building. During the COVID-19 pandemic that has lasted throughout the last two quarters, more focus has been placed on mentoring and coaching through integrated and thematic follow-up visits. These

capacity building activities have brought different improvements within the HFs. Comparing indicators from Year 4 Quarter 4 with indicators from Year 3 Quarter 4, there has been improvement in the availability of functional refrigerator at all levels; penta 1 to 3 dropout rate at all levels; the use of updated monitoring chart at all levels; daily immunization service at the HC and HP levels; and defaulter tracking mechanism at all levels. However, indicators like the use of updated monitoring charts at all levels and daily immunization services at the HC and HP levels displayed a slight decline during the last two quarters after increasing steadily through Year 4 Quarter 2. This is most likely due to a decrease in Human resource capacity and supportive supervision as a result of the COVID-19 pandemic. Some of the HFs were also re-purposed to provide only COVID-19 related services. The project considered the risk of decline in Essential Health Services (EHSs) and initiated COVID support and strengthened onsite support to ensure continuation of EHSs as per MoH implementation guides. According to FUV data, EPI providers deliver services as per the recommendations in 96% of PHLs and 95% of HCs. Based on MoH administrative data, all the four regions have shown a decline pattern in penta 1, penta 3, MCV 1 and fully immunization coverages during the periods Jan to March/2020 which might be related to community and HWs panic to COVID-19. However, after collaborative efforts of MoH and partners to maintain EHSs, all regions have shown improvement and the coverage during April to June/2020 was even better than similar quarter of the previous year.

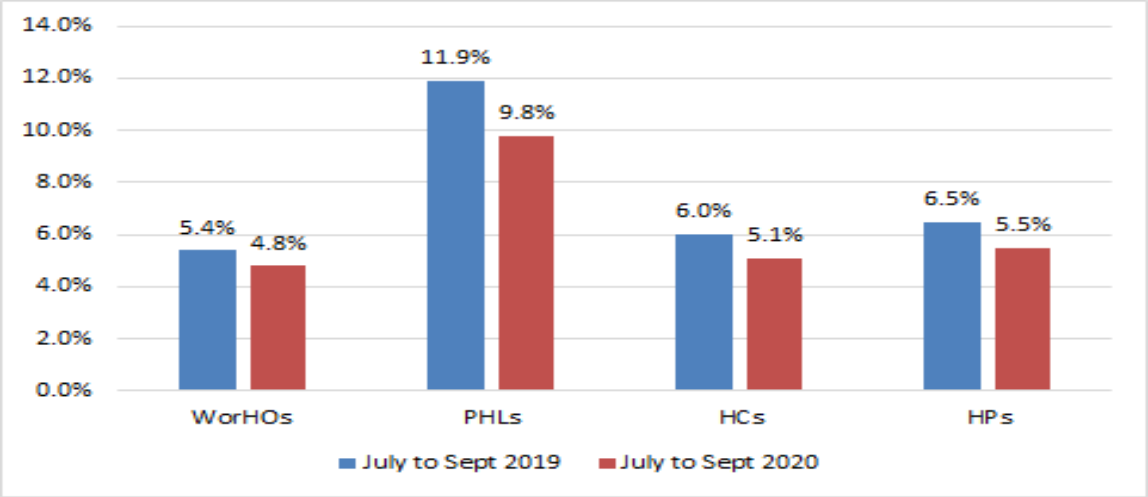


Figure 17. Trend in Penta 1 to 3 Dropout Rate

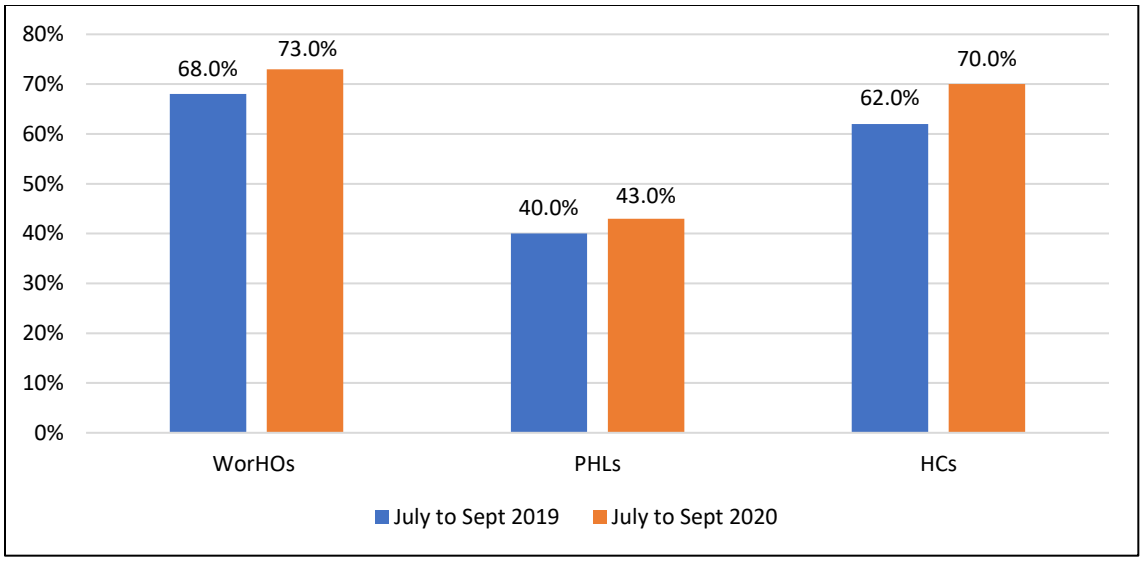


Figure 18. Trend in Possessing Updated EPI Monitoring Chart

Strengthening the Implementation of Reaching Every District/Child (RED/REC) Strategy. The RED/REC approach enables woredas and HFs to prioritize areas with poor access and utilization of immunization services, while districts and HFs are encouraged to make microplans 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). USAID Transform: Primary Health Care has been supporting the public health system to use the RED/C database to improve EPI data quality and monitoring. In Year 4, 56.4% of woredas and 39% of HCs were using the RED categorization database to monitor EPI performance and provide feedback to their respective lower levels. The previous year, 51% of woredas and 32% of HCs were using the data base. All regions have shown an improvement.

IIP Trainee Improved Immunization Performance by Employing RED/C Categorization Database at Tirkan PHCU

Mitselal is a clinical nurse at Tirkan HC, Tigray. She was trained on IIP by the project a year before. In addition to the training she got the opportunity of orientation on RED categorization data base tool by the project staffs. She became interested in the tool and started to use. The tool helped her to enter data, categorize and prioritize HPs and identify root causes of poor access and utilization in the PHCU.

At the beginning two of the HPs and the PHCU fall under category 1 but the other two HPs were category 2 and 3. Based on the root cause analysis the major problems identified were poor defaulter tracing and inadequate counseling. She supported defaulter tracing mechanism by maintaining registers to record all vaccinated children and support proper utilization of tickler box, in which each individual child card will be kept in the appropriate month when the next vaccination is due. She also supports HEWs to improve counseling skills including praising and encouraging mothers or caretakers for bringing their children for immunizations; using terms they can understand; listen and respond to concerns and misconceptions about immunizations and properly address adverse events following immunizations (AEFI).

She became encouraged to provide periodic supportive supervision and feedback on a monthly basis to HPs and to discuss during monthly meetings. After a year (by the end of June 2020), the overall classification of the PHCU and all HPs become category 1, with all HPs achieved more than 100 percent penta-3 coverage.

Mitselal, said *"prior to starting utilization of RED Categorization data base, immunization data was poorly handled*

Improving Vaccine Supply, Safety, and Regulation. USAID Transform: Primary Health Care has been supporting the public health system on supply chain management, logistics, and cold chain management. The project is actively engaged with Ethiopia Pharmaceutical Supply Agency (EPSA) hubs to enhance the supply chain system and maintain faulty fridges at WorHOs and HFs. During Year 4, more than 533 different models of refrigerators and 283 different items of medical equipment were maintained and assembled by project drivers and trained public sector staff. An estimated cost of 1.6 million ETB was saved by the public health sector by using this approach rather than relying on local maintenance. Within Quarter 4, 170 different models of refrigerators and 176 items of medical equipment underwent maintenance. To sustain maintenance work, onsite orientation on preventive maintenance and medical equipment handling was provided for more than 220 HWs (151 HWs in Quarter 4) by project staff. Gap filling maintenance toolkits were procured and distributed to project drivers.

Project Staff at Equipment Maintenance and Orientation Session, Amhara (left) and SNNP(right), August 2020

Integrated Periodic Outreach Services (IPOS). IPOS is a regular and periodic intervention, designed to access hard-to-reach areas to improve community access to services. USAID Transform: Primary Health Care has been implementing IPOS in hard-to-reach areas of SNNP, Oromia, and Amhara in collaboration with woredas and HFs. This is being done with the aim of improving accessibility of immunization services for all children regardless of where they are born, who they are, or where they live. In Year 4, 69,231 (1533 in Quarter 4) children received vaccination services; 15,920 (175 in Quarter 4) pregnant women received ANC services; 7,192 women received TT vaccines; 8,808 (132 in Quarter 4) women received family planning services (with 40 referrals for LARC); 38,323 (608 in Quarter 4) children received vitamin A; 28,225 (547 in Quarter 4) were dewormed; 2326 (72 in Quarter 4) children were treated for diarrhea; and 1,717 (70 in Quarter 4) children were treated for pneumonia at 18 woredas within Amhara, Oromia and SNNP. Although there are difficulties in terms of geographical terrain and fragile security situations in these areas, the provision of a wide range of services improved the performance of the woredas.

Table 9. Outcome of IPOS on MCH performance in Surma Woreda

Type of Service	6-Month Performance Before IPOS		6-Month Performance After IPOS	
	No	%	No	%
ANC 1	453	78	528	91
Penta-1	313	59	420	78
Penta-3	181	34	267	50
Measles 1	152	29	213	40
Vit-A Supplementation	2,565	55	3,472	74
<5 yrs screened for Malnutrition	3,097	59	3,286	63
<5 yrs treated for Pneumonia	213	30	234	33

< 5 yrs treated for Diarrhea	260	61	302	71

Surveillance and Emergency Preparedness, Response and Recovery. USAID Transform: Primary Health Care has been supporting the health system at all levels to strengthen epidemic preparedness, response, and recovery at different levels to save lives and minimize adverse health effects with specific attention to vulnerable and marginalized populations. Following the outbreaks of measles in SNNP, Amhara, Oromia and Tigray and pertussis in Amhara, technical, financial and logistic support was provided to the affected districts, zones, and regions. After the occurrence of cVDPV2 outbreaks in Oromia and SNNP, technical and logistic support was provided during all rounds of mOPV2 campaigns in both regions.

Supplementary Immunization Activities (SIA). Nationwide measles Supplementary Immunization Activities (SIAs) were successfully conducted in July 2020. Project teams played vital roles at all levels throughout the whole process including but not limited to microplanning, readiness assessment, training material preparation, cascading of training, supervision, staff and logistic transport, community mobilization using project mobile vans, and cold chain maintenance. 57 project vehicles and 35 program staff of the project supported the SIAs in the regions.

Adolescent and Youth Health Development

Scale Up of Youth-Friendly Health Service (YFS). USAID Transform: Primary Health Care implements youth-friendly health services by employing an evidence-based one-stop shopping approach, with meaningfully engaged adolescents and youth. The YFS ensures access to quality, age-appropriate, and comprehensive health information, including counseling and health services to adolescents and youth.

During Year 4, 100 additional health facilities integrated Youth Friendly Services, which increased the total number of YFS facilities to 403 (Amhara=136; Oromia=95; SNNP=111 and Tigray=61) that are supported by the project. Of these new YFS facilities, 80 YFS facilities were established by the public sector through subgrant funds. The integration of YFS includes furnishing and equipping the facilities, capacity enhancement of health care providers through training and coaching , and peer educators through budget and woreda subgrant funds. The new YFS facilities started functioning with the necessary job aids SBCC materials and technical support using the AYH checklist by program staff. Of the 100 YFS facilities established during Year 4, 20 of the YFS facilities started functioning during Quarter 4.

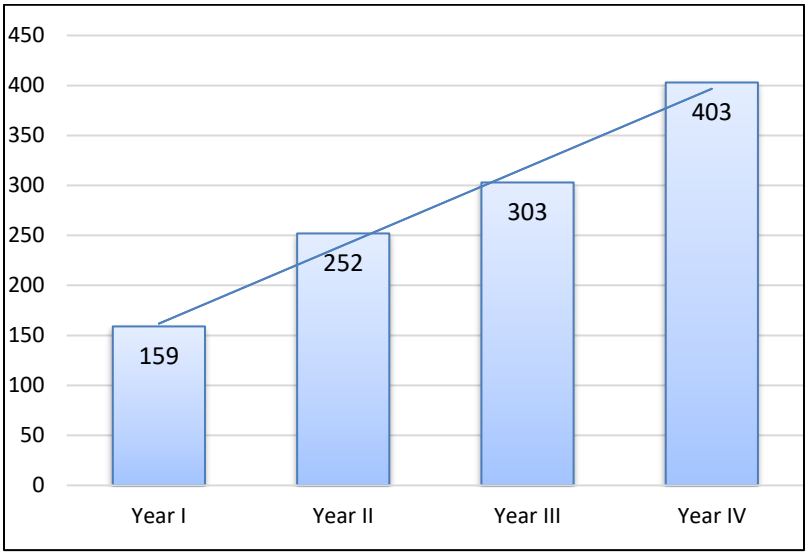


Figure 19. Trends of Annual Expansion of YFS, Sept. 2020

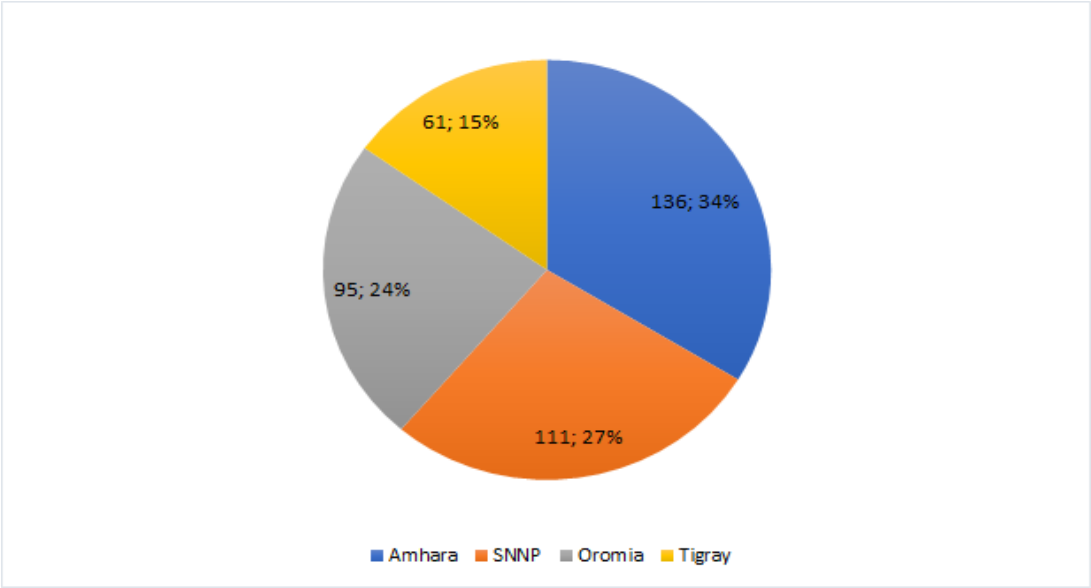


Figure 20. Number of YFS in Each Region, Sept. 2020

To ensure the quality and sustainability of the YFS service, the project implemented on job skill transfer through technical support and capacity enhancement training for health care providers, integrating LARCs, management of peer educator's engagement, and availed essential commodities in collaboration with local level staffs.

Youth-Friendly Health Information and Service Uptake: During Year Four, adolescents and youth were able to access age-tailored health and developmental counseling, information, and health services through the 403 YFS facilities established in project target regions. 3,340,858 contacts made by adolescents and youth and received counseling and information – including 1,659,685 (50%) females. In addition, 1,411,944

visits made by adolescent and youth clients and received various health services - including 857,923 (55%) females. In Quarter Four, 694,048 contacts made by adolescent and youth and received quality information and counseling services - including 379,615 (55%) females. Also, 354,965 visits made by adolescents and youth and received youth-friendly health services - including 182,172 (51%) females.

Uptake of Modern Contraceptives Among Adolescents and Youth. Improving access to modern contraceptive services determine the burden of adolescent pregnancies and unwanted pregnancies. Adolescent pregnancy has a profound effect on the health and wellbeing of young women across their life course, which is a critical public health and demographic challenge in Ethiopia. According to WHO, Ethiopia is one of the seven countries that have high teenage pregnancy, 13% (EDHS 2016). Hence, access to contraceptives allows girls to postpone motherhood and space births. It's also important to dispel the misinformation about contraceptives and address concerns with the side effects to ensure young people choose a suitable method and continued proper use.

During Year Four, 540,376 adolescents and youth accepted modern contraceptives. Of these 50,102(9.3%) accepted LARCs - including 41,512 (83%) Implanon; 4,994 (10%) Jadelle; 758 (1%) PPIUCD; and 2,838 (6%) IUCD. During Quarter four, 98,438 adolescents and youth accepted modern contraceptives - including 97 (0.7%) who were postpartum mothers. Type of contraceptives used include 11,586 (83%) Implanon; 1,586 (11%) Jadelle, and 891 (6%) IUCD. The increasing contraceptives uptake averted many unwanted/mistimed pregnancies and unsafe abortions allowing adolescents and youth to live their full potentials and their dreams.

