



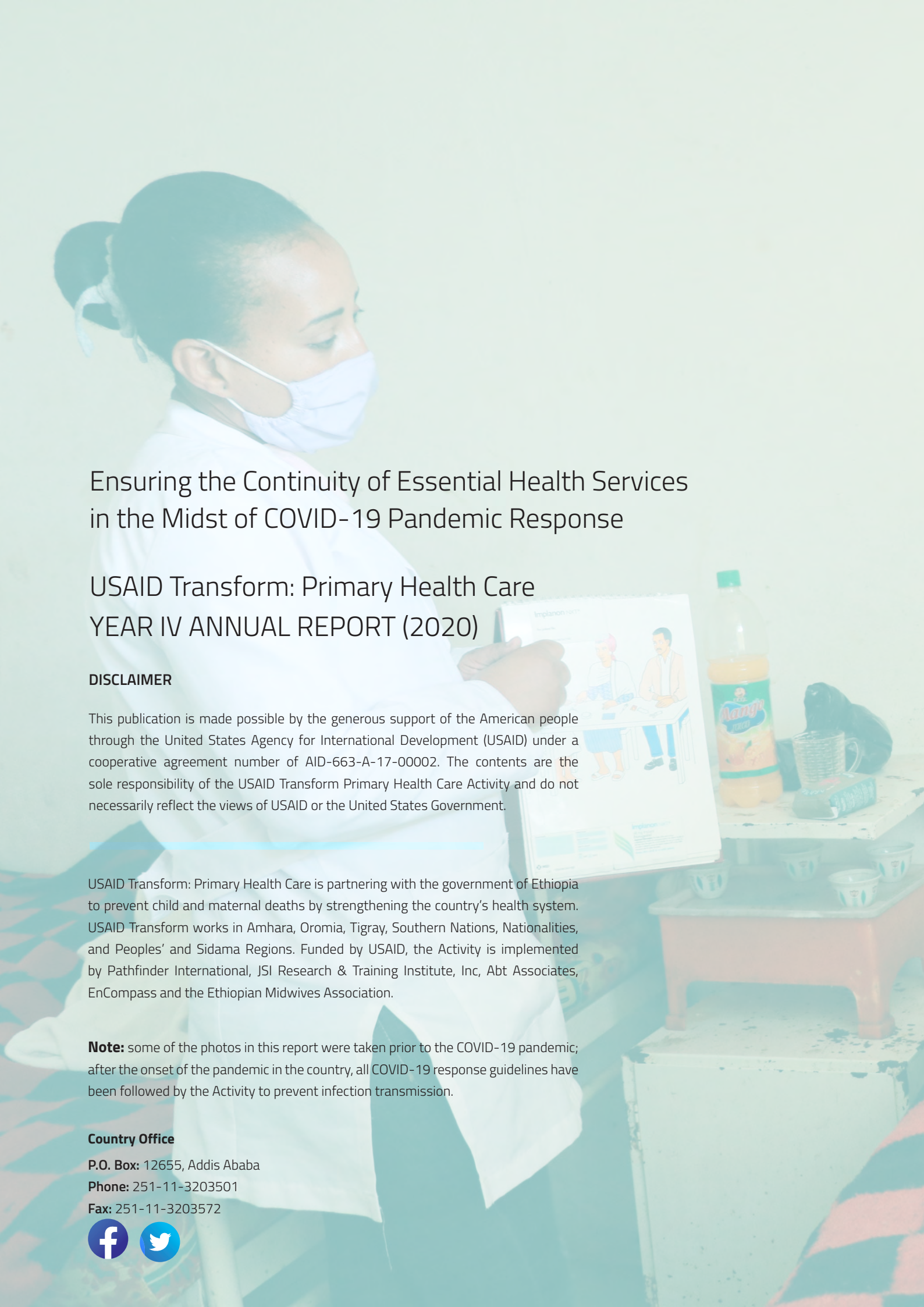
Ensuring the Continuity of Essential Health Services in the Midst of COVID-19 Pandemic Response



