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USAID Transform: Primary Health Care Activity

Year Six, Quarter-I Report

(Oct. 2021 – Dec.2021)

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ACRONYM LIST

ANC	Antenatal Care
ART	Antiretroviral Therapy
AYD	Adolescent and Youth Development
AYHD	Adolescent and Youth Health and Development
BEmONC	Basic Emergency Obstetric and Newborn care
CBHI	Community-Based Health Insurance
CBNC	Community-Based Newborn Care
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
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
FP	Family Planning
GBV	Gender-Based Violence
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
ICCM	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
LMG	Leadership, Management, and Governance
LQAS	Lot Quality Assurance Sampling

MEL	Monitoring, Evaluation, and Learning
MNH	Maternal and Newborn Health
NICU	Newborn Intensive Care Unit
OF	Obstetric Fistula
PAC	Post-Abortion Care
PFM	Public Finance Management
PHC	Primary Health Care
PHCU	Primary Health Care Unit
PMT	Performance Monitoring Team
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
POP	Pelvic Organ Prolapse
PPFP	Postpartum Family Planning
PSA	Public Service Announcement
PWC	Pregnant Women Conference
QA	Quality Assurance
QI	Quality Improvement
RDT	Rapid Diagnostic Test
RH	Reproductive Health
RHB	Regional Health Bureau
SBCC	Social and Behavioral Change Communication
SNNP	Southern Nations, Nationalities, and Peoples
STI	Sexually Transmitted Infection
TA	Technical Assistance
TOT	Training -of-Trainer
TWG	Technical Working Group
UBT	Uterine Balloon Tamponade
USAID	United States Agency for International Development
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 1 st , 2017–September 30 th , 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	\$122,756,896.86
Estimated Expenditure During This Period	\$102,397,158.13
Name of Subcontractors/sub-awardees	JSI Research & Training Institute, Inc., EnCompass LLC, Abt Associates Inc., Ethiopia Midwives Association
Reporting Period	October 2021 – December 2021
Submission Date	February 15, 2022
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DISCLAIMER

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PROJECT INTRODUCTION

USAID Transform: Primary Health Care is a five-year and nine-month (January 2017-September 2022) Activity that aims to prevent child and maternal deaths by strengthening primary health care systems through enhancing their capacity to effectively manage the way primary health care services are implemented at the woreda level, in primary hospitals, health centers, and health posts. The Activity is being implemented by a diverse group of partners who bring unparalleled, on-the-ground knowledge and ability to respond effectively to challenges and create a foundation of trust to ensure success. Consortium members include Pathfinder International, JSI Research & Training Institute Inc., Abt Associates, EnCompass LLC, and the Ethiopian Midwives Association.

The Activity primary focuses on family planning and reproductive health (FP/RH); maternal, neonatal, and child health (MNCH). Over the past fiscal years, the Activity has been striving to achieve the following higher-level results: (1) Improved management and performance of health system; (2) Increased sustainability of quality service delivery across the primary health care unit's (PHCU's) continuum of care; (3) Improved household and community health practices and health seeking behaviors; and (4) Enhanced program learning to impact policy and program learning related to preventing child and maternal deaths.

This report has been organized based on the above four high-level results to portray the progress of interventions in the regions of Amhara, Oromia, SNNP, Sidama, South-West Ethiopia and Tigray.

SUMMARY OF ACHIEVEMENTS

RESULT 1: IMPROVED MANAGEMENT AND PERFORMANCE OF THE HEALTH SYSTEM

Performance Standards and Measurements

In this quarter, the Activity provided an overall health system strengthening technical support to the public sector to improve health services delivery, management, and health outcomes. Technical support covered 298 (74.0%) woreda health offices (WorHOs)-45 (47.8%) from Amhara, 102 (83.3%) from SNNP and 151 (93.2%) from Oromia regions. The Activity continued supporting 88 primary hospitals (PHLs), 1,314 health centers (HCs), and 6843 health posts (HPs). Due to armed conflict in the northern part of the country, technical support coverage significantly reduced from last quarter to this quarter. As of December 2021, 61.5% of WorHOs, 46.2% of HCs, and 21.0% of PHLs achieved greater or equal to 80% of the scores against their respective recommended minimum standards.

Reporting Progress

In line with the primary health care framework, reporting performance improvement mainly entails regular monitoring of progress using Ethiopian Hospitals for Quality (EHAQ), Ethiopian Primary Health Care Alliance for Quality (EPAQ), and the Primary Health Care Unit's (PHCU) integrated supportive supervision visits. In addition, reporting progress of performance improvement includes conducting

performance review meetings, facility-community interface meetings (e.g., town hall meetings), validation of self-assessments, organizing performance review meetings and providing feedback. In the reporting period, the Activity supported 244 EPAQ workshops, 917 HCs participated in these workshops.

Support Provided to Federal Ministry of Health (MoH)

The Activity continued providing health systems technical and other resource support to ensure the sustainability of all initiated interventions. Implementation of HEP Optimization Roadmap (2020 -2035) was the major support provided through introducing community engagement options and Health Post Reform Implementation Guidelines in 14 selected woredas across the country. Other technical support provided includes the revision of primary health care (PHC) capacity assessment final reports, strategic alignment with International Institute of Primary Health Care in Ethiopia, and process evaluation of the piloted community engagement policy options.

Connected Woreda Strategy (CWS)

With the aim of ensuring sustainability of the Health Information System (HIS) interventions, the Activity acquired the buy-in of the public health sector” and ensured the inclusion of connected woreda initiatives in the newly developed Health Post Reform Implementation Guidelines (HPRIG) and in the revised Ethiopian Health Center Reform Implementation Guidelines (REHCRIG). As of December 2021, 7 WorHOs, 6 HPs, and 76 HCs scored greater than 90.0% (Model) against connected woreda strategy minimum standards. A model facility has evidence of improved quality health data collection, consumption, and communication. And the facility also communicates data offline using the Health Management Information System (HMIS).

Health Care Financing (HCF) and Community-Based Health Insurance (CBHI)

During this quarter, the PFM training package (participant module and facilitator guide) was completed, 2 zonal and woreda level CBHI performance review meetings (PRMs) and integrated supportive supervision visits (ISS) were conducted at 54 woreda CBHI schemes, 3 WorHOs, 17 CBHI kebele sections, 9 PHLs, and 66 HCs in partnership with health and insurance counterparts. CBHI-related medical audit assessments were conducted in 6 HCs, and 20 trainers were trained on financial management to establish a pool of trainers and provided training of trainers (TOT) to CBHI scheme accountants. Additionally, 217,945 individuals were reached with CBHI messages in places where large groups of people congregate using audio-mounted project and Ethiopian Health Insurance Service (EHIS)¹ vehicles.

Leadership, Management and Governance (LMG)

During the reporting period, the Activity provided technical support to organize learning collaborative forums at the health center level and 167 leadership projects were graduated. Out of the total 897 LMG projects, 815 (90.0%) concluded this quarter. The Activity committed to synthesizing LMG intervention summary reports. Hence, all the necessary data and reports pertaining to LMG are being organized to make them ready for the analysis and writing up. The LMG project analytics report will prove the effects of the intervention on maternal, neonatal and child health outcomes. Therefore, policy makers, program managers, and health workers will get detailed information to replicate and sustain LMG in health systems

¹ The Ethiopian Health Insurance Agency has been re-named the Ethiopian Health Insurance Service.

strengthening activities. In the reporting period, the technical working group developed an action plan and started preparing a protocol to conduct a systematic review on leadership, management and governance.

Subgrant Management

In this reporting period, final payments equivalent to 5,327,105.00 Ethiopian Birr (ETB) were made. For subgrantees that submitted all the expected deliverables and Fixed Amount Award completion certificates, the agreements were closed after transferring payments tied to the final milestones. For 32 subgrantees that were unable to submit their fixed amount completion certificates, closeout was facilitated based on the prevailing security situation and approval of the Chief of Party. At the time of preparing this report, the internal closeout activities were underway.

Health Facility Renovation

During the reporting period, construction was completed for Phase I renovation sites except one site with few work activities remaining. The completed sites in Amhara region were handed over to the WorHOs. The procurement work for the remaining Phase 2 sites (3 in Amhara, 4 in SNNP and 8 in Oromia regions) was completed and contractors commenced the construction work in these health facilities.

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

Family Planning and Reproductive Health (FP/RH)

In this quarter, the Activity supported the public sector in conducting review meetings at woreda level to consolidate the implemented FP/RH related activities thus far. Thus, 11 review meetings were conducted in which 291 individuals from 64 HCs, 6 PHLs, and 11 WorHOs participated. In total, 91 service providers from 50 HCs and 6 PHLs were oriented on “dedicated immediate post-partum intra-uterine contraceptive device (IPPIUCD)”. In this quarter, 96 PHCUs conducted 118 integrated back-up visits to communities and served a total of 2,695 clients with different FP services. In the post-conflict areas of Amhara region, one Implanon basic training was provided to 22 health extension workers (HEWs) from 22HPs, and comprehensive long-acting reversible contraceptive (LARC) training was provided to 20 clinical care providers from 17 HCs and 2 hospitals. Post-training supplies and FP kits were provided to 22 HPs, 17 HCs, and 2 hospitals.

Maternal and Newborn Health (MNH)

Capacity enhancement trainings were organized for 69 participants from 69 HFs on the use of ultrasound, for 15 health care providers on helping mothers survive/helping babies breathe (HMS/HBB), for eight biomedical engineers on maintenance of ultrasound machines, and for 20 nurses on neonatal intensive care (NICU). Technical assistance (TA) during random follow-up visits (RFUVs) was provided at 73 PHLs, 202 HCs, and 198 HPs to strengthen Comprehensive Emergency Obstetric and Neonatal Care (CEmONC),

Basic Emergency Obstetric and Neonatal Care (BEmONC), Newborn Corners (NBC), Neonatal Intensive Care Units (NICUs), Maternal and Perinatal Death Surveillance and Response (MPDSR), early identification of pregnant women, and pregnant women conference. Catchment-based clinical mentoring (CBCM) was conducted for 42 mentees at HCs by 16 mentors from PHLs, and 916 mentees made practice on clinical skills in clinical skill labs (CSLs). TA was provided at 202 maternity waiting homes (MWHs), and 12,146 pregnant women were admitted to 492 MWHs; ultrasound scanning services were done for 7,618 pregnant women; 57,843 newborns received essential newborn care (ENC) services; and 3,093 sick newborns were treated in 67 NICUs.

Obstetric Fistula (OF)

During the reporting period, 57 new suspected fistula (OF) cases were identified, and 52 were confirmed cases. Of those confirmed cases, 48 women were referred and 44 received treatment. Besides, 143 mothers with advanced Pelvic Organ Prolapse (POP) were identified for 136 cases the diagnosis was confirmed, 133 of the cases were referred and 130 of the cases ultimately received treatment with support from the Activity. In addition, the Activity provided technical and financial assistance to support 2 sessions of need-based regional TOT on OF and POP clinical skill training, which were organized for 42 (20 female) mid-level health workers from Oromia and SNNP. The intention of this support was to ensure regions with high prevalence of OF and POP to have district and facility level technical back stoppers to orient and train their peers in case identification, diagnosis, and referral beyond the life of the Activity. RFUV findings have also shown that, from Oct-Dec/2017 to Oct-Dec/2021, there was a progressive rise in the proportion of HCs having job aids (algorithms) for fistula clinical screening from 21 % to 61 %, and a rise in the availability of fistula guidelines from 26% to 44 % resulting in an increase in the proportion of HC's clinical capability from 56 % to 66% during the same period. This also resulted in a rise of the proportion of women who have heard of fistula from 38 % to 61 %.

Child Health and Development (CHD)

During the reporting period, several capacity enhancement activities on IMNCI, ICMNCI, and ECD counseling were carried out in the form of training, follow up and review meetings. Gap filling IMNCI/ICMNCI trainings were conducted in SNNP and Sidama regions, and ECD counseling training was also conducted in SNNP region. Integrated, thematic specific, supportive supervision visits, performance review meetings, and refresher training (PRRT) were conducted in selected PHLs and HCs. Most health workers (HWs) and HEWs were trained through cost share resources. The onsite technical support resumed in Tigray region by the regional staff of the Activity. All activities were conducted in cooperation with the Ministry of Health (MoH) and Regional Health Bureaus (RHBs), and other partners, which helped to improve sustainability and ownership of child health programs by the public sector. The COVID-19 pandemic limited movement of officers and HWs to many areas, however, support was provided through onsite trainings including peer-to-peer learning and mentoring/supervision.

Expanded Program on Immunization (EPI)

Improving access and quality of immunization services is the aim of EPI service. Considering this, the Activity supported the public health system through immunization in practice trainings (85 HWs), supportive supervision visits in 64 PHLs, 158 HCs, 320 HPs, and 3 review meetings where 200 HWs and

HEWs participated. Reaching every district/child (RED/C) aims to strengthen immunization systems by improving planning, managing available resources, service delivery and monitoring. This aimed at improving equitable and sustainable access to vaccines for every age-eligible target and to reduce incidence of vaccine-preventable diseases (VPDs). The Activity has been implementing integrated periodic outreach services (IPOS) in hard-to-reach areas of the SNNP, Oromia, and Amhara regions. The Activity provided support on vaccine supply and safety to ensure the quality of vaccine at the health facilities through effective vaccine management (EVM), and the maintenance of refrigerators was also supported, our drivers maintaining and giving orientation. In addition, the Activity supported by providing logistic (vehicle) and technical support for the COVID-19 vaccination campaign.

Adolescent and Youth Health Development (AYHD)

During this quarter, 993,846 adolescents and youth were reached with health and developmental information, including 461,281 females. Over 262,157 youth received comprehensive youth-friendly health services (YFSs), including 193,157 females. To ensure the continuity of YFS, a gap-filling training on YFS/sexually transmitted infections (STIs) was organized for 69 (22 female) health care providers recruited from SNNP, Sidama, Oromia, and South-West regions. In this quarter, two additional YFS facilities started functioning and reporting in the Gamo and Kembata Timbaro zones of the SNNP region through subgrant support. Thirty-two new YFS facilities were established by the public sector using its own resources with close technical support, continuous advocacy, and skills transfer by the Activity. Twenty Woreda Advisory Committees (WAC) were established in Amhara, SNNP, and Sidama regions.

Nutrition and Emergency

Community awareness creation on adolescent nutrition was provided to 1,983 households during RFUVs during this quarter. To strengthen severe acute malnutrition (SAM) management based on the revised guideline (CMAM), TOT and SAM basic trainings were organized by Oromia and SNNP regions for 48 health service providers from 34 HFs, and the Activity provided technical support. In addition, the Activity organized training based on the revised guideline of integrated management of acute-malnutrition (IMAM) for a total of 328 health service providers (including 184 female providers) from 52 HCs and 11 woredas in 6 Zones in SNNP Region. COVID-19 vaccine rollout capacity enhancement activities including COVID-19 first round campaign were carried out and 4,762 (860 females) HWs were trained through the technical and financial support of the Activity. The Activity provided technical support during the development of various national guidelines, including the national COVID-19 campaign guide, the Pfizer vaccine deployment strategy guide, and the HEWs training guide.

Gender and GBV

During the quarter, support provided to the provision of post gender-based violence (GBV) services in Amhara region. Also, onsite technical assistance on gender analysis and integration was provided to the newly assigned health professionals in selected sites of Oromia region. Progress has been observed in bringing more women to leadership positions in Halaba District in SNNP. The final phase of USAID Transform: Primary Health Care's gender assessment and report writing was completed. Furthermore, technical support was provided to MoH Women, Children and Youth Affairs Directorate in finalizing the health sector gender audit report. The Activity also supported the first roll-out training on workplace

harassment prevention and response for 25 members of Ethiopian Medical Women Association. The Activity became a member of the scientific committee for the 33rd Ethiopian Public Health Association (EPHA) annual scientific conference, and is actively contributing to shaping the conference agenda and review of abstracts.

Quality Assurance (QA)/Quality Improvement (QI)

During this quarter, QI leaders and quality improvement team of primary health facilities were capacitated on improving the quality of care through continuous quality improvement approaches. TOT for 20 participants on QI, and coaching training for 15 (1 female) participants, and basic QI training for 44 (7 female) participants were organized. The Activity continued provision of the regular technical support through coaching. Technical support was provided to MoH and RHBs in strengthening the quality of care (QOC). The support to the MOH was in the form of assisting in the planning process for conducting assessment on the roadmap's implementation for MNCH QOC to determine what went well and what didn't. The results of the evaluation will be used to help plan future initiatives. Technical assistance was provided to SNNP RHB on the preparation of annual regional quality summit.

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

Social and Behavioral Change Communication (SBCC)

USAID Transform: Primary Health Care implemented various SBCC interventions to improve RMNCH-N related health practices. The Activity reached an estimated 1845,406 (916,309 females) individuals with malaria, polio vaccination, CBHI and COVID-19 related messages. The Activity also supported 63 “HP open house” events, 4 sessions of community mobilization kick off workshops, 9 community mobilization review meetings, 1 school engagement workshop, 220 pregnant women conferences through the subgrant fund.