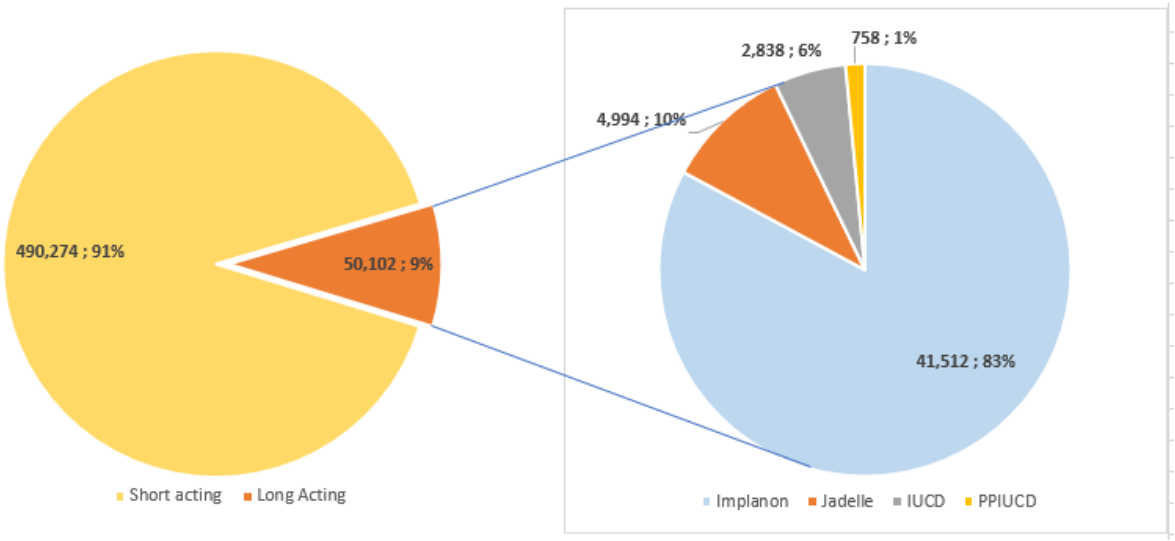


Figure 21. Contraceptive Uptake Among Adolescent and Youth, Oct 2019 - Sept 2020

Pregnancy Testing. Effective confirmation of pregnancy is a basic component of reproductive health services. It is a prerequisite for accessing antenatal care or is sometimes needed to rule out pregnancy before contraception.

During Year 4, 50,628 visits were made by girls/young women for pregnancy testing services. 17,667 (35%) tests were tuned out to be positive for pregnancy. All were counseled and linked to the next level of services including ANC. During Quarter 4, 14,606 girls were tested for pregnancy and 4,989 were positive for pregnancy and referred for the next level of care and service. Having this test within the YFS facilities helped to strengthen tailored information provision and counseling services to prevent unprotected sex predisposing them to STIs and HIV infection and avail contraception to prevent unintended pregnancies.

Post-Abortion Care and Family Planning. Youth-friendly PAC service includes post-abortion family planning and HIV testing services. It is very important to prevent the second chance of getting pregnant and HIV infections. During Year 4, 4,355 young women received post-abortion care services and 3,632 (83%) of them accepted post-abortion family planning. During Quarter 4, 961 young women received post-abortion care services. Of which, 752 (78%) received post-abortion family planning services. USAID Transform: Primary Health care will continue to emphasize the importance of improved counseling skills during the training of YFS and YF-PAC to further improve post-PAC contraception uptake. As it is shown in the figure below, the gap between the post abortion care and post abortion family planning service uptake was wider during Quarter 3. Actions were taken to strengthen the counseling skills of the YFS providers during technical support and relative improvements were documented during Quarter 4.

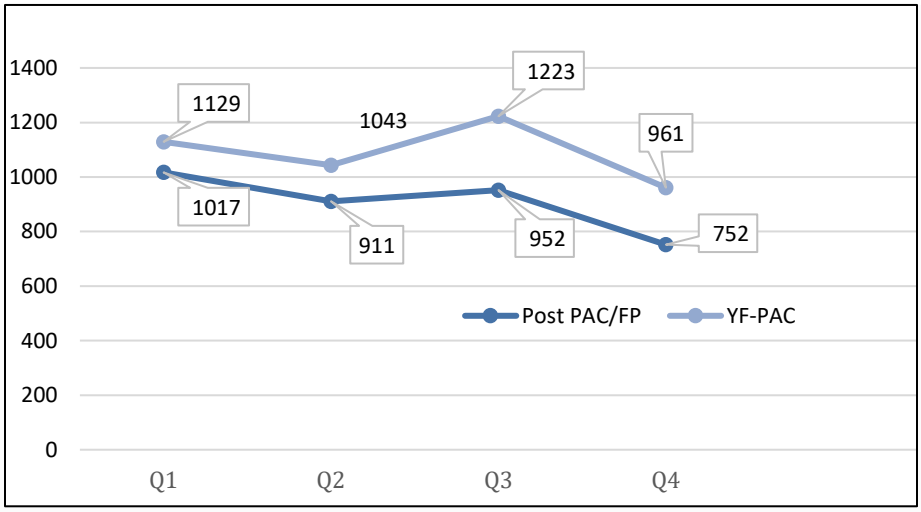


Figure 22. Trends of Post-Abortion Care and Integration of Post-Abortion Family Planning Sept 2020

STI, HIV Testing, and Linkage to ART Services. Sexually Transmitted Infections (STIs) and HIV infections are a growing concern among adolescents and youth. Proper screening and case management and partner management are of critical importance. In all the youth-friendly health service facilities, adolescents and youth were counseled for dual protection, provided STI treatment, follow-up care, and testing services for HIV. During Year 4, 10,449 visited YFS facilities for STI care, treatment, and follow-up - including 5,772 (55%) female. 107,602 HIV tests were conducted – including 56,727 females. Of all the HIV tested adolescents

and youth, 636 (0.6%) were positive – including 248 (45%) females. When adolescents and youth test positive, they are automatically linked to ART clinic for further treatment care and support. To prevent new infections, health education on STI and HIV has been provided both by peer educators and YFS providers throughout the YFS facilities and communities. During Quarter 4, 2,690 adolescent youth received STI, treatment care, and follow-up. In Quarter 4, 29,692 HIV tests were conducted - including 16,702 (56%) for females. Out of these HIV tests, 260 (0.8%) turned out to be HIV positive – including 127 (49%) females.

Improving the Quality of YFS Services by Integrating Collaborative Change Packages. The AYHD team, in collaboration with the quality assurance and quality improvement team, started integrating quality improvement collaboratives to ensure the quality of YFS services and take lessons to further integrate quality change packages as part of the YFS program implementation. A clinical audit was conducted as a baseline followed by quarterly self-assessments using YFS quality standards. During Year 4, a clinical audit was done in 29 YFS health facilities - including SNNP (eight), Amhara (ten), Tigray (ten), and Oromia (one). Of these, 22 YFS facilities were re-assessed for a second time and showed significant changes and improvement from the score at baseline. USAID Transform: Primary Health Care has supported the facilities to use the clinical audit findings to improve YFS service as per the standards. Facilities where QI was integrated, contraceptive services, including LARCs, were well integrated and peer educator engagement and management improved. Most facilities showed significant progress in quality improvement standards during follow-up auditing.

Commodities Supplies and Job Aids. USAID Transform: Primary Health Care avails adolescent and youth health -related commodities, supplies, and job aids regularly to ensure comprehensive and quality services in all YFS facilities. During Year 4, 21,000 Human Chorionic Gonadotropin (HCG) pregnancy testing kits; 54,144 brochures on emergency contraceptives pills (ECP); STI, and HIV; parent and children relationship; prevention of unwanted pregnancy; substance use; menstrual hygiene, use of female condoms; and developmental changes were distributed. 3,000 posters on life skills and characteristics of YFS; 2000 YFS training manuals; 2000 “Her Space” manuals; and 4000 t-shirts and caps for peer educators were distributed to all targeted facilities. As per the peer educators and health care providers' feedback, the SBCC materials were highly liked and needed by peer educators to use it as a job aid and target adolescents and youth.

Leveraging Resources to Complement YFS Services. Pathfinder International Ethiopia partnered with different organizations to leverage resources to complement the youth-friendly health services and improve the quality of service and choices. During Year 4, Pathfinder partnered with Women’s Health Company and received 400 “O’’ cubes that can help demonstrate female condom insertion during training and orientations for YFS service providers and peer educators. Additionally, the Women’s Health Company also supported the YFS program to conduct quarter review meetings for 483 health care providers and 3349 peer educators to review their work and provide updates on the female condom. This initiative helped the YFS providers and peer educators provide updated information on a female condom as an additional choice that can empower girls and young women to prevent unwanted pregnancy, HIV, and STI infections. Since the introduction of the female condom in YFS, it is observed that the utilization of the female condom

is gradually increasing. Furthermore, Women's Health Company supported the YFS service, to procure 4,533 face masks for peer educators who are actively engaged in public awareness creation activities on COVID-19 prevention. USAID Transform: Primary Health Care also collaborated with DKT Ethiopia and leveraged 10,000 female condoms and distributed it to YFS facilities.

The Powerhouse of the Youth-Friendly Health Service: Peer Educators. USAID Transform: Primary Health Care empowers adolescents and youth by engaging them meaningfully throughout the process of YFS implementation. Young people were engaged starting from planning, implementation, monitoring, and evaluation with a strong youth-adult partnership. The primary role of peer educators is increasing healthcare-seeking behavior and facilitating referrals to YFS service. In addition to their primary role, peer educators actively participate in cleaning and planting flowers in YFS health facilities to make the facilities more attractive, safe, and beautiful. Peer educators continue to innovate and use the unused and safe space of the health facilities to make a vegetable garden and plant fruit trees. These helped the pregnant mothers who stay in the maternity waiting home to include the vegetables in their daily meals. During Year 4, peer educators reached 967,665, adolescents, and youth with comprehensive health and RH messages using various approaches - including 507,057 (52%) were female. During Quarter 4, 244,859 adolescents and youth reached with various health information by peer educators – including 129,040 (53%) were females.

Vegetables and Fruit Trees in YFS Facilities by Peer Educators in Amhara and Tigray - Creating Resilient YFS and Peer Educators against COVID-19 Pandemic

In Ethiopia, adolescents and youth are at risk of COVID-19 infections due to reduced access to basic health services, compromised nutrition due to declining household consumption, and inadequate social protection.

Peer Educators Supporting their Community with Food Items and Creating Awareness on COVID-19, West Senbete Area of Amhara

To overcome this challenge, USAID Transform: Primary Health Care, in collaboration with RHBs took swift action to establish 12 new YFS in Amhara and Oromia through the project immediately after the start of the COVID-19 pandemic. These YFS facilities created access to 48,393 adolescents and youth for quality and comprehensive health information - including 19,269 (40%) females. 18,970 received comprehensive health services - including 10,054 (53%) females.

As necessity is the mother of invention, the AYHD team in collaboration with cluster offices created a telegram group in their respective region for purpose of reaching the peer educators and YFS providers with consistent and correct information on COVID-19 and other health-related information.

Ensure Ownership and Sustainability of YFS Services. USAID Transform: Primary Health Care works towards sustaining its programs by engaging the public sector from the start of the program. An encouraging role has been played in transferring skills through on the job training, mentoring, supportive supervision using program-specific checklists, technical support, and capacity enhancement to the public sector to sustain the program. During Year 4, 579 YFS facilities were scaled-up by the public sector - including 173 YFS facilities were established during Quarter 4 using their budget. The necessary technical support, skill transfer, and job aids were provided to woreda health offices and health facility staff by cluster office staff.

Reaching Very Young Adolescent Girls. The very young adolescence period is the time for laying the foundation for education, financial skills, communication skills, positive health behaviors, critical thinking, and other important skills for transitioning to adult life - this necessitates a safe and supportive environment for adolescent girls. “Her Space” programming refers to girl-only spaces that follow a particular methodology. A key element of which is that the sessions are led by a mentor who is a young female selected from the community where “Her Space” programs are run. Over the last one year, USAID funded Transform: Primary Health Care enrolled 1700 very young adolescent girls into the “Her Space” program through project budget (500) and grant (1,200) fund. Those who were moved faster to conduct

the sessions were encouraged and supported to finish during the COVID-19 pandemic. 540 girls graduated from SNNP, Tigray, and Amhara. The remaining 1100 girls will continue as soon as schools are opened. The re-planning and preparation are underway to ensure the remaining girls will continue their sessions and graduate. Those who have attended her space lessons have shown progressive positive changes with self-confidence, effective communication, negotiation, assertiveness with socialization skills.

"Her Space" Graduation Ceremony in Keyafer, South Omo Cluster in SNNP

Engaging the Public Sector in the Health and Development of Young People. To safely transition from childhood to adulthood, adolescents and youth need a holistic response to their growth and development needs. Public sector engagement ensures program ownership and skill transfer, which in turn helps with self-reliance and program sustainability. The project established 254 Woreda Advisory Committees (WACs) that brought multisectoral actors together, oversee the status of adolescents and youth in their respective woreda, and work together to improve the lives of young people in their respective localities. However, because of WAC members turnover, unrest, and security issues, the WAC responsibilities are overlooked prioritizing other urgent matters. USAID Transform: Primary Health Care learned that in areas where WAC members are active, the AYHD activities are relatively better. Therefore, establishing functional WACs at the woreda level will be given due emphasis to revitalize the WAC using the round III grant and ensure sustainability.

Nutrition

Various activities were conducted to improve both the coverage and quality of high-impact nutrition programs in year four including during the pandemic time. Advocacy, partnership and capacity building

activities have been important focuses at various levels. Major activities and achievements are summarized below.

Collaboration with FMOH, RHBs, and Key Partners. The project was actively engaged with government-led national and regional TWGs (e.g., in CMAM, child survival and MIYCN TWGs). Collaboration with the Feed-the-Future funded GtN project, WFP, WHO and UNICEF were maintained to push joint agendas at both the national and regional levels. Various materials were developed - including *draft emergency nutrition guidelines*, *revising the nutrition section in the HSTP-II*, and the *nutrition services guide during COVID-19*. In Quarter 4, the *family MUAC guide* and *guide for IYCF in emergencies* were drafted. Project staff also attended one international nutrition conference (R4N, Paris) and two nutrition project conferences (Care-Ethiopia and Nutrition International) to share experiences and lessons. The project also remains active in regional TWG meetings and key activities accomplished include enduring provision of nutritional screening service during different opportunities (e.g., measles and polio SIAs in SNNPR) and aligning nutrition plans with other nutrition partners.

Joint Supervision. 32 woredas, 64 health centers, 64 health posts, and 320 households were visited with joint missions organized by RHBs (SNNPR and Tigray). Critical gaps and challenges in nutrition programming were identified and addressed including on documentation and monitoring as well as maintaining optimum coverage of key services. From these, 16 WorHOs, 32 health centers, and 32 health posts were visited in Quarter 4 to discuss best practices for the delivery of nutrition services during the COVID-19 pandemic.

Nutrition Focused SS. Thematic specific follow-up visits were conducted in 48 woredas and 97 health centers, 54 health posts, four hospitals, and four schools were supported in all regions by the project nutrition officers. On-site mentoring continued, and the project also helped to transfer skills to supervisors in PHCUs. Of these, 51 health centers and one hospital were visited this quarter in Oromia and Tigray and these visits promoted adherence to the COVID-19 adapted service recommendations.

Training on Integrated Management of Acute Malnutrition (IMAM). SNNPR and Amhara Regional Offices supported the RHBs during a regional training of 73 (eight female) trainers. A rollout training was supported in Quarter 4 in Amhara region where 48 (45 female) service providers were trained**.**

SAM Management Training. Management of complicated cases of severely malnourished children requires well trained service providers. The project has supported RHBs (with technical assistance and with cost-sharing) and training 157 (37 female) service providers - including 76 (20 females) in Quarter 4.

AMIYCN Training. 246 (81 female) service providers were trained in all regions (including subgrants). The training also included practical sessions on complementary food demonstration and home gardening. Of the service providers trained during Quarter 4, 22 (seven female) were midwives.

Catchment-Based Orientation on Outpatient Management of Severe Malnutrition (OTP) and IYCF. With the revision of the acute malnutrition management guideline, the demand for refresher trainings remained high throughout the year. Catchment based orientations have been an efficient way to disseminate these

updated guidelines. 152 (72 female) service providers were trained in selected priority woredas in Amhara and SNNP regions (including with subgrants). Another 30 (seven female) health workers were also trained on inpatient management in four health centers with minimum travel and other costs.

School Nutrition. Two adolescent nutrition training sessions were conducted in Oromia and Tigray regions with 54 (34 female) professionals pooled from the education, agriculture, and health sectors. The participants have started implementing the action plan they set at the end of training, including initiating school gardening and establishment of school nutrition clubs. The initiative was interrupted as schools were closed due to the COVID-19 pandemic. Health facility gardening, however, is progressing well especially in the facilities found in Mekelle and Axum clusters.

Provision of Improved Height Measuring Boards. 218 locally produced height/length measuring boards were delivered to ten zones in SNNPR to be distributed to health facilities in need. The issue was identified as one of the top priorities for subgrant funding and the project has supported production of high-quality boards. The boards were improved with a 'novel WHF/L assessment tool' that was piloted and found to be more effective and efficient in the previous years.

COVID-19 Response

Several response pillars were supported including strengthening sub-national coordination, risk communication and community engagement, COVID-19 identification and treatment, surveillance and contact tracing. The support also includes infection prevention and control (IPC) and continuity of essential services. The major contributions from the project are summarized below.

