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# USAID Transform: Primary Health Care Activity

## Year 6, Quarter 2 Report (Jan. 2022 – Mar.2022)

May 15, 2022



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## ACRONYM LIST

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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 INTRODUCTION

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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 the primary health care system 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 that 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 primarily focuses on the public health areas of family planning and reproductive health (FP/RH); and maternal, neonatal, and child health (MNCH). Over the past fiscal years, the Activity has been striving to achieve the following high-level results: (1) Improved management and performance of health system; (2) Increased sustainability of quality service delivery across the primary health care unity'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 programming related to preventing child and maternal deaths.

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

## **SUMMARY OF ACHIEVEMENTS**

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### **RESULT 1: IMPROVED MANAGEMENT AND PERFORMANCE OF THE HEALTH SYSTEM**

#### **Performance Standards and Measurements**

The Activity continued its technical support in maintaining the continuity of the implementation of performance standards at the woreda, facility, and community levels. Introducing these minimum performance standards is aimed at increasing the number of Model woreda's and high-performing health facilities. During this quarter, offsite and onsite technical support was provided to each health system level by integrating with COVID-19 vaccine rollout supportive supervision visits and other site-level activities to sustain health reform performance scores against the minimum standards. As at March 2022, 401 (95.2%) woredas, 1,710 (89.2%) health centers (HCs), and 94 (89.5%) primary hospitals (PHLs) made self-assessment and scoring against the reform standards. In addition, 2,989 (79%) kebeles measured the performance of health centers using the community scorecards.

#### **Reporting Progress**

The Activity supported several forums to enhance sharing of performance reports, reviewed the health system activity progress, health facility score, and woreda transformation progress through Ethiopian Primary Health Care Alliance for Quality (EPAQ), Ethiopian Hospital Alliance for Quality (EHAQ), Primary Health Care Unit (PHCU) level performance review meeting (PRM) organized at woreda, PHL, and HC level. To this effect, technical and logistic support was given to facilitate and conduct EPAQ PRMs in Amhara and SNNP regions. As a result, 124 lead PHCUs organized EPAQ PRM with 362 members of PHCUs, and 147 of the intervention HCs assessment was conducted using the community scorecard. In addition, the Activity provided technical, financial, and logistic support to conduct integrated supportive supervision in 11 zones and 35 woredas, and PRMs were organized by 10 zones and 18 woredas in the SNNP region.

#### **Support Provided to Federal Ministry of Health (FMoH)**

The Activity supported the Ministry of Health (MoH) in the development of the health sector national Conflict Impact Assessment, Rehabilitation and Reconstruction Plan (CIARP) organized by the Ministry of Finance. Technical support was provided in community engagement platform activities (CEPs), Health Extension Program optimization activities, and the Activity participated in the revision of woreda transformation tracking and coordination manual for the Health Sector Transformation Plan II (HSTP II) concept note, supported planning and performance monitoring activities, and supported the development of concept note for primary health care (PHC) strategy document.

#### **Connected Woreda Strategy (CWS)**

To achieve the information revolution agenda, USAID Transform: Primary Health Care Activity supported the implementation of the Connected Woreda Strategy (CWS) initiative through financial, technical, and capacity enhancement activities to improve the use of information for decision making, health information system (HIS) infrastructure, and data quality monitoring system at the PHC level. During the quarter, 124 WorHOs, 361 HCs, and 5 HPs implemented the CWS self-assessment. In addition, to strengthen the implementation of HIS, the Activity provided technical support to the Regional Health Bureaus (RHBs) while providing training of trainers (ToT) on the revised health management information



system (HMIS) at the regional level in both Amhara and Oromia regions. Moreover, the Activity's regional staff engaged in regional level HIS technical working groups (TWGs) and provided technical and logistic support to facilitate site-level experience sharing visits during biannual HIS PRM organized by the Oromia RHB.

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

During this quarter, the Activity provided a training of trainers (TOT) session for 25 participants who became members of a pool of trainers supporting the sustained public finance management (PFM) training and mentoring for CBHI scheme finance officers/accountants in Amhara and Oromia. In Addition, PFM mentoring was conducted at 10 woreda CBHI schemes in these regions by a team of senior management committee members from the RHBs. Onsite technical assistance through CBHI refresher training was provided for 152 participants (including 30 women) to enhance the capacity and restore CBHI services at seven CBHI schemes in Amhara region, which were affected by the conflict. CBHI-focused Integrated Support Supervision (ISS) visits were conducted at 38 woreda CBHI schemes across two regions (Amhara and Oromia). The MoH approved the PFM training materials (training module for participants and facilitator's guide) developed under the Activity.

### **Leadership, Management and Governance (LMG)**

The USAID Transform: Primary Health Care Activity has incorporated Leadership, Management, and Governance (LMG) interventions through its maternal, neonatal, and child health services and quality improvement in five regional states of Ethiopia. During the Activity's implementation period (2017 – 2022), 267 woredas and 790 HCs were reached through LMG training and interventions. A total of 3,781 health workers participated in the classroom courses and practiced core competencies through developed projects. The LMG projects analytics report was completed, With the Activity providing its support and facilitating the LMG evidence synthesis assessment conducted at the RHB, Zonal Health Department (ZHD), Woreda Health Offices (WorHOs), and HCs in the Oromia region. LMG on-site coaching mentorship was provided in 2 WorHOs and 4 HCs in the Oromia Arsi Zone, integrated with COVAX supportive supervision. Additionally, 20 LMG projects were closed in the Oromia region. As of March 2022, there are a total of 835 closed LMG projects out of 897 LMG projects (93%).

### **Subgrant Management**

In this reporting period, the Activity facilitated final payments equivalent of 62,421.20 Ethiopian Birr (ETB) based on the five Fixed Amount Award completion certificates (2 from Oromia and 3 from Amhara regions). The preparations of subgrant management process documentation and the assessment of subgrant implementation for performance improvement were finalized. In addition, the internal close-out process was finalized for all subgrant agreements except the agreement we have with Oromia Regional health bureau.

### **Health Facility Renovation**

During the reporting period, design modification was provided for two sites. The renovation work for 15 HCs under phase 2 (3 in Amhara, 2 in SNNP, 2 in South-West and 8 in Oromia) has been in progress. Contractors completed all concrete structure work for the first batch (7 of the sites) and the foundation work is progressing for the second batch of 8 HFs.

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

### **Family Planning and Reproductive Health (FP/RH)**

The **Activity** conducted review meetings to consolidate the implementation of FP/RH activities in the presence of 66 participants from 15 HCs, 1 PHL, and 3 WoHOs in 3 woredas. In this quarter, 72 service providers from 51 HCs and 3 PHLs were trained on post-abortion care (PAC), immediate post-partum FP (IPFP) and long-acting reversible contraceptive (LARC) trainings in conflict affected facilities of Amhara region. In total, 95 PHCUs conducted 108 integrated back-up support visits to the rural communities and served 1,651 clients with different FP services of their choice. Three sets of post-training supplies and FP kits were provided to 18HCs and one PHL after IPFP training in conflict affected areas of Amhara region. Integrated supportive supervision visits were conducted in 44 HPs and 9 HCs.

### **Maternal and Newborn Health (MNH)**

The Activity staff conducted capacity enhancement training on ultrasound usage for 25 health workers (HWs) and Basic Emergency Obstetric and Newborn Care (BEmONC) for 80 HWs. Catchment-based clinical mentoring (CBCM) was conducted for 36 mentees at 18 HCs by 18 mentors from 9 PHLs and 915 mentees managed to practice their clinical skills in clinical skill labs (CSLs). Technical assistance (TA) was provided in conflict-affected areas: two zones, 11 Woredas, and 31 health facilities (HFs). Similarly, TA was provided at non-conflict-affected 24 PHLs and 30 HCs to strengthen Comprehensive Emergency Obstetric and Neonatal Care (CEmONC), BEmONC, newborn corners (NBC), neonatal intensive care units (NICUs), and maternal and prenatal death surveillance and response (MPDSR). A total of 5,416 pregnant women received services in 196 maternity waiting homes (MWHs); 4,093 pregnant women received ultrasound scanning services; 2,291 newborns received essential newborn care (ENC) services in 13 HCs; and 2,906 sick newborns were treated in 60 NICUs.

### **Obstetric Fistula (OF)**

During the reporting quarter, 17 new suspected fistula (OF) cases were identified from the SNNP, Sidama, and Amhara regions. Thirteen of them received confirmatory diagnoses and were referred to and received treatment in treatment centers. Forty-three mothers with advanced Pelvic Organ Prolapse (POP) were identified and diagnosed, and 36 of them were referred and they received treatment with support from the Activity. During the quarter, all referred cases for treatment of fistula and POP were from the Amhara, SNNP, and Sidama regions. Due to the termination of Zonal Technical Assistances in the regions, there were lower number of survivors of fistula and POP identified and treated than expected.

### **Child Health and Development (CHD)**

During the reporting period, several capacity enhancement activities on IMNCI, ICMNCI, and ECD counseling were conducted in the form of trainings, follow-ups, and review meetings. Gap-filling IMNCI/ICMNCI trainings were conducted in the Amhara, Oromia, SNNP, and Sidama regions, and ECD counseling training was conducted in the Oromia and Sidama regions. Integrated, thematic specific, supervision and performance review and refresher training (PRRT) were conducted in selected PHLs and HCs. Most HWs and HEWs were trained by cost sharing. Onsite technical support was conducted in Tigray.

All activities were conducted in cooperation with FMOH/RHB at all levels, and partners helped to improve sustainability and public sector ownership of the program.

### **Expanded Program on Immunization (EPI)**

The aim of EPI services is to improve access and quality of immunization services. . Considering this, the Activity supported the public health system through capacity enhancement with immunization in practice (IIP) trainings, supportive supervision visits, and review meetings. Reaching every district/child (RED/C) aims at strengthening the immunization systems by improving planning, managing available resources, delivering services, and monitoring. This contributes towards the improvement in equitable and sustainable access to vaccines for every eligible target, and reduced incidence of vaccine-preventable diseases (VPDs). The Activity implemented integrated periodic outreach services (IPOS) in hard-to-reach areas of the SNNP, Oromia and Amhara regions, including in conflict affected areas. Support with vaccine supply and safety through effective vaccine management (EVM) continued, along with support on fridge maintenance. Support was provided on campaign activities, including for COVID-19 vaccines.

### **Adolescent and Youth Health Development (AYHD)**

During this quarter, 607,517 adolescents and youth were reached with sexual and reproductive health (SRH) and health development related information, including 325,331 females. Over 271,131 youth (207,733 female) received comprehensive youth-friendly health services (YFS) To ensure the continuity of YFS, a gap-filling training on YFS/sexually transmitted infections (STIs) was organized for 237 health care providers recruited from the Amhara, SNNP, Sidama, Oromia, and South-West regions, including 65 female providers. Fifty-one 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. Thirty-five Woreda Advisory Committees (WAC) were established in the Amhara, SNNP, and Sidama regions.

### **Nutrition and Emergency**

In the reporting quarter, to fill existing gaps and contribute to sustainability, one ToT session was given on integrated management of malnutrition (IMAM) for 19 participants (4 female) in SNNPR. A total of 731,464 (95.3%) children were provided with support during the measles vaccination, and 58% of these children aged between 6-11 months were vaccinated for the first time in life. To improve the quality of nutrition services at community level, routine follow-up visits were conducted in the Amhara region. The routine follow-up visits covered PHL, HCs and health post (HPs) focusing on the strengthening of the stabilization centers (SC) and outpatient therapeutic programs (OTP) management, multisectoral coordination and supply chain management at each level of the health sector in the Amhara region. The Activity staff attended nine regional level technical working group (TWG) meetings to discuss key issues related to COVID-19 vaccination challenges. Seven sessions of regional level COVID-19 vaccination rollout performance review meetings were conducted and a total of 1,284 participants participants attended these meetings, including 109 women. Thirty-six sessions of Zonal level COVID-19 vaccination performance review meetings were conducted, and a total 1,175 participants (73 female) attended these meetings. A need-based gap-filling training on the revised COVID-19 vaccination guide was provided for 735 HWs and EPI managers.

## **Gender**

During the quarter, implementation of re-programmed activities focused on supporting survivors of gender-based violence (GBV) in conflict affected areas were prioritized in the Amhara region. In collaboration with Ethiopian Public Health Institute (EPHI), the Activity supported the first ToT on S/GBV and mental health and psychosocial support (S/GBV and MPHSS) for 25 participants.

## **Quality Assurance (QA)/Quality Improvement (QI)**

During this quarter, QI leaders, QI coaches and quality improvement team of primary health facilities were provided with training on improving the quality of care through continuous quality improvement approach - 36 participants were trained (2 females) on QI coaching, and 68 participants (11 females) on basic QI training. The Activity continued its technical support provision through supportive supervision support, QI coaching, and telegram and phone follow up of the QI activities. The QI coaches provided support at the Zonal, WorHOs and PHLs mainly on trust building with the QIT at the facility, monitoring of the QI projects, data quality and use of data for decision making, and documentation of QI projects to share experiences among each other. The Activity provided technical and financial support to MOH in preparation of the annual quality summit, supported assessment of the national MNH QOC roadmap's implementation to determine achievements and challenges. Technical support was also provided to the MOH in the revision of QI training materials.

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

### **Social and Behavioral Change Communication (SBCC)**

The Activity implemented various SBCC interventions to improve RMNCH-N related health practices. The Activity reached an estimated 2,486,038 (1,183,604 females) individuals with CBHI, WASH, malaria, and COVID-19 related messages during the quarter. The activity also conducted one session of community mobilization review meeting, and three regional-level SBCC experience sharing workshops.

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

### **Program Learning**

Assessments on "Gender "and" Subgrant Management" were finalized. Seven manuscripts from the Activity interventions were prepared and submitted to journals for review and publication. Fifteen abstracts were prepared and submitted for the presentation in the upcoming FP international conference. Four case studies **were** prepared and shared, and four case studies were drafted from the field during the reporting quarter. In this quarter, three articles were published in peer-reviewed journal. In this quarter, the Safe Motherhood Month celebration workshop was held in conflict-affected areas in the Amhara region.