USAID Transform:
Primary Health Care

2020
YEAR IV
ANNUAL REPORT





Ensuring the Continuity of Essential Health Services in the Midst of COVID-19 Pandemic Response

USAID Transform: Primary Health Care YEAR IV ANNUAL REPORT (2020)

DISCLAIMER

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USAID Transform: Primary Health Care is partnering with the government of Ethiopia to prevent child and maternal deaths by strengthening the country's health system. USAID Transform works in Amhara, Oromia, Tigray, Southern Nations, Nationalities, and Peoples' and Sidama Regions. Funded by USAID, the Activity is implemented by Pathfinder International, JSI Research & Training Institute, Inc, Abt Associates, EnCompass and the Ethiopian Midwives Association.

Note: some of the photos in this report were taken prior to the COVID-19 pandemic; after the onset of the pandemic in the country, all COVID-19 response guidelines have been followed by the Activity to prevent infection transmission.

Country Office

P.O. Box: 12655, Addis Ababa

Phone: 251-11-3203501

Fax: 251-11-3203572



ACRONYMS



AMIYCN	Adolescent, Maternal, Infant and Young Child Nutrition
ANC	Antenatal Care
ART	Antiretroviral Therapy
AYHD:	Adolescent and Youth Health and Development
BEmONC	Basic Emergency Maternal and Newborn Care
CBHI	Community Based Health Insurance
CBNC	Community Based Newborn Care
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CSC	Community Scorecard
DHIS	District Health Information System
ECD	Early Childhood Development
EHCRIg	Ethiopian Health Center Reform Implementation Guideline
EHSTG	Ethiopian Hospital Services Transformation Guideline
EOF	Elimination of Obstetric Fistula
EPAQ	Ethiopian Primary Health Care Alliance for Quality
EPI	Expanded Program on Immunization
FMOH	Federal Ministry of Health
FP	Family Planning
GBV	Gender-Based Violence
GMP	Growth Monitoring and Promotion
GTP	Growth and Transformation Plan
HC	Health Center
HEW	Health Extension Worker
HIS	Health Information System
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
IIP	Immunization In Practice
IMNCI	Integrated Management of Common Childhood and Newborn Illnesses
IPOS	Integrated Periodic Outreach Services
IUCD	Intrauterine Contraceptive Device
KPI	Key Performance Indicators



LARC	Long Acting Reversible Contraceptive
LMG	Leadership, Management, and Governance
MEL	Monitoring, Evaluation and Learning
MNCH	Maternal, Newborn, and Child Health
MNH	Maternal and Newborn Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
OF	Obstetric Fistula
OPD	Outpatient Department
PAC	Post Abortion Care
PCMD	Preventing Child and Maternal Deaths
PHC	Primary Health Care
PHCU	Primary Health Care Unit
PHL	Primary Hospital
PNC	Postnatal Care
POP	Pelvic Organ Prolapse
PPFP	Postpartum Family Planning
PPH	Postpartum Hemorrhage
QI	Quality Improvement
QIT	Quality Improvement Team
RDT	Rapid Diagnostic Test
RED	Reaching Every District
RH	Reproductive Health
RHB	Regional Health Bureau
RMC	Respectful Maternity Care
SAM	Severe Acute Malnutrition
SBCC	Social and Behavioral Change Communication
SNNP	Southern Nations, Nationalities, and Peoples'

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Message from the Chief of Party

I am pleased to present the USAID Transform: Primary Health Care Activity annual report for 2020: “Ensuring the continuity of essential health services in the midst of COVID-19 pandemic response”. Even though the year has been exceptionally challenging due to the COVID-19 crisis, the consortium partners continued to deliver on our life saving activities and services by building resilience through facing the facts on the ground, taking affirmative action measures, reaching out to stakeholders, and moving forward with actions to provide the support needed by the health sector in the most efficient and effective ways possible.