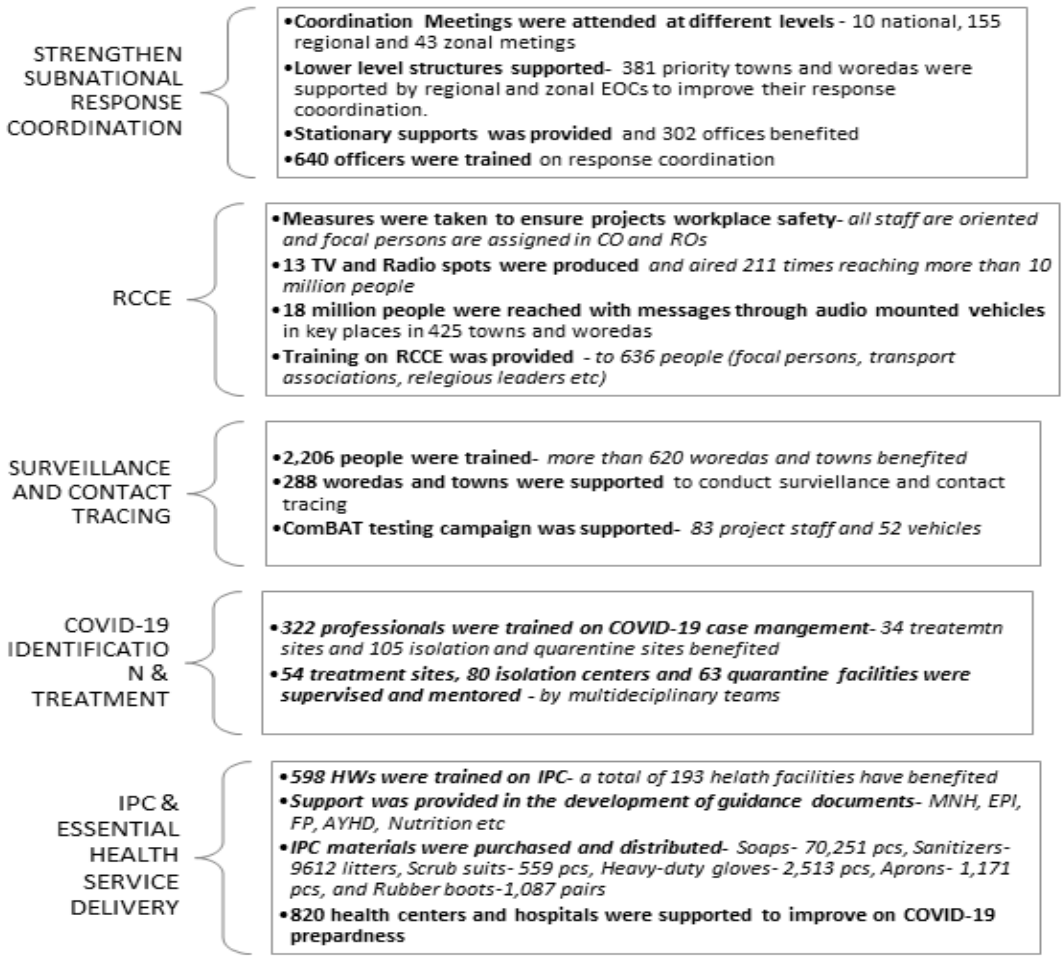


Figure 23. Summary of the Major Contributions on the Major COVID-19 Response Pillars

Strengthening Sub-National Coordination. Project staff are regular members of coordination forums at different levels. Several activities were also supported to improve response coordination capacities as summarized below.

- ***Participation in COVID-19 response coordination meetings:*** More than 10 national EOC meetings (led by EPHI) and weekly health partners meeting (led by WHO) were attended by project staff. 156 regional response coordination meetings were attended by project staff, including 124 this quarter. Cluster office staff also participated in 413 zonal meetings, including 323 this quarter. Involvement at different levels has helped keep staff up to date with the new directions and recommendations. It also helped to bring community-level challenges to district, regional and national level discussions.
- ***Public sector experts visited and strengthened lower-level coordination with the project's financial support:*** 381 priority towns and woredas were supported by regional and zonal EOC members, including 333 in Quarter 4. These helped to enhance performances of EOCs in selected priority woredas/towns.
- ***Management and reporting supply support was provided:*** Registration books, notebooks, papers, mobile cards and weekly report pads were provided to 302 offices (zone/woreda/town) depending on their identified gaps.
- ***Training on response coordination was provided:*** 640 (115 female) professionals were trained in Quarter 4 across 22 sessions.

Risk Communication and Community Engagement (RCCE). The project's community engagement experts are members of the regional and the national RCCE teams, providing various support as summarized below.

- ***Measures were taken to ensure project's workplace safety:*** Project staff are oriented on the basic facts about the pandemic and the preventive measures. Workplace safety teams are assigned in country and regional offices
- ***Several RCCE materials were produced (with technical and financial support):*** Regional RCCE guidelines were revised and guidelines for quarantine site CBOs were prepared in Amhara Additionally, KAP survey findings were printed for stakeholder consumption (50 pcs in Amhara), as well as posters (1200), booklets (440), and stickers (2400) in Tigrinya and SNNP. Lastly, a community engagement guide was adapted, and 7,000 copies were printed in Oromia, and self-quarantine and treatment guidelines were adapted in Amhara.
- ***TV and Radio spots were produced:*** 13 TV spots were produced with financial support. The spots were aired 211 times and therefore have reached more than 10 million people so far.
- ***RCCE activities were conducted with audio mounted project vehicles:*** Important messages were transmitted using audio mounted vehicles in key places (e.g., market, bus stations, town centers) in more than 425 woredas and towns. More than 18 million people were reached with RCCE messages.
- ***RCCE training was provided:*** 636 (159 female) people were trained. The participants include RCCE focal persons, delegates from transportation associations, and religious leaders.

- ***Other support:*** As members of the regional RCCE team, project experts supported and reviewed different materials (e.g school and holiday focused messages). Artists and other public figures were

used in RCCE campaigns to influence safe behaviors in SNNPR. Media monitoring was continuously supported in SNNPR as well. More than 702 of the project's peer educators were oriented, and they have applied these lessons by serving as crowd managers in some places and orienting other members.

Surveillance and Contract Tracing. Surveillance, contact tracing, isolation and testing are the major response mechanisms. In collaboration with other partners, the project has supported interventions focused on priority woredas and towns that are challenged with resource and capacity gaps. The major contributions are summarized below.

- ***Contact tracing and surveillance activities were supported:*** With project contributions, contact tracing and surveillance activities were completed in 288 priority woredas and towns where there were critical resource constraints (including 268 in Quarter 4).
- ***Training on contact tracing and surveillance were supported:*** 2,206 (371 female) people were trained (including 1520 in Quarter 4) - including HWs, HEWs and officers. More than 620 woredas and towns benefited.
- ***Logistics, transportation and technical support was provided:*** 83 staff and 52 vehicles from the project were engaged in supporting the national ComBAT[2] campaign that has ended successfully. Transportation of samples was also supported (Borena and Guji zones, Oromia) and logistics support was also provided for new laboratory facility assessments.

COVID-19 Identification and Treatment. Case management, and provision of psychosocial support are essential skills for HWs in treatment sites. The project supported various activities and has contributed to the creation of better capacities as summarized below.

- ***COVID-19 case management training was provided:*** 322 (34 female) professionals were trained and went back to serve in 34 treatment sites and 105 isolation and quarantine sites. Another 30 professionals were also trained on 'psychosocial support' with cost sharing.
- ***COVID-19 treatment, quarantine, and isolation centers were supervised with the project's financial support: T***eams composed of medical specialists, epidemiologists, public health experts, and project staff have visited and supported 54 treatment sites, 80 isolation centers, and 63 quarantine facilities. 15 laboratory professionals and 48 health workers were also deployed to quarantine and isolation sites in order to fill urgent gaps.
- ***Other support was also provided to treatment, isolation and quarantine sites:*** 13 oxygen cylinders were collected, refilled and transported to treatment sites (Amhara). 28,323 liters of fuel was purchased and used in hotspot woredas that faced constraints. Water containers (10,000 Lt.) were provided to 3 quarantine sites.

[2] *ComBAT was a four weeks nation-wide campaign where massive community based COVID-19 testing was done to better understand the disease transmission put evidence-based recommendations for social, economic and political activities*

Infection Prevention and Control (IPC) and Essential Service Delivery. IPC in health care settings is very critical to maintain customers' as well as health work force's trust and for continued provision of safe services. The supply and the demand side were both important and various support including on SBCC activities was provided. The specific support is summarized below.

- ***Development of guidance documents on EHS:*** Thematic experts have supported FMOH in the development of EHS guides and program specific guides (MNH, Child Health, EPI, Nutrition, FP, AYHD)
- ***Supervision was completed by project staff to strengthen IPC & EHS in health facilities***: 820 health centers and hospitals were supported (741 health centers and 79 hospitals, which represents 41.5% of all facilities). The project has prepared specific tools (checklists and databases)[3] and supported HFs to be better prepared (by making arrangement changes, adhering to patient flow recommendations and by adhering to key IPC recommendations to provide COVID-19 adapted essential service delivery). An infographic was prepared to summarize key findings and support.
- ***IPC training was provided with the project's financial support:*** 598 (212 female) professionals were trained - including 570 in Quarter 4. This benefited more than 193 health facilities. IPC is also an integral part in COVID-19 case management training.
- ***Training on safe mortuary practices was supported:*** 30 professionals from 10 HFs were trained in how to safely and appropriately handle the bodies of the deceased.
- ***Various IPC materials were procured and distributed to HFs:*** These include soap (70,251 pcs), sanitizers (9612 liters), scrub suits (559 pcs), heavy-duty gloves (2,513 pcs), aprons (1,171 pcs), and rubber boots (1,087 pairs).
- With these efforts, preparedness of health facilities has improved and development gains aare protected with quick recovery from a decline in March-April 2020 (see the below graph)

[3] *Checklists and databases were prepared based on 'The IPC interim guideline for health care settings', 'Ethiopian health care facility COVID-19 Preparedness and response protocol' and the draft MOH 'essential care services guideline during COVID-19'. This helped to assess and support HFs on IPC and EHS, and to monitor progresses.*

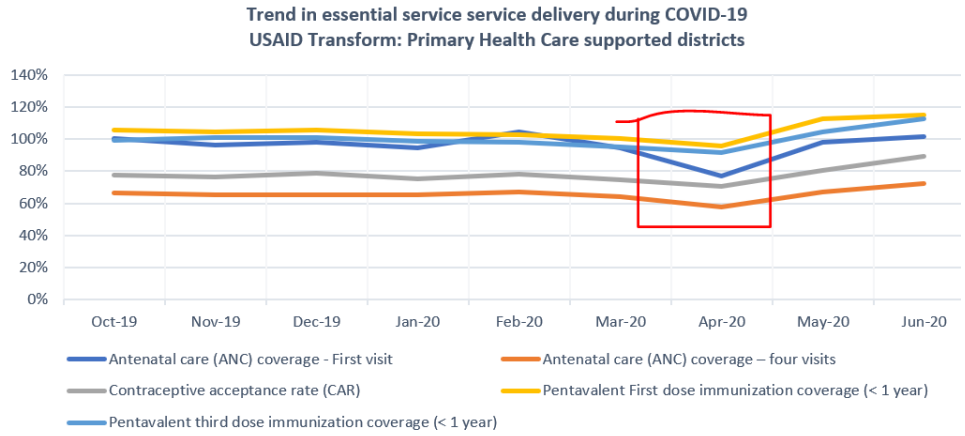


Figure- A line graph showing trend in EHS delivery during COVID-19 epidemic in project supported districts

Overall, support was delivered with an excellent level of efficiency and integrated support enabled the project to reach several HFs. This harmonized support was made possible due to involvement in response activities at various levels including the national, regional, and HF levels. This has helped to ensure timely implementation of policy recommendations. COVID-19 adapted assessments have also helped to generate insights to inform effective onsite support and promote effective advocacy. There are some persistent issues that are not solved yet. These include PPE shortages and HWs motivation issues. Frontline HWs are also being increasingly infected with the virus. Other epidemics and natural and man-made hazards are also happening more frequently, adding more burden to the system.

Other Health Emergency Responses Supported. A high proportion of the project woredas are regularly identified as priority districts for various risks by the National Disaster Risk Management Commission (NDRMC). Due to these vulnerabilities, emergencies posed substantial challenges to the project's implementation of interventions this year. Measles, malaria, and cholera outbreaks were common epidemics with multi-region occurrence. Internally Displaced Peoples (IDP), yellow fever, and pertussis outbreaks were also major emergencies. A timeline of major emergencies is summarized below.

Table 10. Timeline for the Major Emergencies in the Project Implementation Regions

Nov 2019	Dec 2019		Jan 2020	Mar 2020			Apr 2020 - onwards	Jul 2020	July to Sept 2020
SNPPR, multiple woredas	**Amhara**, Oromia Zone	**Amhara**, N.Shoa Zone	**Oromia** Multiple woredas	**SNNPR**, multiple woredas	**Amhara,** Waghimra zone	**Tigray,** one woreda	**All Regions**	**SNNP,** W Omo Zone	**All regions**
Cholera, land slide/IDPs , malaria	**Measles outbreak**	**Measles outbreak**	**Cholera, measles, IDPs**	**Yellow Fever & Cholera**	**Measles, pertussis, malnutrition, scabies**	**Measles outbreak**	**COVID Pandemic**	**Cholera epidemic**	**Flooding**

Overall Response from the Project. Due to its ground level presence, the project has supported most disaster responses and provided financial, technical and logistic support. The project has helped to coordinate timely actions in order to catalyze effective responses led by the government in collaboration with all stakeholders. The project has assigned focal representatives at country and regional offices with clear roles and responsibilities to ensure coordinated responses. Nine allocations of crises modifier supplementary funds were mobilized this year including one in this quarter. These have addressed the following urgent response gaps.

Table 11. Landscape Major Emergencies

NOV 2019 CM 290,073 .45 USD	**<u>CHOLERA, LANDSLIDE/IDPS, MALARIA: SNNPR, Multiple Woredas</u>** **SITUATION**: There were more than 150 cholera cases and 34 community deaths from three zones and there was a dramatic increase in malaria case load (from which five zones contributed the most). Landslides occurred in three woredas claiming the lives of 34 people and displacing 991 households (7,588 people). **INTERVENTIONS:** Community mobilization was completed with messages reaching more than 512,491 people. Case management trainings were provided, and teams were deployed for case management and surveillance activities. Sanitary materials (6000 Laundry soaps & 5853 sanitary soaps) were purchased and distributed. Fuel was purchased for remote woredas. **RESULTS:** The cholera epidemic in the previous affected areas was controlled, the malaria outbreak was effectively contained, and the pressing challenges with the landslide were effectively addressed. Deployed teams absorbed the increased demands without compromising the routine service. Case management improved (low death rate in CTCs) and the spread of the disease to the neighboring villages and woredas was controlled.

DEC 2019 CM 49,000 USD & 24,056 USD	**MEASLES EPIDEMIC: Amhara, Oromia Zone and D/B University** **SITUATION**: Measles epidemic occurred in four woredas in Oromia zone (138 cases with widening of the geographic spread) and D/B university (84 cases with 40 students in inpatient care). There were response gaps in both. **INTERVENTIONS:** Measles case management training given for HWs, measles vaccination mop up campaigns were conducted in the woredas and all students in the university were vaccinated. Awareness creation activities were completed, and surveillance and case management teams were deployed, basic cause analysis helped to identify key bottlenecks and helped to strengthen the link between EPI and PHEM (see Annex). **RESULTS:** the measles epidemic was controlled in the zone and at the university. Routine services were also strengthened.
January 2020 CM-277,586.45 USD	**IDP, MEASLES & CHOLERA: Oromia, Multiple Woredas** **IDP SITUATION*:*** There were more than 400,000 IDPs due to conflict in the host communities in more than 40 IDP sites. The situations in Guji, Bale, East & West Hararghe and East & West Wollega were dire. **INTERVENTIONS:** Integrated outreach service reached 279,582 people with essential services. IPC materials were purchased and delivered; Surveillance was completed. **RESULTS:** Most of the IDPs are returned and they are receiving basic rehabilitation services. **MEASLES SITUATION**: Sizeable measles outbreaks occurred at the start of 2020 and Oromia was by far the worst affected. There were huge response gaps in selected priority woredas. **INTERVENTIONS:** A total of 208 service providers were trained on measles case management. A total of 136 oriented professionals have conducted surveillance. Focused supportive supervision was also provided. **RESULT:** Measles cases were managed in health facilities close to their vicinity. Number of outbreaks and caseloads showed an overall decline. National measles SIA was supported in all regions in this quarter and this has also helped in averting frequent and widespread epidemics. **CHOLERA SITUATION:** While several woredas had active outbreaks, the situation in 2 districts was very concerning and the project provided supports to fill gaps. **INTERVENTIONS:** A total of 31 service providers were trained on case management. Fifty professionals were deployed to five treatment sites in order to fill urgent gaps. Cholera active surveillance was conducted. Two rounds of supportive supervision were conducted. **RESULTS:** The epidemic is controlled in all supported woredas.