## 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 provided technical support to district, HF, and community levels in maintaining the sustainable implementation of health system reform performance standards. As of March 2022, about 401 (95.2%) woredas, 1,710 (89.2%) HCs, and 94 (89.5%) PHLs conducted self-assessments and made scoring against minimum standards and reported using a tracking dashboard. Based on the self-assessment against the respective standards/guidelines, the average score of woredas was 80%, and 924 (48.2%) of HCs and 26 (24.6%) of PHLs performed >80% of the average score. A total of 1,769 (92.3%) HCs did self-assessment performance evaluation using the key performance indicators (KPI) tool and 238 (12.4%) HCs achieved >85% KPI average score. Also, 2,989 (79%) kebeles conducted assessment using the community score card (CSC) and 636 (33.2%) of HCs performed >80% of the average score (Figure 1)

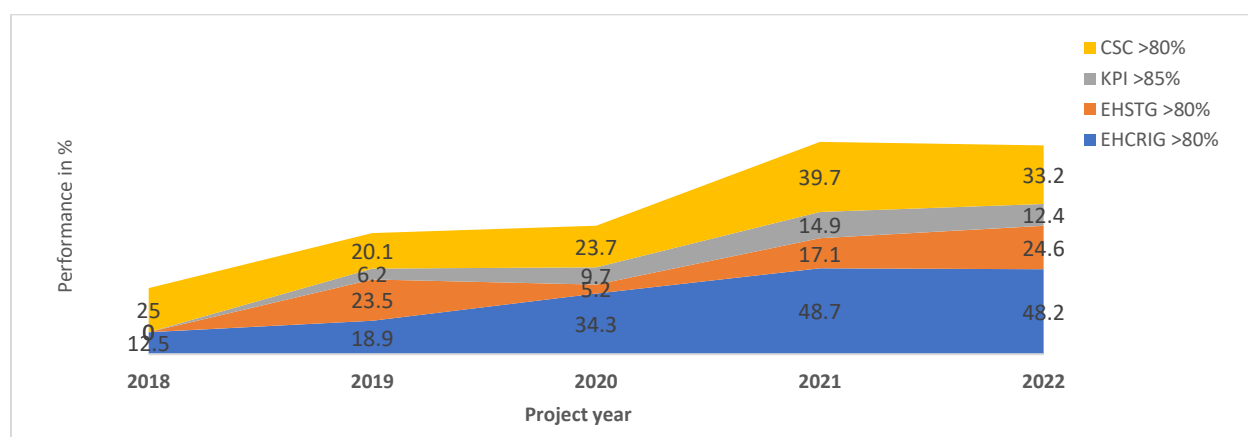


Figure 1: The trends of scores using EHSTG, EHCRIG, KPI, and CSC performance standards/guidelines, between January 2018 and March 2022.

#### Performance Measurement

During the reporting period, the Activity regularly conducted supportive supervision visits to ensure that performance measurements are regularly made against the endorsed minimum standards and generated reliable information for evidence-based decisions in the primary health care systems. Hence, 95% of WorHOs, 89.2% HCs, and 89.5% of PHLs assessed their performance against these minimum standards.

#### Major Achievements

- 401 (95.2%) WorHOs measured their performance against the WMS.
- 97 (89.5%) PHLs self-assessed (measured) their performance against EHSTG standards.
- 1,710 (89.2%) HCs measured their performance against EHCRIG minimum standards and KPIs.
- 2,989 (79%) rural kebeles measured the responsiveness of their catchment HCs using CSC.
- 1,769 (92.3%) HCs did self-assessment performance evaluation using the KPI tool.

## Performance Improvement

The Activity continued to build on previous achievements in terms of leadership at the primary health care level to enhance a conducive work environment through improving the management and governance system. Culture of experience sharing and scale-up of best practices was sustainably implemented between health facilities and woredas through the twinning partnership initiative for performance improvement. The Woreda Transformation and high-performing HFs analytics report were generated using a standard tracking dashboard.

## Reporting Progress of Performance Improvement Projects

Developing and sharing progress reports among stakeholders is a critical element of performance management. Primary health care entities were responsible for collecting, analyzing, and interpreting performance data. The Activity provided support to organize forums for sharing performance reports including EPAQ, and community interface meetings. Following technical support provided by the Activity and monitoring of performance progress at the woreda and health facility level, the data tracking system and performance improved. To date, the average score of Woredas (using WMS) stands at 80%, HCs (based on EHCRIG) at 78.4%, PHLs (based on EHSTG) at 70.9%, HCs (based on KPI) at 68.3%, and Kebeles (based on CSC) at 77.8%. These scores showed significant improvement compared with last year's average scores: Woredas (WMS)-77.3%, HCs (EHCRIG)-76.8%, PHLs (EHSTG)-65.9%, HCs (KPI)-66.4% and Kebeles (CSC)-73.2%. In addition, the proportion of Woredas and HFs that achieved >80% performance showed improvement compared with the baseline assessment (Figures 2 and 3).

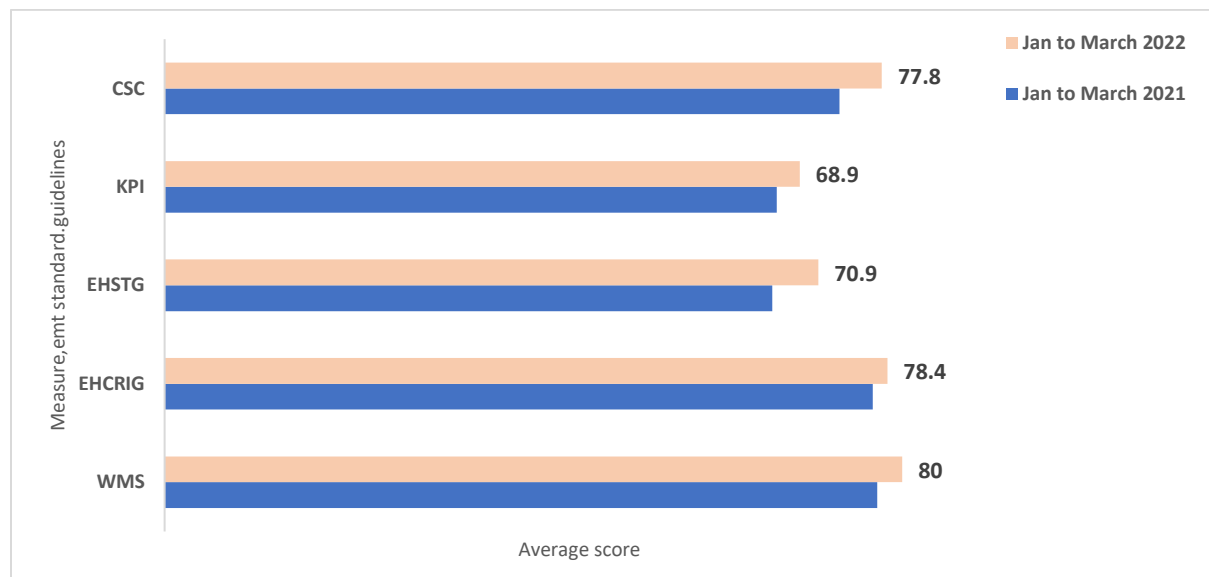


Figure 2: Trends of performance measurement based on WMS, EHCRIGs, EHSTGs, KPI, and CSC between March 2021 and March 2022.

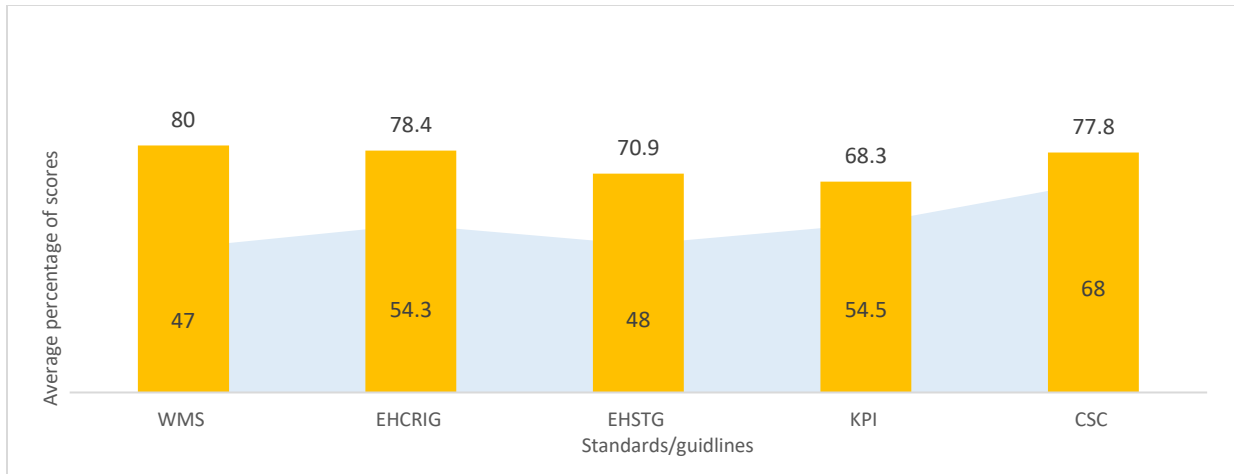


Figure 3: Trends of performance based on WMS, EHCRIg, EHSTG, KPI, and CSC between 2017 and 2022.

### Major Achievements

During this reporting quarter:

- 46.2% of HCs scored greater or equal to 80% against the EHCRIg.
- 21.0% of PHLs scored greater or equal to 80% against the EHSTG.
- 314 (%) of HCs scored greater or equal to 85% based on the KPI tool.
- Based on 5,504 Kebeles that measured HC responsiveness using CSC, 2,069 (37.6%) Kebeles scored greater or equal to 80%.
- EPAQ PRM was organized with the support of Activity in Amhara and SNNP regions, and a total of 486 PHCUs participated (124 as lead PHCUs and 362 as member HCs).
- 147 HCs organized community scorecard THM and used it for feedback under the SNNPR region.
- The woreda transformation tracking was reported from the SNNPR region for 113 Woredas, of which 31(27%) of them were models, 47 (42%) of them were medium, and 35 (31%) of them were low. From these, 386 HCs, 161 (42%) of them were in high, 162(42%) of them were in medium, and 62 (16%) of them were in low categories. The average score of PHCUs was 74%.
- The Activity provided technical, logistic, and financial support during integrated supportive supervision visits in SNNP region and the supportive supervision visits were conducted by 11 ZHDs and 35 WorHOs, and the PRM was organized by 10 ZHDs and 18 WorHOs under the SNNP region.

### Subgrant Management

To finalize the internal close-out related activities of the round subgrant agreements, the following documents were reviewed: completeness of documents, de-obligated unused amounts based on the Fixed amount award completion certificates and then closed the subgrant agreements in serenic. The Activity transferred 62,421.20 ETB based on five invoices and milestone completion certificates received during this reporting period (Table 1). This payment was released after receiving an acceptable invoice and fixed amount completion certificates from the grantee. Technical support was provided to the government entities for the timely competition of activities and to enable them to submit the fixed amount award completion certificates. In addition, the subgrant management process documentation and assessment of subgrant implementation for performance improvement were finalized.

**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 paid	Amount Transferred in ETB
Amhara	3	21,340.20
Oromia	2	41,081.00
<b>Total</b>	<b>5</b>	<b>62,421.20</b>

#### **Major Achievements**

- Based on five acceptable invoices for milestone completion payment, the payment was facilitated for the amount equivalent to 62,421.20 ETB.
- For the subgrantees that submitted all the expected deliverables and fixed amount completion certificates, the agreements were closed after transferring payments tied to the final milestones.
- Internal closeout related activities like checking document completeness and de obligations were done.
- Subgrant management process documentation and assessment of subgrant implementation for performance improvement were completed.

#### **Health Facility Renovation**

Renovation of health facilities is part of the Activity's implementation methodology to improve quality of health services by infrastructure improvement at facilities. The planned improvement work includes the provision of new delivery block to selected health facilities. The renovation work is being done in two phases. In the first phase, 12 health facilities have been considered, while in the second phase, 15 more HCs have been considered and under implementation.

#### **Accomplishments during the reporting period:**

**Design:** Design work for two HCs was done in the reporting period. Design modification at one of the sites was required due to the topography of the location. An alternative location within the HC has been selected and the site design modification has been prepared, reviewed by USAID, and included in the contract. The other HC included in the second phase implementation list did not start due to conflict in the area. Another HC in the same administration zone was recommended by the health office, and the site design work has been prepared, reviewed, and included in the contract for implementation.



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

- The construction work for 7 sites (1 in Amhara, 2 in SNNP, 2 in SWE and 2 in Oromia) is in progress and the contractors have been working on the foundation, concrete structures, fabrication of roof steel structure, metal windows and doors. The wall masonry and roof steel structure works have also been carried out in 3 of the sites.



*Photo 1: Construction status at Chefe Donsa HC (Phase 2, first Batch)*

- The construction work for 8 more sites (2 in Amhara and 6 in Oromia) has commenced and contractors have been working on foundation and super structure concrete works.



*Photo 2: Construction Status at Dole HC (Phase 2, Second Batch)*

During the construction process, the Activity continued providing construction oversight for all activities through site visits at least weekly or more as needed by individual sites. All the tests and important work was inspected before covering up and proceeding to the next level of work. Furthermore, all the construction materials and methods for project execution were submitted by the contractor and approved by the Activity before the materials were supplied and installed. All quality requirements were followed as per the technical specification and design drawings. In addition, continuous support was given to the contractors to work according to the contract time by receiving, reviewing, and commenting on their construction schedules, continuously informing the contractors to follow the schedule, informing them to provide recovery actions for delayed activities and following preparation of and adherence to a three-week look ahead schedule by the contractors. In addition, the contractors were provided with any possible support and advice to complete the work in the earliest possible time with the required quality.

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

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### **Health Information Systems (HIS)**

The Activity provided technical support to build the HIS resources and capacities of primary health care entities. Health care workers and HIT experts were trained on a revised health management information system (HMIS) in collaboration with Oromia and Amhara RHBs. The activity also provided technical support to Woredas and HFs during the connected woreda strategy assessment of 124 WorHOs, 361 HCs, and 5HPs in Amhara, Oromia and SNNP regions to monitor the progress of their HIS resources and capacities.

### **Data Quality Assurance**

The Activity supported primary health care facilities to institutionalize a culture of data quality which helps the WorHOs, and HFs identify data inconsistencies. During the reporting quarter, about 124 WorHOs, 361 HCs, and 5HPs conducted self-assessment exercises using the CWS tool to monitor their data quality. As of March 2022, about 75% of intervention HCs are conducting LQAS to monitor their data quality and consistencies.



Photo 3&4: Participants at regional level HIS biannual PRM and site-level experience sharing visit in the presence of RHB vice head and PPMED directorate, Oromia region, March 2022

### **Administrative Data Use**

The Activity continued providing support to primary health care facilities to build the culture of data use for decision making using both administrative and clinical data through offsite and onsite support. The Activity supported and mentored evidence-based decision-making to assess the facility's achievement from their target and monitoring of the health care service delivery system. As of March 2022, about 76.3% of HCs conducted regular PMT meetings and reviewed their data.

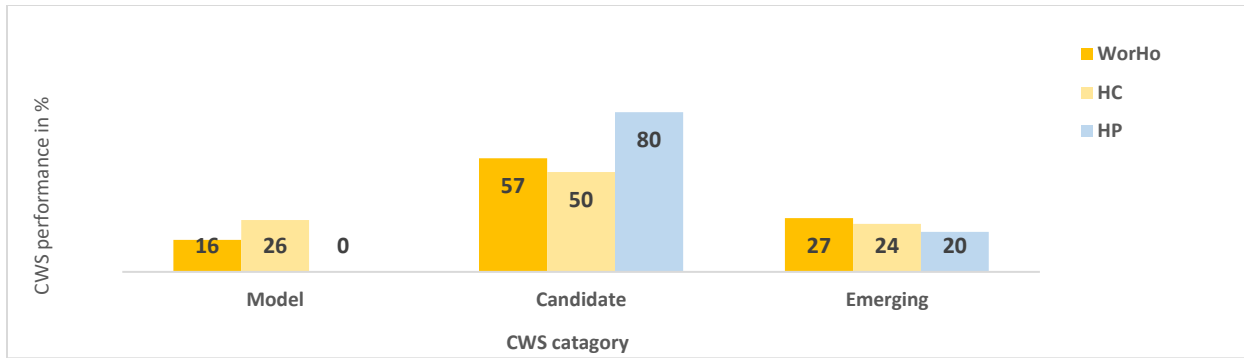


Figure 4: Average score categories of WorHOs, HCs, and HPs based on CWS self-assessment in the reporting quarter.