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

Program Learning

During the reporting quarter, around 14 success stories on different thematic areas were captured from the field; some finalized and shared, while others are under review. In a forum organized by USAID Transform: Monitoring, Evaluation and Learning Activity, presentations were made on the following two topics: (1) Leveraging maternity waiting homes to increase the uptake of immediate postpartum family planning in primary health care facilities in Ethiopia; and (2) Accelerating the performance of district health systems towards achieving UHC via twinning partnership. During the reporting quarter, nine articles were published in the Ethiopian Journal of Health Development (as special issue):

<https://ejhd.org/index.php/ejhd/issue/view/149>; and one article was published in BMC journal:

DATA MANAGEMENT AND MONITORING

The annual random follow up visits were conducted in the accessible areas of all the intervention regions except Tigray region. The random follow up results help to generalize about the level of program outcomes to inform decision making. The results also help monitor progress against the routine HMIS, as well as indicators that are not captured in the HMIS. Overall, 104 woredas, 69 PHLs, 202 HCs, 407 HPs, 364 kebeles, and 1,983 households were visited for the random follow up visits to collect data using structured questionnaires, and to provide the onsite technical support where needed. Due to the ongoing conflicts in different parts of the country, only the accessible woredas, health facilities and communities were covered with the random follow up visits.

COMPLIANCE

Family Planning Compliance

USAID Transform: Primary Health Care Activity prioritizes the FP/RH compliance as one of the major requirements of the USAID. The aim is to ensure that the FP/RH activities are adhering to the principles of voluntarism and informed choice. The Activity strives to ensure the adherence to these specific policy and legislative requirements at different levels of the health care system and consequently the public health sector management and public health service facility staff were trained/oriented on FP/RH compliance. The trainings and orientations provided enabled the public sector practitioners to become knowledgeable in USG policy, legislative and requirements. During the reporting quarter, 88 health care service providers (56% of females) were trained through integration in different thematic areas of the Activity. During routine follow-up visits, 1,482 health care workers received onsite orientation. In addition, 18 health facilities in Oromia region were monitored using Pathfinder's RCS compliance monitoring checklist, and feedback was given for improvement. The compliance monitoring result showed that the policies and legislative requirements were fully adhered to.

Environmental Compliance

The USAID Transform: Primary Health Care Environmental Mitigation and Monitoring Plan (EMMP) has been the principal guide for environmental compliance activities. In accordance with EMMP, the two primary objectives that needs to be realized to achieve increased sustainable quality of service delivery across the PHCU are improving management and performance of health systems. Accordingly, as part of preventive activities, the integrated environmental compliance training was organized for 379 persons (87 % females). During the follow-up visits, an orientation on environmental compliance was provided to 1,474 individuals (60 % females).

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 Activity continued its technical support in implementing Performance Standards at woreda, PHLs, HCs, HPs, kebeles, and households. The goal of introducing these minimum performance standards is increasing high performing primary health care units which will contribute in creating model woredas. There are performance standards implemented for over five years, namely, Woreda Management Standards (WMS), Ethiopian Hospital Services Transformation Guidelines (EHSTG), Ethiopian Health Center Reform Implementation Guidelines (EHCRIG), and Key Performance Indicators (KPIs). In addition, in this reporting quarter, MoH introduced Health Post Reform Implementation Guidelines (HPRIGs).

During this reporting period, the Activity in collaboration with SNNP, Southwest and Oromia RHBs, facilitated a two-day training of trainer's workshops on Community Scorecard (CSC). A total of 127 participants were recruited from 32 Zone Health Departments (ZHDs) and attended the training. The content of the training was effective facilitation techniques, characteristics of adult learning, six steps of community scorecard implementation cycle, scoring, and feedback provision to trainees. The Activity also provided technical support by facilitating two training sessions to initiate HPRIGs for 8 and 6 selected woredas of agrarian and developing regions, respectively.



Photo 1 & 2: Community Scorecard Training of Trainers in Oromia (Lt) and SNNP (Rt) regions, Dec. 2021

Though the targeted primary health care entities were reduced from the previous quarter to this quarter, the Activity continued providing technical support and ensured high coverage in institutionalizing the implementation of performance standards across accessible primary health care entities. Almost all (99.3%) WorHOs introduced WMS, 96% of PHLs introduced EHSTGs, and 96.7% of HCs introduced EHCRIGs.

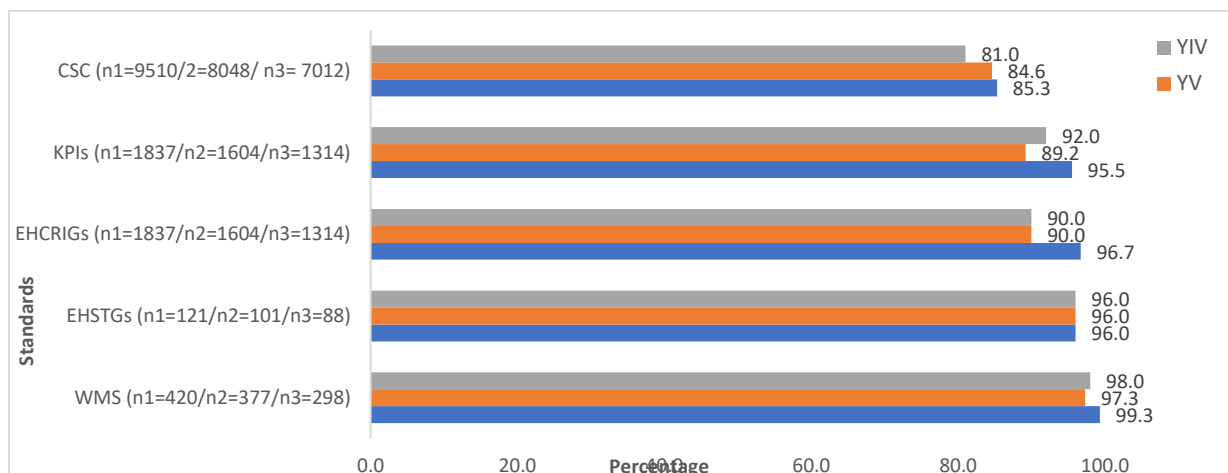


Figure 1: Percentage of PHC entities that institutionalized the implementation of minimum standards & maintained in the 4th and 5th fiscal years.

Major Achievements

- The Activity provided the technical support to 298 (74.0%) woredas- 45 (47.8%) of the from Amhara, 102 (83.3%) of them from SNNP and 151 (93.2%) from Oromia regions. Similarly, the Activity continued providing technical support to 88 PHLs, 1314 HCs, and 6843 HPs.
- The Activity provided technical, and financial support to facilitate training of trainers on community scorecards for 127 participants recruited from Oromia, SNNP and Southwest regions.
- Technical support was provided in facilitating trainings for participants recruited from 14 woredas on health post reform implementation guidelines. This newly developed 63 performance standard has seven chapters, namely, leadership, governance, and resource management; essential health service packages; pharmacy services; infrastructure, IPC, and CASH; community engagement; Human resource management; and HIS and performance monitoring.
- The Activity provided technical support on community scorecard to two civic society organizations i.e., new and underutilized local implementing partners. The orientations were provided to staff of Tilla Association of HIV Positive Women located in Hawassa City and Netsebrak Reproductive Health and Social Development Organization located in Dessie City. Both organizations were supported in the development of concept notes on the implementation of Social Accountability Approach and quality FP/ MNC health services in their respective locations.
- Onsite support on standardizing measurements and validation assessments were provided to 50 woredas, 95 HCs and 23 PHLs.
- Basic training on Clean and Timely Care for Institutional Transformation (CATCH-IT) was organized for 60 (21 females) HWs recruited from Janamora PHL.

Performance Measurement

The Activity ensured the continuity of regular performance measurement practices against endorsed minimum standards and generation of reliable information for evidence-based decision at the primary health care systems.

Major Achievements

- Almost all (296 of 298) WorHOs measured their performances against 27 woreda management standards
- 84 out of 88 PHLs self-assessed (measured) their performance against 200 EHSTGs minimum standards.
- 1,271 of 1,314 HCs measured their performances against 87 EHCRIGs minimum standards and KPIs.
- 5,504 out of 7,012 rural kebeles measured the responsiveness of their catchment health centers using six CSC standards.

Performance Improvement

The Activity continued providing the technical support on generating woreda transformation information analytics reports. Almost all WorHOs (296), HCs (1,271), and PHLs (84) were supported in the development of performance improvement projects.

Major Achievements

During the Year 6, quarter I, the following were the major achievement of the performance improvements activities:

- Gonjikolela and Degadamot woredas of west Gojjam zone conducted experience sharing events with Bibugne Woreda of East Gojjam Zone. During these events, a total of 99 HWs and health managers from both woredas participated, including 19 female HWs and health managers.

Reporting Progress of Performance Improvement Projects

In line with the primary health care framework, reporting performance improvement progress includes regularly monitoring of progress using EHAQ, EPAQ, PHCU ISS & PRMs, facility-community interface meeting (town hall meeting), validation of self-assessments, organizing performance review meetings and providing feedback. The Activity ensured continuous implementation of monitoring status of planned activities, through knowledge and experience sharing with formal collaborative functioning events. In the reporting period, the Activity supported 244 EPAQ workshops in which 917 HCs took part. In addition, 41 performance review meetings were held in 9 zones and 32 woredas. Furthermore, 10 PHLs participated in EHAQ meetings.

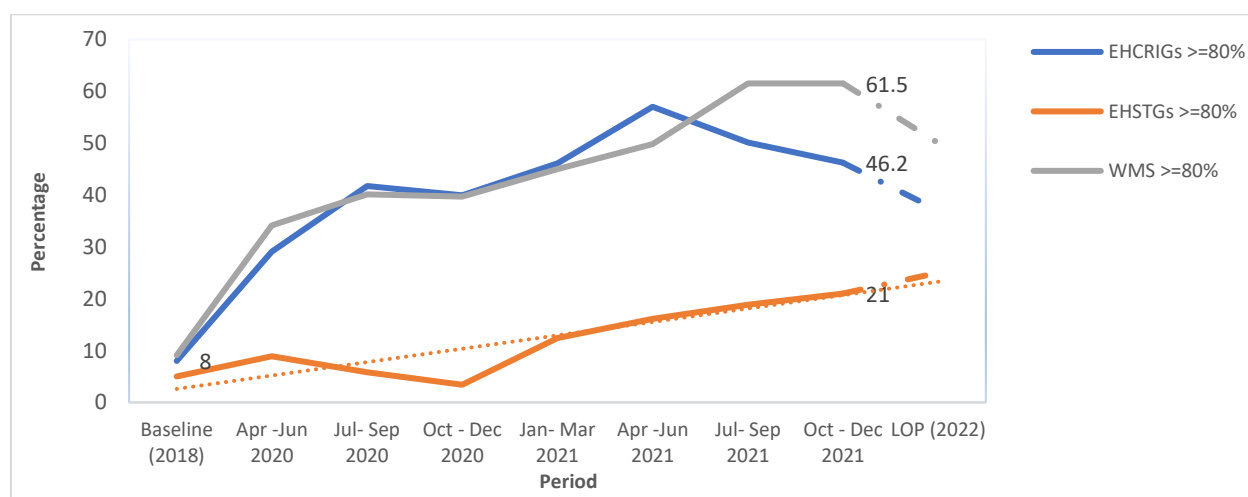


Figure 2: Trends of WMS, EHCRIgS and EHSTGgS over seven quarters between June 2020 and December 2021

Major Achievements

Overall, during the reporting period, the following major activities were executed:

- Two-thirds (61.5%) of WorHOs scored greater or equal to 80.0% against 27 WMSs, while only 10.0% of the woredas scored less than 60.0% (Fig 2)
- Slightly less than half (46.2%) of the HCs scored greater or equal to 80.0% against 87 EHCRIgS, while only 8.5% of the HCs scored less than 60.0%
- One-fifth (21.0%) of the PHLs scored greater or equal to 80.0% against 200 EHSTGgS standards, while only 12.5% of the PHLs scored less than 60.0%.
- Out of 1,314 HCs, only 16.4% of them scored greater or equal to 80.0% in 18 selected KPIs, while one-third (29.0%) scored less than 60.0%.

- Out of 5,504 kebeles measuring HCs responsiveness using CSC, 2,069 (37.6%) scored greater of equal to 80.0%, while 539 (9.8%) scored less than 60.0% for their respective HCs.
- Slightly less than one-fifth 237 (18.0%) of the HCs organized town hall meeting or facility-community interface meetings.
- The West Gojjam Zone (Amhara region) conducted integrated supportive supervision visits and reached 16 woredas, 32 HCs and 320 HHs.

Support to the MoH

The Activity provided technical support on the implementation of HEP Optimization Roadmap (2020 - 2035) through introducing community engagement options and Health Post Reform Implementation Guidelines in 14 selected woredas across the whole country. This initiative was considered by the MoH as a center of excellence where 8 woredas were in agrarian regions, while the remaining 6 woredas were found in developing regions. The two sessions of training of trainers were conducted in Adama city in Dec 2021. The MOH allocated some budget to cascade the trainings and to implement initiatives in the coming quarters. In addition, technical support was provided during revision of PHC capacity assessment final reports and preparation of the strategic alignment with International Institute of Primary Health Care in Ethiopia and during process evaluation of the piloted community engagement policy options.

The Activity was acknowledged by the HE Dr. Negash, president of newly established Southwest region for the technical support the Activity provided during establishing the health bureau and for being one of the three to four partners who have been working in the region for several years. In addition, the Activity provided technical support to the Amhara RHB in the development of early recovery plan for war affected areas.

Subgrant Management

In this quarter, the Activity effected payments amounting 5,327,105.00 Ethiopian Birr (ETB) based on 325 invoices and milestone completion certificates received. These payments were released after receiving acceptable Invoice and Fixed Amount Award completion certificates from the subgrantees. The Activity team provided full technical support to complete implementation of the subgrant related activities within the set deadlines and to facilitate the submission of the fixed amount award completion certificates.

Table 1: Amount Transferred to Subgrantees in ETB from October 1, 2021 – December 31, 2021, by region

Region	Number of Invoice and Milestone Completion Certificates submitted	Amount Transferred in ETB
Amhara	36	2,306,963.34
Oromia	132	1,776,700.17
SNNP, Sidama and Southwest	157	1,243,430.45
Tigray	0	0.00
Total	325	5,327,093.96

Though there were different challenges encountered during the closeout process, the Activity provided the technical support using all the available channels to enable the subgrantees to submit their milestone completion certificates. There were 32 subgrantees from the Amhara region that could not submit their Completion Certificates, the closeout process was done through the approval of the Chief of Party in

consultation with the Global Grant and Contract team. In addition, it is expected that around 15 subgrantees in Oromia region may not be able to submit their completion certificates due to security reasons.

Major Achievements

- Based on 325 acceptable FAA completion certificates and invoices for milestone completion, payments amounting 5,327,105.00 ETB was disbursed.
- For subgrantees that submitted all the expected deliverables and Fixed Amount completion certificates, the agreements were closed after transferring payments tied to the final milestones.
-

Health Facility Renovation

Renovation of health facilities is part of USAID Transform: Primary Health Care Activity's implementation approach to improve quality of health services through infrastructure improvement. The planned improvement work includes the provision of new delivery block 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 construction, the Activity revised targets for the construction of 32 MCH blocks for 10 health facilities in Amhara, 11 health facilities in Oromia, 6 health facilities in SNNP, 1 health facility in Sidama and 4 health facilities in Tigray regions. In the First phase, twelve of the facilities have started the renovation work. Among these, 9 of them have been completed (2 in Tigray discontinued, and one in Oromia is almost ready for handover). The remaining maternity blocks are being constructed during the second phase.

Accomplishments during the reporting period:

Design: Two additional sites were selected in Amhara region to replace sites affected by the conflict. In the reporting quarter, the design work of these two renovation health facilities in Amhara region was completed, and the designs were submitted to USAID and reviewed. The final planned sites with completed design in phase 2 (including designs completed in the previous reporting period) were 15 in total- 3 in Amhara, 4 in SNNP and 8 in Oromia regions.

Procurement: The bid process for some selected sites was completed and agreements were signed for these sites (1 in Amhara, 4 in SNNP and 2 in Oromia regions). The procurement process for the remaining sites which went for rebid and the additional two sites in Amhara region was done in this reporting period. Similarly, the agreement signing for these remaining sites (2 in Amhara and 6 in Oromia) was completed.

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

- Phase 1:
 - Lot 1- Amhara Region: All the construction work in four sites was completed and the sites were handed over to the woreda health offices.
 - Lot 2- Oromia Region: The construction work continued in one of the remaining sites.
- Phase 2:
 - The construction work for 7 sites (1 in Amhara, 4 in SNNP and 2 in Oromia) has been commenced and the contractors are working on the foundation earthwork activities.



Photo 3,4,5,6,7 & 8: The completed renovation work of health facilities being handed over to the WorHOs in Amhara region (Durbete, Kidamaja, Maynet & Nefas Mewcha HCs)

During the construction process, the Activity continuously inspected all work during site visits at least weekly or more as needed. All the tests and important work activities were inspected before covering up and proceeding to the next level of work. Moreover, all the construction materials and methods for project execution, were submitted by the contractor; reviewed and approved by the Activity before supplying and installing the materials. All quality requirements were followed as per the technical specification and design drawings. In addition, continuous support was given to the contractors by receiving, reviewing, and commenting on their construction schedules, continuously informing the contractors to follow the schedule, informing on recovery actions for delayed activities.

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

Health Information Systems (HIS)

The Activity ensured the sustainability of the HIS interventions by getting the buy-in from public health sector and ensured the inclusion of connected woreda initiatives in the Health Post Reform Implementation Guidelines and Revised Ethiopian Health Center Reform Implementation Guidelines (ECRIGs). The connected woreda strategy (CWS) has been implemented at WorHOs and HCs level. During the reporting period, the Activity continued to provide technical support in the implementation of connected woreda strategy in 57 woredas, 226 HCs, 26HPs and a PHL. The overall HIS score against CWS minimum standards was 84.0%.