The 2020 report highlights many, though certainly not all of the fourth-year accomplishments and selected innovative solutions to advance our vision of ensuring transformed woredas that contribute to a healthy, productive, and prosperous Ethiopia. Despite the different challenges in the past year, 2020 turned out to be another eventful year for our Activity. Most notably, it made a course correction based on the results and recommendations from the mid-term evaluation conducted by the USAID Transform: MELA Activity, and the third round of our ‘performance improvement’ grant to Government of Ethiopia (GoE) entities that was approved after the successful completion of the second round of grant provision. In addition, close to a million dollar support was provided in response to the COVID-19 pandemic using our crisis modifier funding, focusing on five major pillars that include: sub-national coordination, risk communication and community engagement (RCCE), surveillance and contact tracing, case identification, treatment, infection prevention and control, and continuity of essential services. We worked very closely with our partners in scaling up proven strategies and innovative solutions by creating public sector ownership as a mechanism of program sustainability.

This report will provide you with a firsthand experience of the accomplishments made during the past year, accompanied by individual success stories in the different thematic program areas.

I hope you will enjoy reading this report and get a better insight on the overall work done in partnership with several stakeholders. The technical support from consortium partners and home offices, the synergy from several stakeholders, and the outstanding leadership from the public sector at all levels were very instrumental in achieving the goals we set out during the year. Our staff are always our greatest asset, and through their unwavering commitment and innovative ideas have led us to deliver better, despite an unprecedented and uncertain time for all of us. I am so grateful for the people and government of the United States of America for their generous financial and technical support through USAID. 2020 has highlighted the fundamental importance of solidarity and cooperation at all levels.

Our fifth year will focus on consolidating the gains made in the past four years with a smooth transfer of major technical support responsibilities to the public sector and strategizing the direction for the remaining period with major focus on documenting and disseminating lessons learned from the Activity’s implementations. We will continue to call for solidarity, as too many of our fellow citizens, especially at the rural level are still left to fend for themselves in these very difficult and uncertain times.

We have witnessed what we can achieve when we answer the call and rise to the challenge to deliver desperately needed health care services. Let’s continue to strengthen our solidarity and direct our time and resources to transform health care services so that no child, no mother, no person young or old will be left behind and precluded from receiving the most basic healthcare services. March forward with us to transform health care services in Ethiopia and beyond.

Mengistu Asnake Kibret (MD, MPH)
Chief of Party

A photograph of a man with a beard, wearing a brown suit jacket, a white shirt, and a patterned tie. He is sitting in a black leather office chair at a desk. In front of him is a computer monitor and a telephone. The background is a plain, light-colored wall. The photo is framed by a teal-colored circular border.

Message from the Deputy Chief of Party

Although our fourth year has been fraught with challenges, mainly due to the COVID-19 pandemic, we have worked hard to stay on top of impediments to our efforts so that the Activity's accomplishments continue. Some of the steps we have taken include rearranging the working environment for staff to ensure safety and integrating COVID-19 responses into programs.

The Activity focused on ensuring that essential services were not interrupted through selecting facilities for intensive support with emphasis on those that showed significant decline in service utilization. National level guidelines were rolled out to facilities and much of our pandemic response activities involved continuously applying COVID-19 prevention pillars: communications, infection prevention, and case management in our woredas which helped us mitigate the negative impact of the pandemic on health service performances.

The midterm evaluation of our Activity conducted by the USAID Transform: MELA Activity was used to apply revision of strategies where necessary and scale up performance indicators that are having a positive impact and showing changes on health outcomes.

Our strong partnership with the public sector also continued in the reporting period, as national and regional level engagements to support the Ministry of Health and health sector transformation plan based on the Activity's field level experience informed strategies and policies being developed for the coming years.

In addition to many of the activities outlined in this report, our third and last round of grant support, focusing on increasing service utilization, improved channels of communications, and improving the reform/quality of primary hospitals identified with shortcomings was rolled out and it has been a particular success for the Activity that many of the initiatives introduced are now being financed and being directly implemented the public sector.