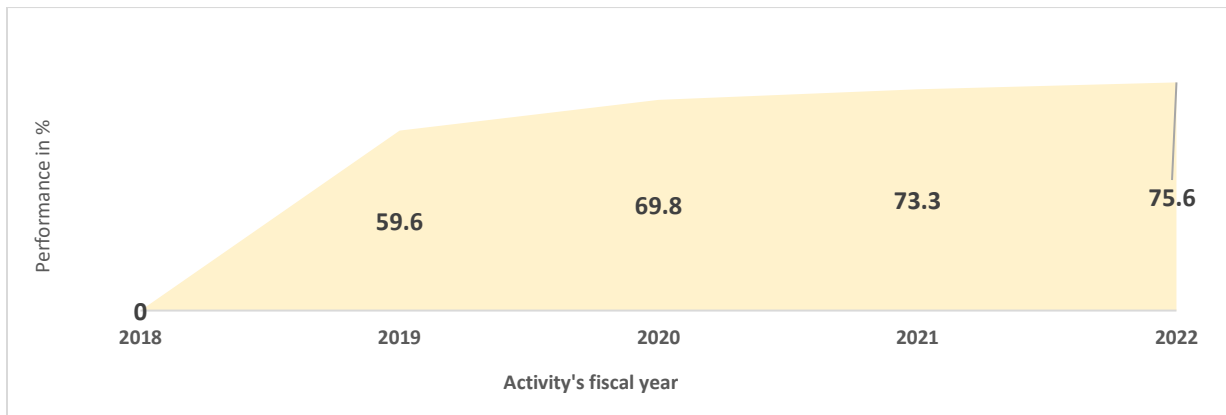


Figure 5: The trend of connected woreda strategy average score over the last five Activity's fiscal years

#### Major Achievements

- 124 of WorHOs, 361 of HCs, and 5 of HPs conducted self-assessment against CWS in Amhara, Oromia, and SNNP regions.
- Based on the self-assessment conducted above, 93 (26%) of HCs were in the category of 'Model' status, 180 (50%) of HCs were in the category of 'Candidate' status, and 88 (24%) of HCs were in the category of 'Emerging' status. From 124 woredas, 19 (16%) woredas were in the status of "Model", 71 (57%) woredas were in the status of "Candidate", and 34 (27%) of woredas were in the status of "Emerging".
- Regional level technical support was given to the planning unit during revised HMIS TOT training organized in Amhara and Oromia regions.
- The Activity staff participated in the HIS TWG meetings organized in Oromia RHB.
- The Activity provided technical and logistic support during regional level biannual HIS PRM and experience sharing visit organized by Oromia RHB.

#### Twining Partnership Strategy

This strategy is one of the health systems strengthening initiatives to improve the woreda transformation performance through experience sharing and practicing effective learning collaborations between twinned woredas and PHCUs by enhancing the capacity of high performing woredas and PHCUs to undertake twinning with medium or low performer woredas or PHCUs. Thus, both parties provide

standard quality and sustainable health services for the community aiming to improve the performance and quality of health services at all levels of the continuum of care through collaborative learning and partnership. During the quarter, none of the twinned WorHOs and PHCUs organized experience-sharing visits, as well as twinning PRM. But the final performance status of twinned woredas and PHCUs are compiled and reported. Below is a sample final status of twinned woredas in Oromia region.

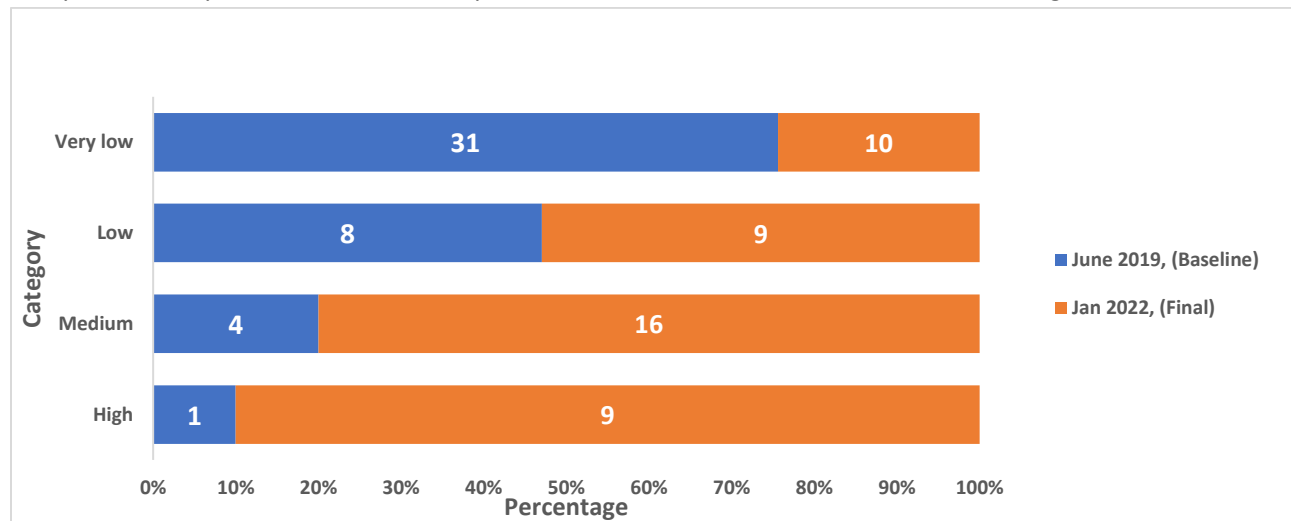


Figure 6: Performance progress of twinned Woredas in the Oromia region using the woreda transformation measure between June 2019 and January 2022.

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

This quarter, the Public Financial Management Training Course for Primary Health Care training module and facilitator’s guide were reviewed and approved by the MOH. The Activity printed several copies and distributed the materials to stakeholders.

The Activity, in collaboration with the Ethiopian Health Insurance Service (EHIS) branch offices and the Amhara and Oromia RHBs, provided a PFM TOT to 25 participants (9 women) in two regions (11 in Amhara and 14 in Oromia). The objective of the training was to reinforce a pool of CBHI trainers who provide PFM training and mentoring for woreda CBHI scheme finance officers/ accountants. The training participants were selected from EHIA branch offices in Borena and Gondar zones, zonal finance departments, and the RHBs. The trainings used the EHIS CBHI financial management guidelines and focused on financial voucher preparation, financial record keeping, quality financial report generation, and proper financial data documentation.

In partnership with health and insurance counterparts, the Activity provided CBHI-focused integrated support supervision (ISS) at 38 woreda CBHI schemes across two regions (21 in Oromia and 17 in Amhara). The CHBI-focused ISS aimed at improving CBHI membership enrollment and renewal, ID card preparation and distribution, the quality of services at contracted facilities, the allocation of targeted subsidies for people living in poverty, and functionality of CBHI governing boards. On the spot technical support clarified CBHI implementation directives, and financial and membership data management issues for woreda CBHI executives and woreda health office staff.

A team of high-level management committee members from the Oromia RHB mentored implementation of CBHI in 10 woreda CBHI schemes. The cost of the visit was covered jointly by the RHB and the Activity. During the visit, the team reviewed the schemes' performance in membership enrollment, renewal, premium collection, and on-time transferring of collected cash to their scheme's bank account. The team also discussed performance gaps they identified with the respective woreda high-level officials, jointly agreed on solutions to address the observed gaps, and encouraged the implementing parties to keep the current year achievements for years to come.

The regional and central Activity office in collaboration with Amhara RHB, and North Wollo and Waghemera ZHDs, provided onsite technical assistance through CBHI refresher training for 152 (30 female) participants to enhance capacity and restore CBHI services at seven woreda CBHI schemes (one each in Wadila, Dawunt, Habru, Raya Kobo, Gubalafto, Gazigibila and Dehana woredas) affected by the war in Northern Ethiopia. Those trained included CBHI scheme executive staff, key CBHI board members, general assembly members, and CBHI kebele section representatives. Furthermore, one desktop computer, copies of CBHI membership application form (MAF), CBHI directive, CBHI financial management manual, and CBHI data management manual were provided to each scheme.



Photo 5: Ato Tarekegn Abate, Activity's Senior Health Finance and Governance Advisor, hands over a desktop computer to the Habru woreda administrator

#### Key Achievements

- Enrollment and renewal rates in Activity intervention woredas in Amhara reached 79% and 85% respectively, exceeding last year's performance (72% and 80%) by 10% and 6%, respectively. Oromia also increased its enrollment rate by 6% from 63% last year to 67% this year.
- Significant results were registered in eight zones of Oromia – Borena, Arsi, East Hararge, West Hararge, Jimma, Bunno Bedele, Bale and Finfinie – scoring enrollment rates of 92%, 83%, 83%, 78%, 76%, 75%, 74% and 71%, respectively.
- The Activity intervention woredas average CBHI membership enrollment rate trend showed an incremental increase since its inception year by scoring 25% in 2017, 27% in 2018, 32% in 2019, 43% in 2020, 63% in 2021 and 69% in current quarter in Oromia.
- Borena, a pastoralist zone in Oromia, has steadily increased CBHI membership enrollment since 2017. In 2020/21, the zone mobilized more than 22.5 million ETB from member contributions and about 99% of the premium collected from member contributions were deposited to schemes' account. The schemes delivered ID cards to all members (100%), which is quite commendable compared to other zones in the region. The zonal health department confirmed that all schemes in the zone have conducted a financial audit and no significant problems were found. CBHI enrolment rate has increased over the years in Oromia region. However, the enrolment rate in Borena zone which is one of the pastoralist zones in the region was more quickly increased than the regional rate.

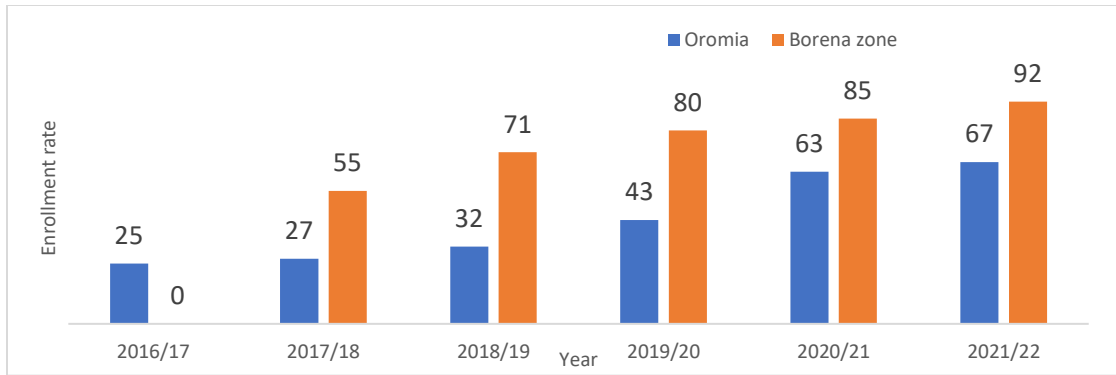


Figure 7: Comparison between Oromia and Borena Zone CBHI enrollment rate over time

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

For health system strengthening and long-term performance improvement, leadership, management, and governance are crucial. The USAID Transform: Primary Health Care Activity has incorporated Leadership, Management, and Governance (LMG) interventions through its maternal, neonatal, and child health services and quality improvement in five regional states of Ethiopia. During the Activity’s implementation period (2017–2022), LMG training and project interventions reached 267 Woredas and 790 HCs. A total of 3,781 HWs participated in classroom courses and practiced core competencies through developed projects.

The LMG projects analytics report was completed, with the technical report showing case-building LMG competencies and their effect on output results and impact on health. The Activity provided support through facilitating the LMG evidence synthesis assessment conducted in RPO, RHB, ZHD, WorHOs, and health centers in the Oromia region, focusing on LMG interventions and Activity support. LMG on-site coaching mentorship was provided in 2 WorHOs and 4 HCs in the Oromia Arsi zone, integrating with COVAX supportive supervision visits. In total, 20 LMG projects were closed in the Oromia Arsi zone. As of March 2022, 835 LMG projects had closed, out of the 897 LMG projects developed (93% of LMG projects).

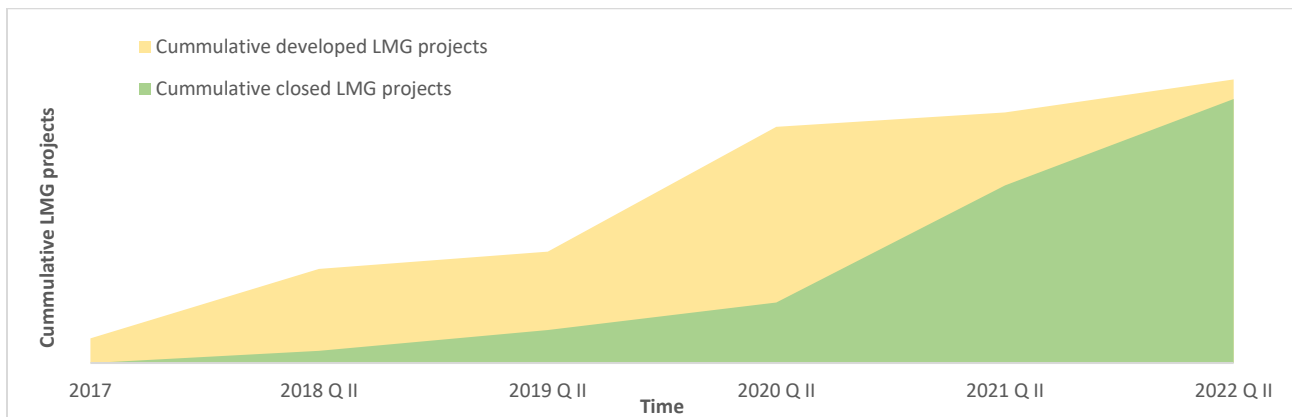


Figure 8: Cummulative LMG projects developed, successfully implemented/completed, and closed between 2017 and 2022.

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

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

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#### **Family Planning and Reproductive Health (FP/RH)**

**Review meetings conducted to consolidate FP/RH related activities:** The RMs were conducted with the objective of **monitoring** the status of the package of FP/RH activities before and after implementation in each facility and each woreda, discussing the gaps and preparing an action plan to address the gaps and ensure the continuity of the initiated activities. , Facility heads, logistic officers, FP service providers from each PHCU and PHL, WorHO head, logistic officer, and FP/RH experts from WorHOs participated in the review meetings. In addition, WorHOs were provided training materials like arm and pelvic models and FP kits to conduct model and clinical practice sessions, and a soft copy of FP/RH training materials to support the WorHOs conduct trainings independently.