Out of 310 primary health care entities implementing CWS, 89 (28.7%) of them achieved “Model” status, 203 (65.5%) of them achieved “Candidate” status, and 18 (5.8%) of them were at the stage of “Emerging”². The result revealed that the number of model facilities increased by nine from the previous quarter measurements. The number of CWS implementing primary health care entities has been reduced from the previous quarter to this quarter due to the conflict in the Amhara region.

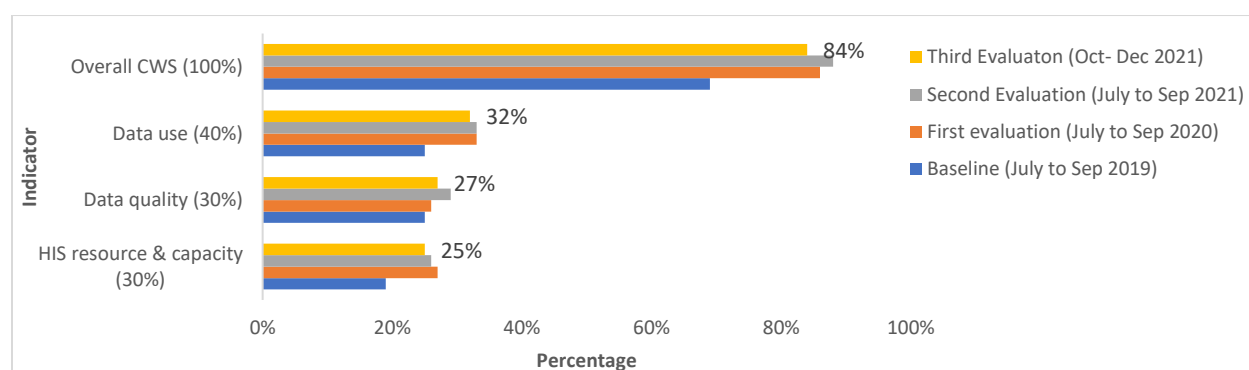


Figure 3: CWS scorings at baseline, first, second and third measurements between Jul 2019 and Dec 2021.

Major Achievements

- 7 WorHOs, 6 HPs and 76 HCs scored greater than 90% (Model) against CWS minimum standards.
- 1 PHL, 19 HP, 45 WorHOs and 138 HCs scored between 65% and 90% (Candidate) against CWS minimum standards.
- The scores of a HP, 5 WorHOs and 12 HCs were less than 65% (Emerging) against facility minimum standards.
- Three-fourth (75.3%) of the HCs trained HWS on revised HMIS; 76.9% of the HCs had a functional performance management team during the reporting period; and 74.4% of HCs trained staff on DHIS2.

HIS Resource and Capacity

The Activity integrated onsite coaching with random follow up visits. Tools and approaches on data quality improvement and use of data for decision making were covered in 48 districts, 95 HCs, 198 HPs and 23 PHLs. Furthermore, the CWS minimum criteria were included in the HP reform implementation guideline.

² The status of primary health care entities was categorized using connected woreda strategy achievements where, those scored greater than 90% (Model status), those scored between 65% and 90% (Candidate status), and those scored less than 65% (Emerging status).

To set up a center of excellence, the ministry-initiated training of trainers for the staff in 8 agrarian and 6 developing regions. A five-day training was facilitated for 42 participants in Dec 2021. In addition, the MoH allocated budget for cascading trainings, mentoring, and performance review meetings.

Data Quality Assurance

The Activity continued to provide technical support on the process of identification, and elimination of data inaccuracies through data cleaning and exercising lots quality assurance sampling (LQAS). During the quarter, 1,003 (76.3%) of HCs were supported in data quality verification activity flowing LQAS approaches.

Administrative Data Use

The Activity continued supporting the public sector on both administrative and clinical data use. The administrative data use support provided enabled the primary health care entities to organize health services and data collection using minimum standards to check how well the facilities achieved their targets. While the clinical data use dealt with patient or client information used to measure the health status in health care delivery. Almost all 1,255 (95.5%) of the HCs generated administrative data for decision making using eighteen key performance indicators. In addition, onsite support on patient information management and importance of filing determinants of health care were discussed in 95 HCs, 198 HPs and 23 PHLs.

In addition, onsite support on patient information management and importance of filing determinants of health care were discussed in 95 hcs, 198 hrs and 23 phls.

Public Finance Management (PFM) and Community Based Health Insurance (CBHI)

USAID Transform: Primary Health Care redesigned the existing PFM training materials for PHC and developed a comprehensive PFM training package (training module and facilitator guide) following standardized instructional design principles. The materials will be provided to MoH and USAID in the second quarter of this fiscal year for use in developing e-learning materials. The Activity also supported 2 zonal- and woreda-level CBHI PRMs for 518 (96 women) cabinet members in two regions (74 in Oromia and 444 in SNNP and Sidama) to evaluate the 2020/21 CBHI implementation and develop corrective measures. At the PRMs, the Activity along with local government counterparts presented the status of CBHI in intervention woredas, implementation challenges, and issues related to sustaining CBHI. In all the events, joint action plans were designed to address the identified problems and accelerate CBHI performance in 2021/22. The meetings were organized and conducted in partnership with the USAID Health Financing Improvement Program and health and insurance GOE counterparts.

In collaboration with EHS and the RHB, the Activity provided financial management TOT to 20 (3 women) participants in Amhara. The objective of the training was to establish and reinforce a pool of CBHI financial management trainers who provide training and mentoring on this topic to woreda CBHI scheme finance officers/ accountants. The training was conducted in collaboration with the Amhara RHB and EHS Bahirdar branch office. The training participants were selected from three EHIA branch offices, seven zonal and city administration finance departments and the RHB. The training was delivered using the CBHI financial management guidelines and focused on financial voucher preparation, financial record keeping,

preparation of quality financial reports, proper documentation of financial documents, and other related issues.

The Activity supported WorHOs and ZHD in conducting CBHI-related medical/claim audits of 6 HCs located in Adea woreda of East Shoa zone in Oromia. The audits facilitated reimbursements to health facilities for services rendered to CBHI beneficiaries by identifying and rectifying mistakes that allow reimbursements to be processed. The audits also contributed to health providers in getting service costs reimbursed in a timely manner and helps safeguard schemes from fraud and moral hazard.

USAID Transform: Primary Health Care, in partnership with USAID Health Financing Improvement Program and health and insurance counterparts, provided CBHI-focused integrated supportive supervision visits as part of the TA at 51 woreda CBHI schemes, 17 kebele sub-sections, 8 PHLs, and 56 HCs in two regions (75 in SNNP and Sidama, and 57 in Oromia) to improve CBHI membership enrollment and renewal, ID card preparation and distribution, and quality of services at contracted facilities. The Activity also provided TA to Takusa, Tegedie, and West Armachiho WorHOs and CBHI schemes, and 11 health facilities in Amhara regarding CBHI enrollment, renewal, financial administration, and other CBHI related issues.



Photo 9: Supportive supervision feedback session at Loka Abaya woreda, Sidama

Key Achievements

- In Oromia, the RHB declared December-March 2022 as the annual CBHI membership renewal and new enrollment period. It began its campaign to encourage community members to renew in December 2021, as planned. Significant results were achieved in December in several zones. East Hararge, Jimma, Borena, West Hararge and Arsi Zones enrolled 74%, 68%, 65%, 63% and 59% of households eligible for CBHI enrollment, respectively. As of December 2021, the aggregate CBHI enrollment rate of households in the region reached 41%. In the 23 Activity intervention woredas, more than 70% eligible households were enrolled. This result indicates that, by the end of the enrollment period, the Oromia region may exceed the previous year's performance by more than 63%.
- Analysis of RFUV data obtained during October to December 2017, 2018, 2019, 2020 and 2021 showed improvement in selected CBHI indicators.

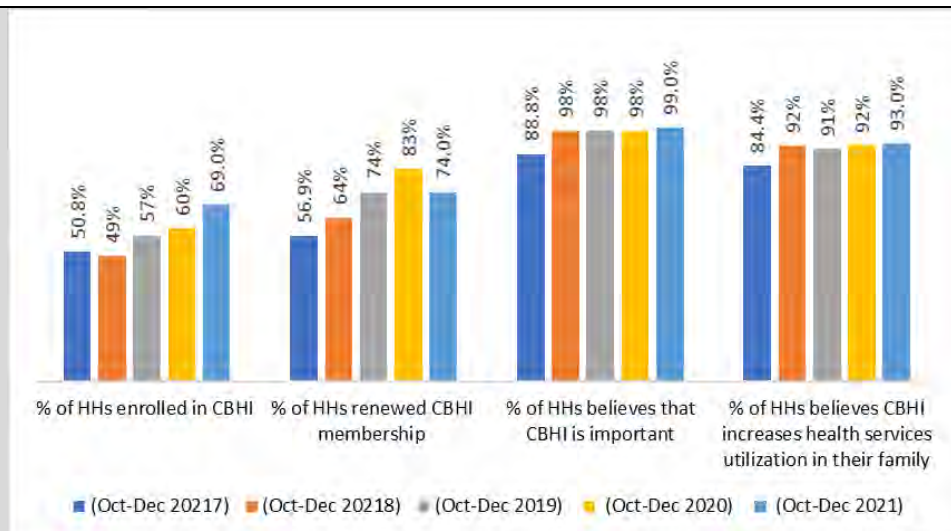


Figure 4.1. CBHI findings from RFUV, October - December 2017 to 2021

- Findings/trends of RFUVs on the financial performance of HFs compared with the previous years of the same quarter, showed improvement in selected indicators:

Indicators	Visited HFs	Oct-Dec 2017	Oct-Dec 2018	Oct-Dec 2019	Oct-Dec 2020	Oct-Dec 2021
HFs revenue retention and utilization plan submitted to WoFED and approved/ and appropriated before the beginning of this fiscal year	HC	78% (261/335)	89% (303/340)	92% (326/354)	91% (290/319)	98% (155/158)
	PHL	87% (293/335)	89% (303/340)	96% (340/354)	94% (300/319)	97% (153/158)
HFs prepare long, medium, and short term procurement plans	PHL	64% (214/335)	66% (224/340)	81% (287/354)	75% (239/319)	94% (149/158)
HFs currently manage its government allocated budget by itself	PHL	77% (258/335)	79% (269/340)	97% (343/354)	96% (306/319)	95% (150/158)
HFs provide all exempted health services free of charge and maintain cost records incurred for the health services	HC	75% (251/335)	86% (292/340)	90% (319/354)	93% (297/319)	93% (147/158)
	PHL	83% (278/335)	95% (323/340)	99% (351/354)	94% (300/319)	100% (158/158)
HFs finances, including RRU, audited in the last fiscal year	HC	49% (164/335)	55% (187/340)	68% (241/354)	64% (204/319)	84% (133/158)
	PHL	48% (161/335)	54% (184/340)	72% (255/354)	72% (230/319)	76% (120/158)
HFs last quarter's reimbursement request paid by the CBHI scheme	HC	51% (171/335)	53% (180/340)	56% (198/354)	61% (195/319)	72% (114/158)

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

The Activity incorporated Leadership, Management and Governance (LMG) interventions through its maternal, neonatal and child health services and quality improvement in all the intervention regions. During the implementation period (2017-2022), LMG training and intervention reached 267 woredas and 790 HCs. A total of 3,781 HWs participated in classroom courses and practiced core **competencies** through the developed projects.

In the current reporting period, the Activity provided technical support to organize learning collaborative forums at HCs level and 167 leadership projects were graduated. Out of the total 897 LMG projects, 815 (90.0%) were completed.

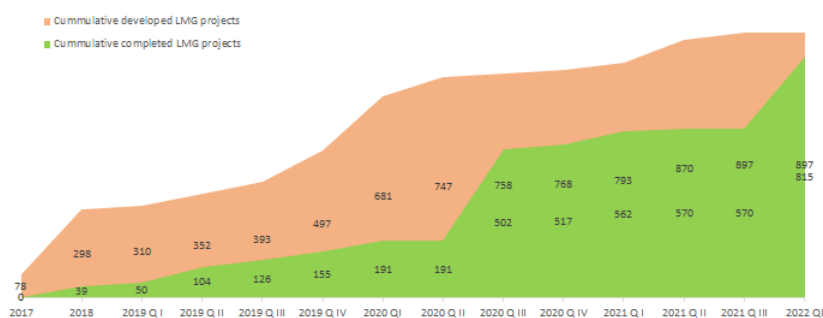


Figure 4.2: Cumulative LMG projects developed and completed after achieving the goals set during Year I to VI.

LMG projects

During the reporting period, the synthesis of LMG intervention summary reports has begun. All the necessary data including the LMG training database, success stories, and reports, have been being prepared for analysis and report write-up.

Support to Ethiopian Public Health Association (EPHA)

The Activity continued its health system strengthening technical support to the EPHA initiatives of synthesis advocacy agendas and evidence related to Leadership and Governance. In the reporting period, the technical working group developed action plans and started the development of protocol on Leadership and Governance to conduct systematic reviews on Landscape analysis, facilitators, and barriers of its national implementation.

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 (FP/RH)

Review meetings conducted to consolidate FP/RH related activities: Review meetings were conducted to monitor the status of the package of FP/RH activities before and after implementation at each facility of a specific woreda, and to discuss gaps and prepare action plans to address the issues and ensure the continuity of initiated activities. Review meetings involved participation from facility heads, logistic officers, FP service providers from each PHCU and PHL, the woreda health office head, logistic officers, and FP/RH experts from WorHOs. In addition to the discussion on the status of the implemented FP/RH activities, WorHOs were provided training materials like arm and pelvic models and FP kits to conduct model and clinical practice sessions and a package of FP/RH training materials useful for independently conducting.

Eleven review meetings were held in which 291 participants drawn from 64 HCs, 6 PHs, and 11 WorHOs participated. During the review meetings, each WorHO received four sets of materials to conduct model and clinical practice sessions and one flash-disc with a soft copy of the package of FP/RH training materials. In addition, 44 HCs received one flash-disc with a soft copy of the package of training materials for onsite Implanon insertion training intended for HEWs.

Orientation on dedicated IPPIUCD: As part of consolidating a pool of trainers' team for FP/RH at a WorHOs level, a one-day orientation and practical session on pelvic model was given to providers already trained in IPPFP. Dedicated IPPIUCD is a sterile pack of IUCD with inserter for a single use introduced in the service unlike the placental forceps which is currently under use in most of the delivery rooms and can be re-used repeatedly after sterilization. A total of 91 service providers drawn from 50 HCs and 6 PHLs were oriented on the dedicated IPPIUCD.

Supportive supervision and follow-up: Supportive supervision visits and follow-ups were conducted through on-site visits and telephone communication in collaboration with the public sector. Service areas which required technical assistance during visits include adaptive measures for COVID-19, provider's skill, FP-service integration, integrated back-up support to communities, follow-ups, and monitoring of activities both at the HC and HP levels.

In the reporting quarter, supportive supervision visits were conducted in 5 HCs in the Oromia region. Based on the supportive supervision data, on an average 25% (509) women were able to receive the IPPFP methods of their choice-IUCD -223, Implant-250 and 36 women received Minipill. Similarly, post-abortion FP services use in the same HCs showed almost 98% (384) of clients used the FP method of their choice, with 89% utilizing LARC and 11% choosing short acting methods. At all the visited HCs, both IPPFP and post-abortion FP services were available, and data showed an increased use of LARC methods.

Integrated back-up-LARC services provision from HCs to communities: Back-up LARC services provide support from HCs to communities, and are implemented as an alternative approach to mobile outreach FP program to expand a sustainable access and increase of the method-mix for FP services at the community level. This intervention is different from mobile outreach program and the backup service is being implemented through integration into the existing PHCU's health service delivery system, which requires no or very minimal additional human and financial resources. And the back-up support ensures self-reliance and ownership by public sector. At this stage of the Activity implementation, almost all backup services are being run by the public sector, except for the provision of FP kits and technical support.

In this quarter, 96 PHCUs conducted 118 integrated back-up support visits to the rural communities and served a total of 2,695 clients with different FP services of their choice-LARC insertions (50%), LARC removals (10%) and 40% short acting methods. The programmatic relevance of back-up intervention is beyond providing those FP services which are not normally provided at the HP level, like LARC removals, Jadelle and IUCD insertions. The back-up support visits also address the high demand for Implanon insertion (33%) and short acting methods (37%), which both are routinely available at the HP level.

Capacity building trainings: All LARC trainings including comprehensive LARC for clinical care providers, PPF, Implanon and comprehensive FP for level IV HEWs trainings primarily focused on Implant and IUCD insertion and removal skills but also included topics on short acting FP methods and counseling skills. The skill-based trainings were provided through a combination of theoretical lecture sessions in a classroom followed by simulated video show, practical demonstration and practice on anatomical pelvic/arm model using competency assessment checklist followed by clinical practice on clients at the health facilities under the supervision of the trainers. In this quarter, capacity building trainings were provided in the post-conflict areas-Welkiet, Tsegede and Setit-Humera of Amhara region to revitalize the availability of skilled providers on FP/RH services. As part of training quality monitoring, pre and post training knowledge tests were conducted, and the post-training knowledge scores showed an increase from the pretest. That is, Implanon score from 73.2 % to 88.6%, IPPFP from 50.1% to 70% and comprehensive LARC training from 56% to 72%.