It is my hope that we will continue to register effective results in the coming year despite the challenges faced as the next phase for the Activity will be consolidation of engagements and sustaining the initiated interventions; ensuring zones and regions take on ownership to scale up and sustain achievements with the improved commitment and skill building that has been brought about through the Activity.

I want to take this opportunity to thank our donor USAID and the Activity's staff for their continued dedication and hard work especially during these challenge ridden times as well as our home office and partnering organizations who have supported us to make the required adjustments and have allowed the work to continue to contribute to the improved health outcomes for all Ethiopians.

Binyam Fekadu (MPH, PHD)
Deputy Chief of Party

BACKGROUND

Who We Are

Although Ethiopia has reduced its maternal and under-5 mortality rates over the past two decades, much more needs to be done to ensure that inequities in access to healthcare are addressed and essential services reach all segments of the population. USAID Transform: Primary Health Care is a five-year (2017-2021) Activity that is partnering with the government of Ethiopia to prevent child and maternal deaths by strengthening the country's health system through enhancing the capacity of regional health bureaus to more effectively manage the way primary health care services are managed at the woreda level, in primary hospitals, health centers, and health posts. Though the Activity was initially planned to be finalized by end of 2021, a no-cost extension for a nine-month period (until September 2022) has been instituted for the smooth transition of the achievements gained for the public sector. 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.

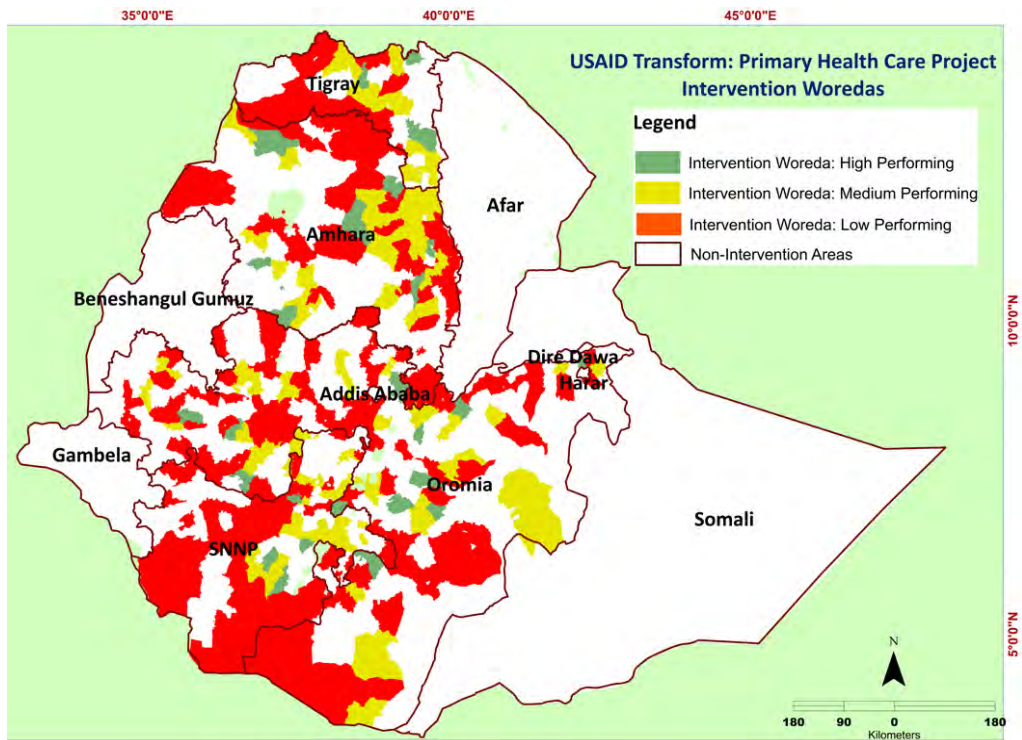
Our Thematic Focus

- Family planning and reproductive health
- Maternal and newborn health
- Obstetric fistula
- Child health and development
- Adolescent and youth health and development
- Nutrition
- Gender
- Quality improvement and assurance
- Health systems strengthening
- Health care financing
- Social and behavioral change communication
- Program learning (collaborating, learning and adapting; knowledge management; and research)