Accordingly, 3 RMs with 66 participants from 15 HCs, 1PHL and 3 WorHOs were conducted in 3 Woredas. During the RMs, each WorHOs received four sets of materials for model and clinical practice sessions and a soft copy of FP/RH training materials. Likewise, all 44 HCs received soft copies of training materials for HEW training on onsite Implanon insertion.

**Orientation on dedicated IPPIUCD for previously trained service providers:** As part of consolidating the pool of FP/RH trainers at the WorHOs level, a one-day orientation and practice on pelvic model was conducted for those providers who were already trained on IPPFP. Dedicated IPPIUCD is a sterile pack of IUCD with inserter for a single use unlike the placental forceps (Kelly) which is currently used in most delivery rooms and re-used repeatedly after sterilization. Accordingly, in this quarter, 36 service providers from 15 HCs were oriented on the dedicated IPPIUCD.

**Supportive supervision and follow-up: Supportive** Supervisions and follow-ups were conducted through on-site visits and remotely via telephone conversations in collaboration with the public sector. Service areas which required technical assistance during the visits include adaptation of covid-19, provider skills, FP-service integration, integrated back-up support to communities, follow-ups, and monitoring of activities both at the HC and HPs level. Accordingly, in this quarter, in Oromia, ISS visits were conducted in 6 HCs and based on the data collected, an average 54% (586) women received IPPFP methods of their choice- IUCD (198), Implant (375) and 13 women received Minipills. Similarly, post-abortion FP service use in the same HCs was 83% (143) and clients used the FP method of their choice-71.3% Implants, 17.5% IUCDs and 11.2% short acting methods. In general, in all the visited HCs both IPPFP and post-abortion FP services were available, and the data finding showed an increased use of LARC methods.

**Integrated back-up-LARC service provision from HCs to communities:** Back-up -LARC service provision from HCs to communities was implemented as an alternative approach through mobile outreach FP program to increase access to services and method mix at the rural community level. This intervention is different from other mobile outreach programs as it is implemented through integration into the existing PHCU's health service delivery system, which requires little or no additional human and financial resource.



Additionally, it also enhances local capacity and service ownership of the public sector. At this stage of the Activity, almost all backup services are implemented by the public sector.

In this quarter, 95 PHCUs conducted 108 integrated back-up visits to the rural communities and served a total of 1,651 clients with different FP services of their choice, LARC insertions (77.5%), LARC removals (14.2%) and 8.4% 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; in addition, the back-up visits also address the high demand for Implanon insertions and short acting methods as these services must be routinely available at the HPs level.

Capacity building trainings: All Long-Acting Reversible Contraceptive (LARC) trainings comprising comprehensive LARC to clinical care providers, IPPFP, Implanon and comprehensive FP for level IV HEWs, primarily focused on Implant and IUCD insertion and removal skills while including 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 videos on simulation, practical demonstration and practice on anatomical pelvic/arm model using a competency assessment checklist. This was then followed by clinical practice on clients at the health facilities under the supervision of trainers. In this quarter, capacity building trainings were provided in the post-conflict areas of -Welkiet, Tsegede and Setit-Humera in Amhara region to increase the availability of FP/RH skilled providers. PAC training was provided to 15 clinical care providers from 15 HCs located in 3 woredas. Similarly, comprehensive LARC training was provided to 36 clinical care providers to serve as trainers in the conflict affected areas. One IPPFP training was also given to 21 clinical care providers from 18 HCs, one general hospital and two PHLs, and each facility received 3 sets of IPPFIUCD kits, supplies and consumables. Since only 9 trainees had the opportunity to provide IPPFP on clients during the clinical practice, post training mentorship is planned to support these providers

## **Maternal and Newborn Health (MNH)**

### **Maternal Health (MH)**

**Capacity enhancement:** The Activity held a limited obstetric ultrasound scanning training focused on task shifting specific skills for 25 HWs to fill gaps from the turnover of trained providers, including in conflict-affected areas. Mentoring of previously-trained ultrasound service providers were conducted, where 38 HWs were mentored. During the 10-day initial training, 701 pregnant women received obstetric ultrasound scanning service. BEmONC training was conducted for 80 HWs from conflict affected areas of the Amhara and Oromia regions.

**Catchment-Based Clinical Mentoring (CB CM):** 18 mentors from 9 PHLs mentored 36 health workers from 18 HCs, and during this quarter, 10 mentees graduated from a six-month long CB CM activity. CB CM supportive supervision was conducted at a HC and post-CB CM review meeting was conducted in Halaba with 22 participants in attendance.



**On-site technical assistance (TA):** Integrated thematic supportive supervision was conducted by experts from the CO, RPO, and zonal TAs jointly in HFs at conflict-affected areas, as one of the post-conflict response activities. TA was provided in two zones by using integrated checklists and addressed 31 HFs in 11 woredas of the Amhara region. Additionally, supportive supervision visits were conducted for non-conflict affected areas at 24 PHLs and 30 HCs to strengthen CEmONC, BEmONC, RMC, MPDSR, and other services provided at health facilities.

**Maternity waiting homes (MWH):** The Activity has been equipping MWHs per national standards and providing technical support to improve their utilization. During the quarter, 5,416 pregnant women stayed in 196 MWHs. 4,691 (86.6%) of them gave birth within the same HF, 440 (8.1%) were referred to the next level for better care, 285 (5.3%) were still in the MWH during reporting, and 4,228 mothers received postnatal care (PNC) services. The primary reasons for referral from MWHs were prolonged/obstructed labor, pre-labor rupture of fetal membranes (PROM), malpresentations, and previous cesarean delivery scar.

#### **MNH Related Innovative Interventions**

**Clinical Skill Labs (CSL):** Thirty-five CSLs were established by the Activity (and are being utilized by health facility staffs and students from nearby higher education institutions. One of the 35 CSLs was established in Debre Gubay HC of East Gojam zone using sub-grant funds, and additional materials were provided during this quarter. A total of 915 mentees practiced clinical skills in the CSLs, including normal delivery, breech delivery, vacuum assisted delivery, management of postpartum hemorrhage, ENC, HBB, application and removal of non-pneumatic anti-shock garment (NASG), management of retained placenta, insertion and removal of long acting and reversible contraceptives, and postpartum IUCD.

**Limited Obstetric Ultrasound Services:** Limited (specific) obstetric ultrasound scanning services were started by the Activity at 138 HCs and are being sustainably delivered by trained providers. During the reporting quarter, 4,093 pregnant women received obstetric ultrasound scans, and 577 (14%) women had abnormal ultrasound reports and were referred to the nearby hospital for confirmation of diagnosis and subsequent treatment. For patients with diagnosis of miscarriage, they were treated within same facility. The most reported ultrasound findings were malpresentations, multiple gestation, abnormal placentation, amniotic fluid abnormalities, and miscarriages.

**Safe childbirth checklist (SCC):** The modified version of the WHO's safe childbirth checklist has been introduced at all intervention health facilities of the Activity. TA was provided to health facilities on consistent and correct use of the SCC.

#### **Newborn Health**

**Strengthening Newborn Corners (NBCs):** HFs should have NBCs with all the necessary equipment, drugs, and supplies, along with motivated, competent, and compassionate (MCC) providers to contribute essential newborn care (ENC) services. The USAID Transform: Primary Health Care Activity has been supporting HFs to improve the delivery of ENC services through TA, maintenance of non-functional equipment, and gap-filling supply of some materials. TA was provided at 9 HCs to strengthen ENC services delivered at NBCs. During the reporting quarter, 2,291 newborns received ENC services at 13 health

facilities, and 47 (2.1%) of them had problems. Of the newborns with problems, 45 (95.7%) showed improvement and were sent home with their mothers, one (2.1%) was referred, and one (2.1%) died in the facility.

**Strengthening Neonatal Intensive Care Units (NICUs):** TA was provided for 24 PHLs to strengthen and maintain their NICU services. NICU medical equipment (including infant radiant warmers, continuous positive airway pressure machines, oxygen concentrators, and pulse oximeters) was provided to the Wolkait, Maksegno Gebya, Ataye and Ziquala PHLs of the conflict-affected areas of the Amhara region. During the reporting quarter, 2,906 sick newborns were admitted to 60 Activity-supported PHL NICUs. 2,246 (77.3%) of the newborns improved and were discharged, 360 (12.4%) were referred, 158 (5.4%) of them died, 106 (3.6%) of them were still on treatment at time of report, and 36 (1.2%) left the facility against medical advice. The leading reasons for admission to NICUs were sepsis, asphyxia, prematurity, and low birth weight.

**KMC:** All NICUs of the Activity intervention PHL have separate KMC rooms, though these remain under-equipped. TA was provided at 24 KMCs and 452 newborns received KMC services.

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

Obstetric Fistula (OF) is one of the most common debilitating birth injuries with multifaceted consequences to survivors. The WHO states that OF is “the single most dramatic sequel of neglected childbirth”. In line with the HSTP I and II, the MOH embarked on a comprehensive two-pronged approach to drive the Elimination of Obstetric Fistula (EOF) in Ethiopia by 2020. This has been further reviewed and extended for five years (2021-2025) through the second national strategic plan for elimination of fistula in Ethiopia. Besides working to prevent the incidence of new cases through integration with other RMNACH-N activities, the Activity focused on case identification, diagnosis, referral for treatment of survivors of fistula. Amidst many chronic maternal morbidities prevalent in Ethiopia, POP is a recognized public health priority by the MOH.

During the reporting quarter, a total of 17 suspected fistula (OF) cases were identified from the SNNP, Sidama, and Amhara regions, and for 13 of these cases an OF diagnosis was confirmed. Patients with an OF diagnosis were referred and they received treatment in the treatment centers. A total of 43 mothers with advanced Pelvic Organ Prolapse (POP) were identified and diagnosed, and 36 of them were referred and received treatment with support from the Activity. During the quarter, all referred cases for treatment of OF and POP were from the Amhara, SNNP, and Sidama regions.

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

OF/POP Indicators	Amhara	SNNP & Sidama	Quarter Total
Number of Identified suspected fistula cases	3	14	17
Number of confirmed fistula cases	2	11	13
Number of fistula cases referred for treatment	2	11	13
Number of fistula cases treated	2	11	13
Number of identified POP cases	21	22	43
Number of POP cases diagnosed	21	22	43
Number of POP cases referred for treatment	21	15	36
Number of POP cases treated	21	15	36

## 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 for 142 HWs in the Amhara, Oromia, SNNP, and Sidama regions (24 trainings in Amhara, 33 in Oromia, and 85 was integrated supervisory skill in SNNP). In the Amhara region, MNCH/N back-up services (primarily IMNCI) were provided at HPs of conflict affected areas. ECD counseling training was conducted in the Oromia and Sidama regions (127 ECD counseling trainings in Oromia and 38 in Sidama). ECD counseling was given to 2,307 parents/care givers in the Amhara region. Onsite technical assistance was given in the Tigray region on maternal child health and nutrition activities. Performance reviews and refresher trainings (PRRT) were provided at Woreda/PHCU level to improve quality of case management and utilization in health facilities.



Photo 6: ECD counseling training clinical session in Kebado PHL, Dara Woreda, Sidama region

Quality and utilization of child health services (IMNCI, ICMNCI, ECD) is improving in HCs and HPs through onsite trainings and supportive supervision. All activities were conducted in cooperation with MOH/RHB at all levels, which helped improve sustainability and ownership of the program by the public sector at woreda and HC level. ECD counseling continued in the Amhara, Oromia and SNNP regions. Regular partner meeting were conducted in all five regions and included the MOH, including activity discussions and updates on the revised IMNCI booklet for HWs. Implementing partners and UN agencies also participated in TWG meetings.

## Expanded Program on Immunization

**Capacity Enhancement:** COVID-19 rollout training was conducted for 1,499 HWs and HEWs (230 in the Amhara region, 782 in the Oromia region, and 487 in the SNNP region). The post-COVID campaign assessment was conducted in 190 Woredas (51 in the Amhara region, 25 in the Oromia region and 114 in the SNNP region). There were 17 sessions of zonal review meetings conducted on COVID-19, with 1,728 providers participating (349 from the SNNP region, 539 from the Amhara region, and 840 from the Oromia region). In preparation for the integrated measles campaign in Tigray, the Activity's staff trained over 6,000 providers, and in the process 95% of targeted children were vaccinated, 58% of children received vitamin A supplementation, and 99% of children were dewormed.

**Strengthening the implementation of Reaching Every District/Child (RED/REC) strategy:** The Activity is supporting the public health system in using RED/C to improve EPI data quality and monitoring systems. Trainings on RED were integrated with cold chain maintenance and were conducted in the Oromia region by cost sharing with RHB. IN total, 118 HWs were trained.

**Improving vaccine supply, safety, and regulation:** In the reporting period, The cold chain maintenance campaign resulted in repairs for 567 different types of refrigerators, specifically 436 in the Amhara region, 98 in the Oromia region, and 33 in the SNNP region.



Additionally, 214 HWs received onsite training on maintenance. In the Amhara region, trainings were also conducted in conflict affected areas.

**Integrated Periodic Outreach Services (IPOS):** In the reporting period, the Activity continued implementing IPOS. A total of 138,179 children received Pentavalent, OPV and PCV vaccines, and of them, 85 were fully vaccinated; 5,781 received vitamin A; 1,985 children were dewormed; 4,134 were screened for malnutrition; 37 were treated for pneumonia' and 54 were treated for diarrhea. Thirteen women received FP services during the IPOS and 27 received PNC services. In total, during the IPOS, 2,238 individuals were screened for febrile illness (mainly malaria).

#### **Adolescent and Youth Health Development (AYHD)**

**Creating Access to Youth Friendly Health Service (YFS):** In this reporting quarter, the YFS facilities continued providing YFS services in each region, However, 110 YFS facilities (Amhara = 45, Tigray=61, and Oromia=4) were not functional due to conflict. Currently, the Activity is supporting 306 YFS facilities, including 96 in Amhara, 91 in Oromia, 78 in SNNP n, 29 in the Southwest region, and 12 in Sidama. The integration of YFS in public health facilities with Activity-provided support contributes mentoring and skill transfer, close technical support through supportive supervision, capacity enhancement of health care providers through YFS/STI training and encourages public health facilities maintain their work as part of the YFS service.

**Youth Friendly Health Information and Service Uptake:** During this reporting quarter, the Activity created access to age-appropriate health and developmental information, counseling, and health services through the 306 YFS facilities in Amhara, Oromia, SNNP, Southwest, and Sidama regions. During this quarter, 607,517 adolescents and youth (325,331 of which were female) received SRH, life skills and health-related counseling, and information services through YFS providers and peer educators within the YFS facilities,

schools, and in the community. Furthermore, 271,131 adolescent and youth clients (207,733 of which were female) received comprehensive health services, including clinical and SRH services.

**Contraceptive Uptake Among Adolescents and Youth:** The AYH strategy 2021-2025 shows that teenage pregnancy is still very high at 13%. Teenage pregnancy is a threat to girls because it prevents them from realizing their full potential and accelerates their transition to adulthood. Contraceptive access is very important, as it allows girls to postpone motherhood and space births. It is also important to dispel misinformation about contraceptives and discuss potential side effects to ensure young girls and women choose a suitable method and continue proper usage. The USAID Transform: Primary Health Care Activity provided contraceptives for 68,439 adolescents and youth during this quarter. Of these youth, 10,134 (14.8%) accepted LARCs, including 7,827 (77.2%) using Implanon, 1,490 (14.7%) of them using Jadelle, 164 (1.6%) of them using a PPIUCD, and 656 (6.5%) of them using an IUCD.