Implanon basic training was provided to 22 HEWs selected from 22 HPs under 12 PHCUs situated in 3 woredas. Comprehensive LARC training was provided to 20 clinical care providers from one general hospital, one PHL and 17 HCs situated in 8 woredas. After the training, each of the 22 HEWs received supplies and consumables which could serve more than 200 clients. Similarly, each of the 20 clinical care providers trained on LARC received 3 IUCD kits, 3 Implant removal kits and supplies which could support more than 250 clients.

Maternal and Newborn Health (MNH)

Maternal Health (MH)

Capacity enhancement: The Activity held an obstetric ultrasound scanning training focused on task shifting skills for 69 trainees to fill gaps from the turnover of trained providers. During the ten-day training, 1,258 pregnant women were scanned. HMS/HBB training was conducted for 15 health care providers, and

ultrasound maintenance training was conducted for eight biomedical engineers from Amhara, Oromia, Sidama and SNNP regions. The percentage of WorHO team members who have received BEmONC orientation has increased from 54% (October-December 2020) to 63% (October-December 2021).

Catchment-Based Clinical Mentoring (CBCM): CBCM was conducted by 16 mentors from PHLs by going to their catchment HCs to work with 42 mentees from HCs.

On-site technical assistance (TA): Integrated with RFUVs, both general and thematic specific onsite follow-up and supportive supervision visits were conducted at 73 PHLs and 202 HCs to strengthen CEmONC, BEmONC, MPDSR and other services provision at health facilities. In addition, supportive supervision visits and technical support were provided at 198 HPs on early identification of pregnant women and on how to conduct pregnant women conference. The percentage of WorHO with a functional MPDSR team has increased from 73% of October-December 2020 to 76% during October-December 2021.; Tthe percentage of HCs providing BEmONC signal functions has increased from 83% (October-December 2020) to 89% (October-December 2021), those with all the required laboratory investigations for ANC from 73% to 76%, having all essential obstetric drugs in delivery room from 73% to 75%, ANC clients tested for syphilis from 87% to 90.8%; HPs identifying pregnant women early from the community from 78% to 86%, providing focused ANC from 71% to 82%, providing PNC services as per the standard from 63% to 70%.

Maternity waiting homes (MWH): The Activity is equipping MWHs per national standards and providing technical support to improve utilization. During the quarter, TA was provided at 202 HCs and 12,146 pregnant women were admitted to 492 MWHs; 11,136 (91.7%) women gave birth within the same health facilities; while 1,010 (8.3%) women were either referred to the next level for better care or were still in the MWH during reporting; and 9,982 women received postnatal care (PNC) services. The major reasons for referral from MWHs include prolonged/obstructed labor, pre-labor rupture of fetal membranes (PROM), malpresentations, antepartum hemorrhage (APH), hypertensive disorders of pregnancy, and previous cesarean delivery scar. The percentage of MWHs with a standard MWH register has increased from 66% (October-December 2020) to 80% (October-December 2021) and home delivery free kebeles from 15% to 20%.

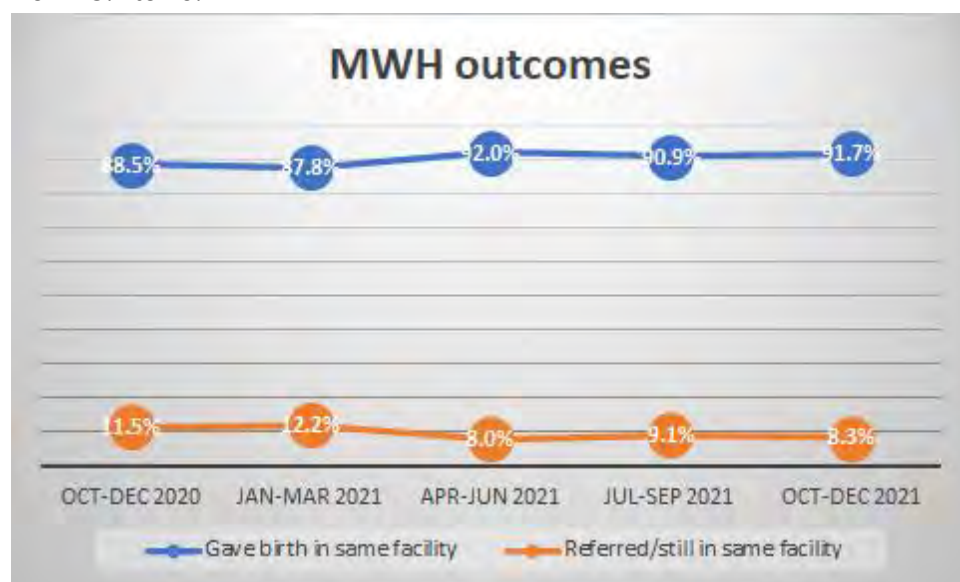


Figure. Outcomes of admissions to MWHs at USAID Transform: primary Health Care intervention HCs, Oct-Dec 2020 to Oct-Dec 2021.

Newborn Health

Strengthening Newborn Corners (NBCs): HFs must have NBCs ready with all the necessary equipment, drugs, and other supplies along with motivated, competent, and compassionate (MCC) providers to provide essential newborn care (ENC) services. USAID Transform: Primary Health Care Activity has been supporting health facilities (HFs) to improve the delivery of ENC services through TA, maintenance of non-functional equipment, and gap filling supply of certain materials. Twenty health care providers from Amhara, Oromia, Sidama, and SNNP regions were trained for one month on NICU and went back to their respective PHLs to strengthen the NICU services in the hospitals. Integrated with random FUVs, TA was provided at 202 HFs to strengthen ENC services delivered at NBCs. During the reporting quarter, 57,843 newborns received ENC services at 526 HFs, with 2,186 (3.8%) of those babies experiencing complications. Of the newborns with complications, 2,051 (93.8%) showed improvement and were sent home with their mothers; 102 (4.7%) were referred; and 33 (1.5%) cases resulted in death at the facilities. The major causes of death were complications of prematurity/low birth weight and asphyxia. The percentage of newborns resuscitated in PHLs has increased from 91% (October-December 2020) to 100% (October-December 2021), HCs with newborn corner from 80% to 84%, asphyxiated newborns resuscitated in HCs from 94% to 96.4%, newborns with sepsis treated in HCs and survived from 88% to 95%, and newborns with neonatal sepsis who received prereferral treatment at HPs from 67.1% to 71.4%.

Strengthening Neonatal Intensive Care Units (NICUs): Integrated with random FUVs, onsite TA was provided for 73 PHLs to strengthen and maintain their NICU services. During the quarter, 3,093 sick newborns were admitted to 67 NICUs of the Activity's supported PHLs and 2,486 (80.4%) of these newborns showed improvement and were discharged; while 314 (10.2%) were referred; 181 (5.8%) cases resulted in death; 99 (3.2%) were still on treatment at time of report; and 16 (0.4%) mothers left the facility against medical advice. The leading reasons for admission to NICUs were prematurity/low birth weight, sepsis, asphyxia, and congenital abnormalities. The major causes of death were complications of prematurity and meconium aspiration syndrome.

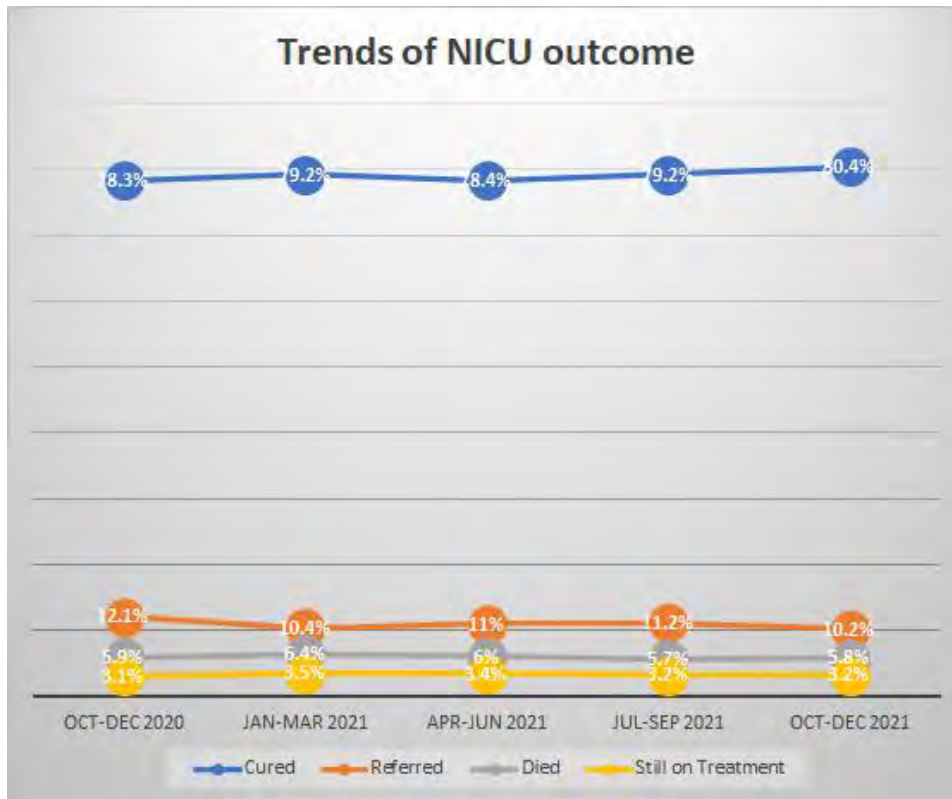


Figure. Trends of outcomes of sick newborns admitted to NICUs of USAID Transform: Primary health care intervention PHLs, Oct-Dec 2020 to Oct-Dec 2021.

Kangaroo Mother Care (KMC): All NICUs have separate KMC rooms though under equipped and KMC services are being provided accordingly. During the reporting quarter, 399 newborns received KMC services.

The percentage of PHLs with a functional NICU has increased from 86% (October-December 2020) to 100% (October-December 2021), newborns with neonatal sepsis who received treatment and survived increased from 87% to 92.7%.

Obstetric Fistula (OF) and Pelvic Organ Prolapse (POP)

As one of the commonest debilitating birth injuries with multifaceted consequences to its survivors, World Health Organization (WHO) states Obstetric Fistula (OF) as “the single most dramatic sequel of neglected childbirth”. In line with the Health Sector Transformation Plan (HSTP), the MoH has been relying on a comprehensive “two-pronged approach” to drive the Elimination of Obstetric Fistula (EOF) in Ethiopia by 2020. This has been further reviewed, by the MoH to extend the strategy and EOF for the next 5 years (2021-2025) as a new strategic plan document during this quarter. Besides, working to prevent the occurrence of new cases through integration with other RMNACH-N activities, the Activity has been capitalized on the identification, diagnosis, referral for treatment of survivors of fistula. Moreover, as one of the chronic maternal morbidities with enormous prevalence in Ethiopia, POP is a recognized public Health priority by the MoH.

During the reporting, a total of 57 new suspected fistula (OF) cases were identified, and 52 of whom were confirmed cases. Out of those confirmed, 48 mothers were referred and 44 received treatment. Besides, 143 mothers with advanced Pelvic Organ Prolapse (POP) were identified; 136 cases were confirmed, 133 of them were referred and 130 ultimately received treatment with support from the Activity. While data for Tigray region in this quarter was unavailable, this performance reflects the situation in the Amhara, Oromia and SNNP regions alone. In addition, the Activity provided technical and financial assistance to support 2 sessions of need-based regional TOT on OF and POP clinical skill training for 42 (20 female) mid-level health workers from Oromia and SNNP. The intention of this support was to ensure regions with high prevalence of OF and POP have district and facility level technical back stoppers to orient and train their peers in case identification, diagnosis, and referral beyond the life of the Activity.

Table 2: Number of Cases Identified, Diagnosed, Referred, and Treated During the Quarter

OF/POP Indicators	Amhara	Oromia	SNNP & Sidama	Quarter Total
Number of Identified suspected fistula cases	23	24	10	57
Number of confirmed Fistula cases	23	24	5	52
Number of fistula cases referred for treatment	23	20	5	48
Number of fistula case treated	19	20	5	44
Number of identified POP cases	21	49	73	143
Number of POP cases diagnosed	21	49	66	136
Number of POP cases referred for treatment	21	46	66	133
Number of POP cases treated	19	45	66	130

Child Health and Development

Capacity Enhancement: During the reporting period several capacity enhancement activities were conducted, in the form of trainings, follow ups and review meetings. IMNCI case management gap filling trainings were conducted in four regions for 75 HWs in SNNP and Sidama regions. ICMNCI trainings were conducted for 276 HEWs (264 in Amhara, and 12 in SNNP/Sidama). ECD counseling training was conducted in SNNP region for 59 HWs and HEWs. ECD counseling was given for 1935 parents/care givers in Amhara region. The Activity's staff supported peer learning using flash-disks loaded with video materials of IMNCI, ECD, including EPI training materials.

Onsite technical assistance started in Tigray (Adwa and Axum) on immunization, screening and treatment of malnutrition and treatment based on IMNCI protocol. The performance review meeting/refresher training was conducted for 46 HWs and HEWs in Amhara region. Performance review and refresher training (PRRT) at woreda/PHCU level helps to improve quality of case management and utilization in health facilities. It was also an opportunity to introduce the updates in IMNCI modules and chart booklet.



Expanded Program on Immunization

Capacity Enhancement: In the reporting period, Immunization in Practice (IIP) trainings were facilitated for 24 health workers through cost-sharing in cooperation with RHB. Onsite IIP training was conducted for 56 HWs. All IIP trainings were integrated with cold chain user's orientation. COVID-19 rollout training was conducted for 309 HWs and HEWs in Amhara region. Onsite technical assistance was initiated in Tigray region in Adwa and Axum for 41 people on utilization of immunization monitoring chart, and RED/C categorization data base.

Strengthening the Reaching Every District/Child (RED/REC) strategy: The Activity has been supporting the MOH at all levels and across implementation regions to use RED/C to improve EPI data quality and monitoring system. In this reporting period RED/C training was conducted and 106 HWs were trained (36 SNNP, 70 in Oromia).

Improving vaccine supply, safety, and regulation: All drivers in the were trained on fridge and medical equipment maintenance at the beginning of the project and repair whenever they get nonfunctional ones. They also provide onsite training to workers using the equipment. The Activity maintained 74 different models of refrigerators (Oromia- 47and SNNP- 27), 2 radiant warmers in SNNP, 17 medical equipment in



Oromia.

Photo 11&12: Activity's drivers on maintenance of maintenance of refrigerator and orienting HWs.

HWs were

oriented on preventive maintenance and medical equipment's handling. Effective vaccine management (EVM) training was conducted for 25 HWs in SNNP.

Integrated Periodic Outreach Services (IPOS): It is a strategy designed to provide maternal, child health services (vaccination, screening for malnutrition, ANC, PNC, FP, treatment of diarrhea, malaria and pneumonia) in remote and hard to reach areas. Detailed planning is done ahead of time preparing drugs, vaccines, vehicles and other resources including time (up to one week) decided and conducted 2-3 times a year. Districts have learned from this, that it helps to provide comprehensive service and is cost effective

as it is integrated service . In the reporting period, the Activity implemented IPOS in SNNP in selected remote areas of five woredas, South Omo zone, (3) (Hamer, Bena, Tsemay, Dasenech), Bench Maji zone (2), Bero and Maji zone woredas in collaboration of public health system and vaccinated 551 children, and 8 women received TT, 31 pregnant mothers received ANC care. 95 women received short acting family planning service, 319 children received vitamin A, 122 deworming, 395 children and 31 pregnant and lactating women were screened for malnutrition, 20 children treated for diarrhea, 11 for pneumonia. High commitment of district and health facility staff, intersectoral collaboration, enhanced social and behavioral change communications, availability of majority of supplies and vaccines at district and Zonal level created an opportunity to implement the strategy.

Support During Campaigns: Two campaigns were conducted during reporting period, NOPV (Novel Oral Polio, and COVID-19 vaccines). The Activity provided technical and logistic support in Oromia, SNNP and Sidama regions-including advocacy, and post campaign review meetings.



Photo 13 &14: COVID-19 vaccination launching ceremony, and vaccination campaign in Sodo town, Wolaita Zone, SNNP.

Adolescent and Youth Health Development (AYHD)

Creating Access to Youth Friendly Health Service (YFS): In this reporting quarter, two additional YFS facilities from Gamo and Kembata Tembaro zones started functioning and reporting in the SNNP region. The existing YFS facilities continued providing YFS services in each region, except in parts of Amhara (46) and Tigray (61) due to the existing conflict. Currently, the Activity has been supporting 307 YFS facilities (including 93 in Amhara; 95 in Oromia; 78 in SNNP; 29 in the Southwest region, and 12 in Sidama). The integration of YFS in the health facilities includes furnishing and equipping the facilities, capacity enhancement of health care providers, and peer educators, as well as orientation of the community.

Youth Friendly Health Information and Service Uptake: In the reporting quarter, the Activity created access to age-tailored health and developmental counseling, information, and health services through the 307 YFS facilities in Amhara, Oromia, SNNP, Southwest, and Sidama regions. During this quarter, 993,846 (461,281 females) adolescents and youth received SRH, developmental and health-related counseling, and information services through YFS providers and peer educators within the YFS facilities, schools, and in the community. Furthermore, 262,157 (193,157 females) adolescents and youth clients received comprehensive health services including clinical and SRH services.