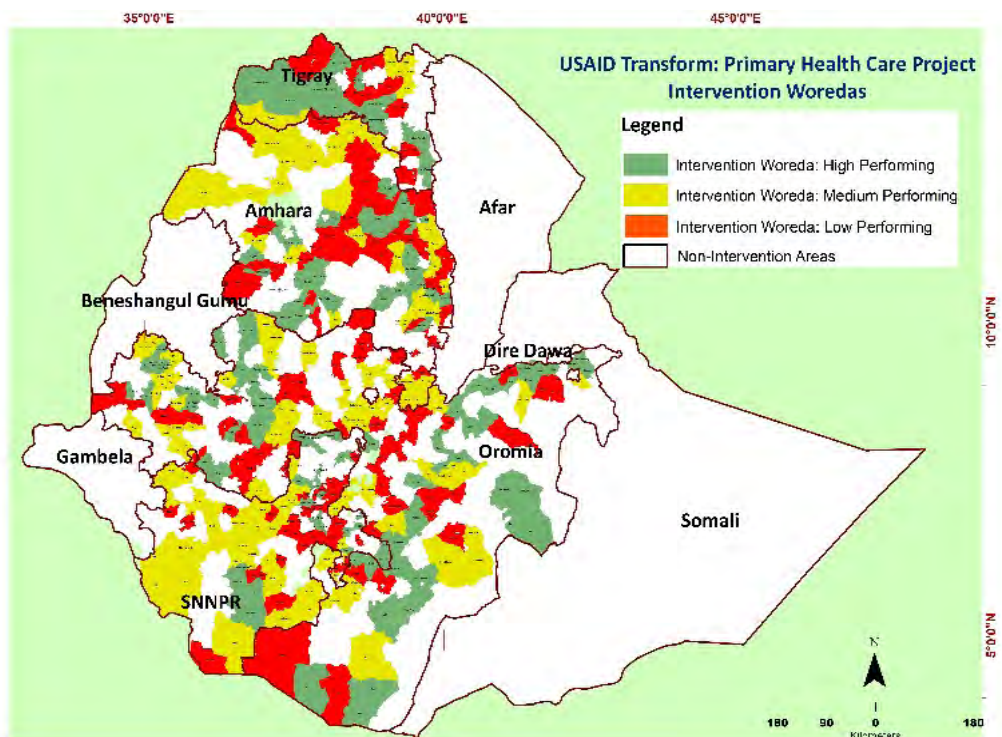
Our Geographic Reach

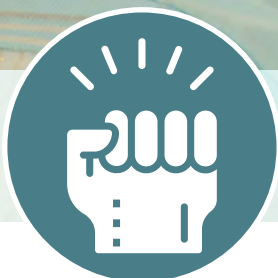
The Activity initially operated in 300 woredas (districts) within Tigray, Amhara, Oromia, and Southern Nations, Nationalities and Peoples (SNNP) regions. Through expansion and due to changes in administrative boundaries and split of some woredas and regions, the intervention woredas and regions increased to 396 and regions to five with the inclusion of Sidama. The current population coverage is about 54.6 million. As portrayed in the following maps (year I and year IV), impressive improvements have been registered in terms of transitioning the low performing woredas to medium and high performing ones.

**Year I
(2017)**



**Year IV
(2020)**





Autonomy for Women in Making Informed Decisions on Their Family Size

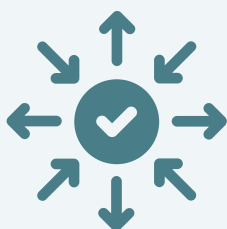
To strengthen the gains attained thus far and to ensure sustainability, in year IV, USAID Transform: Primary Health Care supported subgrant activities by providing technical assistance to enhance the skills of health service providers on planning and implementation, provided supportive supervision

to ensure the quality standards are met during the provision of family planning (FP) and Reproductive Health (RH) services, maintained the supply chain of essential commodities and supplies, and ensured the availability of training materials.