MARCH 2020 CM-54,562.00 USD	**YELLOW FEVER & CHOLERA: SNNPR, Multiple Woredas** **YELLOW FEVER SITUATION:** YF outbreak occurred in Ener-Enor woreda affecting 38 people and killing four. The transmission was believed to be happening between human and primates (monkeys) through wild mosquitos. Twelve kebeles were identified as high risk. **INTERVENTIONS**: YF ring vaccination campaign conducted and reached more than 27,178 people. Post vaccination campaign surveillance activities were also completed. Public health teams were also deployed and supported the responses. **RESULTS**: YF outbreak was effectively contained. A vaccination campaign was planned for more high risk woredas. It is rescheduled and will be completed in October 2020. The project has remained active in the national and regional YF taskforces. **CHOLERA**: **SITUATION**: Outbreaks affected 15 woredas in 6 zones with more than 2000 cases and 35 deaths reported after efforts failed to contain the epidemic. **INTERVENTIONS**: 42 HWs were deployed to CTCs relieving urgent demands for case management. Public health experts (40) have supported surveillance and monitoring activities. Sanitary materials (2000 laundry soaps and 2000 sanitary soaps) were purchased and distributed. A total of 20,000 liters of fuel were purchased and subsequently used. **RESULTS**: The situation improved in the woredas that were supported. As the basic causes were not addressed, another epidemic occurred in another zone (W. Omo) (see the last row in the table.)
MARCH 2020 CM-39,208.35 USD	**MULTIPLE EMERGENCIES: Amhara, Waghimra Zone** **SITUATION**: Measles and scabies showed 8 & 5-fold increments respectively, pertussis increased by 1.32 and malnutrition increased. **INTERVENTIONS**: Integrated active surveillance reached 72,794 HHs and identified cases were linked to treatment. Integrated emergency case management orientation was provided for 93 service providers. Sensitization was done for 77 key actors (religious leaders, administrators). Integrated Periodic Outreach Services (IPOS) reached a total of 23,950 HHs in 132 hard to reach villages, including 11,467 HH reached during this quarter. Routine immunization was reviewed, and bottlenecks were analyzed for solutions. **RESULTS:** The epidemics are under control and the routine system is functioning better even with the additional challenges associated with the spread of COVID-19 in the zone
MARCH 2020 CM-17,669 USD	**MEASLES OUTBREAK: Tigray, Asgede Tsimbla woreda** **SITUATION:** A total of 228 cases were reported from outbreaks in Asgede Tsimbla woreda and two universities. The project filled key response gaps. **INTERVENTIONS**: Case management training was provided for 15 service providers. Active case searching was completed by public sector experts. 129 vaccinators were oriented and undertook a campaign to reach 86,585 children. Bottlenecks in the routine EPI were identified and addressed. **RESULTS**: The epidemic was effectively contained. The EPI program progressed well with better data and cold-chain management.
JULY 2020 CM 58,475.27 USD	**CHOLERA OUTBREAK: SNNPR West Omo Zone** **SITUATION:** Totally of 4,379 cases and 106 deaths were reported in six woredas in West Omo zone (a newly established zone). **INTERVENTIONS:** Cholera case management and IPC training was provided to 92 health workers. Sanitary materials were purchased and distributed. Fuel was provided to facilitate transportation. **RESULTS**: the epidemic in the zone is under control. More multisectoral work is needed to address the underlying causes (related to WASH). This is true in all cholera hotspot woredas in the country. Another epidemic was latter reported from four woredas in Sidama region and from woredas in three regions in Gedio and South Omo. The project is working with other stakeholders on the response to these outbreaks.

Gender

USAID Transform: Primary Health Care gender integration approach focuses on addressing identified gender related gaps across the four result areas through different approaches such as advocacy, capacity enhancement, mentorship and on-site follow-up visits. Accordingly, priority areas for result area one includes advocacy to bring more women to health care leadership and creating conducive work environment for female health care workers returning from maternal leave. For result area two, increasing the availability of quality post-GBV health services and building service providers' capacity on gender-responsive health care provision. Under result three, the focus is on producing gender-responsive health messages, and improving health workers capacity on male engagement in RMNCH and identifying community level model to engage men in ANC and FP. Throughout implementing these evidence-based interventions learning and new evidences are documented to be shared to all internal and external stakeholders in form of technical briefs, oral presentations in the national and international platforms and publications in scientific journal.

Post-GBV Health Care Services and Multi sector Coordination Strengthened. In Year 4, 647 health service providers trained on health response to SV/GBV - including 77 (31 female) were trained in Quarter 4 in Amhara and Oromia regions. During the training participants acquired clinical skills on diagnosis, treatment and referral of GBV survivors. Beyond enhancing service providers' skills, orientation on GBV SOP was conducted among 692 stakeholders from different sectors such as Education, Justice, Labor and Social Affairs and Woreda Administrations. In Quarter 4, 59 (14 female) stakeholders in SNNP and Amhara were oriented and as a result multi-stakeholder actions to support GBV survivors were effectively coordinated. Furthermore, job aids such as GBV algorithm, registration books, and certificates were distributed to more than 300 health centers filling the gaps in data capturing and facilitating timely referrals. Thematic specific follow-up visits were also introduced when COVID-19 pandemic hit the country to address the increasing reports of GBV cases in relation to partial lockdowns and closure of schools. Although there is a gap in systematic and comprehensive data collection during the year 141 GBV survivors (sexual and physical) received health services - including 76 in Quarter 4. Follow up-data shows an increasing trend in the availability of health centers providing post-GBV services across the regions from the year 2017 to 2020.

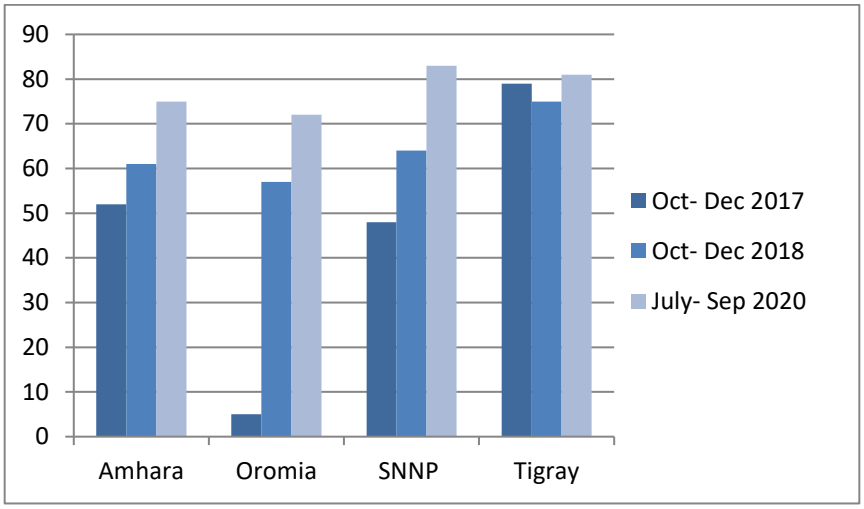


Figure 23. Percentages of Health Centers Providing Post-GBV Services, 2017-2020

Mentorship on Gender Analysis and Action Planning. Mentorship on gender analysis and action planning is a new approach introduced at the beginning of Year 4 to respond to gaps in technical capacities in identifying context specific gender issues and required actions. Consequently, health care managers and service providers from 244 (61%) of the project's intervention woredas were mentored - including 35 woredas were reached in Quarter 4. Overall, 43% of project intervention woredas conducted gender analysis and integrated gender responsive actions into woreda-based plan. The following table shows sample key actions in the woreda's plans to execute with targets, responsible persons, and budget indicated to close the identified gaps.

Table 12. Gender Analysis Findings and Action Planning

Gender Analysis Findings	Actions Integrated in the Woreda Based Plan
Limited women in health care leadership and management	Commitments put in place to make 50% management membership and bring qualified women to health center manager position
Gaps in the implementation of affirmative action in employment, promotion and access to educational opportunities	Review of the FMOH guidance and critical follow-up the implementation of affirmative action
Limited number of service providers on gender responsive health service provision	Prepare list of trained persons and trainers pool at Woreda level and organize trainings
GBV survivors were paying fees for health services	Based on the circular from FMOH, ensuring post GBV services are delivered free of charge during ISS visits
Weak multi-sector collaboration platforms	Establish and/or revitalize existing platforms and take deliberate action to make gender issues standout.

The gender analysis findings also informed the gaps in the Integrated Supportive Supervision (ISS) checklist and indicators such as availability of post-GBV service and proper implementation of affirmative actions were included in the checklist to monitor progresses. Overall encouraging trends are observed in terms of giving deliberate attention and taking actions to address gender gaps identified in follow-up visits by the public sector leadership. An example indicating such effort is that changes observed in bringing females to management positions, the following graph presents improvements comparing the previous and this reporting quarter.

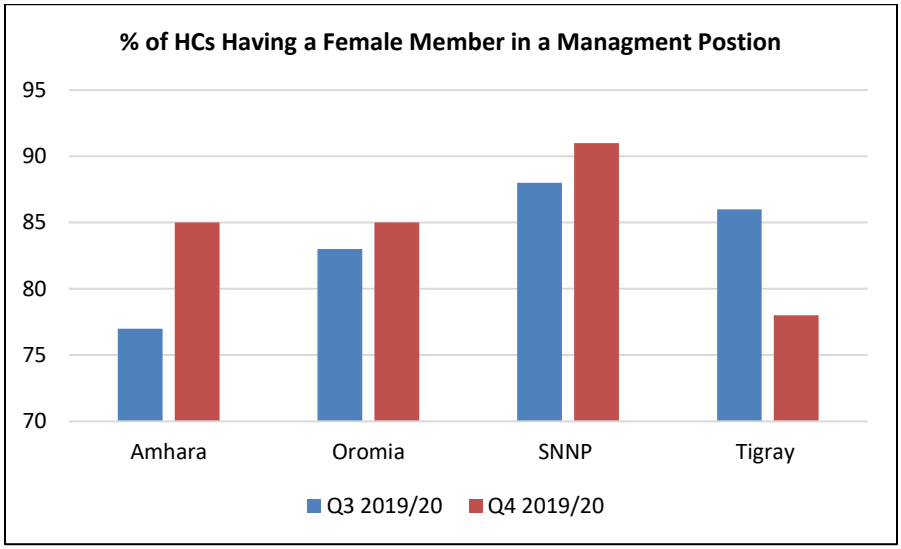


Figure 24. Percentage of HCs Having a Female Member in a Management Position

Male Engagement in ANC and FP. During Year 4, efforts were concentrated around designing and adapting viable male engagement model in ANC and FP. Key activities accomplished during the period include:

- Development of proposal which outlines the overall approach to determine the adaptability, feasibility, and cost of implementing a male engagement intervention based on the Rwanda model called Bandberho translated as “Role models”. The proposal was also ethically cleared by Oromia and SNNP RHBs.
- Recruitment of 96 couples from 4 Woredas and 8 Kebeles in Oromia and SNNP regions was completed. The couples who are expecting or have children less than five years of age were targeted for a series of curriculum-based group dialogues spanning a six-month period.
- Formative assessment was conducted to collect baseline information on socio-demographic contexts, opinions on dialogue topics, and status of ANC and FP indicators in the intervention sites.
- Participatory curricula adaptation workshop conducted, and the curricula has now 11 sessions focusing on topics on fatherhood, caregiving, pregnancy, delivery, family planning and gender-based violence. The curricula was also translated to Amharic and Afan Oromo languages.
- 16 male and female dialogue facilitators from intervention communities were trained on the adapted curricula and dialogue approaches for 15 days.

- Woreda level launching workshops held to familiarize stakeholders about the intervention and solicit commitments for successful implementation

Despite accomplishing all the preparatory work successfully due to the emergence of COVID-19 pandemic dialogue groups were unable to commence in the past two quarters.

Male engagment dialogue faciltiators during training (before COVID-19)

Technical and Financial Support to FMOH Women, Children and Youth Affair Directorate and its Regional Structures. In Year 4, critical technical support provided to FMOH Women, Children and Youth Affairs Directorate mainly in the write-up of Women in Leadership Analysis Report and substantive input on workplace harassment guidance note and costed five-year health sector GBV prevention and response plan. In Quarter 4, the focus of the technical assistance was on the preparation of the five-year strategic plan for the directorate and support for the design of annual review meeting among the structures of the directorate. The project also provided financial and technical support to regional level review meetings that aims to further cascade priorities and enable coordination among experts. Furthermore, in terms of creating conducive work environment for female staff returning from maternal leave, the project supported the establishment of day care center at FMOH premises. In recognition of all these efforts, the directorate awarded USAID Transform: Primary Health Care certificate of appreciation which was handed over by State Minister Saherla Abudlahi.

Certificate of Appreciation from FMOH State Minister Saherela Abudlahi to USAID Transform: Primary Health Care Project Received

Changes Observed in the Area of Gender. Follow-up visit result on gender indicators shows remarkable progress in the areas of average number of women in HC governing board and gender analysis being exercised to inform woreda-based planning and availability of post-GBV services. On the other hand, indicator on husbands accompanying their wives for ANC and FP showed little progress partly due to the limited direct longer term and at-scale engagement and interaction the project has with communities. The following two graphs from the follow-up visits depicts the significant changes observed in two indicators.

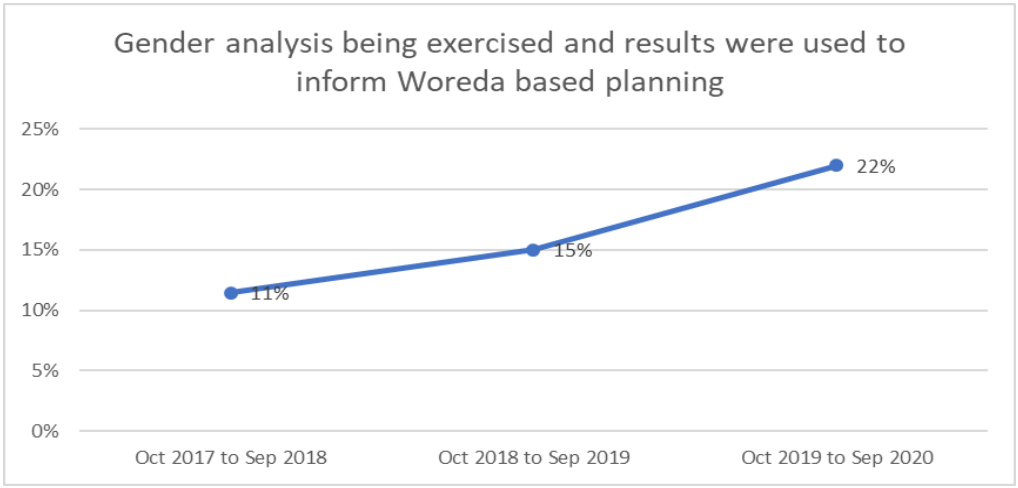


Figure 25. Percentage of Woredas Conducted Gender Analysis to Inform Woreda-Based Planning

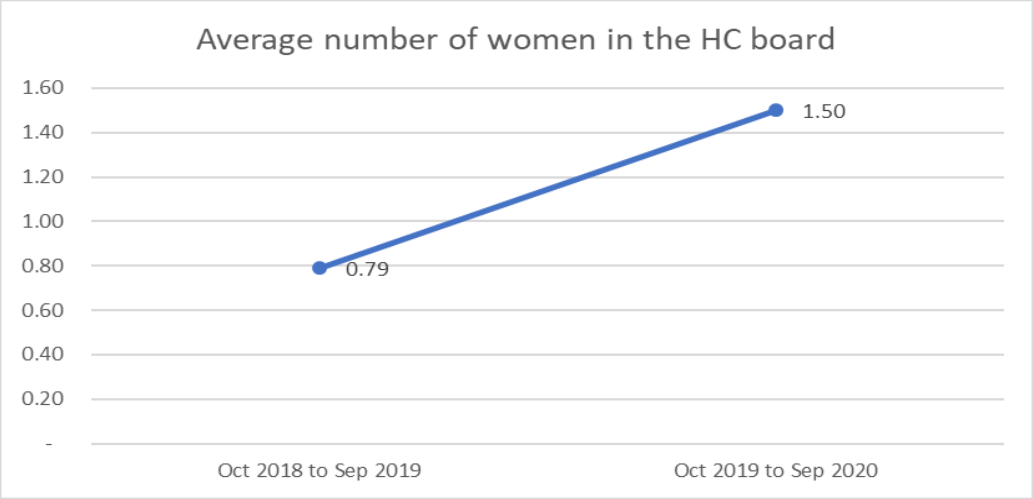


Figure 26. Average Number of Women on the HC Board

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

CRC is integrated with most of the FP/RH and MNCH-N activities and hence addressed in an integrated manner. ,In addition, Respectful Maternity Care (RMC) specific training was provided for 624 health workers and CRC for 519 during the year.

TA Support Provided. The MoH is preparing its national CRC health services implementation strategy for the year 2020/21-2024/25. As part of the 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.

Changes Observed to Date in CRC. The percentage of HCs delivering women friendly delivery services has increased from 80% in 2017 (Oct-Dec) to 93% in 2020 (Jul-Sept) - which is about 13%-point increase during the reference period.

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 collaborative activities on MNH (maternal and newborn health), FP (family planning), AYHD (adolescent and youth health) and CH (child health) focusing on continuous services quality improvement of RMNCAH programs. So far, 156 woredas and 629 health facilities, 69 PHLs and 560 HCs have established QI teams and were supported to be functional working on continuous quality improvement in the health facilities, 288 MNH, 60 family planning, 25 AYHD and 25 child health and 227 in integrated MNH FP QI collaborative sites have been established.

Capacity Enhancement. During Year 4, 2,046 QI leaders and health workers received training on quality improvement. Of those 215 trained on QI TOT, 1347 QI team members in the health facilities were trained on basic QI and 106 trained on QI coaching. 276 were trained on infection prevention and 27 (two female) performance improvement team members were trained on standard operation procedure. Of these, 1935 were trained through the sub-grant fund. In Quarter 4, 107 health workers (56 on QI TOT and 51 on basic QI) were trained. During the basic QI training self-initiated QI projects have been developed on the identified gaps from the clinical audit and the QI team will work on the projects in their respective health facilities. These projects were designed and implemented to improve the maternal, neonatal, child and adolescent service and outcomes.

Clinical Audit Progress in MNCH, FP and AYHD Service Quality Standards. The clinical auditing is conducted during startup as a baseline data and then quarterly follow up assessments are done as part of self-assessment by the QIT, the clinical audit assesses the standards of care of the targeted program to inform further improvement of the service provision in the health facilities. This year clinical auditing was undertaken in most QI implementing facilities. In Quarter 4, 127 QI implementing facilities (PHLs and HCs) were supported by the project staff to conduct the self-assessment/clinical auditing in the MNCH/FP and adolescent service areas. Action plan was drawn on the gaps identified to further improve standards of care. So far, most facilities showed significant progress in QI standards during follow-up auditing.