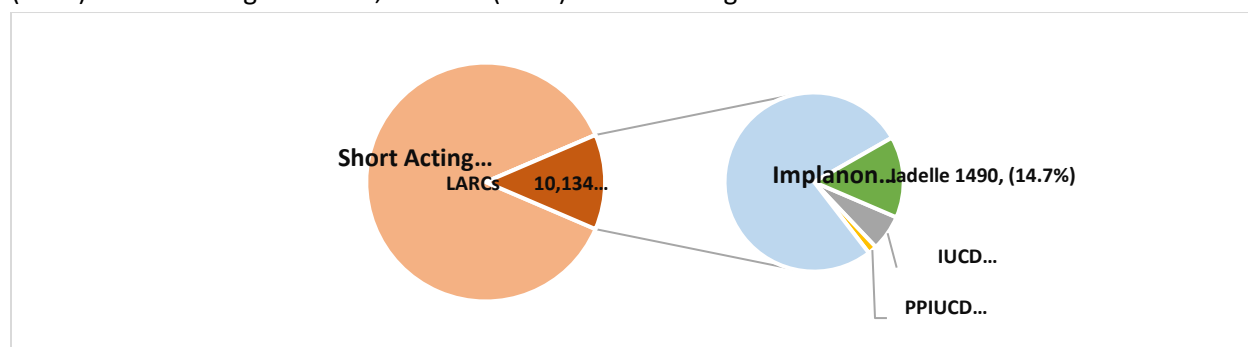


Figure 9: Contraceptive uptake and mix of methods used by adolescents and youth between January and March 2022.

**Pregnancy testing and linkages for next-level care and support:** To access antenatal care or to rule out pregnancy before contraception, it is recommended to have a pregnancy testing service. USAID Transform: Primary Health Care Activity integrated pregnancy testing services within youth-friendly health services. In this quarter, 13,582 visits were made by girls/young women for pregnancy testing services. In total, 4,806 (35.4%) tests were positive for pregnancy, and all 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:** YF-PAC programs treat young women experiencing complications from miscarriages and incomplete, complete, and induced abortions, and provide family planning counseling and services to help prevent another unplanned/mistimed pregnancy that may result in a repeat abortion. In this quarter, 704 young women received post-abortion care services and 691 (98.2%) of them accepted post-abortion family planning. During this reporting period, the YF-PAC family planning uptake significantly increased from the last reporting period, from 76.8% to 98.2%. This is attributed to improved counseling skills, training, and continuous technical support to YFS service providers.

**STI, HIV Testing, and Linkage to ART Services:** According to a 2021 UNAIDS report, two out of every seven new HIV infections globally in 2019 were among young people (15–24 years). The report recommends additional efforts to address behavioral, biomedical, and structural factors that increase the



vulnerability of adolescent girls, young women, and young key populations in acquiring HIV, such as gender inequalities, gender-based violence, poverty, stigma, discrimination, and insufficient sexuality education programs. The USAID Transform: Primary Health Care Activity scaled up YFS service to provide comprehensive service including information on HIV, testing services for HIV, and referral linkages for better care and support for HIV positive clients.

During this quarter, 2,233 youth visited YFS facilities for STI care, treatment, and follow-up services, including 1,172 women. Furthermore, 31,301 HIV tests were conducted, with 20,518 of these tests for women patients. Of all the youth tested for HIV, 49 (0.2%) received a positive result – including 29 women (59.2%). 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 STIs and HIV was provided by peer educators and YFS providers.

### **Meaningful Engagement of Adolescents and Youth in Demand creation and ensuring referrals:**

Adolescents and youth are engaged in a strong partnership with YFS providers. The primary role of peer educators in the partnership is to increase healthcare-seeking behavior and facilitate referrals for YFS services. In addition to their primary role, peer educators actively participate in other ways, including by planting flowers in YFS health facilities, and by fostering a safe space around the health facilities with



*Photo 9: Gardening tools for 14 YFS facilities, PE preparing the plot of land for sowing seeds and watering In SNNP and Amhara regions*

To help the peer educators learn new skills, the Activity supplied 14 YFS facilities with gardening tools, and vegetable seeds to initiate the gardening exercise in the SNNP (six facilities) and Amhara (eight facilities) regions. The peer educators were provided with an orientation on how to prepare the plot of land, sow the seeds, water the planted seeds, and provide the necessary care to the vegetables by agriculture experts working around the YFS facilities.

During this quarter, peer educators reached 208,950 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 the home and community level—that includes 110,544 females. While conducting health education at the individual, community, and school levels, peer educators referred 5,519 adolescents and youth to YFS facilities, including 1,703 women. During this quarter peer educators conducted 488 coffee ceremony events in their respective communities and reached 12,082 adolescents and youth with SRH and health-related messages, including 6,219 females.

**Supporting the YFS Services with AYHD Related Commodities, Supplies, and Job Aids:** Adolescents and youth-related commodities and SBCC materials are important inputs for YFS services. During this quarter, 25,000 female condoms were distributed to YFS facilities. 18,492 brochures with information about emergency contraceptives pills (ECP), STIs, HIV, parent and children’s relationships, pregnancy prevention, substance use prevention, menstrual hygiene, use of female condoms, and developmental changes were distributed in facilities, schools, and the community. The job aids were need-based, field-tested, and brochures were translated into Amharic, Afaan-Oromo, and Tigrigna.

**Ensuring Public Sector Ownership and Sustainability of YFS Services:** Strengthening the public sector responsiveness through 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 ensures the public sector improves knowledge and skill in the 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 resources. During this quarter, 51 YFS facilities were scaled-up by the public sector using their own budget. The Activity continued to provide the necessary technical support, and skill transfer to WorHOs and YFS health facility staff.

**Multisectoral engagement and response at the lower sectoral level:** The USAID Transform: Primary Health care Activity has been supporting the establishment of WACs. During the quarter, 35 WACs were established, involving multisectoral actors working to improve the lives of young people in their respective communities.

## **Nutrition**

**Severe Acute Malnutrition management:** Severe acute malnutrition is one of the common causes of morbidity and mortality among children under age 5. By implementing appropriate case management practices at health facilities, the Activity saves lives and minimizes case fatality rates. To this effect, one session of TOT training was given on Integrated Management of Malnutrition (IMAM) training for 19 participants in the SNNP region. The training was organized for nutrition experts from zonal and woreda



*Photo 10&11: SAM Management TOT training participants during practical session at SNNPR*

health offices, with the aim of creating a pool of facilitators both at the zonal health department and the woreda health office level. Three sessions of basic rollout training on IMAM were organized for 55 health extension workers in the same region. The training was given for selected hot-spot woredas to ensure quality of severe acute malnutrition (SAM) management at health post level.

**Integrated Nutrition and Vaccination Services:** Due to ongoing conflict, essential health services in areas of Tigray and Amhara regions were disrupted. Data from a weekly report in Tigray shows that measles vaccination coverage decreased from 82.9% to 28% and vitamin A supplementation from 64.9% to 33% (2020/21 weekly EPI report). To improve service uptake, the Regional Health Bureau in collaboration with partners implemented integrated supplementary immunization activities (SIAs), including a campaign providing nutritional screenings, vitamin A supplements, and deworming of children. During the campaign over 700,000 children received nutrition services and were vaccinated for measles, with other highlights including:

- 731,474 (95.3%) children were vaccinated for measles of which 58% of children receiving their first dose of the vaccine.
- 610,000 (85%) of the children received vitamin A supplements.
- 437,705 children aged 24-59 months were dewormed



*Photo 11&12: Transportation options to vaccination posts to overcome fuel shortage at Tigray region*

In the Amhara region, nutrition services were provided through integration with the COVID-19 vaccination campaign. Some of the services provided during the campaign include:

- 119,387 children received Vitamin A supplementation,
- 62,430 children aged 24-59 months were dewormed,
- 83% of children under five years were screened for malnutrition, with 3.08% of children identified as SAM cases, and 22.53% identified as MAM cases,
- 60.6% of PLWs were screened for malnutrition

**Multisectoral Approach:** Multisectoral coordination brings together stakeholders, organizations (NGO's and CSO's), and communities to achieve nutritional outcomes. Food and nutritional challenges are multi-causal which require multisectoral collaboration to address nutrition-sensitive and nutrition specific interventions. To enhance the existing activity, the Transform: Primary Health Care Activity was engaged in the regional level multi-sectoral coordination quarter review meeting organized by the SNNP and Oromia regions. During the review meeting, all multisectoral signatories presented their quarter plan vs



achievement. After detailed discussion, the participants indicated clear ways forward for better implementation and achievements.

**Technical support:** To improve the quality of nutrition services at the community level, routine follow-up visits were conducted in the Amhara region. The routine follow-up visits cover primary hospitals (PHL), health centers (HCs) and health posts (HPs) which focuses on strengthening stabilization centers (SC) and Outpatient Therapeutic Programs (OTP) management, multisectoral coordination, and supply chain management at each level of the health sector in the region.

**Task Shift/Sharing initiative on nutrition service:** Task sharing was initiated due to poor access and coverage of some RMNCAYH-N interventions at the community level, as the HEWs were overloaded. The task sharing initiative began with nutrition interventions followed by consensus building meetings with the regions, zones, and woredas. After the selection of kebeles with the public sector, all required training materials and monitoring tools were developed. Baseline assessments were done, and start-up trainings were given to health managers, health workers and selected community volunteers. After starting the implementation, continuous follow-ups, mentoring, coaching, and periodic performance review meetings were carried out. Finally, after seven months of implementation, an end line assessment was conducted, with the preliminary results showing that the shared key nutrition interventions were implemented with improved quality and coverage versus the previous approach. This will initiate the implementation of some RMNCAYH-N interventions through community volunteers in the future.

## **Health Emergencies**

**Emergency Coordination Meetings/workshops:** In addition to providing the technical support, the Activity staff participated in the regional level coordination meetings and workshops. The Activity's regional program offices actively engaged and supported all the RHBs and public health institutes in terms of conducting the weekly EOC meetings. The SNNP regional Emergency Coordination Center conducted the regular update meeting with all the RHB directorate and partners.

## **Contributions to the emergency response activities**

**Measles outbreak (SNNPR):** A measles outbreak occurred in the SNNP region, in nine Woredas of three Zones and one special Woreda. The outbreak is currently controlled. During the outbreak, a total of 1,630 cases were registered, with 6 deaths reported. After outbreak response, for more than one month the affected Woredas showed zero case and death report. The response activities focused on controlling the outbreak, and included:

- Deployment of HWs to evaluate the status of the response interventions.
- Active surveillance of cases.
- A measles vaccination campaign in six affected Woredas and three adjacent ones.
- Case management in health facilities.

The Activity provided technical, logistic, and financial support to most of the affected Zones and Woredas through integration with COVID-19 vaccination rollout activities.

**Severe Acute Malnutrition (SNNPR and Oromia):** During the quarter, the number of SAM cases increased in 15 Woredas in 8 Zones in the SNNP region. The Activity provided support in response to the SAM outbreak, which includes:

- An advocacy workshop for local media staff promoting key nutritional messages.
- Continuous and regular screening of children under age 5 and pregnant and lactating women.
- Distribution of nutrition related commodities to Stabilization Centers such as F-75 and F-100 formulas in all affected Zones and Woredas.
- Screening program alerts for all Zones and Woredas.
- Other commodities including MUAC tapes were distributed.

The Activity provided technical and logistic support for program specific supervision and monitoring. Integrated severe acute malnutrition management TOT for participants from 11 Zones was provided, and SAM rollout training was organized for HWs.

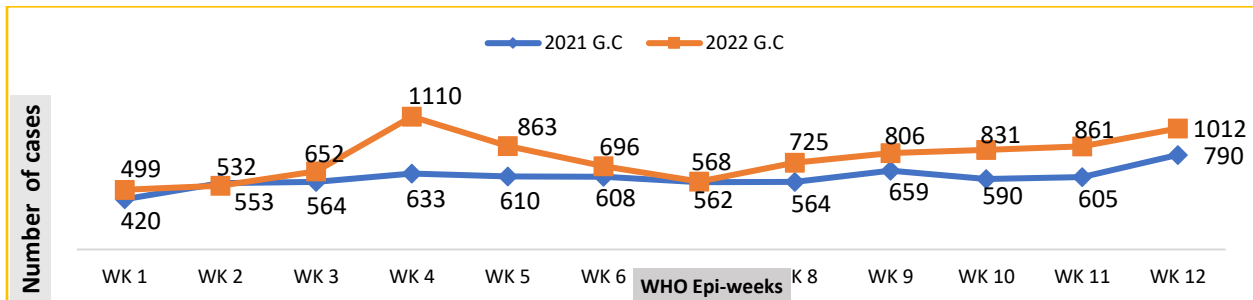


Figure 10: Weekly trend of SAM cases in SNNP (Week 1-11, 2022)

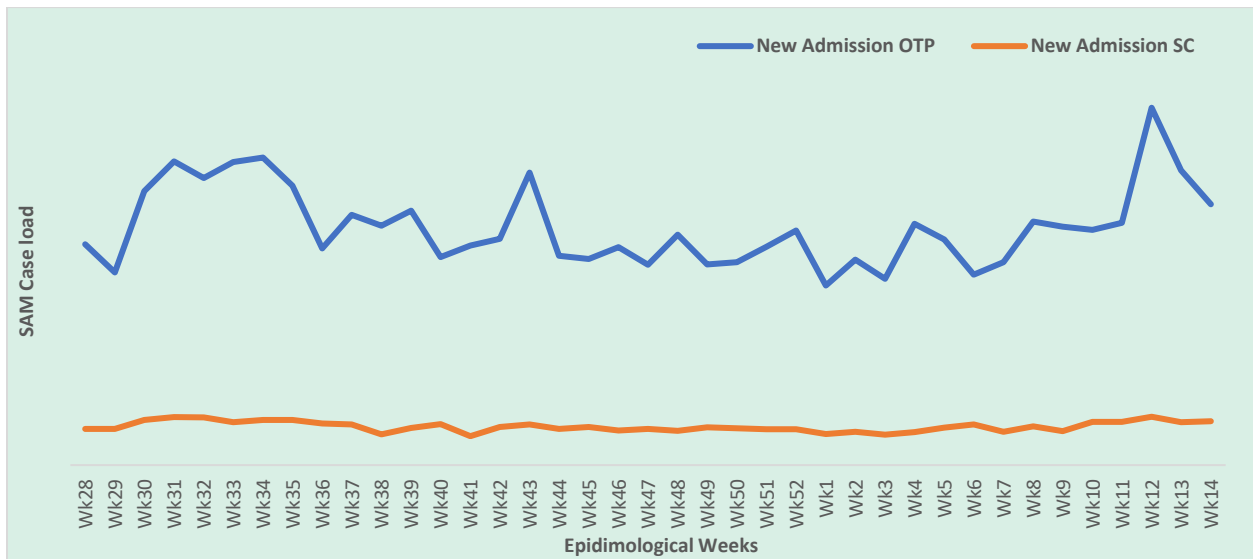


Figure 11: Status of new admission of SAM cases at OTP and Stabilization Center (SC) level, from week 28, 2021 to 2022

### COVID-19 vaccine rollout

#### OBJECTIVE 1- Policy, planning and Coordination:

- Attended 9 regional level TWG meetings to discuss on key issues related to COVID-19 vaccination challenges and way forward.