Inputs and outputs

The following capacity enhancement activities carried out through subgrants were supported:

- Basic training and orientation on Implanon insertion: 33 sessions conducted, 36 primary health care units (PHCUs) and 697 facilities reached, and 821 health extension workers (HEWs) trained.
- Comprehensive FP training for level-IV HEWs: 1 session conducted, 1 PHCU and 15 facilities reached, and 15 HEWs trained.
- Comprehensive long acting reversible contraceptive (LARC) training for health workers (HWs): 10 sessions conducted, 10 PHCUs and 175 facilities reached, and 195 HWs trained.
- Postpartum FP (PPFP) for HWs: 3 sessions conducted, 2 PHCUs and 61 facilities reached, and 68 HWs trained.
- Planning and ownership orientation on FP/RH: 6 sessions conducted, 6 PHCUs, 6 woreda health offices (WorHOs) and 35 facilities reached, and 142 HWs trained.
- Back-up LARC service support from health centers (HCs) to health posts (HPs): 2,911 sessions conducted, 710 PHCUs took part, 3,550 HPs reached, and 51,344 clients serviced.





Outcomes

The proportion of services in HCs and HPs increased from the first quarter to the fourth quarter of the fiscal year as per the findings of follow-up visits:

- Availability of all expected FP methods increased at HCs, from **66% to 68%**; and at HPs, from **41% to 43%**.
- LARC removal services at HCs increased for intrauterine contraceptive device (IUCD) from **79% to 81%**, and Implanon from **93% to 95%**.
- FP service integration at clinics providing anti-retroviral therapy (ART), youth friendly services (YFS) and expanded program on immunization (EPI) increased from **43% to 48%**.
- Back-up LARC support from HCs to HPs increased from **26% to 28%**.



Impact

- About **1.7 million** unintended pregnancies averted.
- Over **16,000** maternal deaths prevented.

In the reporting period, a mid-term review was conducted by USAID Transform: Monitoring, Evaluation, Learning and Adapting (MELA), to assess the progress of the Activity and its impact on health outcomes. According to the evaluation, the contraceptive acceptance rate among women

of reproductive age has increased over time in the intervention areas and particular improvements were observed from the baseline to the mid-term periods in terms of the modern contraceptive prevalence rate (MCPR), LARC and PPF. **(Figure 1)**

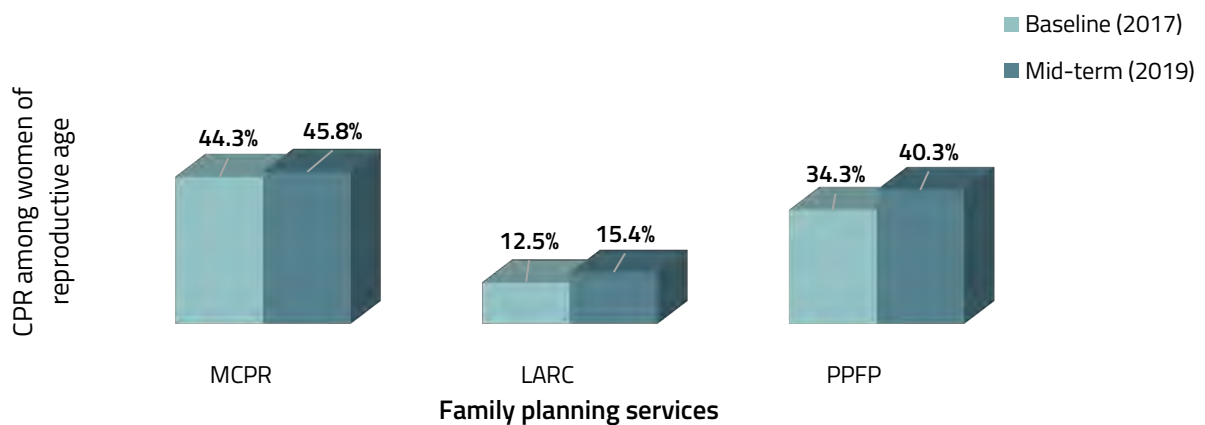


Figure 1: Changes in CPR among women of reproductive age from baseline to mid-term for MCPR, LARC and PPF