Contraceptive Uptake Among Adolescents and Youth: During this quarter, 70,100 adolescents and youth accepted modern contraceptives. Of these, 10,376, (14.8%) of them accepted LARCs including 8,062 (77.7%) of them Implanon, 1,560 (15%) of them Jadelle, 160 (1.5%) of them PPIUCD, and 594 (5.7%) of them IUCD.

Pregnancy testing and linkages for next-level care and support: In this quarter, 12,353 visits were made by girls/young women for pregnancy testing services. In total, 4,497 (36.4%) tests were positive, and all of the clients were counseled and linked to the next level of services including ANC. Providing pregnancy testing services within YFS facilities helped to strengthen tailored information provision and counseling services to prevent unprotected sex that predisposes adolescents and youth to STIs, unwanted pregnancy, and HIV infections in addition to availing contraception to prevent unintended pregnancies.

Youth-friendly Post-Abortion Care Services: In this quarter, 771 young women received post-abortion care services and 592 (76.8%) of them accepted post-abortion family planning. The Activity will continue to emphasize the importance of improved counseling skills during the training of YFS and YF-PAC to further improve post-abortion family planning uptake.

STI, HIV Testing and Linkage to ART Services: Adolescents and youth often lack basic information concerning their sexual health or the symptoms, transmission, and treatment of STIs. Since they have limited knowledge on SRH issues, they remain vulnerable and may have increased exposure to STIs, including HIV and AIDS. Cognizant of these issues, adolescents, and youth in all the YFS facilities were counseled for dual protection, provided STI treatment, care, follow-up, and testing services for HIV. During this quarter, 1,926 adolescents and youth visited YFS facilities for STI care, treatment, and follow-up - including 933 females. Furthermore, 22,059 HIV tests were conducted – including for 11,956 females. Of all the HIV-tested adolescents and youth, 107 (0.48%) were positive – including 46 (42.9%) females. Adolescents and youth who tested positive for HIV were automatically linked to ART clinics for further treatment, care, and support. To prevent new infections, health education on STI and HIV was provided both by peer educators and YFS providers throughout the YFS facilities and communities.

Adolescent and Youth Engagement and Partnerships with Adults: During this quarter, peer educators reached 470,545 adolescents and youth who received comprehensive health, RH, and developmental change messages using various approaches including school mini-media, coffee ceremonies, and interpersonal discussion at home and community level-that includes 186,744 (39.7%) females. After conducting health education at individual, community, and school levels, peer educators referred 6,262 adolescents and youth, of whom 3,268 females to YFS facilities. Moreover, during this quarter Peer educators held 285 sessions of coffee ceremony events in their respective communities and schools and reached 11,735 adolescents and youth with SRH and health-related messages including 5,922 females.

Supporting the YFS Services with AYHD Related Commodities, Supplies, and Job Aids: During this quarter, 11,110 brochures with messages 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 in the facilities, schools and the community. The job aids were need-based, field-tested, and translated into three local languages. During this quarter, 20,000 Female condoms were distributed to YFS facilities, including the FP units of the respective facilities.

Ensuring Public Sector Ownership and Sustainability of YFS Services: The Activity continued cultivating responsiveness by on-the-job skills transfer, training, mentoring, supportive supervision using program-specific checklists, technical support, and capacity enhancement to the public sector to sustain the AYH program. This in turn ensures the public sector for improved knowledge and skill of implementation, monitoring, and evaluation of the AYHD activities. Ensuring the engagement of the public sector from the outset of the YFS program implementation helped to sustain and scale up the YFS program using their own resource. During this quarter, 32 YFS facilities were scaled-up by the public sector using their own budget. The necessary technical support, skill transfer, and job aids were provided to WorHOs and health facility staff by the Activity.

Multisectoral engagement and response at the lower sectoral level: The Activity has been ensuring the establishment of the local level multi-sectoral committees called Woreda Advisory Committee (WAC). During the quarter, 20 WACs were established that brought multisectoral actors together, who are responsible for overseeing the status of adolescents and youth in their respective woredas and they worked together to improve the lives of young people in their respective localities. However, the multi-sectoral engagement was one of the activities that are highly compromised by the high turnover of WAC members due to conflicts, unrest, and security issues.

Nutrition

Adolescent Nutrition: Adolescents experience rapid growth and development which impacts their lifelong health and wellbeing. During the quarter, community awareness creation on adolescent nutrition was provided to 1,983 HHs during RFUVs. As this age group is a time when they experience rapid growth and some biological development requiring more nutritional support. If they missed the opportunity the health and pregnancy related consequences were irreversible.

Severe Acute Malnutrition management: Acute malnutrition is the result of maternal malnutrition, low birth weight, poor feeding care practices and infection exacerbated by food insecurity. To strength SAM management, CMAM guidelines were revised, and TOT and SAM basic trainings were organized by Oromia and SNNPR regions for 48 health service providers from 34 health facilities. The trainings were provided for health service providers from high SAM case load reporting health facilities and existing training gaps with the aim of improving referral system and improving quality of Stabilization centers(SC) management.

Integrated Management of Acute Malnutrition/IMAM training: The Activity provided training based on the revised IMAM guidelines for a total of 328 (184 females) health service providers from 52 HCs and 11 woredas of 6 Zones in SNNP Region. TOT on comprehensive and integrated nutrition services (CINUS) was organized by SNNP RHB in collaboration with the Activity and other partners. A total of 41 (3 females) zonal MNH and Nutrition coordinators and officers attended. The training included nutrition mentoring, AMIYCN, IMAM, nutrition integration with RMNCAH, Multi-sectoral nutrition coordination, supply chain

management, recording, reporting and M&E. The Activity also supported the development of the training guide and facilitation of training.

Multi-sectoral Approach: Food and nutritional challenges are multi causal which need multi-sectoral collaboration to address nutrition-sensitive and nutrition specific interventions. To enhance the existing initiatives, the Activity with regional nutrition staff participated on regional level nutrition multisectoral coordination quarter review meetings organized by Oromia and SNNPR RHBs on the existing nutrition emergency and how to improve the integration of nutrition sensitives activities in the future. (Add actions here that will happen as a result of these discussions). Additionally, specific nutrition interventions of each of the partners and their experiences were shared to avoid duplication of efforts and learn from each other.



Photo 15: Partial view of SAM management training participants during clinical session

Integrated Periodic Outreach Services (IPOS): IPOS is a strong strategy for ensuring equitable maternal, child health and nutrition service for those communities in hard-to-reach areas. In this regard through the support of the Activity, Bero and Maji woredas of West Omo zone in SNNP organized IPOS. During the IPOS sessions, about 14,179 children were served with different nutrition interventions.

On-site technical support: Routine follow up, coaching, mentoring and post training follow up visits were the major activities of the quarter with the objective of strengthening the skills and knowledge of service providers on nutrition and other programs. During the quarter, on-site technical support was provided for a total of 678 health facilities and 104 WorHOs. Supportive supervision visits focusing on SC and OTP management, multisectoral coordination and supply chain management were conducted. The SNNP RHB in collaboration with the Activity and UNICEF conducted joint nutrition program specific supportive supervision visits to 16 PHLs. The key findings of the supportive supervision visits identified include poor coordination and communication with catchment HCs, lack of information by woredas and ZHDs regarding nutrition basic supplies, incomplete multi-chart and poor utilization of the chart during ward round and Lack of integration of nutrition services with other maternal and child health services are some of the gaps observed and intervened.



Photo 16: Partial view of joint FUV and mentoring to Primary and referral hospitals

Task Shifting/Sharing initiative on nutrition service: The primary reason for the implementation of the task sharing strategy of nutrition intervention was that some of the nutrition interventions being implemented at community level were of low coverage and lacks quality for preventing child morbidity and mortality. As a result, the Activity, in collaboration with SNNP and Oromia RHBs, has been implementing task sharing

of nutrition interventions to community volunteers. The objective of the task sharing activity is to learn if some of the nutrition interventions can be implemented by community volunteers with quality and to improve service access. The following are some of the activities implemented during the quarter with the task sharing of nutrition interventions:

- Follow up visits and technical assistance were provided HEWs to improve recording, reporting and review.
- Mentorship was conducted for HDAs on anthropometric measurement, GMP, referral of cases for nutrition service and other services and recording and reporting.
- Review meeting was conducted in the presence of HDAs, HEWs and woredas.
- Provided re-orientation and refresher training on identified gaps.

Health Emergencies

COVID-19 Response

During the quarter, the Activity focused on COVID-19 vaccine rollout as the support based on crisis modifier was finalized. The COVID-19 vaccine rollout activity has been mainly categorized into three major objective areas:

1) Policy, Planning and Coordination

Coordination platforms engagement: There were several coordination platforms that focused on COVID-19 vaccine rollout both at national and sub-national levels. The Activity was part of these coordination platforms and was able to take part in six technical working group meetings and 24 daily update meetings during the quarter. In addition, the Activity engaged in vaccine rollout coverage monitoring activities using the Google Sheets developed by the MoH as a temporary tool to monitor the coverage until the DHIS2 system becomes fully functional.

Guideline Development support: The Activity provided technical support during the development of different national guidelines to help the rollout of the vaccines. These includes the national COVID-19 campaign guide, Pfizer vaccine deployment strategy guide, and the HEWs training guide.

Performance review meetings: The Activity provided technical, financial, and logistic support at national and subnational levels to conduct performance review meetings. Twenty-one sessions of performance review meetings were conducted during the quarter at regional and zonal levels. The review meetings were focusing on vaccine rollout coverages, gaps, challenges, and solutions for better achievements.

2) Human Resources for Health, Training and Supervision

Capacity enhancement: COVID-19 vaccine rollout capacity enhancement activities were executed during the quarter and about 4,762 HWs were trained, including 860 female HWs. The Activity provided technical and financial support during these training sessions. The key areas of the training include how to provide the COVID-19 vaccine during the campaign, nOPV and COVID vaccine integration, and how and for whom the vaccine should be provided.

Supportive supervision: Supportive supervision visits were found to be a very important tool to provide on-site technical support for managers and service providers. During the quarter, 73 sessions of integrated

supportive supervision visits were conducted through the technical, financial, and logistic support of the Activity, reaching 16 zones, 242 woredas, 874 HCs and 458 HPs. The visits to the different level of the health system indicated several strengths and gaps, including training of health workers on COVID-19, assignment of focal persons for COVID-19 vaccination and the availability of COVID-19 guidelines were among the strengths and the gaps include lack of microplanning for the vaccine, poor engagement of leaders and poor recording and reporting of the vaccine. Based on the findings, feedback was provided at each level both in written and orally. The key gaps identified were also addressed at each level of the health system and the difficult ones were communicated to the concerned level of the system.

Cold chain maintenance: As the COVID-19 vaccine rollout requires more cold-chain space, the Activity supported cold-chain equipment maintenance during the quarter. During this period, 188 non-functional refrigerators were maintained in large part by Activity drivers who have been trained in repair and maintenance, saving about 940,000 ETB in equipment and labor costs. The maintenance made available additional funds for COVID-19 and other routine vaccines and kept the vaccine supply viable.

3) Community Engagement and Demand Creation

Media staff training: The Activity focused on enhancing the capacity of local media staff to facilitate key message promotion. A total of 51 media staff were trained during the quarter on COVID-19 vaccine rollout, with the goal to enhance knowledge of COVID-19 -related subject matters, using their local media to support key message promotion and improve the uptake of the vaccines.

Advocacy meetings: Eight sessions of advocacy meetings were conducted both at regional and zonal levels, and 760 participants attended the advocacy meetings. The primary aim of the advocacy meetings was to improve the engagement of managerial staff in the COVID-19 vaccine roll out.

Community Mobilization activities: The Activity focused on community mobilization activities to improve vaccine uptake as the vaccine uptake was low. The Activity used mobile vans and cars with horns to promote key COVID-19 related messages and reached about 2,671,182 individuals. The messages promoted the importance of COVID-19 vaccine, target populations, and prevention modalities.

Other Health Emergencies

During the reporting period, there were some health emergencies like cholera outbreak in Bale zone of Oromia region, measles, and malaria epidemics in SNNP. The Activity provided to the public sector need-based technical support in both regions.

Gender

USAID Transform: Primary Health Care Activity gender integration approach focuses on addressing identified gender related gaps across the four result areas through different approaches such as advocacy, capacity enhancement, evidence generation, mentorship, and on-site follow-up visits. Accordingly, priority areas for result area one (IR1) includes advocacy to bring more women to health care leadership and creating conducive work environment for female health care workers returning from maternity leave. For result area two (IR2) focus, the focus is on increasing the availability of quality post-GBV health services and building service providers' capacity on gender-responsive health care provision. Under result three (IR3), 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 evidence have been documented to be shared to all internal and external stakeholders in the form of technical briefs, oral presentations in the national and international platforms and publications in scientific journals.

Post-GBV health services and multi sector coordination strengthened: During this reporting quarter, critical post GBV services were provided to 68 (61 sexual and 7 physical) GBV survivors in Amhara region where conflict took place in the previous months. The cases were reported from East Gojjam (10), West Gojjam (5), North Shewa (47), and South Gondar (6) zones. As GBV survivors require multi-dimensional support, particularly consistent psycho-social support, mobilization of resources and coordination of responses are critical. The Activity is a member of the regional RHB taskforce providing technical support for GBV responses. Furthermore, 19 proposed/arranged early marriages were canceled by Kebele level Harmful Traditional Practices Elimination Committee at Andabet Woreda of South Gondar Zone.

Table 3: GBV Survivors Post GBV Services from hospitals and health centers in Amhara region

Zone	GBV-Survivors Who Got Post GBV Service			Remark
	Hospital	HC	Total	
East Gojjam	0	10	10	3 physical & 7 sexual violence
West Gojjam	0	5	5	4 physical & 1 sexual violence
North Shewa	34	13	47	All sexual violence
South Gondar	2	4	6	All sexual violence
Total	36	32	68	

In SNNP region, the WCY directorate organized experience sharing workshop on increasing the number of one stop centers to expand access for GBV survivors in the region. USAID Transform: Primary Health Care Activity presented its experience on the event, training of providers, distribution of job aids and SOP orientation to multi stakeholder actors. A site visit was also conducted at Arbaminch General hospital one stop center as part of experience sharing.



Photo 17: Participants on experience sharing workshop visit at Arbaminch General Hospital one stop center

Onsite technical assistance Provided: In this reporting quarter, public sector staff initiated and conducted gender specific, and gender integrated technical assistance to 6 HCs found in Debay Telatgin Woreda, 6 HCs of Machakel Woreda and 4 HCs of Debre Elias Woredas in Amhara region. In Oromia region along with the random follow-up visits, 50 WrHos, 140 HCs received on-site technical support to strengthen gender mainstreaming activities. The purpose of the gender specific TA was to fill gaps in exercising gender

analysis at HC level and thereby mainstream gender institutionally as well as programmatically and identify promising practice to be shared to other HCs. Accordingly, findings showed encouraging results have been observed in terms of:

- Consideration of gender issues as an agenda of discussion and follow-up during staff meetings.
- Emerging trends of registering and reporting of GBV cases to the focal and to woreda health office RH Officers.
- Improvements on female participation as HC head for example Machakel Woreda in Amhara region, increased the number of female representatives in management DTC, PMT, and other HC level committee.
- Increased practice of gender analysis to solve the program and administrative related gender issues. Exemplary practices observed in Amanuel and Gerakedamin health centers of Machakel as well as Dejeba and Debre Elias HCs of Debre Elias woredas.

Male Engagement Workshop at Community Level: In this reporting quarter, in SNNP and Amhara regions, male engagement sensitization workshops were held. A total of 540 participants consisting of kebele administrators, police members, men development army leaders, model farmers and other community influences from different kebeles attended the workshops. The purpose was to introduce them with the importance of their engagement in health service as users, supportive partners, and to be advocators of the positive changes by challenging the existing gender norms and stereotype in their community. At the end of the workshop participants committed to act and conduct review meetings in their respective communities.

Zones and Woredas taking steps to bring more women to leadership: During the quarter, reports were received from Halaba Zone SNNP region about the significant steps the Zonal and WorHOs took to promote females to leadership positions. Below are the WorHOs that assigned females in leadership positions during the quarter.

- Kulito town administration Woreda health office main head.
- Atote Ullo Woreda health offices vice head.
- Wera Woreda health offices vice head.
- Wera dijo Woreda health offices vice head.

Further follow-up and coaching are required to support these women who currently assumed leadership positions and the Activity will continue advocating for such support and documentation of lessons learned.

Orientation Workshop provided: A two-day workshop was organized by SNNP RHB Women, Children and Youth directorate in Arbaminch town. The aim of the workshop was to familiarize Zonal and woreda gender, RH and planning officers with newly released gender and health working documents at MoH. Participants were introduced with revised health sector gender mainstreaming guideline and workplace harassment prevention and response manual. In addition, orientation on five-year strategic plan was also held in this workshop. The operationalization of the manuals in the region was discussed and action plans were developed. Similar workshops are planned in the coming quarters and the Activity will be providing technical support.

Final Phase of Gender Assessment Completed: In this reporting quarter, the final phase of the USAID Transform: Primary Health Care Activity's gender assessment was completed. In this phase, 17 Activity's technical staff reviewed and validate the findings from phase one and two then followed by the review of conclusions and recommendations of the assessment. The final report is under preparation and will be ready in the upcoming quarter.

Sub-Result 2.2: Improved Provider Behaviors and Communication Skills toward a Motivated, Competent and Compassionate (MCC) Health Workforce

Since the activities under this sub-result are related to providers capacity enhancement, during the quarter no training activity was conducted.