- Conducted seven sessions of regional level COVID-19 vaccination rollout performance review meetings. A total of 1,284 (109 female) participants attended the meetings.
- Thirty-six sessions Zonal level COVID-19 Vaccination performance review meetings conducted and a total 1,175 (73 female) participants attended the meetings.

**OBJECTIVE – –2 - - Human Resources for Health, Training & Supervision:**

- Need based gap filling training on revised COVID -19 vaccination guide organized for 735 HWs and EPI managers.
- COVID-19 vaccine mixing-and-matching policy training was organized for 1,013 HEWs, lasting for two days, to ensure the quality of COVID-19 vaccination campaign.
- Three sessions of cold chain maintenance training were organized for 99 EPI managers and biomedical technician for ten days.
- Adverse effect following immunization (AEFI) training was organized for 189 PHEM and EPI managers to improve AEFI case identification, reporting and response at all levels.
- A total of 706 non-functional refrigerators maintained by the Activity's drivers in collaboration with public sector biomedical.
- During second round campaign, 45 Activity vehicles and staff of the Activity provided technical and logistic support.
- Post COVID 19 vaccination campaign assessment was conducted in 43 Woredas and 52 HFs.
- Joint supportive supervision was conducted in 14 Zones, 95 WorHOs and 69 HCs by staff from regional Zonal and Woreda.

**Major Gaps**

- Poor identification and recording and reporting of AEFI cases.
- Shortage and improper use of standard COVID-19 vaccine registers.
- Weak TWGs at all levels (ZHDs, WorHOs and HCs).
- Bundling problem (Shortage of dry supplies and recording and reporting forms).
- Poor community mobilization activities.
- Shortage of spare parts to maintain refrigerators and to conduct cold chain maintenance trainings.

**Actions Taken**

- AEFI training provided to improve AEFI case identification and proper documentation.
- Strengthen supply chain management to improve antigen stock out at all levels.
- Performance review meetings carried out to improve capacity gaps.
- Virtual meetings conducted to improve TWGs at regional and zonal level.
- Discussion with partners and public sectors held to solve shortage of spare parts for refrigerators.

**OBJECTIVE 3 - Community Engagement & Demand**

- COVID-19 vaccination (five sessions) advocacy meeting were organized for a total of 230 participants-including religious leaders, community leaders, political leaders, and health professionals.
- Forty-five religious and community leaders participated on community awareness creation meetings to prevent misconceptions against COVID-19 vaccine.

- A total of 2,335,358 people were reached through community mobilization activities focusing on COVID-19 vaccination using mobile van vehicles. The key messages promoted includes benefit of COVID-19 vaccine, Side effects of the vaccine and where to get the vaccine are some of the key areas focused during the community mobilization activities

## **Gender**

**Mental Health and Psycho-social Support for Survivors of GBV in Amhara Region:** During this reporting quarter, one of the re-programmed activities targeting conflict affected areas focused on strengthening capacities of health extension workers, their supervisors and women development army leaders to screen S/GBV cases and link to the available services. The intervention is implemented to create linkages between available services and survivors of GBV and others with visible mental health conditions targeting communities in the post conflict areas.

In addition, the Activity collaborated with Ethiopian Public Health Institute (EPHI) Mental Health and Psychosocial Support Unit (MPHSS) adapted a curriculum and organized a ToT on S/GBV and MPHSS awareness creation and case identification for 25 (5 female) participants drawn from universities and nearby health facilities. The ToT covered priority mental health conditions during crisis, concept of GBV, effective communication skills and an

**Sub-Result 2.2:** introduction to community level case identification and referral using an adapted screening tool. Participant's testimonials confirmed that such interventions are timely and fill the dire need of linking communities with newly arranged mental health and psychosocial support services. Following the ToT, eight sessions of rollout trainings were conducted in targeted districts Waghimra, North Gondar and North Shoa Zones reaching 204 participants. At the end of the sessions health extension workers received the screening tool and introduced with the available mental health services in their catchment areas.



Photo 13: ToT on S/GBV MHPSS awareness creation and case identification, March 2022



Photo 14&15 : HEWs during group work and walkthrough the S/GBV and MHPSS screening tool, Waghimra Zone, March 2022

**Access to One Stop Centers for survivors of GBV:** In relation to expanding service provision to SGBV survivors, the Amhara RHB in collaboration with various stakeholders has expanded one stop service provision facilities from four (Bahir Dar, Debre Berhan, Dessie, & Debre Sina) to fifteen. TPHC technically supported and provided job aids to the newly inaugurated one stop centers.

**S/GBV Screening Integrated with COVID-19 vaccine Campaign and Technical Support:** In this reporting quarter, public sector staff in North Wollo and Arsi ZHD integrated and conducted S/GBV screening with COVID-19 vaccine campaign at community level. During the campaign, 465 SGBV cases were reported and those who require emergency support were referred to one stop centers. Furthermore, to strengthen routine implementation of gender mainstreaming and gender related activities, onsite technical support was provided by Arsi TA to 4 woredas and 9 HCs along with COVAX assessment and supportive supervision. The focus of the support was on availability of gender analysis trained HW on GBV management, GBV SOPs, GBV services, post GBV service, availability of women representative in HFs boards and management team, availability of gender focused job aids and essential supplies, establishment, and functionality of multi-sector task force on prevention and response of GBV, sustainability of dedicated services using standard integrated checklist. Based on the assessment, all visited HCs are quipped to provide GBV services for sexual violence victim survivors. Most HFs were also invited as partners during ANC checkup and allow male partner during labor.

**Gender Assessment:** As indicated in previous quarter reports and as part of the final phase of the Activity's gender integration approach, the gender assessment was conducted in this final year. The purpose of the assessment was to identify the Activity's success, challenges, lessons learned and provide recommendations. The full report is reviewed and approved by USAID and available online.

**Handing Over of Gender and Health Related Documents to the Government:** During this reporting quarter, Zonal level closeout workshops were held in the Amhara, Oromia, SNNP, Southwest, and Sidama regions, and during these workshops, various gender and health related documents produced by the Activity's support were compiled and shared with relevant stakeholders.

### **Improved Provider Behaviors and Communication Skills toward a Compassionate, Respectful, and Caring Health Workforce**

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N/A in this quarter

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

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#### **Quality Improvement and Quality Assurance (QI/QA)**

**QI Collaborative:** USAID Transform: Primary Health Care continues to support the primary health care facilities on QI activities focusing on continuous services quality improvement of RMNCAH programs.

**Capacity Enhancement:** During this quarter, 68 QI team members (11 female) from primary health facilities were provided with the gap filling training on basic quality improvement and 36 QI coaches (2 female) from the zonal and WorHO and PHLs were trained on QI coaching/mentoring. The cascading of the QAQI training and creating quality savvy leaders lays foundation for sustaining the QAQI work after phaseout. During the basic QI training, 16 self-initiated QI projects were designed and implemented to improve the maternal, neonatal, child and adolescent services and outcomes.

**Clinical Audit Progress in MNCH, FP and AYHD Service Quality Standards:** The Activity used the existing tool for MNH collaborative /HSTQ/ and adapted audit tools for other collaborations such as for FP, CH and AYHD from WHO standard of care and other documents. This is a process of monitoring mechanism for compliance/adherence to clinical standards during care provision on the target program and 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 MNH/FP/CH and adolescent service areas, data analysis, gaps were identified, action plan was drawn and developing QI projects to further make improvement to standards of care. To-date, most facilities in the QI collaborative have shown significant progress during subsequent follow-up auditing.

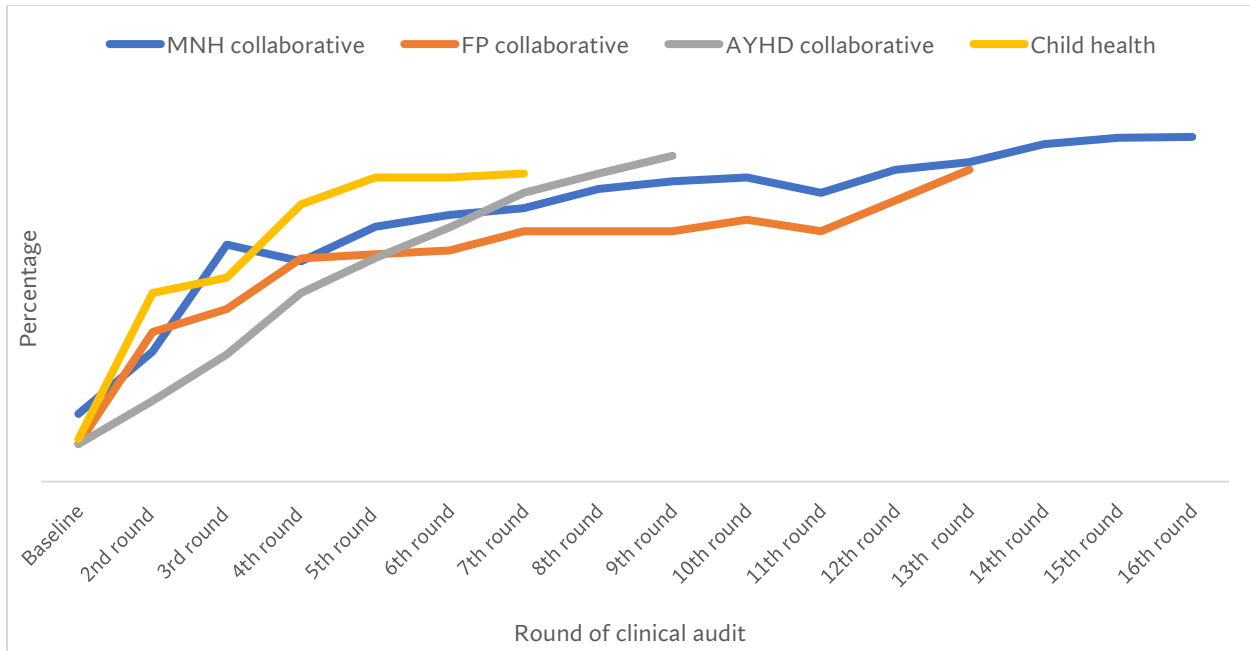


Figure 13: Average clinical auditing progress by collaboratives between 2017 and 2021.

**QI Projects Implementation:** QITs at the health facilities have developed a total of 894 self-initiated QI projects on MNH, FP, AYHD, and CH collaborative, and of which 65% on MNH, 21% on FP, 9% on CH, 5% on AYH collaborative. To date the majority, 68% of the QI projects were completed successfully by attaining their targets, and the rest are in progress.

**QI Project on Improving Stillbirth Rate in Chancho PHL, Sululta Woreda, Oromia Region**

Based on regular quarterly based MNH clinical service quality audit at Chancho PHL, the seven months median stillbirth rate was found to be 45%, which was based on the data from July 2019 to Jan 2020 (48%, 38%, 49%, 45%, 18%, 33% and 47%). This was identified and proposed as one of the QI projects titles by the hospital QI team, and the team designed QI project to reduce stillbirth rate from 47% to 10% by the end of Jun 30, 2020. The QI team identified the root causes using a fish bone diagram and generated and tested the following change ideas, one at a time.

**Change Ideas (Interventions):**

- 1) Strengthening the counseling service on danger signs during ANC service provision.
- 2) Using partograph bundles, correctly and consistently during labor/delivery.
- 3) Transfer of peer-to-peer chart/partograph skill transfer.

**Outcome Measure/indicator:**

- Stillbirth rate per month.

**Process Measures/indicators:**

- Number of midwives who received orientation on correct and consistent use of partograph for eligible laboring mothers.
- Proportion of ANC attending pregnant women properly counseled on danger signs.
- Proportion of laboring mothers whose labor is monitored through correct and completed partograph.

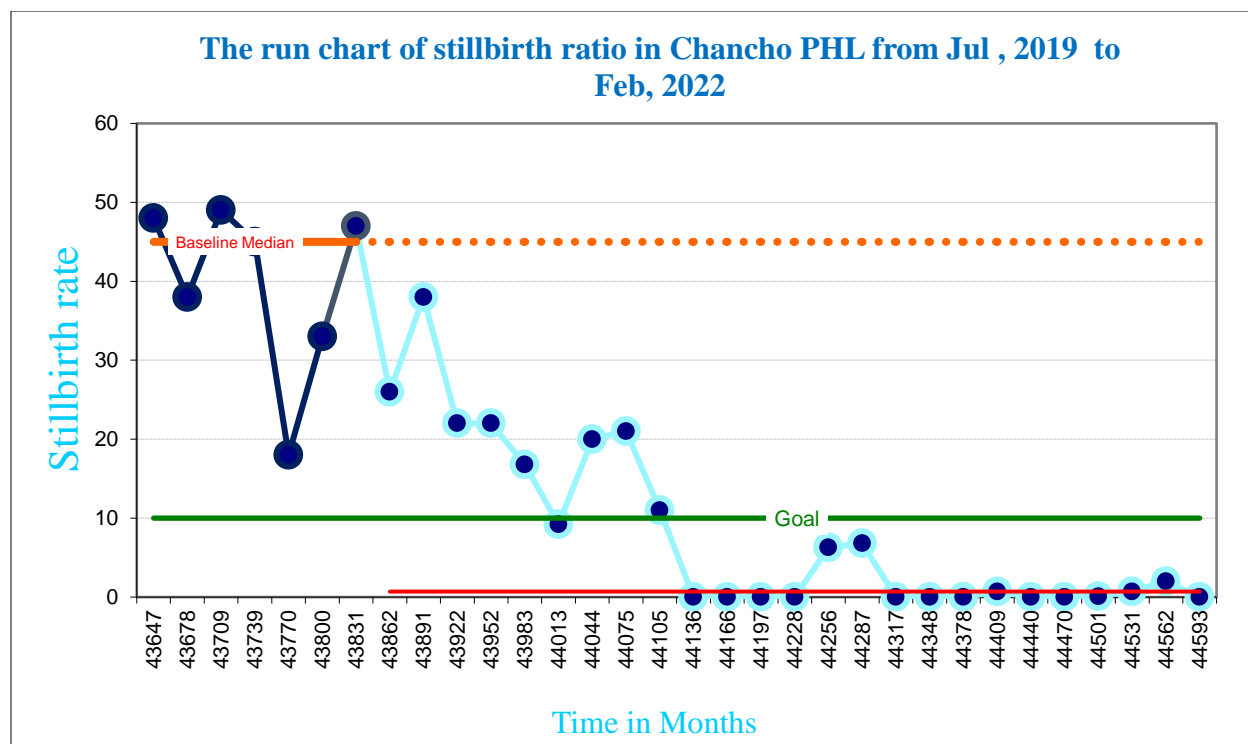


Figure 14: The Run Chart of still birth rate in Chancho PHL from July 2019 to February 2022.