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MINISTRY OF HEALTH-ETHIOPIA

FP/RH Related Initiatives and Contributions at the National Level



Over the past four years, the Activity has introduced several FP/RH related initiatives that have influenced national policy and strategy including:

- FP quality standards incorporated into the national plan based on the lessons learned from implementation at various levels of health facilities and communities.
- RH strategy development supported by providing input on FP.
- 'Health Extension Road Map' development supported by providing input on FP.
- Integration of the traditional mobile FP outreach services into the public health program supported.
- Conducted an assessment on supply-chain of FP related commodities and supplies and provided insights for the government on tackling shortages at health facilities and communities.



Availability of all expected FP methods increased at HCs, from **66% to 68%**; and at HPs, from **41% to 43%**



'Planning Exercise' Produces Contextualized Solutions

Photo: Nurse Almaz providing Implanon services to Zigba, Tigray

“ Believing in the local myths, many partners would discourage their wives from using family planning. ”

Almaz Ashebir
Nurse at Dansha health center, Tigray



Zigba Solomon who has been married for three years is among many modern women who want to have a say in expanding their family. Currently, Zigba and her partner have no children and she says she would like to wait until they are economically stable in order to be able to provide the quality of life that their future child deserves. She is a regular client at the Dansha health center which has nine midwives working at the facility.

One of them - Nurse Almaz Ashebir - treats Zigba and the many other women who attend her facility among the 31,289 catchment population. Located in the Tsegede woreda, roughly 100 kilometers from the bustling town of Humera in west Tigray, the health center attends to a large number of commercial workers and women who would like to space or limit children.

The USAID Transform: Primary Health Care Activity implements various initiatives that reduce maternal, infant and childhood deaths and improve their health. One of the ways in which it does this is through introduction of innovative service delivery approaches that use evidence-based planning and resource mobilization, ultimately impacting the effective and efficient delivery of reproductive, maternal, newborn and child health services. As part of its work to ensure the public's access to quality family planning services, the Activity facilitates a training centered on a 'planning exercise' on family planning and reproductive health services for service providers at the woreda health offices, primary hospitals and health centers. The exercise is designed to enable service providers to summarize data, quantify and identify type of supplies and commodities required for family planning services, and prepare annual supply requests.

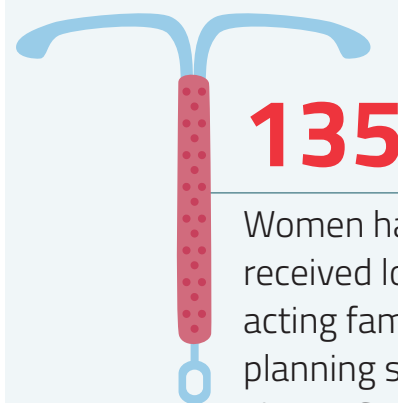
Further to this, the Activity capacitates woreda and zone health offices to provide family planning trainings on their own, by supporting the public sector in establishing a 'trainers' pool' at the woreda and zonal levels that include trainings on long-acting reversible contraceptives and post-partum family planning; providing training material packages for these trainings. The 'planning exercise' also helps to introduce service packages (integration, peer-to-peer training and long-acting family planning, backup services) and widens service coverage.

As part of the trainings given to Tsegede woreda, Nurse Almaz participated in a 12-day theoretical and practical training in Shire in August 2018. She says the training was a starting point for many service improvements in the health center, in particular with regards to post-partum family planning, *"Women would just give birth and leave despite needing the services, due to lack of awareness on our part and on theirs, as counseling was almost nonexistent."*

Since the training, 135 women have received long-acting family planning services. Although the health center did not quantify the family planning service rates prior to the training, Nurse Almaz is certain it was significantly lower saying, *"The training really helped us target new mothers as we*

would provide counseling so they have an option of selecting a [family planning] method within 48 hours of giving birth while they are here in our facility."