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

Quality Improvement and Quality Assurance (QI/QA)

QI Collaborative: USAID Transform: Primary Health Care has continued working on four different areas of QI collaborative activities on MNH, FP, AYHD, and CH focusing on continuous services quality improvement of RMNCAH.

Capacity Enhancement: During this quarter, QI leaders and quality improvement team of primary health facilities were capacitated on improving the quality of care-20 of them participated in QI TOT, 15 (1 female) of them participated in QI coaching, and 44(7 female) of them participated in basic QI training.

Clinical Audit Progress in MNCH, FP and AYHD Service Quality Standards: The clinical audit assesses the standards of care on the target program, it informs further improvement of quality of the service provision in the health facilities. The Activity supported Primary health care facilities (PHLs and HCs) to conduct the self-assessment/clinical auditing assessment in the MNCH/FP/N and adolescent service areas, data analysis, gap identification, action plan development on change ideas to further make improvement to standards of care. So far, most facilities showed significant progress in QI standards during follow-up clinical auditing assessments.

- MNH clinical audit result showed an increment from the 18% (baseline) to 70% (follow up).
- Family planning clinical audit result showed an increment from 10 % (baseline) to 60% (follow up).
- Based on AYHD clinical audit result, the score increased from 10% (baseline) to 56% (follow up).
- CH clinical audit result showed an increment from 11% (baseline) to 62% (follow up).

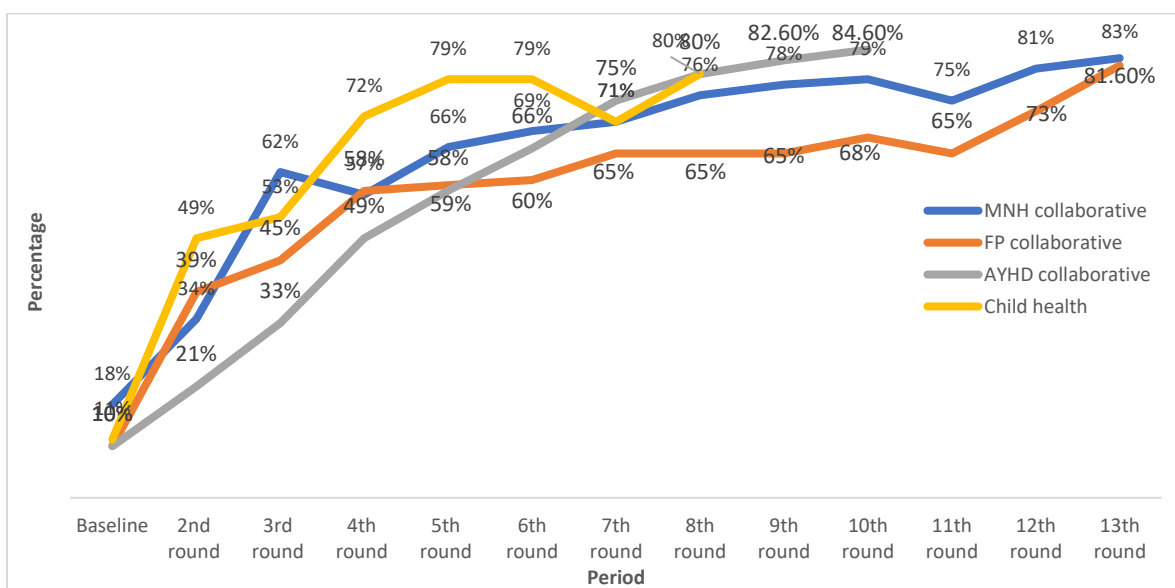


Figure 5: Average clinical auditing progress by collaborative areas

QI Projects implementation: So far, QI teams have developed 918 self-initiated QI projects on MNH, FP, AYHD, CH collaborative at health facilities. The majority (76%) of the QI projects were completed successfully, and the rest are on progress.

Clinical Audit Case Study from Mahderemariam HC, Amhara region

Continuous clinical audit assessment is useful to monitor to what extent the standards for any given healthcare activity are met, to identify reasons why they are not met, and to identify and implement changes in practice to meet those standards. The use of clinical findings is very essential for continuous quality improvement on clinical care. The Activity works closely with primary health care facilities to impact quality of health services through the introduction of quality assurance by using continuous clinical audit assessment and making quality improvement (QI) depending on the finding of the audit. The Activity has started supporting the QI team (QIT) in Mahderemariam HC (Amhara region) by training the QI team on how to conduct the clinical audit as part of the continuous quality improvement.

At the beginning of the intervention, baseline clinical audit assessment on adolescent youth service standard was conducted in August,2019. The assessment was done by systematically reviewing the clinical care that were

provided in the area of adolescent and youth health services. The assessment was done against the set minimum standards and the assessment result at baseline was 14%. Based on the baseline clinical audit findings, gaps in both structural and process in providing YFS were identified and then the QI team developed action plan by prioritizing the problems to address the gaps and QI projects were designed and implemented. The Activity provided frequent clinical mentoring and QI coaching support to the health center’s QI team and service providers on the implementation of quality AYH services. The Activity also provided support to the QI team to monitor the AYH services quality regularly.

To follow up the changes observed after the intervention, the clinical audit was conducted on a quarterly basis and the frontline health providers used the findings of the clinical audit to improve the service provision in meeting the set standards and in improving the clinical care.

Based on the period clinical audit findings, the health center was able to provide quality AYH services for two consecutive years and it managed to address the major gaps identified during the baseline assessment. The score of the periodic clinical audit increased from 14% (baseline-August 30, 2019) to 86% (follow-up-September 30, 2021). Based on the end-line (September 30, 2021) assessment, the HC managed to achieve 24 of the AYH service-related standards from the total of 38 AYH service standards.

Some of the specific activities undertaken by the HC include maintaining the cleanliness of the HC and YFS rooms, re-stocked essential supplies at YFS unit, availing audio-visual materials to facilitate information provision at waiting room, engagement of peer educators in demand creation of the YFS, conducting regular meeting with peer educators, positively responding to the complaints of the adolescent and youth client regularly, implementing school-health activities to promote adolescent and youth’s health and well-being, ensuring visual and auditory privacy during service provision, and proper counseling for clients were the major ones.

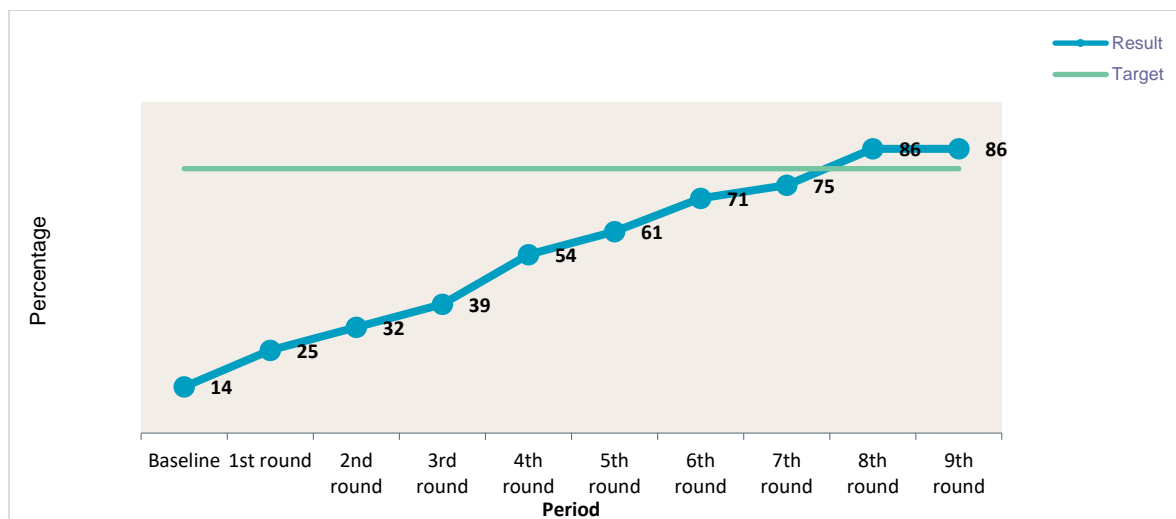


Figure 6: AYHD periodic clinical audit results at M/Mariam HC (Amhara region) from Aug.2019 to Sept.2021

Improved MCV1 Immunization Dropout Rate at Melkamana Primary Health Care Unit, Oromia region

Based on regular quarterly based MNH clinical service quality audit, the six-month’s the median MCV1 dropout rate at Melkamana health center (HC) was 26.5% (from Sept 2020 to Feb 2021). This was identified by the HC as one of the challenges and the QI projects were designed to change the course. The plan was to reduce MCV1 dropout rate from 34% to 5% by the end of Oct 30, 2021. The QI team in the HC identified the root causes using a fish bone diagram and generated and tested the following change ideas, one at a time.

Change Ideas Introduced (Interventions):

- A. Install the REC/RED database and use accordingly.
- B. Provide vaccination by outreach program in addition to the static program.
- C. Timely request and refill vaccine antigen.

Outcome Measure/Indicator:

- Percentage (%) of MCV1 dropout rate per month.

Process Measures/indicators:

- Percentage of kebeles monitored by REC/RED data base in the catchment area.
- Number of outreach programs conducted per month.
- Percentage of days in which the vaccine antigens available per month.

Following the intervention (MFI and Kaizen 5-s), the median MCV1 dropout rate was reduced from the base line 34% to 4% by December 30, 2021. The run chart shows significant improvement which complies with run chart rule 1 (shift) indicating that the tested change ideas were brought about changes. Recommendation was provided to adopt and implement these change ideas as parts of the system.

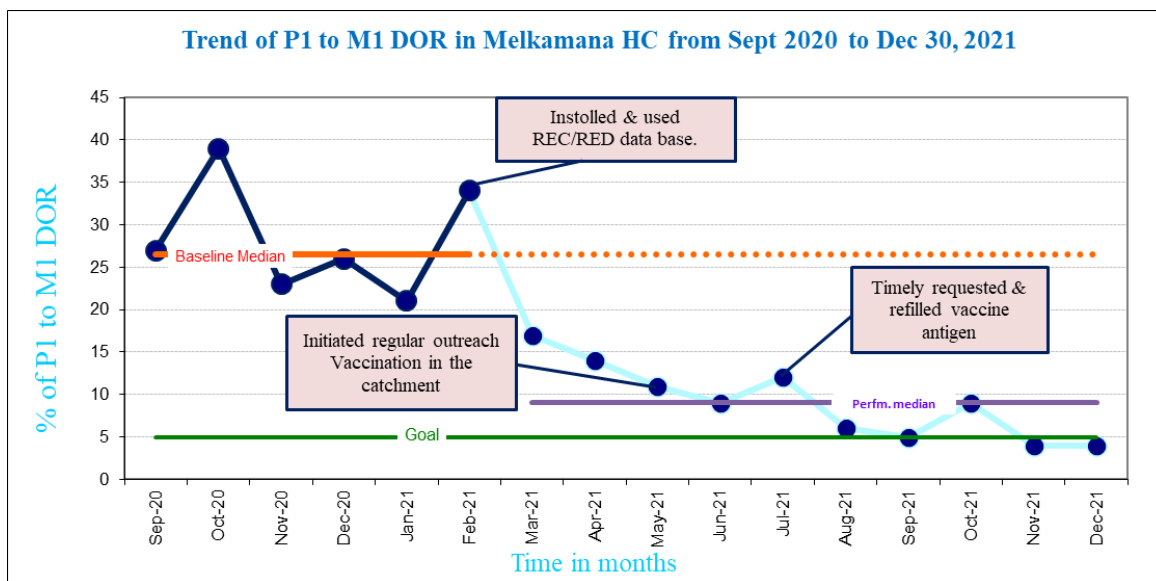


Figure 7: Trend of MCV1 dropout rate after introducing the change ideas at QI project of Melkamana HC, Delomena District, Bale zone, Oromia.

Coaching and Mentoring Support to the QI Team: In this quarter, the Activity provided the regular site level and remote (telephone and telegram) coaching support to 57 (46 HCs and 11 PHLs) for QI/QA implementing health facilities in collaboration with the public sector. During site visit, coaches build trust with the facility QI teams 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 of the QI projects to share their experience to others.

During the coaching visit support was provided to the QI team to form sub-QI teams at service delivery point where the QI is being implemented so that the frontline team can follow the day-to-day QI activities in the unit. In addition, discussion on having regular meeting to review their PDSA cycles, on regular data

collection, construction, and utilization of the run-chart, how to use tools for clinical service quality audit, gap-identification, how to use quality improvement tools to develop, test, implement, and sustain QI projects. It was followed by provision feedback to the WorHOs and Zonal Health Department (ZHD) on the status of the QI activities at the facilities for further follow up.

Changes have been observed in the health facilities. Focal persons were assigned at WorHOs and health facilities levels. The established QI teams were found to be functional with the capacity in running the QI activities at the primary health care level. The QI team in the health facilities were 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 also 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.

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

Innovative Interventions in FP/RH

Planning exercise and ownership orientation on FP/RH: This innovative intervention was initiated in all the intervention areas of the Activity in all regions since 2017. The goal of this intervention is to strengthen the health care system by enabling the public sector manage FP/RH activities in PHCUs, PHLs and WorHOs as one functional unit; and promoting the practice of FP/RH activities as a package across the woreda health care system. The Activity continued providing the need-based technical support to the public sector to ensure the continuity of the initiative.

Integrated Back-up-LARC services support from HCs to communities: Back-up -LARC service support from HCs to communities is an intervention implemented with the objective of providing FP services which are not normally served at HP level, like Jadelle and IUCD insertions, and LARC removal services. The Activity continued providing technical support to the public sector on integrated back-up support. In this quarter, 96 PHCUs conducted 118 integrated back-up support visits to the rural communities and served a total of 2,695 clients with different FP services of their choice-LARC insertions (50%), LARC removals (10%) and 40% short acting methods.

Innovative Interventions in MNH

Safe childbirth checklist (SCC): Safe childbirth checklist has been introduced at all health facilities within the Activity's intervention areas. One of the TAs provided during random FUVs to health facilities was on SCC to sustain its consistent and correct use.

Clinical Skill Labs (CSL): Thirty-four CSLs were established by the Activity and are being utilized by health facility staff and students from nearby higher education institutions. During the quarter, supportive supervision visits were conducted integrated with random follow up visits to health facilities. A total of 916 mentees practiced clinical skills in the CSLs. The most frequently practiced skills were normal delivery, management of preeclampsia/eclampsia, breech delivery, intrapartum care, episiotomy, management of postpartum hemorrhage, ENC, HBB, application and removal of non-pneumatic anti-shock garment (NASG), management of retained placenta, IP, PITC, insertion and removal of long acting and reversible contraceptives, and use of manual vacuum aspirator (MVA).

Limited obstetric ultrasound services: Limited obstetric ultrasound services were started by the Activity at 120 HCs and are being sustainably delivered by trained mid-level providers. During the reporting quarter, 7,618 pregnant women were scanned and 2,061 (27.1%) of them had abnormal ultrasound reports and were referred to the nearby hospital for confirmation of diagnosis and subsequent treatment.

The most reported ultrasound findings were malpresentations, multiple gestation, abnormal placentation, amniotic fluid abnormalities, small/large for gestational age, intrauterine fetal death (IUFD), miscarriages, and congenital abnormalities.

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 1,845,406(916,309 females) individuals with malaria, polio vaccination and CBHI messages. 1,046,186 (528,776 females) of which were reached with COVID19 related messages. The pre-recorded audio messages were transmitted in Amhara, Oromia, SNNP, and Sidama regional states using audio mounted project vehicles. The intervention was aimed at heightening community awareness and improving service uptake such as COVID-19 vaccination.

CBHI related messages: The Activity reached an estimated 217,945 individuals in 19 woredas of SNNP and Sidama with CBHI-related messages. The messages were transmitted in local languages in places where large groups of people congregate using audio mounted project and EHIS vehicles, particularly important for reaching to those who do not have access to radio and TV.

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

Health Post Open House: 14 subgrant woredas of Amhara, SNNP and Sidama regions conducted 63 HP open house events to improve the health literacy and familiarize members of the community on the available health services to them in the health post . Accordingly, 1,922 (1,022 females) individuals comprising of community representatives, kebele command post members, HEWS, catchment HCs, and WorHOs participated in the event. The HP open house events were aimed at improving essential health service uptake thereby promoting the services rendered at HP level. The event also enabled the participants to hear each other's' ideas, discuss health service available to them with the HEWs, identify barriers and exchange ideas to improve services. identify barriers for service utilization, promote mutual responsibility and develop a plan of action that would be followed by the catchment health center.

Community Mobilization Kick off Workshops: 4 sessions of community mobilization kick off workshops were conducted in Southern Nations, Nationalities and Peoples (SNNP) region through the subgrant 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 145 (36 females) community and government representatives from 21 kebeles and 4 woredas. Issues of model kebele, MNCH-N, WaSH and community mobilization were thoroughly discussed during the workshops. All the participants are expected to initiate the community action cycle in their respective kebeles.