- MNH clinical audit result: Baseline average= 18% and follow up average= 64%
- Family planning clinical audit result: Baseline average = 10% and follow up average=56%
- AYHD: Baseline (average) 10% and follow up average 34%
- CH: Baseline(average) 11% and follow up average 30%

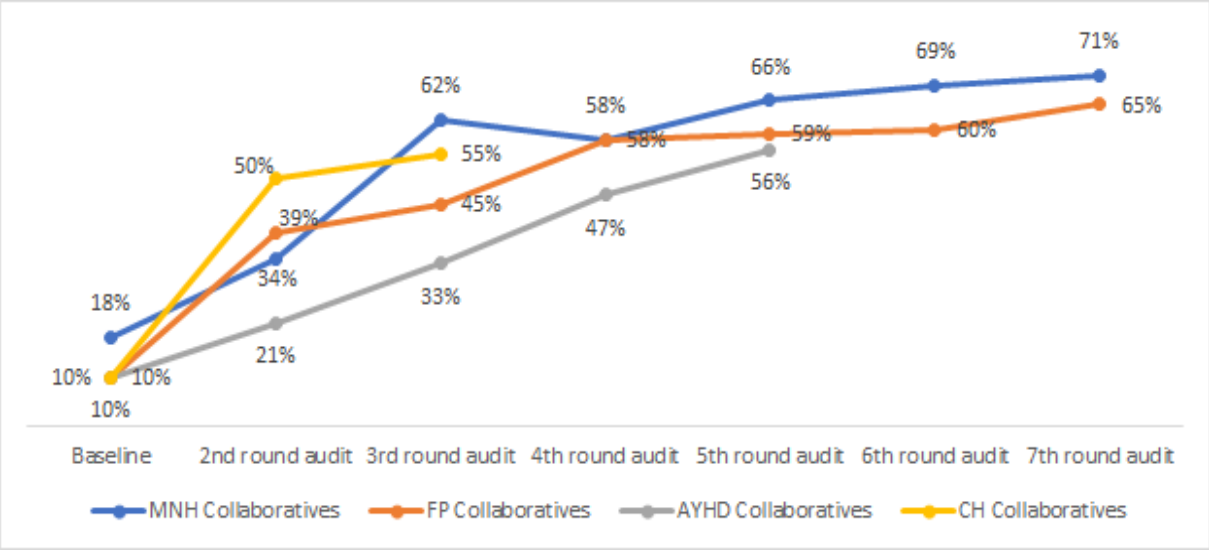


Figure 27. Average Clinical Auditing Progress by Collaboratives

QI Projects Implementation. In Year 4, 227 self-initiated new QI projects were developed. 220 QI projects were completed on MNH, FP, AYHD, CH and integrated MNCH/FP collaborative. Of these, 65 of the QI projects are developed and 71 QI projects were completed during Quarter 4. During QI coaching, progress has been noted in most of the QI projects. These projects are monitored regularly to measure their progress by front line health workers (HFs QI team) to learn from each step through regular data collection, analysis and documentation.

Coaching and Mentoring Support to the QI Team, In Year 4, the project provided the regular site level and distance (telephone and telegram) coaching support for QAQI implementing health facilities, by project staffs with the RHB, zonal and woreda health office quality coaches. During site visits, coaches build trust with the facility QIT to assess their gaps, monitor the QI project progress, review and assess data quality, support data tracking on the run chart, and support data for decision-making and documentation QI projects and share their experiences.

Some of the action taken during the coaching visit were support the QI team to form sub-QI team at service delivery point where the QI is implemented so that the frontline team can follow the day to day QI activities in the unit, discussion on having regular meeting to review their PDSA cycles, on regular data collection, construction and utilization run chart, demonstrate how to use tools for clinical service quality audit, gap identification, support on how to use quality improvement tools , testing, implementing, sustaining QI projects. Provided feedback to the woreda and zonal health offices on the status of the QI activities at the facilities for their follow up and implementation.

So far, lots of changes has been observed through QI coaching visits - including the presence of a functional QI team with different sub-teams (CASH, clinical audit, MDSR etc.); an assignment focal person in the

woreda health office; building capacity in the health facilities to run QI activities; and having a regular QI team meeting to review the quality improvement work (this is evidenced by documentation in the QI minutes book). The QI teams were able to use the clinical audit findings to identify problem, prioritize areas for improvement, develop QI project, run PDSA cycles and monitor QI project progress.

Collaborative Learning Session. In this year, USAID Transform: Primary Health Care conducted learning sessions (LS) in eleven woredas; 277 (50 female) participants from health facilities participated in the learning sessions. The objective of the collaborative learning session is to foster peer-to-peer learning, provide technical updates, accelerate change, create a culture of QI in the health facilities and scale up the improvement work with in the woreda. During the sessions, new QI projects were developed. All these sessions were chaired and facilitated by RHB, ZHD, and WorHO heads and quality focal person.

C**ommunity Engagement in QI - Partnership-Defined Quality (PDQ).** In this year, USAID Transform: Primary Health Care provided onsite coaching to 10 woredas who are engaged in community QI, strengthened working together with the communities to identify gaps together and started to work towards improving the prioritized gaps. The community teams conduct 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 and linking to the service, labor/delivery service, early postnatal care and family planning uptake). The community teams were working with service providers to strengthen community/provider linkage to improve the services. From the facility side, the facilities are trying their best to improve the service quality by availing the necessary input for the service provision. For example, one of the woreda with four health facilities mobilized resources from other area availed solar power for labor/delivery and laboratory service, back-up generator to avoid service interruption due to power, motorcycle to support services at health post/community and availed functional Maternity waiting home for pregnant women. Engaging the community in quality improvement process and enhancing the community capacity plays a pivotal role in creating a shared vision thereby cultivating shared responsibility among the health care providers and the larger community.

MNH QOC Network (QED) Learning Districts. MNH QOC network initiative is global networking initiative, working towards achieving the objective of reducing institutional maternal and newborn death by 50%. Nationally there are 18 learning districts, out these 18 learning districts USAID Transform: Primary Health Care is engaged in four districts with 15 health facilities in those districts. In this year, the learning districts has shown decline in still birth rate and pre-discharge neonatal mortality rate.

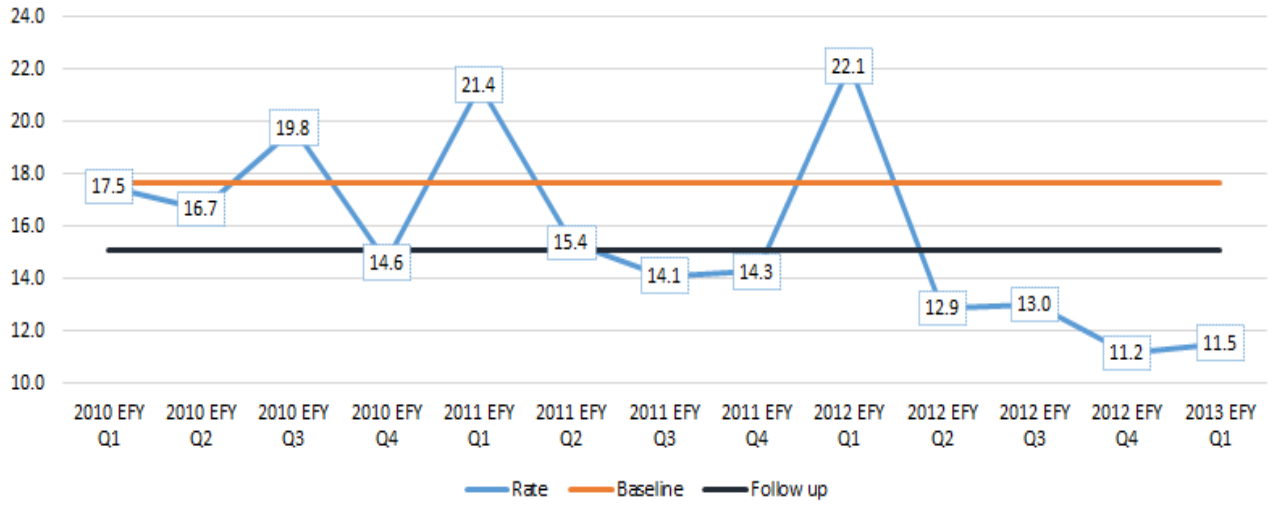


Figure 28. Progress of Still Birth Rate in Project MNH QOC Learning Districts (2010-2013 EC)

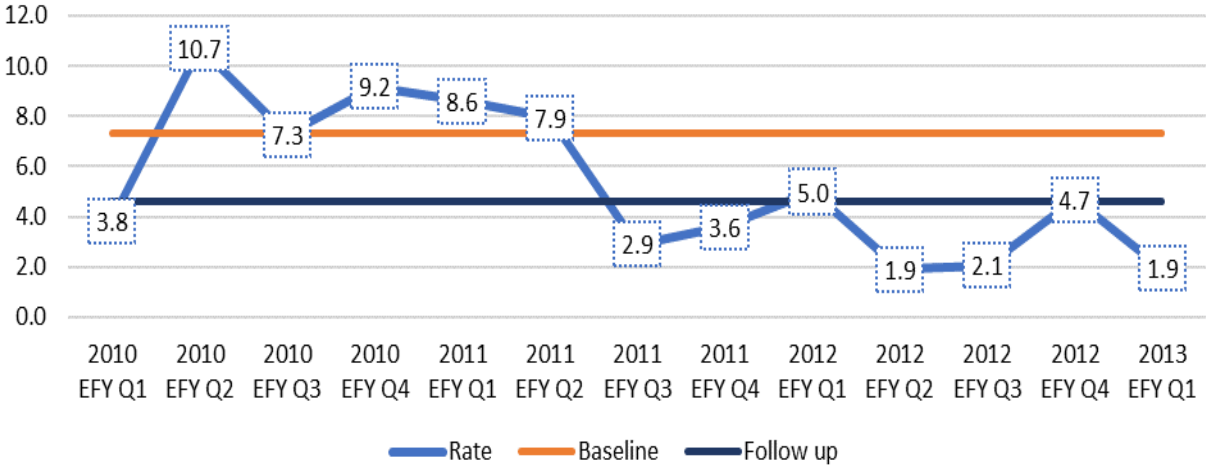


Figure 29. Progress in NMR in Project MNH QOC Learning Districts (2010-2013 EC)

These results are in line with the report by the FMOH, HSQD quarter report, showing that: overall the aggregated neonatal deaths per 1000 live births (as of end of Meskerem 2013) has declined by 14% from the baseline 20.6 per 100 live births to the follow up 17.8 per 1000 live births. The decline in neonatal mortality rate ranges up to 51%, with the highest decline occurred for Durbete Hospital (51%), Jimma university Hospital (45%) and May-Ayene Hospital (43%). Looking at SBR reduction performance by health facility, the percentage of reduction ranges up 51% with more than 30% reduction gained by five Health facilities namely: May-Ayne Hospital (Tigray), Chencha Hospital (Sidama) and Kebado Hospitals (SNNP), Duber Hc (Oromia) and Lalibela Hc (Amhara). Most of the above-mentioned facilities in the report are USAID transform primary health care implementation sites.

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 national health care quality improvement TWG, Ethiopian Hospital Alliance for Quality (EHIAQ) TWG, MNH QOC network TWG and

patient safety TWG. In Year 4, as part of HSQD TWG the project staff are involved in the development of family planning QOC standards, the national healthcare safety training manual, Health center clinical audit tool and National QI coaching guide.

USAID Transform: Primary Health Care, involved in strengthening the regional quality steering committee at Oromia, Amhara, SNNP and Tigary RHBs health service quality unit. In this year, beside taking part in the regional quality steering committee activities, the regional staff were taking part in non-COVID 19/essential health service task force activities at RHB, technical support was provided during the task force meeting, guideline and checklist development, involved in the joint supportive supervision to ZHD, WorHOs and health facilities (hospitals, health centers, HPs) and communities to support the implementation of essential health services during the COVID-19 pandemic. USAID Transform: Primary Health Care also provided logistic support such as vehicle and staffs to the RHBs for joint supportive supervision. Participated in the TWG virtual meeting. Effort has been done to integrate QI team and COVID-19 IPP task force at facility level to ensure providers and patient's safety in service provision and the use of quality improvement tool as program improvement tool for essential services improvement during the COVID-19 pandemic.

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

Planning Exercise and Ownership Orientation on FP/RH to the Public Sector. This new intervention aims to improve the skills of FP service providers and health managers to use the FP/RH services data for quantification of supply and budget planning. To evaluate the overall impact of this intervention will need time, but the immediate impact observed during the project period includes, allocation of budget for FP/RH by six woreda health offices to 30 PHCUs was a promising trend which we hope will expand to more facilities in the future. In 88% (241) of the PHCUs where the intervention was implemented used their FP/RH service data to prepare a quantified supplies check list for service planning.

Training of HEWs on FP at the Workplace - On-Site. This training approach is an alternative model to the group-based off-site training of HEWs which the project has implemented as a learning intervention after capacitating HCs to conduct the training independently. The intervention was implemented in more than 60 PHCUs in 12 woredas. The assessment of 52 on-site trainings conducted at the PHCUs level showed the approach is cost effective. The HCs can better organize the training through integration into the existing system which allows to train a small number of trainees on demand and sustain the Implanon training and the services by the public sector. The assessment is under review for publication.

Back-Up LARC Service Support to HPs from the HCs: The back-up -LARC services support to the community from the HCs is an alternative model to the mobile outreach FP program to expand access and increase method mix of FP at the community level. This intervention is different to the mobile outreach program since it is implemented through integration into the existing health service delivery system of the PHCUs and requires no additional financial and human resources and ensures service sustainability. According to

the monitoring data report of the project (February 2020), out of the 544 reported back-up providing HCs in the project area , 155 (28%) of the PHCUs were able to organize and conduct the back-up visit by their own capacity, 117 (32%) of the PHCUs received a very minimal support from the project to organize and implement the intervention and the remaining 272 (50%) PHCUs have conducted the intervention through the support of the sub-grant program.

Clinical Skill Labs (CSL). Clinical skill labs (CSLs) at HFs are one of the project's capacity enhancement strategies and are where HWs and students practice clinical skills and retain their skills. 32 CSLs are in use at the project's intervention health facilities, two of which were established during this reporting year. Staff at these facilities, catchment HFs, and students from nearby higher education institutions practice in the CSLs. All the 32 CSLs found at the project's intervention sites were strengthened by filling material gaps and establishing new skill stations of different thematic areas.

2,598 CSL visits by mentees (health workers and students) were documented during this reporting year to practice different clinical skills - including 423 during Quarter 4. All CSLs are 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 facility heads, decide who goes to the CSL and what sets of skills will be discussed and practiced. The most commonly practiced skills during this reporting year were insertion and removal of long acting and reversible contraceptives, application and removal of non-pneumatic anti-shock garment (NASG), normal labor and delivery, assisted vaginal breech delivery, vacuum extraction, management of preeclampsia and eclampsia through MgSO4 administration, management of PPH and shock, manual removal of placenta, essential newborn care (ENC), neonatal resuscitation, and PAC.

Task Shifting on "Limited Obstetric Ultrasound" and UBT Services. Limited obstetric ultrasound service has been delivered throughout the year at 100 HCs by trained mid-level providers. The major problem in the introduction of this innovation was frequent interruption of services due to breakage of machines from power fluctuation and hence HCs were supported to procure power stabilizers. During Year 4, 28,860 pregnant mothers were scanned and 4,618 (16%) of them were found to have some type of abnormality in their pregnancies and were referred to the next level of care. The most commonly diagnosed abnormalities during the scanning were breech presentation, abnormal placentation, multiple gestation, amniotic fluid abnormalities, small/large for gestational age, intrauterine fetal death (IUFD), and congenital abnormalities. Additional UBT kits were distributed to intervention hospitals of the Activity as required and throughout the year 19 UBT kits were utilized which helped save lives of mothers from complications of refractory PPH, four of them were during Quarter 4.

Strengthening the Availability of Post-GBV Services at the Primary Health Care Level. The approach includes generating evidence through GBV landscape analysis, training of service providers on clinical skills on GBV response, orientation on GBV SOP for multi stakeholder actors and distribution of job aids and data capturing tools. All these approaches led to increased attention and quality of immediate health service availability for GBV survivors by trained professionals with appropriate job aids and referrals.

Mentorship on Gender Analysis and Action Planning. This approach was designed after follow-up result findings on challenges of trainees who attended gender and health basic training being unable to find ways and buy-in from their team to systematically address gender issues. Through on-site mentorship approach targeting WorHOs it was able to bring together all relevant professionals together to develop their knowledge on basic gender and health concepts and specific skills on how to identify and integrate gender lens to woreda-based planning.

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

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

Mass Awareness Using Audio Mounted Project Vehicles: USAID Transform: Primary Health Care reached an estimated 35,913,310 individuals (17,823,689 females) with COVID-19, AWD, measles, malaria, CBHI, polio and maternal health-related messages. 15, 971,795 were reached during Quarter 4. The pre-recorded audio messages were transmitted in Amhara, Oromia, SNNP, Tigray and Addis Ababa using 33 audio mounted project vehicles.

Mass Awareness on COVID-19, Hintalo Wajirat Woreda, South East Zone, Tigray July 2020

"Audio mounted vehicles are playing a key role in delivering COVID-19 related information particularly to those who do not have access to radio and TV" Ato Tariku, Deputy Head Amhara Regional Health Bureau stated in a letter of recognition he sent to USAID Transform: Primary Health Care.

IEC Materials Production and Dissemination. Disseminated 189,593 (12,404 in Quarter 4) IEC materials during Year 4. The materials included 24,793 Family Health Guides and 5100 PWC facilitation guides aimed at promoting appropriate health behaviors among the community. The project also printed 3000 PWC facilitation guides, 3000 HP service list posters, 70,000 (45,000 in Q4) FP brochures and 25,000 (all in Quarter 4) immunization brochures during Year 4.