**Coaching and Mentoring Support to the QI Team:** In this quarter, the Activity has provided distance (telephone and telegram) coaching support to 49 (33 HCs and 16 PHLs) QA/QI implementing health facilities. During site visit, coaches build trust with the facility QIT to assess their gaps, monitor the QI project progress, review, and assess data quality, support data tracking on the run chart, and support data for decision-making and documentation, and support QI projects to share their experience with others. QI coaching has contributed a lot to the change observed in the QI improvement in intervention areas.

**Community Engagement in Quality Improvement:** The Activity has supported community engagement in quality improvement through Partnership Defined Quality (PDQ) model. The model was adapted from Save the Children, and it has four phases of building support, quality exploration, bridging the gap and working together. The health facility providers with community representatives implemented the community engagement program since they explored their gaps, developed action plan, and solved the identified gaps. Improvements in service utilization, such as early ANC, ANC4 dropout rates, skilled delivery care, PNC, PFP, immunization, community trust, waiting time, respectful care, and referral linkage have been observed in health facilities participating in the PDQ.

**Technical Support to the FMOH and RHB:** The Activity has participated in different TWGs in HSQD (Health Sector Quality directorate) such as National health care Quality improvement TWG, MNH QOC network TWG and patient safety TWG. In this quarter, technical support was provided to MOH and RHBs to strengthen the quality of care. The Activity as member of national and regional TWGs of Health Sector Quality Directorate (HSQD), provided technical support to the MOH and RHBs in strengthening the quality-of-care initiatives. TA support was provided on the revision of the QI training materials and the revision



is at its final stage. The Activity has also supported the plan for the evaluation of the national MNH QOC roadmap to assess achievements and challenges. The Activity has also supported the MOH both technically and financially in the preparation of the upcoming annual quality summit which will be conducted in June 2022.

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

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### **Innovative Interventions in FP/RH**

**Planning exercise and ownership orientation on FP/RH:** The RMs were conducted with the objective of monitoring the status of the package of FP/RH activities before and after implementation in each facility and each woreda, discuss the gaps and prepare an action plan to address the gaps and ensure the continuity of the initiated activities. Facility heads, logistic officers, FP service providers from each PHCU and PHL, WorHO head, logistic officer, and FP/RH experts from WorHOs participated in the review meetings. In addition, WoHOs were provided training materials like arm and pelvic models and FP kits to conduct model and clinical practice sessions, also provided with a soft copy of (flash disc) package of FP/RH training materials to support the WoHOs conduct trainings independently. Accordingly, three RMs with 66 participants drawn from 15 HCs, 1 PHL and 3 WoHOs were conducted in three woredas. During the RMs, each WorHOs received four sets of materials that can be used for model and clinical practice sessions and one flash-disc with soft copy of package of FP/RH training materials, and also 44 HCs each of them received one flash-disc with soft copy of package of training materials for onsite.

**Integrated Back-up-LARC services support from HCs to communities:** Backup LARC services support from HCs to communities was implemented as an alternative approach to mobile outreach FP program to ensure sustainable access and increase method mix FP services at the rural community level. This intervention is different from mobile outreach program while, the backup service is implemented through integration into the existing PHCU's health service delivery system, which requires very minimal additional human and financial resources or none at all. Additionally, it enhances local capacity and service ownership of the public sector. At this stage of the Activity almost all backup services are run by the public sector.

### **MNH-related Innovative Interventions**

**Clinical Skill Labs (CSL):** Thirty-five CSLs were established by the Activity (one was established in Debre Gubay HC of East Gojam zone using sub-grant fund and additional materials were provided during this quarter) and are being utilized by health facility staffs and students from nearby higher education institutions. A total of 915 mentees practiced clinical skills in the CSLs. The most frequently practiced skills were normal delivery, breech delivery, vacuum assisted delivery, management of postpartum hemorrhage, ENC, HBB, application and removal of non-pneumatic anti-shock garment (NASG), management of retained placenta, insertion and removal of long acting and reversible contraceptives, and postpartum IUCD.

**Limited Obstetric Ultrasound Services:** Limited obstetric ultrasound services were started by the Activity at 138 HCs and are being sustainably delivered by trained providers. During the reporting quarter, 4,093 pregnant women were scanned and 577 (14%) of them had abnormal ultrasound reports and were referred to the nearby hospital for confirmation of diagnosis and subsequent treatment except the ones with diagnosis of miscarriage who were treated within same facility. The most reported ultrasound findings were malpresentations, multiple gestation, abnormal placentation, amniotic fluid abnormalities, and miscarriages.

**Safe childbirth checklist (SCC):** The modified version of WHO's safe childbirth checklist has been introduced at all intervention health facilities of the Activity. TA was provided to health facilities on consistent and correct use of SCC.

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

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

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**Mass Awareness Using Audio Mounted Project Vehicles:** USAID Transform: Primary Health Care reached an estimated 2,486,038 (1,183,604 females) individuals with CBHI, WASH, malaria, and COVID-19 related messages. Of these, 1,608,884 (781,298 females) were reached with COVID-19 related messages. The pre-recorded audio messages were transmitted in Amhara, Oromia, SNNP, and Sidama regional states using audio mounted project vehicles.

**IEC Material Production and Distribution:** The Activity re-printed and distributed 200 copies of community mobilization guide, 10,000 copies of FP brochures and 2,000 copies of adolescent and youth targeted booklets aimed at promoting appropriate health behaviors.

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

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**Community Mobilization (CM) Experience Sharing:** USAID Transform: Primary Health Care conducted a one-day woreda-level experience sharing meeting in Demboya woreda, Kembata zone, SNNP regional state. The aim of the meeting was to review the progress of the community mobilization intervention initiated in five kebeles of the woreda. Twenty-one (3 females) individuals drawn from the kebeles, catchment health centers, woreda health offices, and zonal health department participated in the meeting. All the kebeles highlighted the implementation of CM intervention in their respective kebeles followed by a discussion. Currently, all the kebeles have transformed into models. Turnover of kebele leadership, poor documentation, and instability were the major gaps identified during the meeting. Accordingly, all the participants agreed to strengthen and scale up the implementation of the community mobilization approach and developed a plan of action that would be followed by the woreda health office.

**Regional SBCC Experience Sharing Workshop:** USAID Transform: Primary Health Care conducted three regional level SBCC experience sharing workshops in Amhara, Oromia and SNNP regional states during the quarter. The aim of the workshop was to share the Activity’s SBCC-related knowledge and promising interventions with stakeholders. One hundred and five health experts (15 females) drawn from regional health bureaus, 18 zonal health departments, 12 woreda health offices, 7 kebeles, and 7 universities participated in the workshop. Representative of the National Health Promotion Professionals Association also took part in the workshop. Presentations and discussions were made on issues of SBCC, community mobilization (CM), HP open house, religious leaders’ engagement, pregnant women conference, mass awareness and school engagement related initiatives. Selected woredas and kebeles have also shared their experiences in implementing community mobilization, HP open house, school, and religious leaders’ engagement interventions. The Activity has also utilized the platform to share soft copies of SBCC related materials with the participants. The participants pledged to sustain and scale up the interventions in their respective catchments.



Photo 16: SBCC Experience Sharing Workshop, Enjibara, Awi Zone, Amhara Regional State, March 2022

## **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 technically supporting 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 of published articles in peer reviewed journals and a compendium from the abstracts presented in different national and international conferences on 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 knowledge management capacity and 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**

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### **Knowledge and Evidence-Generation**

**Manuscripts Prepared:** In the reporting quarter, seven manuscripts from the Activity interventions were prepared and submitted to journals for review and publication.

**Preparation of Technical Briefs:** In the reporting period, five new technical briefs (two on FP and three on Gender) were finalized.

**Preparation of Woreda-Based Case Study:** A Woreda-based case study preparation was finalized, which was based on the case studies of four Woredas from the Amhara region. This document shares the achievements and lessons learned in four high-performing woredas: Machakel, Ankesha, Dega-Damot, and South-Achefer.

**Documentation on the Implementation Process of Subgrant Management:** The documentation of the subgrant implementation process titled, "The Process of Subgrant Implementation and Its Outcomes" was finalized and shared. The aim of this was to document the implementation process, the lessons learned and share with partners.

**Assessment on Gender:** As part of the final phase of the Activity's gender integration approach, gender assessment was conducted in this final year. The purpose of the assessment was to identify the Activity's success, challenges, lessons learned and provide recommendations. The full report is reviewed and approved by USAID and available online: <https://encompassworld.com/resource/transform-primary-health-care-gender-assessment/>.

**Assessment on Subgrant Management:** The consultant completed a performance improvement subgrant assessment report this quarter. The assessment's goal is to describe contribution of the subgrant to the improvement in health care delivery system and to provide recommendations for the future programming /scaleup.

**Abstracts for Conferences:** Fifteen abstracts were prepared and submitted for the presentation at the upcoming FP international conference.

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

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### **Knowledge Sharing**

**Success Stories Prepared and Shared:** Four case studies were prepared and shared, while four success stories were drafted from the field during the reporting quarter. In addition, selected highlights of the success stories (developed from the previous fiscal year) were submitted to USAID on a weekly basis.

**Articles Published:** In this quarter, three articles were published in peer reviewed international journals:

- 1) An evaluation of excellence in primary healthcare units after the introduction of a performance management innovation in two regional states of Ethiopia: a facility based comparative study-
- 2) Experiences of midwives on V-scan™ limited obstetric ultrasound use: a qualitative exploratory study  
Facility level factors that determine consistent delivery of essential newborn care at health centers in Ethiopia

**Dissemination of Program Learning During the Safe Motherhood Month:** In January, Ethiopia commemorated “ Safe Motherhood Month”. In this quarter, the ‘Safe Motherhood Month’ celebration workshop was held in conflict affected area in the Amhara region and during which time different learning materials were exhibited/shared with the participants of the workshop.

## **PARTNERSHIP AND COLLABORATION**

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### **Health Systems Strengthening (HSS-HIS & LMG) Partnerships**

The Activity supported the Ministry of Health in the development of the health sector national Conflict Impact Assessment, Rehabilitation and Reconstruction Plan (CIARP) organized by the Ministry of Finance. The Activity provided technical support in community engagement platform (CEPs) activities, HEP optimization activities. The Activity also participated in the revision of woreda transformation tracking and coordination manual for the Health Sector Transformation Plan II (HSTP II) concept note, supported planning and performance monitoring activities, and supported the development of concept note for primary health care (PHC) strategy document.

### **HCF Partnerships**

The Activity continued partnering with the MoH and RHBs to finalize the training materials related to PFM and CBHI. The staff of the Activity continued taking part in the TWG meetings at MOH and RHBs level.

### **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 meetings conducted. Similarly, at national level, the staff of the Activity attended TWG meetings to discuss and ensure the continuous availability of supplies and commodities related to FP/RH services.

### **MNH Partnerships**

MNH team members work with the MoH, RHBs, and partners by participating in technical working groups (TWGs) and task forces. The following major activities were carried out during the reporting quarter:

- The Safe Motherhood Month celebration workshop was carried out in a conflict affected area in the Amhara region, where an ultrasound machine, solar suitcase, and medications were provided to the South Wollo Zonal Health Department.
- Three manuscripts were submitted for publication: “Effects of institutionalizing Vscan limited obstetric ultrasound services on utilization of maternal and neonatal health services: a pre-post study”, “Contribution of portable obstetric ultrasound services in averting maternal and neonatal morbidities and mortalities at semi-urban health centers of Ethiopia: a retrospective study”, and

“Integrated Periodic Outreach Strategy to Improve Maternal and Child health Service Access Among Hard-to-Reach Areas in Ethiopia”.

- 100 ultrasound registration logbooks were printed and distributed to 100 health centers with ultrasound machines in the Amhara, Oromia, Sidama, SNNP, and South-West regions.
- The MNH senior advisor is working as a member of the national MH-PMTCT RAC team.
- The MNH theme update meeting was conducted, including a presentation and discussion on the adaptation of guidelines, recommendations, and protocols for use in the country’s health system.
- The MNH advisor reviewed a document titled “Introduction to history taking and physical examination in obstetrics and gynecology” for the Wollega University Institute of Health, Department of Obstetrics and Gynecology.
- The paper “Experiences of midwives on Vscan limited obstetric ultrasound use: a qualitative exploratory study” was published on BMC Pregnancy and Childbirth,
- The Activity supported the MoH both financially and technically in the development of the National Preconception Care Guide.
- A case story, “Advancing care of fragile newborns”, and a success story, “Mothers flourish in maternity waiting homes”, were documented at the regional level.

### **OF/POP Partnerships**

In the January-March reporting quarter of 2022, the team attended 1 session of virtual TWG meeting and 2 rounds of in-person meeting with the national OF task force. These events resulted several deliverables at the country level:

- Discussed on the approved national strategic (2021-2025) plan for EOF in Ethiopia, and strategized on its dissemination plan to the regions, partners, and universities.
- Conducted regional level TOT on Fistula Surveillance and Response for experts from Oromia, SNNP, Sidama regional health bureaus in which 36 (16 female) senior experts received a 3 days TOT.

### **CHD and EPI partnerships**

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

### **AYHD Partnerships**

The Activity continued participating in the TWG meetings in all regional HBs and at MOH pertaining to the AYHD.

### **Nutrition and Health Emergencies Partnerships**

As part of the regional level partnership and collaboration, the following activities were implemented by the HBs and partners in the regions during the quarter:

- Collaborative actions were taken to respond to the regional emergency conditions by the regional emergency technical working group in the Oromia region, including the ongoing drought.
- Multisectoral review meetings were conducted in the regions.

### **Gender Partnerships**

During the reporting quarter, the Activity continued its engagement in the gender and health TWG meetings at the FMOH level and supporting the priority activities focusing on the revision of the health response to GBV training package. Furthermore, in Amhara region the Activity is participating and contributing in the regional GBV in emergency response cluster.

### **QI/QA Partnerships**

The Activity has participated in different TWGs in HSQD (Health Sector Quality directorate) such as National health care Quality improvement TWG, MNH QOC network TWG and patient safety TWG. In this quarter, technical support was provided to MOH and RHBs to strengthen the quality of care. The Activity as member of national and regional TWGs of Health Sector Quality Directorate (HSQD), provided technical support to the MOH and RHBs in strengthening the quality-of-care initiatives. The TA support was provided on the revision of the QI training materials and the revision is at its final stage. The Activity has also supported the plan for the evaluation of the roadmap for the implementation of MNCH QOC to determine what went well and what did not.

### **SBCC Partnerships**

**Participated in Advocacy and Social Mobilization Guide Development Workshop:** The Activity participated in a workshop aimed at developing National Advocacy and Social Mobilization Guide. The workshop was organized by Federal Ministry of Health in Adama town from February 15-17, 2022. The guide is aimed at supporting SBCC stakeholders to design, implement and monitor Advocacy and social mobilization interventions. The workshop was a very good opportunity to introduce the Activity's community mobilization (CM) approach to the participants. The CM approach is now included in the draft document. Twelve individuals drawn from Ministry of Health, HAPCO, Addis Ababa University school of public health, JHU, CO-Wash and WHO participated in the workshop

**Hosted SBCC Workshop:** USAID Transform: Primary Health Care hosted the first Ethiopian Health Education and Promotion Professional Association's meeting during the quarter. The aim of the meeting was to introduce the vision, objectives, strategies, and operational modalities of the association to its potential members and stakeholders. The Activity's SBCC adviser gave a presentation on issues of SBCC. Dr. Mengistu Asnake, Chief of Party of the Activity, also shared his experiences in nurturing and leading professional associations.