Community Mobilization Review Meeting: Nine subgrant woredas of Sidama and SNNP regions conducted 9 review meetings during the quarter. The day long meetings were aimed at reviewing the

progress of the community mobilization efforts in 44 kebeles. 312 (100 females) individuals comprising of community mobilization team members, health care providers from catchment HCs, and woreda health experts participated in the meeting. 87% of the kebeles have organized a community mobilization team, shared roles, and responsibilities, identified, and prioritized their health problems, developed a plan of action, and started implementation. Accordingly, service uptake and model kebele indicators have shown improvement in most of the kebeles. These include increased: early ANC visit, skilled birth attendance, number of model households, and improved latrine coverage. Irregularity of meetings and weak follow up and support from the catchment HC were the major gaps identified during the meeting. Accordingly, all the participants agreed to enhance the implementation of the community mobilization approach and developed a plan of action that would be followed by their respective woreda health offices.

Follow Up Visits: The Activity conducted follow up visits in 3 kebeles of Amhara region. The follow up visit, which was conducted in Tulta, Buya and Messela kebeles of Ankesha woreda was aimed at assessing the progress of the community mobilization intervention implemented using subgrant. All the 3 kebeles have implemented the community action cycle which resulted in increased number of model households, skilled birth attendance, improved latrine coverage and model schools.

School Engagement Workshop: Aletachuko woreda of Sidama region conducted school engagement workshop using subgrant. 42 (12 females) school directors, teachers, school club leads, HEWs, and catchment health HC representatives participated in the workshop conducted through subgrant. The two days' workshop was aimed at equipping 3 schools with the knowledge and skill required to implement school health interventions. The trainees developed a plan of action which would be followed by their respective woredas education offices.

Pregnant Women Conference (PWC): Thirteen subgrant woredas of Amhara and SNNP regions conducted 220 sessions of PWCs using subgrant. The forums was aimed at promoting appropriate maternal and newborn health practices among pregnant women. Accordingly, issues of birth preparedness, ANC, skilled birth attendance, PNC, newborn care, nutrition, FP discussed during the forum. 7,547 pregnant women drawn from 150 kebeles participated in the forums.

CM Refresher Workshop: The Activity conducted CM refresher workshop in Tulta and Buya kebeles of Ankesha Woreda, Amhara region. The workshop was aimed at strengthening the CM intervention initiated in the two kebeles. Accordingly, orientation was given to 50 (16 females) community representatives on issues of community mobilization and early pregnant women identification.

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

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

Provided Support to the Research Advisory Council (RAC): Thus far the Activity has been supporting technically the RAC and the regional research hubs (Amhara and Tigray) to enhance their skills in generating learning and evidence to impact policy and programming. In the reporting quarter, the consolidation work has begun to hand over program learning materials to the RAC and regional research hubs by preparing a booklet from the published articles in peer reviewed journals and a compendium from the abstracts presented in different national and international conferences out of the Activity's

interventions. These materials, along with others, will be handed over to the RAC and the regional research hub as part of transferring responsibilities to the government sector.

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

Manuscripts Prepared: Four manuscripts were completed during this quarter: two on MNH and two on FP/RH thematic areas. Of the four manuscripts prepared, one was submitted to a journal for publication while three are under review for journal submission next quarter.

Preparation of Technical Briefs: In the reporting period, three new technical briefs were drafted (two on FP/RH and one on Gender), and are currently under review and will be finalized in the coming quarter.

Preparation of Compendium and Booklet: In the reporting quarter, the preparation of compendium from the abstracts presented in different national and international conferences since the beginning of the intervention was finalized. Similarly, the preparation of booklet was finalized, which aimed at extracting the program learning from the published articles about the Activity's interventions in peer reviewed journals.

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

Knowledge Sharing

Success Stories Prepared and Shared: During the reporting quarter, around 14 success stories from different thematic areas were captured from the field-some finalized and shared, while others are under review. In addition, selected highlights of the success stories (developed from the previous fiscal year) were submitted to USAID on a weekly basis. And sharing of highlights of the selected stories on a weekly basis has been continuing.

Articles Published: Nine articles were published in the Ethiopian Journal of Health Development (as special issue): <https://ejhd.org/index.php/ejhd/issue/view/149> and another one article was published in BMC Pregnancy and Childbirth journal:

<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-021-04358-4>.

Presentations in a Forum Organized by USAID Transform MELA: In a forum organized by USAID Transform: Monitoring, Evaluation and Learning Activity, presentations were made on the following two topics: (1) Leveraging maternity waiting homes to increase the uptake of immediate postpartum family planning in primary health care facilities in Ethiopia; and (2) Accelerating the performance of district health systems towards achieving UHC via twinning partnership.

Abstracts Prepared for Conferences: In the reporting quarter, three abstracts were prepared and submitted to the Ethiopian Public Health Association (EPHA) for presentation in its 33rd annual conference, which will be conducted in the next quarter.

PARTNERSHIP AND COLLABORATION

Health Systems Strengthening (HSS-HIS & LMG) Partnerships

The following were the major HSS related partnerships in the quarter:

- The Activity provided technical support on the implementation of HEP Optimization Roadmap (2020 -2035) through introducing community engagement options and Health Post Reform Implementation Guidelines in 14 selected woredas across the whole country.
- Technical support was provided through validating results of PHC vital signs scores on 15th December 2021, during the dissemination of PHC capacity assessment final reports to stakeholders and preparation of the strategic alignment with International Institute of Primary Health Care in Ethiopia and during process evaluation of the piloted community engagement policy options.
- Provided technical support to the Amhara RHB in the development of early recovery plan for war affected areas.
- Worked with the EPHA as a member of the technical working group and developed action plan and started the development of protocol on Leadership and Governance to conduct systematic reviews.

HCF Partnerships

The following were the major HCF related partnership in the quarter:

- The Activity supported refinement of the EHIS 10-year health insurance plan by participating in a final consultative forum held November 23,2021. Senior-level experts and managers with extensive health insurance experience participated.
- The Activity shared its experience and learning related to CBHI implementation with a USAID-funded Pathfinder project in Uganda family planning specialists at a virtual meeting held on November 12, 2021. USAID/ Uganda is navigating implementation approaches for community health insurance in their Family Planning Activity.
- The Activity supported EHIS in re-designing its staffing structure to harmonize with the newly endorsed CBHI proclamation and more efficiently implement health insurance programs.

FP/RH Partnerships

In all regional offices of the Activity, the regional FP/RH officers continued participating in the monthly FP/RH-MNH technical working group meeting conducted. Similarly, at national level, the staff of the Activity attended TWG meetings to discuss on the continuous availability of supplies and commodities related to FP/RH services.

MNH Partnerships

MNH team members have been working with the MoH, RHBs and structures under them, and with various partners by taking part in several technical working groups (TWGs) and task forces across levels. The following major activities were carried out during the quarter:

- 100 MNH posters, 57 PWC facilitation guide, 3 NASGs, 5 digital BP apparatuses, 4 childbirth simulators, 70 UBT kits, and one set of neonatale were distributed to health facilities.
- The Senior MNH advisor has attended a webinar on “Launch of the Ending Preventable Maternal Mortality (EPM) Coverage Targets and Milestones to 2025”, October 2021.

- Reviewed two articles for MoH submitted for publication in the 2021 Annual Review Meeting (ARM) special bulletin.
- Prepared a concept note for the MoH on the “2022 National Safe Motherhood Month” event.
- Monthly MNH theme update meeting was conducted during which “Integration of oxytocin cold chain system into the EPI cold chain system” was discussed among team members at end of October 2021; “Evidence on the use of uterine balloon tamponade for the treatment of refractory PPH” was discussed at end of November 2021; and the third was conducted at the end of December 2021.
- Attended and provided TA during a MoH’s workshop on RMNCAYH-N self-care interventions guideline finalization at Bishoftu, November 2021.
- Working as scientific/technical sub-team organizer of safe motherhood month events organizing committee of the MoH.
- Technically supported MoH to finalize National ANC Guideline after incorporating comments from higher officials of MoH.
- The Senior MNH advisor with the MNCH-N technical director, have attended a workshop to exchange learning experience on respectful care organized by USAID, December 2021.

OF/POP Partnerships

In this quarter the staff of the Activity participated in the facilitation of the first TOT level training on Obstetric Fistula Surveillance and Response (OFSR) for PHEM focal, zonal and woreda level health officials at Jigjiga. This training was jointly coordinated by Ethiopian Public Health Institute (EPHI) and the MoH in the presence of partners. In line with this the following activities were executed:

- The OFSR guideline and training material was tested at the regional level.
- A total of 25 (11 female) public health emergency (PHEM) focal and other health officials took part in the TOT on OFSR who will cascade the training to health care providers in the facilities.

CHD and EPI partnerships

Child survival technical working group (TWG) at all levels, and Early Childhood Development (ECD) TWG, and ECD Research Advisory Committee (RAC) at the national and regional levels are opportunities to work with the government, UN agencies and other NGOs. Activity offices at all levels actively participated in these meetings. The Activity has been working with other partners and exchanging materials to avoid duplication of efforts.

AYHD Partnerships

Partnership with the Ministry of Health: The Activity represented by its AYH team to develop the service package for IDPs and national workforces in the country. The AYHD team also participated in the launch of the AYH strategy.

Partnership with the Ministry of Education: The Activity, in collaboration with other partners, has been working in developing a communication strategy to advocate the implementation of Education for Health and wellbeing and teachers’ orientation on the curriculum. The Activity has been a prominent partner and active member of the TWG and contributed to the process of curriculum development for the past few years.

Nutrition and Health Emergencies Partnerships

During the reporting quarter the following activities were done regarding the nutrition and health emergencies partnerships:

- The Activity took part in the national and sub-national nutrition coordination platforms.
- The Activity participated in regional level quarter plan alignment to avoid the duplications of efforts for effective and efficient use of resources.
- The Activity was part of the cost-sharing during rolling out of the national guidelines like CMAM revised guideline, CINUS, and basic trainings.
- The Activity participated in the regional emergency technical support meetings.

Gender Partnerships

Technical review and inputs were provided to the health sector gender audit report during three a three-day workshop organized by MoH WCYA Directorate. The Audit highlights gaps in gender mainstreaming in the health sector in the areas of political will, technical capacities, organizational culture and accountability. The report will be shared once its finalized and endorsed by MoH. One of the gender and health working documents launched in the pervious year was Workplace Harassment Prevention and Response manual. The first roll-out orientation of the manual was organized for members of Ethiopian Medical Women Association. The Activity supported the first roll out and currently the manual is being converted to on-line version so that it can be integrated in the Continuous Professional Development (CPD) platform.

QI/QA Partnerships

The Activity has participated in different TWGs at in Health Sector Quality directorate (HSQD) such as national health care Quality Improvement TWG, MNH QOC network TWG and patient safety TWG.

- The Activity as member of national and regional TWGs of HSQD, provided technical support to the MoH and Regional Health Bureaus (RHB) in strengthening the quality-of-care initiatives.
- TA support was provided on documentation of lessons from MNCH QOC learning districts in the preparation learning package to MNCH QOC.
- The activity has also supported the plan for the evaluation of the roadmap's implementation MNCH QOC to determine what went well and what did not.
- Technical support also provided on the preparation of regional annual quality summit which was organized by SNNP RHB which was held at Arbaminch town.

SBCC Partnerships

The Activity has continued working closely with the public sector to halt the spread of COVID-19. Community engagement officers have continued playing key role in the regional risk communication and community engagement (RCCE) technical working groups. The Activity is also supporting the regional RCCE efforts by disseminating COVID-19 prevention messages using its audio mounted vehicles.

PROJECT DATA MANAGEMENT AND MONITORING

District Health Information System-version2 (DHIS2)

The Activity's DHIS2 system became operational in August 2018. Since then, several functionalities and modules have been added to the system including different dashboards, data analysis summaries, and maps using the Geographic Information System (GIS) feature. 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 before analysis and reporting.

As usual, the HMIS data were exported from the government DHIS2 system and imported to the Activity's DHIS2 system. To facilitate data use, tables, graphs, and maps were included in the DHIS2 system and more data extracted from the Activity's DHIS2 system and presented in excel sheets to help analysis.

Strategic Information Integration within Random Follow-up Visits

The annual random follow up visits (RFUVs) were conducted in the accessible areas all the intervention regions except Tigray region. The Activity uses random follow up results to generalize about the level of program outcomes to inform decision making. The results also help monitor progress against the routine HMIS, as well as indicators that are not captured in the HMIS. Overall, 104 woredas, 69 PHLs, 202 HCs, 407 HPs, 364 kebeles, and 1983 households were visited for the random follow up visits to collect the data based on the structured questionnaires and provide the onsite technical support where needed. Due to the ongoing conflicts in different parts of the country, only the accessible woredas, health facilities and communities were visited.

Table 4: Number of Woredas, PHLs, HCs, HPs, Kebeles and Households Reached through Random Follow-up Visits

Institutions Visited for RFU	Region			Total
	Amhara	Oromia	SNNP (Including Sidama & South-West)	
Woredas	18	50	36	104
PHLs	12	23	34	69
HCs	36	95	71	202
HPs	72	198	137	407
Kebeles	73	180	111	364
Households	360	896	727	1983

COMPLIANCE

Family Planning/Reproductive Health (FP/RH) Compliance

USAID Transform: Primary Health Care Activity prioritizes the FP/RH compliance as one of the major requirements of the USAID. The aim is to ensure that the FP/RH activities are adhering to the principles of voluntarism and informed choice. The Activity strives to ensure the adherence to these specific policy and legislative requirements at different levels of the health care system and consequently the public health sector management and public health service facility staff were trained/oriented on FP/RH compliance. The trainings and orientations provided enabled the public sector practitioners to become knowledgeable in USG policy, legislative and requirements. During the reporting quarter, 88 health care service providers (56% of females) were trained through the integration in different thematic areas of the Activity. During routine follow-up visits, 1,482 health care workers were oriented through "onsite" approach. In addition, 18 health facilities in Oromia region were monitored using Pathfinder's RCS compliance monitoring checklist, and feedback were given for the betterment of compliance. The compliance monitoring result showed that the policies and legislative requirements were fully adhered to the legislative and policy requirements.

Environmental Compliance

The signed USAID Transform: Primary Health Care Environmental Mitigation and Monitoring Plan (EMMP) has been the principal guide for environmental compliance activities. In accordance with EMMP, the two primary objectives that need to be realized to achieve the increased sustainable quality of service delivery across the PHCU are improving the management and performance of health systems. Accordingly, as part of preventive activities, the integrated environmental compliance training was organized for 379 persons (87 % females). During the follow-up visits, an orientation on environmental compliance was provided to 1,474 individuals (60 % Females).

TECHNICAL COMMUNICATIONS

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

Visibility: The communication unit provided support to the staff of the Activity during the learning forum organized by USAID Transform: Monitoring, Evaluation, and Learning Activity. The communication unit has been continuously providing technical support to the staff of the Activity on the positioning/placement of logos, branding colors, and pictures during the development of different technical documents- success stories, technical briefs, and reports, assessments, and others. The unit participated in exhibitions; collected pictures, news story and shared to increase transform's visibility.

MAJOR CHALLENGES AND ACTIONS TAKEN

Challenge	Actions Taken/Required
Delay in activity implementation due to COVID-19 and war conflict situations.	Close follow-up and re-planned to accelerate activities implementation.
High turnover of trained staffs at HCs.	Scaled-up onsite trainings and supported peer-to-peer learning.
Diminished community level fistula case identification and referral, resulting in low utilization of most Hamlin treatment centers by survivors.	Intensified case detection effort as demonstrated in West Harar.
Limited capacity enhancement support for health workers and low ownership of the public sector on the OF-POP.	Work towards intensified thematic integration during the subgrant activity implementation of the FP/RH thematic area, including training and sensitization.
Difficulty of tracking the progress on MoH's plan on 'Elimination of Fistula in Ethiopia by 2020'.	Progress under review; and post 2020 OF Strategic Plan being drafted now with the TWG.
Low or total shut down of activities in Tigray due to conflicts with consequent low coverage.	Work on the back logs in coming quarters.
A total of 107 YFS facilities were damaged and nonfunctional (46, in Amhara and 61 in Tigray regions.	Continue supporting the regions to work on the revitalization especially in the Amhara region.

YFS providers and peer educator's attrition.	On job skill, transfer and orientation were provided to health care providers and peer educators to mitigate the effects of attrition.
Shortage of resources to complement the YFS services.	Leveraging/coordinating with partners and public sector.
Very few sick newborns seen and treated at HP and HC levels.	Strengthen, PHL, HC, HP link, PNC by HEWs to identify sick newborns.
Many IDP (Internally Displaced People), children not getting routine health services.	Plan IPOS (Integrated Periodic Outreach Service).
The multi-dimensional support required by GBV survivors in post conflict situation in Amhara region and the limited resources from the Activity for this type of support.	Budget reprogramming and priorities were set to support GBV survivors.

MAJOR ACTIVITIES FOR NEXT QUARTER

The following are some of the key focus activities for the next quarter (for the detail refer the Year Six work plan quarter I):

- Follow sustainability of the activities and previous achievements
- Continue with the preparation of close out activities (administrative and technical preparations), which will be done at the regional and national levels.
- Support war affected regions/areas.
- Conduct TOT to reinforce CBHI pools of trainers.
- Continue participating in TWGs for each thematic area of the Activity.
- Continue capturing success stories from the regions (particularly on CBHI).
- Completion of construction work for Phase I sites.
- Construction and follow-up of Phase 2 sites.
- Continue supporting for the restoration of the non-functional YFS facilities
- Continue providing technical support to YFS facilities and ensure ownership and sustainability of the YFS service.
- Participate in the reviewing of the YFS training manual with MoH.
- Support routine activities, while working on prevention of COVID-19 pandemics including vaccination.
- Expand supportive supervision visits to increase participation of public sector in mentoring IMNCI/ICMNCI/ ECD integrated with EPI.
- Support PRRT at woreda/PHCU levels.
- Support strengthening PHL, HC , HP link, and PNC by HEWs, to identify sick newborns, treat or refer.
- Support onsite counseling ECD training, implementation, and follow up.
- Follow expansion onsite training, and initiation peer learning.
- Continue updating HWs on the revised IMNCI chart booklet, using all opportunities.
- Support health facilities to implement RED strategy.
- Strengthen/Support IPOS in hard to reach, low performing , and IDP sites.
- Support the public sector with responses to any arising outbreaks.
- Conduct community-based surveillance training for HWs.
- Strengthen vaccine safety and cold chain system.