Community Based Health insurance. USAID Transform: Primary Health Care reached an estimated 492,617 individuals (SNNP 385,880; Amhara 65,025; Oromia 41,712) with CBHI-related messages. The messages were transmitted in local languages in places where large groups of people congregate using audio mounted project vehicles. Mobilization also conducted on Dire Shekusen cultural event called, "Ziyara" using project mobile VAN and EHIA vehicles in Oromia. Over 400,000 peoples attended the program from all over the country, and 3,000 brochures were distributed on this event. 65 woredas annual general assembly meetings (GAMs) that engage community representatives to review overall CBHI performance and health service provision to beneficiaries were held in all five regions (53 in Oromia, four in Amhara, four in SNNP and Sidama, and four in Tigray). There was 2,017 (500 female) participants through the support of the project. These meetings were conducted in collaboration with EHIA, ZHDs and WorHOs.

To address CBHI beneficiaries' complaints about the quality of services at HFs, and their dissatisfaction and equity issues, the project conducted community-CBHI schemes-health facility interface meetings between kebele leadership, community delegates, CBHI executives and HF heads in partnership with EHIA, ZHD, and WorHO at 45 woredas (42 in Oromia, two in Amhara, and one in SNNP). Of these, one interface meeting was carried- out in Quarter 4 in SNNP. The project provided refresher training on duties and responsibilities of the CBHI scheme board for 14 woredas (13 in SNNP and one in Amhara). Similarly, CBHI refresher training was carried-out for 312 (93 female) community representatives (HEWs, elders, religious and kebele leaders) drawn from 32 kebeles in four woredas in Oromia using the sub-grant funds. As a result, the following improvements have been made:

Major Achievements

- Eligible HHs enrolled in CBHI in 2017, 2018, 2019 and 2020 reached 1.7, 3.3, 3.7 and 4 million, respectively. In Year 4, 4 million HHs, or 19.6 million individuals, received financial protections to access health services as set in the health benefit package.
- The total number of visits made by CBHI members to public HFs dramatically increased by three-fold from the baseline 1.8 million in 2016/17 to 6.6 million in 2018/19.
- In Year 4, Oromia RHB cordially awarded a recognition certificate to the region's USAID Transform: Primary Health Care team for its committed support to implement CBHI in the region.

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

Health Post Open House. To respond to the challenges posed by COVID-19, USAID Transform: Primary Health Care modified the HP open house implementation guide. The modification entails adjusting the objective, content and duration of the activity. The major objective of the modified HP open house intervention is to improve or maintain essential health service uptake. Specific objectives include promoting the services rendered at HP level, maintaining community trust in the health system, promoting COVID-19 related recommended behaviors, identifying and addressing the barriers for essential health service utilization as well as cultivating mutual responsibility for improving community health.

Health Post Open House Event, Arbo Kebele Kalo Woreda, South Wollo Zone August 2020

145 (29 in Quarter 4) HP open house events were conducted with the goal of improving essential health service uptake. 4,773 (2,046 female) individuals comprising of kebele administration, community representatives, HEWS, catchment HCs, and WorHOs attended the events. The event enabled the participants to hear each other's' ideas, identify barriers, promote mutual responsibility and develop a plan of action that would be followed by the catchment health center.

Lalkiew HP Preparing to Host an HP Open House, Waghemra Zone, Amhara, August 2020

The HP open house preparation process involves ensuring the availability of essential drugs and supplies, cleaning and maintaining the health post as well as refreshing the HEWs on the proper identification, classification and management of newborn and childhood illnesses.

Community Mobilization Training. USAID Transform: Primary Health Care conducted a three-day community mobilization training in Arbaminch, SNNP in Quarter 4. The training was aimed at equipping the participants with the knowledge and skill required to roll out the community mobilization strategy using the grant fund. 34 (two female) drawn from 27 woredas and 7 zones of SNNP attended the training. Issues related to SBCC, community mobilization, PWC and HP open house were thoroughly discussed during the training. The trainees are expected to facilitate community mobilization kick off workshops in their respective woredas using grant funds.

Community Mobilization Review Meeting. USAID Transform: Primary Health Care conducted four (including one in Quarter 4) review and experience sharing meeting in Amhara, Oromia and SNNP during Year 4. The meetings were aimed at reviewing the progress of the community mobilization intervention initiated in 33 kebeles. 142 (55 female) 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 a plan of action and started implementation. As a result, service uptake has shown improvement in most of the kebeles. These include increased: pregnancy identification, ANC visit, 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 leaders, poor documentation, COVID-19 as well as lack of follow up from the catchment HC and WorHO 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. In addition, they developed a short-term plan of action which would be followed by the catchment HCs

Community Mobilization Supportive Supervision Visits. USAID Transform: Primary Health Care conducted supportive supervision visits in 19 (14 in Quarter 4) woredas of Amhara, Oromia and SNNP during Year 4. The visits were aimed at reviewing the progress of the community mobilization intervention in 34 kebeles (26 in Quarter 4). The visits were also a very good opportunity to introduce the modified HP open house implementation guide to the woreda health offices, health centers and kebeles. All the kebeles have organized a community mobilization team, explored and prioritized their health problems, developed a plan of action and started implementation.

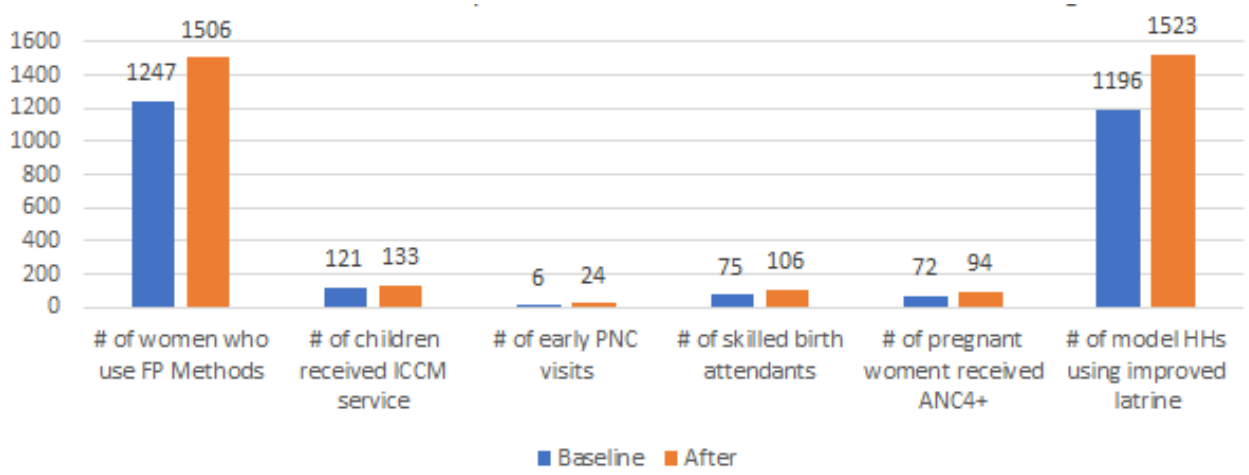


Figure 30. Changes in Service Uptake During Follow-Up Visits, Mekdesssa Kebele, Antsokya Gemza Woreda, Amhara

SBCC Orientation and Consensus Building Workshop. SBCC consensus building and experience sharing workshop conducted in Dangila, Amhara during the year. The two-day workshop was aimed at equipping the participants with the knowledge and skill required to implement and monitor community level SBCC activities. Accordingly, issues related to SBCC, model kebeles, sectoral collaboration, community mobilization, 'Health Post Open House', and pregnant women conference were presented and thoroughly discussed during the workshop. 35 experts (eight female) drawn from 10 WorHOs, 10 zone health offices and the RHB attended the workshop.

SBCC Activities Using Subgrant

Community Mobilization Kick off Workshops. 22 sessions (two in Quarter 4) of community mobilization kick off workshops conducted in Amhara, Oromia and SNNP 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 1170 (445 females) community and government representatives from 100 (16 in Quarter 4) kebeles and 29 (two in Quarter 4) woredas. Issues

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

Health Post Open House. Six woredas of Oromia conducted 16 (four in Quarter 4) health post open house events using the grant arrangement. 680 (365 females) community representatives, HEWs, health care providers and kebele command post members participated in the events

School Health Training and Orientation. Five grant woredas of East and West Gojam zones of Amhara conducted school health training during Year 4. 287 (91 females) school directors, teachers, school club leads, HEWs, and health care providers attended the four-day training. The trainings were aimed at equipping the participants with the knowledge and skill required to implement school health interventions. South Achefer woreda of West Gojam zone, Amhara have also provided a two-day orientation on issues of the school health package. The orientation was aimed at introducing the school health package to 90 (nine female) participants comprising of school directors, supervisors, club leads, HEWs and health care providers attended the orientation.

Changes Observed in SBCC. Accordingly to the Midterm Term Evaluation Report, there has been an increase in early initiation of ANC (31% to 55%), skilled birth attendance (66 to 68%), early PNC (49% to 55%), early initiation of breastfeeding (78% to 88%), exclusive breastfeeding (59% to 77%), full immunization of children (41% to 44%), modern contraceptive prevalence rate (44% to 46%) and CBHI enrollment (29% to 51%).

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 learning ground for future policy and program directions, bridging a disconnect between implementation research, policy and practice. Conducting and disseminating implementation researches; documenting success stories and best practices; and related activities using different venues are some of the key activities under the result.

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

Public Sector Staff Capacity Building: Following the previous year systematic review and meta-analysis training, the project organized refresher training for Amhara Knowledge hub team in this reporting period. After the training, four research topics were identified by the trainees to write and publish manuscripts in a peer reviewed journal. As a result, two of the identified topics were developed into a manuscript and are

submitted to the journal for peer review. The following are topics submitted for journal of PLOS ONE and Ethiopian Medical Journal (EMJ), respectively:

- "Time to Fertility Return after Discontinuation of Contraceptive Utilization: A Systematic Review and Meta-Analysis"; and

- "Magnitude and Determinants of Newborn Mortality in Neonatal Intensive Care Unit (NICU) Hospitals in Ethiopia: A Systematic Review and Meta-Analysis".

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

Knowledge and Evidence-Generation

Mid-Term Review for Program Learning, Iterative Adaptation and Annual Plan. In Year 4, the mid-term review was conducted by T/MELA. The findings of the mid-term review were also used for program learning, iterative adaptation, and annual plan. The mid-term evaluation revealed that the project was effective and significant progresses had been demonstrated in achieving the key targets set, particularly in the areas of FP; MNCH; and CBHI. In addition, the evaluation showed that the project was the most relevant one even compared with other similar activities which were available in the intervention areas. The evaluation also reported that the project was efficient, particularly in terms of staffing structure, resource sharing with government and using the government structure to execute almost all the interventions. It also reported that the project had incorporated the issue of sustainability in its programming. On the other hand, the mid-term review pointed out that some targets set at the beginning of the project were requiring revision as they were less likely to be met in the remaining period. For some gaps identified by the evaluation, the staff of the project at all levels participated in the course correction plans based on the specific thematic areas so that in the remaining period those gaps can be addressed (refer to each thematic area for the details on this).

Knowledge Products. To share the program learning acquired from implementation, the following products were produced and distributed in the reporting period:

- **Preparation of Technical Briefs.** Technical briefs had been prepared at the beginning of the activity for each thematic area to increase visibility of activity and share the program learning to the partners and to the general public. During the reporting period, these technical briefs (13) were updated for all the thematic areas by including progress made so far and areas that remain to be done.
- **Documentation of Success Stories.** Success stories (82) showcasing the results of the intervention were documented (14 of them in the fourth quarter) and shared using various public events (some using different social media outlets).
- **Annual Report for Communication Purpose**. As part of sharing the program learning, an annual report for the fiscal year 2019 titled, *'Making a Difference in Health Sector Transformation'* was developed and distributed to key partners.

- **Operations Research (OR):** The following planned research activities are completed, and the final draft reports are produced during the year:

Table 13. Operations Research Conducted

Research Topic	Objective	Major Finding(s) and Programmatic Implications
Assessing Facilitators and Barriers of the Ethiopian Primary Health Care Facilities Referral System: A Case of Transform Primary Health Care	To assess the barriers and facilitators of the primary health care facilities referral systems in practices	The referral rates in both health centers and primary hospitals were below the national standard, 1.2% which shows that patients had very little or no access to referral services, denying them access to critical health care services which may help them to recover from their ill health. Availability of ambulance services were the facilitators for referral services. On the other hand, lack of infrastructure, telephone services and shortage of budget were barriers for the referral services
Mutual Effects of Health Care Service Quality and Community-based Health Insurance (CBHI) interventions	To assess the mutual affects between health care service quality and Community-based Health Insurance interventions in USAID Transform: Primary Health Care project intervention sites.	The process and outcome related measure of service quality in CBHI district showed significant difference, but the overall measures of structural quality were not significantly different in CBHI districts. Individual and household factors played a significant role in CBHI enrollment and renewal decision. However, health-service quality was not shown to have a significant impact on CBHI enrollment or renewal decisions.
The Effect of Maternity Waiting Home on Immediate PPFP Utilization	To assess the contribution of MWHs to increase IPPFP uptake among women who deliver in health facilities in Ethiopia	The study showed that, MWHs significantly contributed for improving IPPFP uptake within 48 hours after delivery by an average of 8%-point difference for beneficiaries. Developing a comprehensive package of service for maternal care has the potential to improve family planning uptake of postpartum women
Health Consequence and Quality of Life among Women with Grades 3 and 4 Pelvic Organ Prolapse in Ethiopia.	To assess the quality of life and healthcare outcomes of women with confirmed Stage 3 and 4 POP in Ethiopia	Data collection is in progress

Readiness of primary hospitals to provide neonatal intensive care services in Ethiopia	To assess readiness of primary hospitals to provide neonatal intensive care (NICU) services.	The overall readiness of primary hospitals to deliver neonatal intensive care services in terms of infrastructure, human resource, medical equipment, and laboratory tests was found to be low.
Public health facilities' readiness assessment for basic ANC laboratory service provision and satisfaction of clients on the services at USAID Transform: Primary health Care intervention areas, Ethiopia	To assess readiness of health facilities to provide the basic ANC laboratory services and satisfaction of clients on the services provided.	On data analysis stage.
Factors associated with defaulting from antenatal care services in Ethiopia: a qualitative study	To explore factors associated with defaulting from ANC services and possible solutions.	On manuscript write up stage.
Use of limited obstetric ultrasound service to improve maternal and perinatal health outcomes at rural set up in Ethiopia: a retrospective cohort study	To assess the accuracy of diagnosis of midwives using ultrasound scanning, To determine maternal and perinatal outcome and investigate the effects of limited obstetric ultrasound on uptake of antenatal, delivery and perinatal services. To assess the experiences and perceptions of Midwives, Radiologists, Emergency Integrated Surgical Officers, Obstetrician and Gynecologists towards ultrasound task shifting at health center level will be explored.	Data collection is going to be started soon.
Quality Improvement approach to improves Immediate Postpartum	To present lessons from the quality improvement implementation and its	Manuscript development

Family Planning (IPPFP) service up-take	effect in improving the PPFP service uptake in selected health centers	
Integrated periodic outreach services (IPOS) strategy to improve Reproductive, Maternal Newborn, Child and Adolescent Health and Nutrition services among the hard to reach intervention woredas	• To assess improvements in key RMNCAH-N indicators in selected IPOS woredas • To assess the perception of woredas and health center managers on the implementation of IPOS as a strategy to improve access and coverage • To cost intervention package • To document the lessons for future implementation and scale up to other areas in the region, as well as in the country.	Data collection is going to be started soon.

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

Knowledge Sharing

Efforts have been made to share knowledge created by USAID Transform: Primary Health Care. During the reporting year, several research results submitted to national and international conferences and journals. A total of 14 research results submitted to national and international conferences and journals. List of topics are presented below with a status for each topic in terms of sharing and acceptance. In addition, three research manuscripts prepared but not yet shared with any conferences and journals.

Abstracts Submitted/Shared and Accepted to National and International Conferences.

- *"The Impact of Service Delivery Environment on Community Health: The Case of Family Planning Use: Multilevel Analysis*", was presented in 2019 Regional Global Health Practitioner Conference held in Nairobi, Kenya, October 14-16, 2019.

- The following two research abstracts were submitted for the 31st EPHA conference and accepted for oral presentation, which was planned to be held in Addis Ababa March 15-17, 2020, but the conference was canceled because of COVID-19 pandemic. The abstract was titled:
  - *Assessment of Facilitators and Barriers of Primary Health Care Facilities Referral System: A Case of Transform Primary Health Care;*
  - *Role and Contribution of Peer Educators in Demand Generation and Utilization of Youth-Friendly Health Services.*
- The following two research abstracts were submitted for the International Social and Behavior Change Communication Summit, which was planned to be held March 30 through April 3, 2020 in Morocco, but the conference was canceled because of COVID-19 pandemic. The abstract was titled:
  - *Health Post Open House: The Case of USAID Transform: Primary Health Care Project, Ethiopia.*
  - *IT TAKES A VILLAGE: A Community Mobilization Approach for Enhancing Community Production and Stewardship of Health – The Case of USAID Transform: Primary Health Care Project, Ethiopia.*

Abstracts Shared/Submitted/Published in Peer-Reviewed Journals.