**Support to MoH:** The Activity supported the MOH with printing 100 copies of the National Health Promotion Strategic Plan (2022 -2025) and four banners. The materials will be used for the upcoming National Health Promotion Strategy launch event.

**Support to COVID-19 Response:** The Activity has continued working closely with the public sector to halt the spread of COVID-19. Community engagement officers have continued playing key roles 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 and COVAX related messages using its audio mounted vehicles.

**Participated in a Workshop Organized by Awramba Community:** The Activity participated in a workshop organized by Awra-Amba community. At the workshop 50-year journey of the Awra-Amba Community reflected. Workshop participants also exchanged ideas on issues of disseminating the innovation to other communities. The workshop took place in February and brought together about 150 individuals, including community leaders, politicians, academics, journalists, and civil society organization members.

## **PROJECT DATA MANAGEMENT AND MONITORING**

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### **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 Follow-up Visits**

As the Activity has been coming to an end, limited routine monitoring visits data were entered into DHIS2 and they were used by the thematic advisors for use and reporting.

## **COMPLIANCE**

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### **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 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, to enhance the principles of volunteerism and informed choice, 5, 700 TIAHRT charts were distributed (1, 900 for each region). During routine follow-up visits, 536 health care workers (43% female) were oriented through "onsite" approach. In addition, 18 health facilities in Oromia region were monitored using Pathfinder's RCS compliance monitoring checklist, and feedback was 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, during the follow-up visits, an orientation on environmental compliance was provided to 536 individuals (43% Females).

## TECHNICAL COMMUNICATIONS

**Social Media:** The communication unit maintains an active presence by sharing news updates, and success stories on the Activity’s social media Facebook page. <https://www.facebook.com/transform.primary>. The main objectives of sharing news updates and success stories are to increase awareness about essential health services in health facilities and share the Activity’s impact on social media followers.

**Visibility:** The communication unit provided support to the staff of the Activity during the learning forum organized by the Activity’s Monitoring, Evaluation, and Learning team. 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, reports, assessments, and others). The unit participated in exhibitions; collected pictures, documented news stories.

## MAJOR CHALLENGES AND ACTIONS TAKEN

Challenge	Actions Taken/Required
Some activities were delayed due to conflict in different parts of the country.	Close follow-up and re-planning to accelerate the implementation of activities.
There was a high turnover of trained staff at HCs.	The Activity will scaling-up onsite trainings and support peer-to-peer learning.
Many IDP and children did not get routine health services.	Plan to implement IPOS (Integrated Periodic Outreach Service)
There was weak coordination with other sectors in GBV prevention response and limited availability of IEC/BCC materials on GBV/HTP (gender).	The Activity will emphasize on the issue during closeout workshops to bring the issue into the attention of the government and other stakeholder to contribute.
Focal persons and structures were unavailable at zonal and woreda levels to ensure the continuity of activities, such as gender analysis and action planning.	At MOH level, WCYA Directorate proposed to integrate gender analysis and action planning for woreda-based planning.

## 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 III):

- Conduct national and regional level closeout workshop to disseminate achievements and transfer responsibility.
- Support war-affected regions/ areas through training, material support and TA and related
- Participate in program closeout activities such as documentation, workshops and dissemination of learnings
- Support routine child health activities, while working on prevention of outbreaks like COVID-19, including vaccination services, if need arises.
- Expand supportive supervision to increase participation of public sector in IMNCI/ICMNCI/ ECD integrated with EPI.
- Support onsite counseling ECD training, implementation, and follow up.
- Continue updating HWs on the revised IMNCI chart booklet, using all opportunities.
- Participate in the National level Activity closeout workshop preparation and delivery.
- Contribute to the revision of Health Response to GBV training package.
- Finalize the technical, administrative and operations related closeout documentations and handover.
- Supporting health facilities to implement RED strategy.
- Strengthening vaccine safety and cold chain system.
- Construction and follow-up of Phase 2 sites (15 health centers).

## ANNEXES

### Annex 1: Performance as Measured by Quarterly Reportable PMP Indicators

#### Annex 1.1: Quarterly reportable indicators from HMIS

Revised code	Thematic area	Indicator Name	Data Source	Jan-Mar 2022 (Q2)			Annual plan (Oct 2021- Sept 2022)		
				Plan	Achievement	% Achieved	Plan	Achieved to date	% Achieved to date
	FP	Estimated number of women 15-49 Years	Projection	3,049,591	3,049,591	100%	9,148,772	6,099,181	67%
HMIS-1a	FP	Number of New FP acceptors (15-45 Years)	HMIS	574,074	554,185	97%	1,722,223	1,104,280	64%
HMIS-1b	FP	Number of New and repeat FP acceptors (15-45 Years)	HMIS	1,745,892	1,683,336	96%	5,237,676	3,338,613	64%

	FP	Contraceptive acceptance rate (CAR) for all methods (15-45 Years)	HMIS	57%	55%	96%	57%	55%	96%
HMIS-1c	FP	Number of New LAFP acceptors (15-45 Years)	HMIS	162,243	167,597	103%	486,729	326,280	67%
HMIS-1d	FP	Number of New and repeat LAFP acceptors (15-45 Years)	HMIS	548,926	554,142	101%	1,646,779	1,063,634	65%
	FP	Contraceptive acceptance rate (CAR) for LAFP (15-45 Years)	HMIS	18%	18%	101%	18%	17%	97%
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	18,953	101%	56,450	36,156	64%
	FP	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%	97%	9%	9%	96%
	MCH	Expected number of pregnancies/ live births	Projection	464,560	464,560	100%	1,393,679	929,119	67%
HMIS-2	MCH	Number of pregnant women that received ANC First visit	HMIS	339,129	355,709	105%	1,017,386	673,753	66%
	MCH	% of pregnant women that received ANC First visit	HMIS	73%	77%	105%	73%	73%	99%
HMIS-3	MCH	Number of pregnant women that received four or more antenatal care visits	HMIS	255,508	247,984	97%	766,523	479,920	63%
	MCH	% of pregnant women that received four or more antenatal care visits	HMIS	55%	53%	97%	55%	52%	94%
HMIS-4	MCH	Number of births attended by skilled health personnel	HMIS	209,074	216,827	104%	627,223	418,630	67%
	MCH	% of births attended by skilled health personnel	HMIS	45%	47%	104%	45%	45%	100%
HMIS-5	MCH	Number of new born who received postnatal care within two days of childbirth (estimated by mother's PNC)	HMIS	231,301	236,687	102%	693,903	457,964	66%

	MCH	% of new born who received postnatal care within two days of childbirth (estimated by mother's PNC)	HMIS	50%	51%	102%	50%	49%	99%
HMIS-6	NH	Number of newborns not breathing at birth who were resuscitated	HMIS	4,400	3,665	83%	13,200	7,620	58%
	CH	Expected number of surviving infants at 1 year of age	Projection	424,438	424,438	100%	1,273,315	848,877	67%
HMIS-7	CH	Number of children under one year of age who have received first dose of pentavalent vaccine (Penta1)	HMIS	365,017	378,797	104%	1,095,051	733,243	67%
	CH	% of children under one year of age who have received first dose of pentavalent vaccine (Penta1)	HMIS	86%	89%	104%	86%	86%	100%
HMIS-8	CH	Number of children under one year of age who have received third dose of pentavalent vaccine (Penta3)	HMIS	352,284	350,139	99%	1,056,852	690,825	65%
	CH	% of children under one year of age who have received third dose of pentavalent vaccine (Penta3)	HMIS	83%	82%	99%	83%	81%	98%
HMIS-9	CH	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	342,543	99%	1,035,862	664,386	64%
	CH	% of children who received their first dose of measles-containing vaccine (MCV1) by 12 months of age in USG-assisted programs	HMIS	81%	81%	99%	81%	78%	96%
HMIS-9a	CH	Number of fully immunized children	HMIS	331,062	332,743	101%	993,186	647,646	65%
		% of children under one year of age fully immunized	HMIS	78%	78%	101%	78%	76%	98%
HMIS-10	CH	Number of cases of child diarrhea treated (by ORS & Zinc) in USG-assisted programs	HMIS	303,895	241,007	79%	911,685	464,944	51%
HMIS-11	CH	Number of cases of childhood pneumonia treated in USG-assisted programs	HMIS	315,135	310,224	98%	945,405	594,489	63%

	Nutrition	Expected number of children in age group 6-59 months	Projection	1,895,038	1,895,038	100%	5,685,113	3,790,075	67%
	Nutrition	Expected number of children under 2 years	Projection	720,496	720,496	100%	2,161,488	1,440,992	67%
HMIS-12	Nutrition	Number of children aged 6-59 months who received Vitamin A supplementation	HMIS	1,446,619	2,796,228	193%	4,339,858	5,456,389	126%
	Nutrition	% of children aged 6-59 months who received Vitamin A supplementation (Sum)	HMIS	76%	148%	193%	76%	144%	189%
	Nutrition	Estimated number of children aged 2-5 years	Projection	1,711,837	1,711,837	100%	5,135,510	3,423,673	67%
HMIS-12a	Nutrition	Number of children aged 2-5 years de-wormed	HMIS	733,398	1,988,751	271%	2,200,194	4,424,421	201%
	Nutrition	% of children aged 2-5 years de-wormed	HMIS	43%	116%	271%	43%	129%	302%
HMIS-13	Nutrition	Number of children less than 2 years weighted during GMP session	HMIS	685,875	1,544,396	225%	2,057,626	3,030,875	147%
	Nutrition	% of children less than 2 years weighted during GMP session	HMIS	95%	214%	225%	95%	210%	221%
HMIS-14	Nutrition	Number of Pregnant women received IFA at least 90 plus (Sum)	HMIS	396,176	409,376	103%	1,188,528	785,603	66%
	Nutrition	% of Pregnant women received IFA at least 90 plus (Sum)	HMIS	85%	88%	103%	85%	85%	99%
	QI/QA	Estimated catchment population of facilities that are implementing QI/QA projects	Projection	3,466,157	3,466,157	100%	10,398,472	6,932,314	67%
HMIS-15	QI/QA	Number of outpatient visits from facilities who are implementing QI/QA projects with project support	HMIS	1,908,211	1,276,422	67%	5,724,634	3,259,365	57%
	QI/QA	Quality improvement - Overall facility utilization rate in areas implementing quality improvement (QI) supported by USAID	HMIS	55%	37%	67%	55%	47%	85%

Annex 1.2: Non-HMIS quarterly reportable indicators

Revised code	Thematic area	Indicator Name	Data Source	Jan- Mar 2022 (Q2)			Annual plan Oct 2021 - Sept 2022		
				Plan	Achievement	% Achieved	Plan	Achieved to date	% Achieved to date
II	R2	<b>Result 2: Increased sustainable quality of service delivery across the PHCU's continuum of care</b>							
2.24	Fistula	Number of confirmed fistula cases identified and referred for treatment centers	Activity report	83	13	16%	250	61	24.4%
2.34	AYHD	Number of visits made by adolescents and youth for health care at YFS sites	Activity report	347,808	271,131	78%	1,043,425	533,288	51.1%
III	R3	<b>Result 3: Improved household and community health practices and health-seeking behaviors</b>							
3.10	SBCC/AYHD	Number of contacts made to adolescents and youth to provide health information at YFS sites	Activity report	773,297	607,517	79%	2,319,891	1,601,363	69.0%
IV	R4	<b>Result 4: Enhanced program learning to impact policy and programming related to ending preventable child and maternal deaths (EPCMD)</b>							
4.3	PL	Cumulative number of researches completed with project support	Activity report	19	19	100%	19	19	100.0%
4.8	PL	Cumulative number of documentations produced and shared disaggregated by type (success stories, technical briefs, innovations and related)	Activity report	156	168	108%	161	168	104.3%
V	Compliance	<b>Compliance to USG Rules and regulations</b>							
5.1	Compliance	Number of person trained/ oriented on family planning compliance to USG legislative and policy restrictions	Training report	532	536	101%	1,596	2,106	132.0%
5.3	Compliance	Number of person trained/ oriented on environmental compliance to USG rules and regulations	Training report	532	536	101%	1,596	2,031	127.3%

## Annex 2. Publications Printed

Title	Author	Year
Community Mobilization Guide	TPHC (Jimmy)	2022
FP Brochure	TPHC (Jimmy and Abebe)	2022
Its Normal (adolescent & youth targeted booklet)	TPHC (Sr Worknesh and Jimmy)	2022
Know and Grow (adolescent & youth targeted booklet)	TPHC (Sr Worknesh and Jimmy)	2022
National Health Promotion Strategic Plan	MoH	2022
Public Financial Management Training Course for Primary Health Care (Primary Hospitals, Health Centers and Woreda Health Offices) -Facilitator's Guide	Ministry of Health.	2021
Public Financial Management Training Course for Primary Health Care (Primary Hospitals, Health Centers and Woreda Health Offices) -Participant's Module	Ministry of Health.	2021

## Annex 3: Short-Term Technical Assistance Provided

Name	Organization	Date	Purpose
NA			

## Annex 4: International Travel During the Reporting Period

NA

## Annex 5: Financial Performance

### Financial Performance per Thematic area

#### YEAR VI Quarter II (Jan – Mar 2022)

Thematic Areas (Core activities )	Year VI Budget	Year VI quarter I Actual	Annual Budget Vs, Actual YRVI QI	Year VI quarter II Actual	Year VI Quarter II Budget	Year VI Quarter I Budget Vs Actual	Remarks
Maternal Health	5,549,216.65	1,939,885.21	35%	2,009,672.59	2,058,614.50	98%	Quarter II financial performance is good but during Q1 there was under spending which can be justified 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
New-Born Health	4,117,160.74	1,369,330.73	33%	1,418,592.41	1,527,359.14	93%	
Child Health	2,685,104.83	855,831.71	32%	886,620.26	996,103.79	89%	
Family planning/RH	5,549,216.65	1,540,497.08	28%	1,595,916.47	2,058,614.50	78%	
<b>Total core activities</b>	<b>17,900,698.88</b>	<b>5,705,544.72</b>	<b>32%</b>	<b>5,910,801.72</b>	<b>6,640,691.93</b>	<b>89%</b>	
<b>Crisis modifier</b>	<b>1,395,470.00</b>	<b>1,016,970.00</b>	<b>73%</b>	<b>355,939.50</b>	<b>348,867.50</b>	<b>102%</b>	
<b>Grand total</b>	<b>19,296,168.88</b>	<b>6,722,514.72</b>	<b>35%</b>	<b>6,266,741.22</b>	<b>6,989,559.43</b>	<b>96%</b>	
<b>Time Elapsed</b>			50%			100%	

<b>Obligations to Date</b>	\$122,756,896.86
<b>To- date Expenditure</b>	\$108,307,959.85
	88%