- Finalize technical briefs on expanding access to Post-GBV service, mentorship on gender analysis and action planning.
- Finalize the gender assessment report and submit.
- Provide technical assistance to MOH in finalizing the Health Sector Women Empowerment Manual.
- Disseminate COVID-19 and essential health service messages using audio mounted project vehicles.
- Provide need based technical assistance to the regional RCCE teams.
- Conduct regional SBCC experience sharing workshops.
- Print limited number of IEC materials.

ANNEXES

Annex 1: Performance as Measured by Quarterly Reportable PMP Indicators

Annex 1.1: Quarterly Indicators measured from Non-HMIS data

Revised code	Indicator Name	Data Source	Oct-Dec 2021 (Q1)			Annual plan Oct 2021 - Sept 2022		
			Plan	Achievement	% Achieved	Plan	Achieved to date	% Achieved to date
2.24	Number of confirmed fistula cases identified and referred for treatment centers	Activity report	83	48	58%	250	48	19.2%
2.34	Number of visits made by adolescents and youth for health care at YFS sites	Activity report	347,808	262,157	75%	1,043,425	262,157	25.1%
3.10	Number of contacts made to adolescents and youth to provide health information at YFS sites	Activity report	773,297	993,846	129%	2,319,891	993,846	42.8%
4.3	Cumulative number of researches completed with project support	Activity report	18	19	106%	19	19	100.0%
4.8	Cumulative number of documentations produced and shared disaggregated by type (success stories, technical briefs, innovations and related)	Activity report	151	154	102%	161	154	95.7%
5.1	Number of person trained/ oriented on family planning compliance to USG legislative and policy restrictions	Training report	532	1,570	295%	1,596	1,570	98.4%
5.3	Number of person trained/ oriented on environmental	Training report	532	1,495	281%	1,596	1,495	93.7%

compliance to USG rules and regulations							
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Annex 1.2. Quarterly Indicators measured from HMIS data

Revised code	Indicator Name	Data Source	Oct-Dec 2021 (Q1)			Annual plan (Oct 2021- Sept 2022)		
			Plan	Achievement	% Achieved	Plan	Achieved to date	% Achieved to date
	Eligible/ Denominators							
	Estimated number of women 15-49 Years		3,049,591	3,049,591		9,148,772	3,049,591	33%
	Expected number of pregnancies/ live births		464,560	464,560		1,393,679	464,560	33%
	Expected number of surviving infants at 1 yea of age		424,438	424,438		1,273,315	424,438	33%
	Expected number of children in age group 6-59 months		1,895,038	1,895,038		5,685,113	1,895,038	33%
	Expected number of children under 2 years		720,496	720,496		2,161,488	720,496	33%
	Estimated number of children aged 2-5 years		1,711,837	1,711,837		5,135,510	1,711,837	33%
HMIS-1a	Number of New FP acceptors (15-45 Years)	HMIS	574,074	550,095	96%	1,722,223	550,095	32%
HMIS-1b	Number of New and repeat FP acceptors (15-45 Years)	HMIS	1,745,892	1,655,277	95%	5,237,676	1,655,277	32%
	Contraceptive acceptance rate (CAR) for all methods (15-45 Years)	HMIS	57%	54%	95%	57%	18%	32%
HMIS-1c	Number of New LAFP acceptors (15-45 Years)	HMIS	162,243	158,683	98%	486,729	158,683	33%
HMIS-1d	Number of New and repeat LAFP acceptors (15-45 Years)	HMIS	548,926	509,492	93%	1,646,779	509,492	31%
	Contraceptive acceptance rate (CAR) for LAFP (15-45 Years)	HMIS	18%	17%	93%	18%	6%	31%

Revised code	Indicator Name	Data Source	Oct-Dec 2021 (Q1)			Annual plan (Oct 2021- Sept 2022)		
			Plan	Achievement	% Achieved	Plan	Achieved to date	% Achieved to date
HMIS-1e	Number of women of reproductive age (15-49 years) who are accepting a modern contraceptive method immediately (0- 48 hrs.) after delivery (new and repeat acceptors).	HMIS	18,817	17,203	91%	56,450	17,203	30%
	The proportion of women of reproductive age (15-49 years) who are accepting a modern contraceptive method immediately (0- 48 hrs.) after delivery (new and repeat acceptors).	HMIS	9%	9%	95%	9%	9%	95%
HMIS-2	Number of pregnant women that received ANC First visit	HMIS	339,129	318,044	94%	1,017,386	318,044	31%
	% of pregnant women that received ANC First visit	HMIS	73%	68%	94%	73%	23%	31%
HMIS-3	Number of pregnant women that received four or more antenatal care visits	HMIS	255,508	231,936	91%	766,523	231,936	30%
	% Of pregnant women that received four or more antenatal care visits	HMIS	55%	50%	91%	55%	17%	30%
HMIS-4	Number of births attended by skilled health personnel	HMIS	209,074	201,803	97%	627,223	201,803	32%
	% Of births attended by skilled health personnel	HMIS	45%	43%	97%	45%	14%	32%
HMIS-5	Number of newborns who received postnatal care within two days of childbirth (estimated by mother's PNC)	HMIS	231,301	221,277	96%	693,903	221,277	32%
	% Of newborn who received postnatal care within two days of childbirth (estimated by mother's PNC)	HMIS	50%	48%	96%	50%	16%	32%
HMIS-6	Number of newborns not breathing at birth who were resuscitated	HMIS	4,400	3,955	90%	13,200	3,955	30%
HMIS-7	Number of children under one year of age who have received first dose of pentavalent vaccine (Penta1)	HMIS	365,017	354,446	97%	1,095,051	354,446	32%

Revised code	Indicator Name	Data Source	Oct-Dec 2021 (Q1)			Annual plan (Oct 2021- Sept 2022)		
			Plan	Achievement	% Achieved	Plan	Achieved to date	% Achieved to date
	% Of children under one year of age who have received first dose of pentavalent vaccine (Penta1)	HMIS	86%	84%	97%	86%	28%	32%
HMIS-8	Number of children under one year of age who have received third dose of pentavalent vaccine (Penta3)	HMIS	352,284	340,686	97%	1,056,852	340,686	32%
	% Of children under one year of age who have received third dose of pentavalent vaccine (Penta3)	HMIS	83%	1	97%	83%	27%	32%
HMIS-9	Number of children who received their first dose of measles-containing vaccine (MCV1) by 12 months of age in USG-assisted programs	HMIS	345,287	321,843	93%	1,035,862	321,843	31%
	% Of children who received their first dose of measles-containing vaccine (MCV1) by 12 months of age in USG-assisted programs	HMIS	81%	1	93%	81%	25%	31%
HMIS-9a	Number of fully immunized children	HMIS	331,062	314,903	95%	993,186	314,903	32%
	% of children under one year of age fully immunized	HMIS	78%	74%	95%	78%	25%	32%
HMIS-10	Number of cases of child diarrhea treated (by ORS & Zinc) in USG-assisted programs	HMIS	303,895	223,937	74%	911,685	223,937	25%
HMIS-11	Number of cases of childhood pneumonia treated in USG-assisted programs	HMIS	315,135	284,265	90%	945,405	284,265	30%
HMIS-12	Number of children aged 6-59 months who received Vitamin A supplementation	HMIS	1,446,619	2,660,161	184%	4,339,858	2,660,161	61%
	% of children aged 6-59 months who received Vitamin A supplementation (Sum)	HMIS	76%	140%	184%	76%	47%	61%
HMIS-12a	Number of children aged 2-5 years de-wormed	HMIS	733,398	2,435,670	332%	2,200,194	2,435,670	111%
	% of children aged 2-5 years de-wormed	HMIS	43%	142%	332%	43%	47%	111%

Revised code	Indicator Name	Data Source	Oct-Dec 2021 (Q1)			Annual plan (Oct 2021- Sept 2022)		
			Plan	Achievement	% Achieved	Plan	Achieved to date	% Achieved to date
HMIS-13	Number of children less than 2 years weighted during GMP session	HMIS	685,875	1,486,479	217%	2,057,626	1,486,479	72%
	% of children less than 2 years weighted during GMP session	HMIS	95%	206%	217%	95%	69%	72%
HMIS-14	Number of Pregnant women received IFA at least 90 plus (Sum)	HMIS	396,176	376,227	95%	1,188,528	376,227	32%
	% of Pregnant women received IFA at least 90 plus (Sum)	HMIS	85%	81%	95%	85%	27%	32%
HMIS-15	Number of outpatient visits from facilities who are implementing QI/QA projects with project support	HMIS	1,908,211	1,982,943	104%	5,724,634	1,982,943	35%
	Quality improvement - Overall facility utilization rate in areas implementing quality improvement (QI) supported by USAID	HMIS	55%	57%	104%	55%	19%	35%

Annex 2. Publications Printed

Title	Author	Year
No publication printed in this quarter		

Annex 3: Short-Term Technical Assistance Provided

Name	Organization	Date	Purpose
No short term TA provided in this quarter			

Annex 4: International Travel During the Reporting Period

Not travel in this quarter

Annex 5: Financial Performance

Name of Partner: Pathfinder International

Award Number: AID-663-A-17-00002

Expenditures by Thematic area for Year VI Q1 (Oct.2021 till December 31,2021)

Thematic Areas (Core activities)	Year VI Budget	Year VI quarter I Actual	Annual Budget Vs, Actual YRVIQ1	Year VI Quarter I Budget	Year VI Quarter I Budget Vs Actual	Remark
Maternal Health	5,549,216.65	241,274.80	4%	1,611,074.29	15%	The underspending of financial performance in this quarter is due to the security situation in Tigray, Amhara and in some area of Oromia region. In addition to this most of the activities performed in the quarter were the pipeline (accrued) activities from year 5
Newborn Health	4,117,160.74	160,849.87	4%	1,195,313.18	13%	
Child Health	2,685,104.83	100,531.17	4%	779,552.07	13%	
Family planning/RH	5,549,216.65	167,551.95	3%	1,611,074.29	10%	
Total core activities	17,900,698.88	670,207.78	4%	5,197,013.83	13%	
Crisis modifier	1,395,470.00	141,505.22	10%	348,867.50	41%	
Grand total	19,296,168.88	811,713.00	4%	5,545,881.33	15%	

Time Elapsed

25%

100%

Obligations to Date	\$122,756,896.86
To- date Expenditure	\$102,397,158.13

Annex 6: Tigray region: October to December 2021, Brief Quarterly Report

1. Major achievements in the region

Through the collaborative effort of the public sector and different partners working in the region undertook different major activities through the coordination platform of the health and nutrition clusters. These include:

- assessment on health facility damage was conducted in all the woredas which are accessible, and its detail analysis is ongoing,
- assessment on medical equipment and cold chain was done in selected health facilities, majority of which are hospitals followed by maintenance of some of the medical equipment and cold chain materials was accomplished,
- assessment of deaths of all ages and causes that occurred from July to October 2021 was done from community and health facilities though it didn't cover all the region due to transportation/fuel problem,
- find and treat initiative was carried out and included screening for malnutrition and treatment, vitamin A supplementation and deworming,
- preparations for measles supplementary immunization integrated with vitamin A supplementation and deworming was done,
- exchange of updates on disease surveillance and emergency interventions were presented on weekly basis,
- revitalization of some of the regional technical working groups including the RMNCAH and SBCC were done, and
- annual regional health bulletin writing is in process.

Contribution of Transform Primary Health Care

Transform primary health care project has been actively participating in the weekly health and nutrition clusters. Moreover, we participated in different committees to provide technical assistance and availed vehicles during the assessments and other undertakings. Some of the areas that we supported technically include preparation for the integrated measles vaccination, sharing of our experiences and thoughts during the weekly meetings in an effort to solve the many existing challenges we have in the region and preparation of annual health bulletin.

The major issues challenging the efforts of the health sector to address the demands on the ground:

- All partners are not capable of supporting the health system in their full capacity due to unavailability of resources including budget, supplies and fuel
- Health facilities faced shortage of drugs and related supplies
- The level of malnutrition and related deaths are increasing at alarming speed
- Activities on pipeline like 2nd dose oral cholera and COVID vaccination and integrated measles and polio supplementary immunization activities are not progressing due to the absence of the vaccines, fuel and budget needed to implement them

Suggested solutions:

Every partner working in the region is expected to work hard to contribute in solving the existing challenges related to the above issues. In line with this, each of us are requested to update the progress made every time related to the logistics transportation to the region and transfer of money using the available possible means.

Technical assistance provided in the field through the project

Our staffs in the field in the central zone provided onsite technical assistance in the health facilities in Adwa and Axum towns in the areas of nutrition screening of children and pregnant and lactating women, maternal and newborn health, IMNCI and immunization as continuation of our efforts of the post conflict response. Through different sessions of the onsite technical assistance and gap-based orientation, a total of 41 persons participated, of which 33 of them were health service providers from different health facilities. The technical assistance provided were on:

- on routine investigations that should be done during antenatal care visit,
- demonstration on how to apply MUAC measurement and interpretation,
- schedule and dosage of iron folic acid and deworming tablets,
- demonstration of partograph filling and recording and its importance on monitoring of labor progress,
- sharing of safe childbirth check list and demonstrating how to assess pregnant women
 - On admission
 - Just on second stage
 - Immediate within one-hour delivery
 - Before discharge,
- loading RED categorization and filling for three months of data in their computer,
- sharing of Weight for height reference table and IMAM soft copy,
- demonstration of EPI monitoring chart how to fill and plotting,
- technical assistance on admission and discharge criteria and demonstration of MUAC measurement,
- demonstration how to fill OTP card,
- stabilizing center management on recording, treatment process, monitoring of progress, discharge and transfer criteria were thoroughly discussed and gap filling support provided, and
- how to assess sick children based on IMNCI and chart booklet.

Some of the issues observed and technical assistance provided are shown in the following sub sections.

General SAM management

In addition to those on treatment at the beginning of this reporting period, there were 84 admissions to the OTPs in three of the health centers in Adwa town. During the same period, 43 reported to have cured and 36 defaulted. At the end of this reporting period, there were 193 children with severe acute malnutrition.

Strength

- Children on OTP card was properly allocated in OTP registration

- MUAC measured accurately, this is verified by observation
- Physical examination and vital sign assessed correctly.
- Admission history recorded accurately.
- Health providers explained for appetite test correctly.
- Followed the discharge criteria based on the CMAM protocol.

Gaps observed: All health facilities did not measure weight for height and missing to assess oedema.

SAM cases referral and complication management

Children with complicated SAM were referred to Stabilization center and this checked from IMNCI registration, but action was not taking for non-respondents.

Follow up of SAM cases

- History and physical examination recorded completely.
- Missing to record RUTF in the follow up (OTP card)
- Performed appetite test during follow up visit.

Treatment management (by observation and from OTP card)

- Amount of RUTF given based on weight correctly and recorded except in all the visited health facilities except Berhe Gebre-medhin health center in Adwa town.
- Routine medication given according to protocol and recorded accurately at admission and during follow up visit.
- Missing to give key messages for caretakers.
-

Recording and reporting

- The last month report was submitted to woreda health office on time.
- OTP cards accurate and complete except at Berhe Gebre-medhin health center missed to record outcome.
- Missing to fill Z score in registration book.
-

Supply and logistics

- Available of RUTF and RUSF in health facilities and RUSF was provided to MAM cases.
- Available of height board
- Available of MUAC, updated OTP card and OTP registration
- Shortage of Amoxicillin for SAM cases and mothers are sent to private pharmacy.

Supervision: Woreda health office did not supervise health facilities regularly

WASH in OTP: No clean water supply and soap in OTP room and no hand washing procedure conducted during SAM management.

Technical assistance and logistics support to stabilizing center at Adwa hospital

Fatsi PHL	6	15	5	12	0	12	12	24
Hawzien PHL	6	10	0	12	21	12	12	24
Megab HC	3	5	0	5	0	6	5	24
Edaga Selus HC	3	5	0	5	0	6	5	24
Koraro HC	3	5	0	5	0	6	5	24
Degamba HC	3	5	0	5	0	6	5	24
Mugulat HC	3	0	0	0	0	0	0	0
Adi Aynom HC	3	0	0	0	0	0	0	0
Alasa HC	3	5	0	4	0	6	4	12
Mead HC	3	5	0	4	0	6	4	12
Hagereslam PHL	3	10	0	5	0	6	4	12
Endamariam HC	3	10	0	4	0	6	4	12
Seneale HC	3	10	0	4	0	6	4	12
Behri Tsaba HC	3	5	0	4	0	6	4	12
Hiwane HC	3	5	0	4	0	6	0	12
Tekea HC	3	5	5	4	0	6	4	12
Bora Hc	3	5	5	4	0	6	4	12
Selawa HC	3	5	5	4	0	6	4	12
Adi Keyih HC	3	4	0	4	0	6	0	12
Total	63	114	20	89	21	114	80	276