- The following three research articles were published in peer-reviewed journals:
  - *Does frequency of supportive supervisory visits influence health service delivery? —Dose and response study; published in PLoS ONE; https://doi.org/10.1371/journal.pone.0234819*
  - *Pertussis outbreak investigation of Dara Malo district, Gamo Administrative Zone, Southern Nations, Nationalities and Peoples Region, Southern Ethiopia; Published in BMC Public Health; https://www.researchsquare.com/article/rs-8440/v1*
  - *Accelerating the performance of district health systems towards achieving UHC via twinning partnerships; Published in BMC Health Services Research; https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05741-1*

- The following research articles were shared and accepted by journals for publication but not yet published:
  - *Understanding Men's Opposition to Family Planning in Rural Ethiopia: Findings from USAID Transform: Primary Health Care Project Gender Analysis"; Accepted in BMC SRH Supplement*
  - *Role and Contribution of Peer Educators in Demand Generation and Utilization of Youth Friendly Health Services; Accepted in BMC SRH Supplement*
  - *Readiness of primary hospitals to provide neonatal intensive care services in Ethiopia; (Accepted in Ethiopian journal of health sciences/EJHS and is expected to appear in the January 2021 issue of the journal).*

- The following research manuscripts were shared/ submitted for peer-reviewed journal publication and are currently under review:
  - *Leveraging Maternity Waiting Homes to Increase Uptake of Immediate Postpartum Family Planning in Primary Public Facilities in Ethiopia; submitted to EJHD*

- *Enhancing Leadership, Management and Governance Competencies to Strengthen the Health System: Evidence of Performance Improvements at Primary Health Care Entities in Ethiopia; submitted BMC Health Services Research*
- *Data Quality on Expanded program of Immunization in Pertussis Outbreak Affected District: The Case of Dara Malo woreda, Southern Ethiopia; submitted BMC Health Services Research*
- *Youth-Friendly Health Services in Ethiopia: What Has Been Achieved in 15 Years and What Remains to be Done? submitted to Global Health Science and Practice Journal (JGHSP)*
-
- *A pre-post intervention assessment of modified WHO safe childbirth checklist at USAID Transform: Primary health Care health centers, Ethiopia. (Submitted to BMC Pregnancy and Childbirth, being processed for publication).*

The following three manuscripts developed during the reporting period but not submitted/ shared with journals:

- *Modern Contraceptive use in Ethiopia: Progress and lesson learned based on Pathfinder International's Programmatic Experience" ready for submission to the journal*
- *Referral barriers in Ethiopia: Experience and Perceptions from Providers and Clients of the health system.*
- *Role of community mobilization intervention on SRH outcome: experience from USAID Transform: Primary Health Care project*

Collaborating, Learning, and Adapting (CLA)/Knowledge Management (KM). In Year 4, various activities related to CLA were carried out at the field level in the regions. 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. The center is expected to improve the quality of RMNCH services being provided at the Sawula Hospital and serve as the training center for the Arbaminch University. This is part of the efforts in expanding and scaling-up of the new initiatives started by USAID Transform: Primary Health Care. In Oromia, collaboration was made between USAID Transform: Primary Health Care and the regional government to share the lessons learned from implementation from the "chosen" district - that had been found to be up to standard in terms of implementing the QI initiative; and 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. 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 activity. In Year 4, program learning was given due attention and during the senior management meetings before the occurrence of COVID-19 pandemic, discussions were held as 'pause and reflect' strategy and adaptive management. In Quarter 1, the MEL department identified and presented in the senior management meeting the new initiatives introduced by the project and found it to be effective as informed by monitoring and evaluation data and progress reports. In Quarter 2, to revitalize the importance of CLA, exercise was conducted among senior management staff during the senior management meeting of USAID Transform: Primary Health Care. 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.

The following were the major initiatives and program learning found to be effective and shared with partners using different venues and publications: twinning partnerships of woredas and health centers for the performance improvement; the "Her Space" initiative; FP planning exercises as package; establishment of the clinical skill laboratories; introduction of the V-scan ultrasound into the selected health centers for limited obstetric service during antenatal care; IPOS; 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; level-4 IUCD service initiation at community (health post) level; and the installation of the solar suitcases in selected health centers to help health workers assist delivery during the night time. Some of these initiatives have been owned by the government, others incorporated into the national policy and strategic documents (see Annex 6 for details).

CLA for COVID-19 Pandemic Containment and Support of Essential Health Services Provision. USAID Transform: Primary Health Care collaborated with the Ethiopian MoH and has been an active member of a taskforce established at the federal level to contain COVID-19 pandemic and ensure provision of the essential health services at all health facilities. Similarly, task forces have been established in all regions, under the leadership of RHBs, in which USAID Transform: Primary Health Care has been a member to provide technical and material support. At all levels, from regions to woredas, the staff of USAID Transform: Primary Health Care have been involved to support the COVID-19 prevention, control and treatment service, and to ensure all the essential health services in the intervention areas are on offer without any interruption. Integrated supportive supervision is one of the collaborative works undertaken by USAID Transform: Primary Health Care in which the findings of the field visits were used to provide tailored and targeted technical and material support on spot. For gaps/issues seeking the attention of RHBs, those gaps/issues were brought to the attention of the RHBs during presentations after field visits to take appropriate gap filling actions and follow up. USAID Transform: Primary Health Care, in collaboration with MoH, prepared brief checklists that help to assess and continuously monitor the readiness level of health facilities for responding to COVID-19 and status of essential health services in all regions. At the beginning

of the COVID-19 pandemic (April and May 2020) some of the indicators for the essential health services showed a slight decline in trend due the panic created. However, after the Activity provided technical and material support at all levels on COVID-19 pandemic response and essential health services provision, the trends of the indicators started increasing, and compared with the period of last fiscal year the indicators of essential health services have been on the right track (please refer the report of each thematic area). sIn Quarter 4, 536 health centers (135 in Amhara, 217 in Oromia, 104 in SNNP, and 80 in Tigray) were visited to assess the essential health services provision status in the face of COVID-19 pandemic. As shown in the figures (31 and 32) below, the proportion of HCs providing essential health services in every region was quite high.

Figure 31. Proportion of HCs Visited that were Providing Essential Health Services in Amhara and Oromia

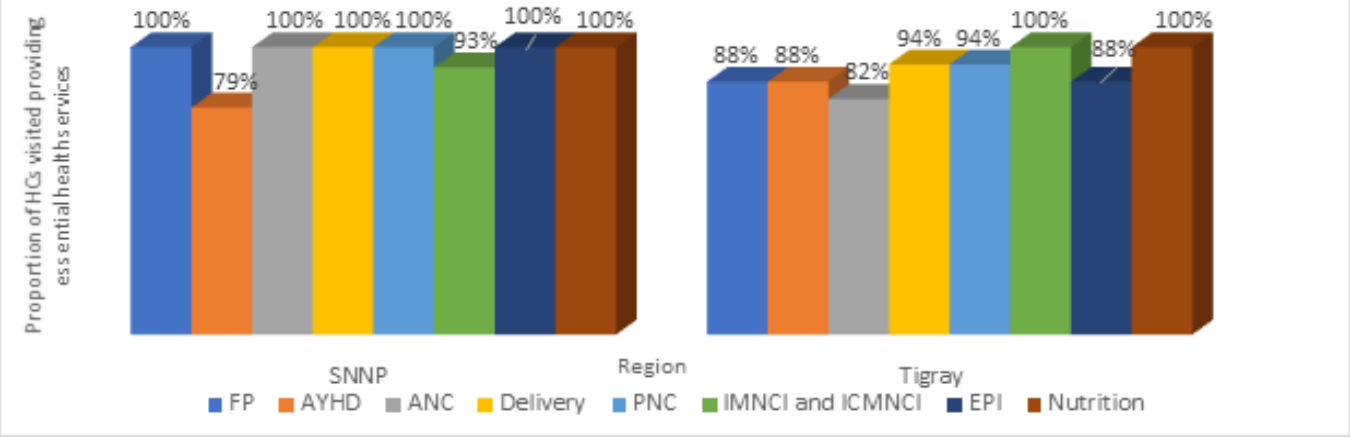


Figure 32. Proportion of HCs Visited that were Providing Essential Health Services in SNNP and Tigray

Theory of Change Exercise for Annual Plan and Adaptive Management. Since the beginning of the project in 2017, USAID Transform: Primary Health Care has been conducting an exercise on theory of change every year to use the inputs for the annual plan and adaptive management. In the previous years, the theory of change exercise has been used as one of the components of the CLA to ensure the participation of

stakeholders (particularly the government) at all levels - Woreda, Zone, Region and Federal. In this reporting fiscal year (2020), the theory of change exercise was conducted differently due to the COVID-19 pandemic. In every region and at every woreda level, a strength-gap analysis was conducted before the first case of COVID-19 was detected in the country. The data acquired from strength-gap analyses from all woredas were used to conduct the theory of change exercise virtually among cluster offices. Making use of different opportunities such as review meetings of RHBs and organizing a brief meeting with selected staff of RHBs, the involvement of RHBs in the exercise was ensured and their feedback were incorporated into the theory of change. During the virtual theory of change exercise among cluster offices and during the discussions held with RHBs, COVID-19 pandemic response and provision of essential health services were taken into consideration and included in the annual plan and adaptive management to be undertaken in the fifth fiscal year. Consequently, at all levels, from regions to woredas, the staff of USAID Transform: Primary Health Care have been continuing to get involved and support the COVID-19 pandemic prevention, control and treatment service, and to ensure all the essential health services in the intervention areas are on offer without any interruption. Furthermore, USAID Transform: Primary Health Care took part in the woreda-based planning and provided necessary technical inputs, particularly the findings of the gender analysis (conducted in every woreda) were included into the plans of some woredas in the intervention areas.

PARTNERSHIP AND COLLABORATION

LMG Partnerships. USAID Transform: Primary Health Care was represented in TWGs of Leadership Incubation Program (LIP) and extending technical support to leadership & management initiatives of the FMOH through course delivery and coaching to candidate leaders identified by FMOH in collaboration with the International Institute for Primary Health Care (IIfPHC). Accordingly, the first cohort of this program graduated in the presence of Dr Liya Tadese (Minister, FMOH Ethiopia), recognition certificate provided for graduates and for participated partners/organizations including Transform: Primary Health Care.

Dr Liya Tadese (minister) in Her Opening Remark during LIP 1st Batch Graduation

Data Use Partnerships. The project is working with other partners working to strengthen the country routine health information system such as JSI-Data Use Partnership (DUP), JSI-Digital Health Activities (DHA), ICAP-Health Information System Project, and World Health Organization (WHO) under governance of MOH. The partnership was started with plan alignment, exchange materials, working together on the development of strategic documents to avoid duplication of efforts. The project is members of data use technical working group, which was established under MOH to provide technical and financial support to the ministry on HIS resource & capacity, data quality, data use and other HMIS related activities.

HCF Partnerships. The project participated 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 including the MOH, CHAI, and the USAID Health Financing Improvement Program. Also participated in the MOH-led Health Service Quality and Health Insurance Advisory national TWGs to support EHIA in reviewing CBHI impact assessment and redesigning the health insurance benefit packages with partners including MOH, USAID Health Financing Improvement Program, CHAI, World Bank and other Implementing Partners. HCF implementation directive have been developed in revising the existing one in collaboration with USAID HFIP. TA provided for the MOH in conducting HCF, revenue retention and utilization (RRU) and Decentralized planning and budgeting) training for HFs governing board from selected transform woredas in collaboration with HFIP. Continued working to finalize the revision of HCF implementation directive in collaboration with USAID HFIP. The Tigray HCF team had participated in a meeting to review the HCF structure of woredas. In the meeting, representatives of HFIP, EHIA branch offices, WorHOs, and relevant RHB staffs attended. The project supported Oromia RHB in revising its CBHI implementation guideline in collaboration with EHIA, CHAI, and the USAID HFIP. The project office worked with a TWG to prepare the 2021 annual PFM and CBHI work plan and to align it with the MOH HSTP2 and EHIA's five years strategic plan. Collaborated with HFIP, provided TA to the Oromia RHB to support them in encouraging the regional Public Service and Human Resource Development (PSHRD) bureau and BoFEC to approve changes to the regional institutional

structure to include HCF staffing positions. These changes facilitate further institutionalization of HCF reforms and CBHI within government institutions. As a result, the regional PSHRD approved one CBHI coordinator for each zone,and one HCF expert at woreda-level for HCF reform. Each expert was assigned for both the zone and the woreda will perform HCF, CBHI and NGO activities.

Obstetric Fistula Partnerships. USAID Transform: Primary Health Care is one of the key partners operating in the national OF TWG. During Year 4, the project has coordinated and co-facilitated a series of eight TWG meetings - including four sessions in Quarter 4, all at national level. The TWG meetings have worked to update resource mapping for OF, technical contributions in the field and productions of training and resource materials with UNFPA and other partners including the post 2020 strategic plan preparation. The project also works closely with the Hamlin Ethiopia and university treatment facilities in all the regions, and the Healing Hands of Joy (HHoJ) to render rehabilitation and reintegration of treated mothers with fistula.

CHD Partnerships. Child survival TWG at all levels and ECD TWG at the national and regional level were opportunities to work with the Ministry, PATH, Save the children, UN agencies and other NGOs. Project offices actively participated in the meetings, and worked together during interventions, like trainings and supervisions. The project is cooperating with other partners, exchanging standard materials to avoid duplication of efforts. The project is a member of the Multisectoral ECD technical working group (MOH, MoWCA, MOE) - including the World Bank, Children believe Canada, BvLF (Bernard Van Leer foundation, Big Win Philanthropy, UNICEF, and other partners working on guidelines, job aids, to implement ECD.

EPI Partnerships. Technical support to the MoH during PCV 10 to PCV 13 switch process was provided at all levels, including the development of pocket guide and training materials; training cascading; Measles SIAs best practice documentation at MoH and Amhara; actively participating in the TWG, task force, and other meetings at all levels; technical support to the comprehensive multi-year plan (cMYP 2021-2025) development at the MoH; regular information sharing among partners and MoH at all levels; participating in supportive supervisions and review meetings at all levels; technical and logistic support during the whole process of Measles SIAs implementation; and planning alignment with the public sector at different levels.

Partnership with the Ministry of Health on AYHD. USAID Transform: Primary Health Care is a trusted partner and a prominent member of the national AYH technical working group. During Year 4, the MOH in collaboration with different partners conducted the first-ever Ethiopian youth health virtual platform - through which young people can contribute to the health policy dialogues and program discussions at the national level through their collective ideas, solutions, and innovative ideas. USAID Transform: Primary Health Care is a member of the high-level national task force for improving the health of young people working at Industrial Parks. This will provide a bold and decisive voice to advance the needs of working youth. USAID Transform: Primary Health Care is also a member of the AYH strategy development task force. The AYH strategy revision is in its initial stage and we are engaged and technically assisting the process. USAID Transform: Primary Health Care signed a Memorandum of Understanding (MoU) with UNFPA, MNCH directorate of MoH (annexed) to formalize the understanding of the partnership between Federal Ministry of Health (FMOH), Maternal and Child Health Directorate (MCHD), Pathfinder International Ethiopia, and UNFPA specify the roles and responsibilities of the parties, concerning the strengthening and

scale-up of integrated youth-friendly services within the public health facilities in different regions**.** This is believed to expand youth friendly health services and increase access to youth-friendly health services and information to young people in Oromia, Amhara, SNNP, and Tigray regions.

Partnership with the Ministry of Education on AYHD. USAID Transform: Primary Health Care, through its AYHD team, has been contributing to improved health and development of adolescents and youth in Ethiopia. USAID Transform: Primary Health Care, in collaboration with other partners has been pushing the MOE to include Education for health and well-being in the curriculum from grades 1-12.

Gender- Related Partnerships. During Year 4, efforts were exerted to strengthen partnership with internal and external stakeholders through engagements in the review of the status of project's gender strategy, participatory design of male engagement implementation research and curriculum adaptation workshops. All relevant stakeholders invited and contributed their valuable inputs which resulted in successful collaborations and avoided duplications. Strong engagement was also continued with USAID Gender Champion Network platform where gender experts from different USAID projects come together bi-monthly to share technical expertise, new evidences and approaches in addressing gender gaps in various sectors. Being an active member of this platform USAID Transform: Primary Health Care shared its research findings and project's gender strategy and continuously sought experts' feedback on its approaches and success. During this reporting year, the project was 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.

SBCC Partnerships: The project provided financial and technical support to FMoH to conduct the 2nd national SBCC Summit. The Summit was aimed at exchanging SBCC related knowledge and best practices. Accordingly, the three days meeting offered knowledge sharing and skills building sessions on issues of community health. The summit brought together over 180 SBCC implementers, academicians, donors, private sector, and other community health practitioners. The Summit was held in Addis Ababa from December 9 – 11, 2019 under the theme "SBCC – Beyond Health".

The project is playing key role in the regional risk communication and community engagement (RCCE) technical working groups. Oftentimes, project staffs stationed in their respective regional health bureaus to support COVID-19 related responses. COVID-19 related message development, orientation, adaptation of guidelines, translation of IEC materials etc were the major activities they were engaged in. The project has also deployed 33 audio mounted project vehicles with the goal of disseminating COVID-19 related information. The project is also a member of the national risk communication and community engagement (RCCE) team. It is participating in developing, reviewing, and enriching COVID-19 related guidelines, IEC materials and tools.

The project supported the Amhara RHB conduct SBCC advocacy workshop. The workshop was aimed at promoting the role of SBCC among regional and zonal level decision makers. In addition to participating and giving a presentation on the role of SBCC, the project supported the workshop financially. The

workshop was a very good opportunity to exchanging SBCC related knowledge and discuss current implementation challenges.

The project offered technical and financial assistance to Tigray, Amhara and Oromia regional states to conduct SBCC TWG meetings during the year. The meetings were aimed at reviewing SBCC activities and revitalizing the forum. The activity also provided financial assistance to Tigray RHB to conduct a training on strategic SBCC. The five-day training was aimed at equipping the regional SBCC TWG members with the knowledge and skill required to plan, implement and monitor SBCC interventions. 13 (three female) experts drawn from the RHB and partner organizations attended. The training was facilitated by communication for Health Project in Adigrat town.

PROJECT DATA MANAGEMENT AND MONITORING

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. The quarterly HMIS and FP logistics data exported from the government DHIS2 system and uploaded to TPHC DHIS2 system. The quality (Completeness, Timeliness and consistency) of the reported data were monitored regularly in the DHIS2 system by running validation rules, checking outliers and completeness of reports before using for any reports.

In Year 4, additional activities included adding more COVID-19 related forms and dashboards. COVID-19 specific follow-up visit checklist were included as event form. This checklist will be filled as part of the regular quarterly follow-up visit activity. COVID-19 related annex data set has been developed at regional level, to monitor production and transmission of radio and TV spot messages, major IPC or PPE supplies distributed, and other COVID-19 related activities. At CLO level, one COVID-19 related table is included in the CLO annex data set. The tables help to collect information related with supportive supervision visits to treatment and isolation centers, RCCE activity using audio mounted vehicles and other COVID-19 response activities. To monitor the effect of COVID-19 on the project, 'line graph' for selected indicators were developed and displayed in the DHIS2 dashboard for each thematic area that shows the progress of activities through time during the COVID-19 pandemic period.

Strategic Information Integration, Learning, and Adaptation. Random follow-up visit has been conducted once per year in the period of October to December. The general objective of outcome monitoring using data from the random follow-up visit is to monitor outcomes of health interventions in the target areas. The third round was conducted in October to December 2019. The Regional MEL officers, in consultation with the country office MEL team, are responsible for selecting the WorHOs, PHLs, HCs, and Health posts (Communities) to be visited by using updated sampling frame and a simple random sampling technique. The data collection team is responsible for selecting eligible HHs under each selected HP, using a random walk technique. Random follow-up visits are based on representative sample and results can be used for generalizable program outcomes and will help to produce data for monitoring annual progress and hence

decision making. Most of the project staff are using the results from these annual assessments to assess changes against a baseline at the start of the project implementation, document lessons learned and make timely adaptation as needed.

COMPLIANCE

Following the COVID pandemic and travel restriction, temporary disruption of basic services happened in health facilities during the reporting performance year and quarter. So, does planned Compliance activities of USAID Transform: Primary Health Care Compliance unit. However, with all available opportunities different interventions were put in place to ensure programmatic compliance activities in accordance with the project cooperative agreement. To this end, orientation sessions continued in the form of integral part of other regular technical services to public sector healthcare facilities.

FP/RH/Abortion Restriction Compliance. Pursuant to USG Legislative and Policy Requirement for FP/RH and PLGHA requirements trainings and orientations were provided at different levels of the public sector management and pertinent public health facility and TPHC staff during the performance year. The objective of these orientations and trainings were to make the public sector healthcare providers and TPHC staff be conversant to applicable USG policy and legislative requirements of FP. During the year, 15,455 persons trained/oriented on FP compliance to USG rules and regulations including TIHART, of which 5,113 trained/ oriented in Quarter 4.

Environmental Compliance. Based on Environmental Mitigation and Monitoring Plan, all efforts have been done to instill the notion of environmental compliance requirements and be adhered during different orientation sessions including but not limited to quarterly review meetings, routine and random follow up sessions and as integral part of other technical trainings. In these orientation sessions 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. IPC activities required for the COVID-19 pandemic were considered as an additional opportunity to reinforce originally planned infection prevention activities. During Year 4, 14,602 persons trained/oriented on environmental compliance to USG rules and regulations – including 4,062 trained/oriented in Quarter 4.

TECHNICAL COMMUNICATION

Social media. The communication unit maintains an active presence by sharing news update, infographics, and success stories in social media channel –Facebook https://www.facebook.com/transform.primary. The main objectives of the outreach are increase awareness about essential health services in the health facilities and share USAID Transform: Primary Health Care's impact to social media followers.

Advocacy. The unit works as an Advocacy focal person the assignments are identifying in collaboration with Technical Advisors advocacy wins and brainstorming on future advocacy wins. The unit, in addition, share the organization's advocacy effort and win to the global advocacy team.

Project Technical Advisory Committee (PTAC) Meeting Guideline. Project Technical Advisory Committee (PTAC) is a regular field visit by Technical Advisors Committees in the intervention areas. The PTAC committee mainly visits the intervention region and facilities: to provide support, guidance, and feedback to the intervention areas. And the unit developed PTAC visit guidelines, the guideline is vital to draw a line on the overall purpose of the visit, identify agenda accordingly set a schedule, and finally to plan next visit etc.

Mass Awareness Update. Starting in March 2020, USAID Transform: Primary Health Care deployed 33 audio-mounted vehicles and reaching the community through tailor-made and prerecorded messages on COVID-19 preventive measures. The audio messages spread vital COVID-19 prevention and control information to intervention areas (Amhara, Oromia, SNNPR, Tigray), and Addis Ababa. Currently, it has reached an estimation of 30.8 million people and many of whom do not have access to radio or TV. The message is disseminated in collaboration with the MoH. And the Technical Communication unit provides an update of the number of estimated individuals reached weekly.

MAJOR CHALLENGES AND ACTIONS TAKEN

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

Challenge	Actions Taken/Required
Weakening of community engagement platforms	Modified strategies such as the HP open house implementation guide to respond to the COVID situation
Service providers attrition	Re-training using on job training strategy
Unavailability of registers, standard m and reporting mechanisms about GBV health services	Printing and distribution of GBV registration books, and job aids. Efforts are also ongoing with FMOH to include indicators under the HMIS on post GBV health services.
Limited structural capacities and accountability for the implementation and follow-up of gender integration activities	Adaptation of strategies to Woreda level gender analysis mentorship and support.

MAJOR ACTIVITIES FOR NEXT QUARTER

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

- Year four annual report production
- Support implementation of management standards and performance improvement projects
- Support LMG cascading
- Support Connected Woreda Strategy implementation
- Support implementation of public finance management
- Support CBHI scheme implementation
- Support implementation of sub-grant activities
- Facility renovation
- Providing onsite technical support to health facilities through mentorship and follow up to improve quality of services
- Support gender analysis activities
- Printing and distribution of materials for gap filling purpose
- Active participation in TWGs
- Support community mobilization
- Knowledge creation, documentation and sharing activities using different strategies
- Integrate compliance monitoring with other activities
- Conduct quarterly review meetings
- Support emergencies as deemed necessary

ANNEXES

Annex 1: Performance as Measured by Annual/ Quarterly Reportable PMP Indicators

Code	Thematic area	Indicator Name	Data Source	Jul-Sept 2020			Annual (Oct 2019 - Sept 2020)			Reason for Over/Under Achievement (+-10% Point Difference)
				Planed	Achieved	% Achieved	Planned	Achieved	% Achieved	
I	**Result1**	**Improved management and performance of health systems**								
1.2	HS	Percentage of Health Centers (HC)with high performance (>=80%) as measured by Ethiopian Health Center Reform Implementation Guideline (EHCRIG) score for the recent quarter	Inventory				30	41.7	139.0%	The criteria of high performing were changed from >=85% to >=80% and hence more HC entered in to the current range
1.3	HS	Percentage of PHLs with high performance (>=80%) as measured by the Ethiopian Hospital Service Transformation Guideline (EHSTG) implementation score for the recent quarter	Inventory				25	5.8	23.2%	The denominator increased with newly established PHL. The criteria need to fulfill Human Resource, infrastructure and capacity to implement EHSTGs. Shift of priority at PHL level, Covid19 prevention and management

1.4	HS	Percentage of WorHOs with high performance (>=80%) as measured by the Woreda Management standard (WMS) score for the recent quarter	Inventory				40	30.4	76.0%	In Tigray & SNNP regions, there are restructuring of districts and turnover of managers.
1.8	HS	Number of facilities renovated	Activity report				13	12	92.3%	
1.12	HCF	Woreda level government expenditure on health as % share of total government expenditure in project woredas	Inventory				15	14	95.7%	
1.14	HCF	Percentage of total health budget utilized out of total allocated budget in project woredas	Inventory				97	94	96.9%	
1.16	Gender	Percentage of supported health Centers that have women representatives among the board	RFV				86	83	96.5%	
II	**Result2**	**Increased sustainable quality of service delivery across the PHCU's continuum of care**								
2.5	FP	Couples Years of Protection (CYP)	HMIS				5,400,000	5,778,356	107.0%	
2.9	MNH	Percentage of health centers providing BEmONC signal functions	RFV				82	80	97.3%	

2.15	MNH	Percentage of pregnant women tested for syphilis during their ANC visit at HC.	RFV				70	82.9	118.4%	Test kit and manpower were the major problems during prior years which might have been solved.
2.18	MNH	Percentage of deliveries at HCs in which a partograph is correctly used	RFV				75	73.9	98.5%	
2.20	MNH	Percentage of facilities that conduct case review/audits into maternal and newborn death in past one year (HC level)	RFV				65	60	92.3%	
2.21	NIH	Percentage of newborn with neonatal sepsis who received treatment (at HC level)	RFV				91.8	61.5	67.0%	May be due to shortage of antibiotics.
2.22	NIH	Percentage of asphyxiated newborns who were resuscitated (at HC level)	RFV				95	92.7	97.6%	
2.22a	MNH	Number of newborns not breathing at birth who were resuscitated in USG-supported programs	Estimate from FUV				18,051	16,991	94.1%	
2.24	Fistula	Number of confirmed fistula cases identified and referred to treatment centers	Activity report	182	74	40.7%	728	382	52.5%	Most of the Hamlin Fistula repair facilities in all the regions have been down for 'maintenance' reasons. The COVID-19 related restrictions has limited physical

										movement of staff and HEWs to identify, diagnose and refer survivors for treatment. In general, as a 'cold' surgical case, surgical treatment and repair of Fistula was not given priority during COVID-19 in the public health system.
2.28	CH	Immunization dropout rate from Penta 1 to Penta3 under a HP	RFV				5	5.5	90.1%	
2.33	AYHD	Percentage of health centers with mainstreamed/separate YFS	RFV				60	55.4	92.3%	
2.34	AYHD	Number of visits made by adolescents and youth for health care at YFS sites	Activity report	300,000	354,965	118.3%	1,200,000	1,411,944	117.7%	The Grant YFS facilities were included in the DHIS2 dashboard and started reporting. This increase access to YFS service for young people
2.35	AYHD	Number of person trained on AYHD related issues	Training report	200	225	112.5%	482	936	194.2%	Under planned due to COVID-19 but trainings provided using different modalities than expected

2.40	Nutrition	Percentage of underweight Children aged <5 years	HMIS				5	2.2	155.9%	Data quality issue. Such big decline is not expected
2.42	Nutrition	Number of persons trained on nutrition related issues	Training report	130	263	202.3%	399	442	110.8%	
2.48	FP/RH	Number of persons trained on FP/RH service provision	Training report	52	73	140.4%	269	141	52.4%	COVID-19 effect
2.49	CH	Number of persons trained on Child Health	Training report	157	82	52.2%	755	594	78.7%	COVID-19 effect
2.50	MNH	Number of person trained on Maternal and Newborn Health	Training report	42	0	0.0%	266	218	82.0%	COVID-19 effect
2.51	Gender	Percentage of health Centers (HCs) in project areas that provide post GBV services	RFV				73	77	105.5%	
III	**Result 3**	**Improved household and community health practices and health-seeking behaviors**								
3.4	SBCC	Number of persons trained on SBCC	Training report	80	0	0.0%	516	594	115.1%	
3.10	SBCC/ AYHD	Number of contacts made to adolescents and youth to provide health information at YFS sites	Activity report	761,682	694,048	91.1%	3,046,729	3,340,858	109.7%	
3.15	Gender	Number of people trained on Gender related issues	Training report	50	64	128.0%	225	230	102.2%	

3.20	SBCC	Number of Kebles implemented community mobilization approach based on community action cycle (CAC)	Activity report	7	130		112	130	116.1%	
IV	**Result4**	**Enhanced program learning to impact policy and programming related preventable child and maternal deaths (PCMD)**								
4.1	PL/ HSS	Percentage of health centers that met minimum information use standards/ criteria	RFV				65	66	101.5%	
V	**Compliance**	**Compliance to USG Rules and regulations**								
5.1	Compliance	Number of persons trained on family planning compliance USG legislative and policy restrictions	Training report	816	5,113	626.6%	8,358	15,455	184.9%	
5.2	Compliance	Percentage of Health Posts with posted TIAHRT chart	RFV				60	53	88.3%	
5.3	Compliance	Number of persons trained on environmental compliance to USG rules and regulations	Training report	546	4,062	743.6%	8,308	14,602	175.8%	

Annex 2. Publications Printed using Project Money (Only for July-Sept 2020)

Title	Author	Year
YFS participants training manual, 2,000	MoH and its partners	Developed in 2017
Tranexamic acid administration protocol poster	The Activity (T:PHC)	Developed in 2020.

Annex 3: Short-Term Technical Assistance Provided (Only for July-Sept 2020)

Name	Organization	Date	Purpose
N/A			

Annex 4: International Travel During the Reporting Period (Only for July-Sept 2020)

No travel during Jul-Sept 2020.

Annex 5: Financial Performance

Thematic Areas (Core Activities)	Year 4 Revised Forecast	Year 4 Actual to-Date Oct-2019 to Sept 2020	Annual Budget Vs, Actual YRIV, Q1-Q4
Maternal Health	8,034,252.98	8,207,424.29	102%
Newborn Health	5,960,897.37	5,471,616.20	92%
Child Health	3,887,541.77	3,419,760.12	88%
Family planning/RH	8,034,252.98	5,699,600.20	71%
Total	**25,916,945.10**	**22,798,400.82**	**88%**
Time Elapsed			**100%**
Crises Modifier	**1,690,609.60**	**1,556,908.31**	**92%**

Annex6: Major areas of program learning

Initiative	Description	Source of information/Evidence	Learning Shared to Partner/s and Contribution to Policy and Strategy
Twinning partnership between woredas and health centers/HCs	● Increased performances of low performing woredas and HCs. ● Created the atmosphere of competition between woredas and HCs. ● Increased the ownership of the government in some areas and there is a potential for the sustainability of the initiative.	Progress reports and operation study conducted	In some woredas (like Debre Birhan) the government used its own resource to scale up the initiative. The initiative has been owned by MoH and included in SDG.
Youth Friendly Services (YFS) and Peer Education	● Being given through the two approaches- separate space and integrated at the public health facilities (primary hospitals/PHLs and HCs), and given by trained health workers. ● There is a prospect for the continuity of the initiative ● Engaging adolescents and youth with the YFS service shade light, young people as partners in improving the YFS service and the general health service	Progress reports	This is already in the national strategic plan and most public health facilities are adopting integrated YFS and peer education initiative.
"Her Space" initiative	● Multi-sectoral approach (family, school, woreda advisory committee and kebele advisory committee) and an	Progress reports	This is included in the national FMOH annual plan. The Activity is working with Ministry of Education to include this initiative in the school curriculum as "Education for Health

	opportunity to share the learning to these sectors. ● The initiative enhanced health care seeking behavior for reproductive health among young adolescent girls		and Wellbeing (EHW): a life skills education"
Comprehensive family planning services at health post (HP) level	● Comprehensive family planning services including long-acting contraceptives (including Implanon onsite training) at HP level particularly by level-IV health extension workers (HEWs)	Progress reports	Some woredas owned this initiative
Shortened/12 days BEmONC training curriculum	● The old 21 days BEmONC training curriculum was shortened to 12 days and study was conducted during the previous project (IFHP). Findings were used during this project time (TPHC) and the national training materials were revised to 12 days curriculum.	Operational study conducted	The national 12 days curriculum is owned by MoH.
Establishment of clinical skill labs (CSL)	● Found to be effective in overcoming the turnover of trained human power and enhanced skill transfer and contributed to the quality of services ● Nearby higher institutions taking part-skill transfer	Progress reports	Clinical skill lab guideline shared with MoH and partners through TWG.
Catchment-based clinical mentorship (CBCM)	● Found to be effective in overcoming the turnover of trained	Progress report. Operation study to be conducted.	Incorporated into the national clinical mentoring guide, & training package-approved & owned

	human power and enhanced skill transfer and contributed to the quality of services.		
Introduced the "limited obstetric ultrasound" service at HCs	● The first time that this service introduced at the HCs level to detect pregnancy related abnormalities/congenital malformations at HCs during the antenatal care services	Progress reports Operation study is underway.	"Limited Obstetric Ultrasound" service at HCs by mid-level providers is incorporated into the next HSTP.
Insertion of Uterine Balloon Tamponade (UBT) service at primary hospitals.	● The first time that this service introduced at the primary hospitals level as a second line treatment option of PPH cases.	Progress reports. Operation study is underway.	UBT for management of postpartum hemorrhage was incorporated into national management protocols, algorithms, and training materials.
"Gender Land Scape Analysis"	● The first of its kind to be introduced to the health care system ● Management of the victims of Gender-Based Violence/GBV introduced into the health system	Progress report	Incorporated into national GBV strategic action plan 2020-2025, the revised health sector gender mainstreamed manual, community engagement guide
Public finance management (PFM) and community-based health insurance (CBHI) support	● Introduced the IBEX software to modernize and automate the PFM and revenue generation and utilization capacity at the local level increased ● CBHI has increased the health services utilization and CBHI could be a tool for ensuring equity	Progress report and operation study conducted	In most woredas the government owned this initiative
IPOS and maintenance of refrigerators (for vaccines) and other medical equipment	● Initiative to reach the unreached children, adolescent and youths and women in selected hard to reach areas with immunization and	Progress reports	The initiatives have been owned and under implementation in woredas. The initiatives shared with MoH.

	other integrated services like ANC, FP, nutritional screening, Vit. A, deworming and other child health services. To ensure functionality of cold chain refrigerators were maintained		
Maternity waiting rooms supported technically and materially	• Health facilities with functional waiting rooms have increased steadily and the ownership the government (health facilities) looks promising • Contributed a lot to the institutional delivery and postpartum family planning services.	Progress reports and operation study(underway)	This initiative has been implemented through the government health facilities
Installation of Solar Suitcases	• Solar suitcases installed in selected HCs where there was electricity shortage/absence. • Enabled to provide services during nights particularly assisting delivery in the nights and manage emergence cases at HCs.	Progress reports	The local government technicians trained to run and own.
Onsite IMNCI training Performance Review and Refresher training	• Training of HWs conducted at PHCU level without interruption of routine services • Decreased cost and filled gap created due to high turnover of trained staff • Woreda/ PHCU level integrated performance of child health activities	Operational study conducted Document presented	Many woredas in the regions are training their health workers using grant budget. Initiative presented at MoH and accepted Woredas, using grant and other resources, are conducting the review to improve performance.

	including EPI, malaria, nutrition have been reviewed, and data collected and used for decision.		