Of particular significance to the turnaround in service uptake has been the peer-to-peer skill transfer that Nurse Almaz was taught and applied following the training. Having shared her new skills with her colleagues, all the midwives at the health center can now provide the services as well as mentor the health extension workers employed at the five health posts under the facility on Intrauterine contraceptive device application. *"If I am absent or away for training, our clients can still get the services here. This has been a huge relief,"* explains Nurse Almaz. Through intensive counseling, the center is managing to debunk many of the myths surrounding family planning use - something that used to stall efforts in the past - which includes the belief that these methods cause mental illness and other health complications. To address male engagement as emphasized by the findings of the planning exercise, counseling is inclusive of husbands and partners targeting them from antenatal all the way to the post-partum stages. *"Believing in the local myths, many partners would discourage their wives from using family planning,"* recalls Nurse Almaz. *"Fathers were therefore included in the counseling services and were encouraged to space the birth of their children where possible,"* she says.



135

Women have received long-acting family planning services since USAID Transform: Primary Health Care provided training.



Keeping Pregnancies Safe and Successful for Both Mothers and Babies

Building on the efforts of previous years, in this fiscal year, a number of maternal health related activities were executed to ensure the continuity and sustainability of initiatives. Several capacity enhancement activities were carried out through the Activity and through subgrants. On-site support was provided during the follow up visits. To strengthen the early identification of pregnant women from the community and to strengthen the

pregnant women's conference (PWC), orientation meetings and technical support were provided. Support of catchment-based clinical mentorship (CBCM) has also continued. Technical and material support were provided to maternity waiting homes. Maintenance of medical equipment by the Activity has continued and job aids were distributed to health facilities.



Capacity Enhancement Trainings

Through the Activity, the Following Capacity Enhancement Trainings were Offered to HWs and HEWs:

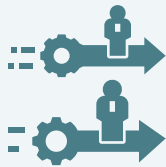


- Clinical mentoring – (154 trainees).
- Maternal and perinatal death surveillance and response (MPDSR) – (53 trainees).
- Use of uterine balloon tamponade (UBT) - (20 trainees).
- Helping mothers survive/helping babies breathe (HMS/HBB) – (69 trainees).
- Task-shifting limited obstetric ultrasound – (17 trainees).



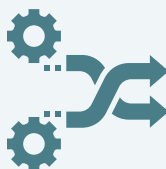
The Following Trainings and Orientations were Provided Using Subgrants:

- Clinical mentors' training of trainers (TOT) – (25 trainees).
- Basic clinical mentoring - (118 trainees).
- Use of UBT training to avoid postpartum hemorrhage – (11 trainees).
- Basic emergency obstetric and newborn care (BEmONC) - (16 HWs and 70 health managers).
- Respectful maternity care (RMC) - (624 trainees).
- Compassionate, respectful and caring (CRC) health service provision - (519 trainees).
- MPDSR - (334 trainees).
- Maternal and neonatal health (MNH)/BEmONC and FP/RH integrated supervision skills - (339 trainees).



The Following Post-Training Follow-Up/Orientation Activities were Carried Out:

- Phone follow-up on HMS/HBB – (41 health facilities reached).
- In person-supportive supervision visits on HMS/HBB – (38 health facilities reached).
- On-site mentoring conducted on limited obstetric V-scan ultrasound – (17 trained providers were reached, and their HCs were certified).
- During follow up visits, orientation was conducted on early pregnant women mapping, PWC guide, referral linkage, and male engagement – (676 HWs and HEWs took part).
- Sensitization workshop on skilled birth attendance and early antenatal care (ANC) initiation – (221 individuals attended).



Observed Changes After Interventions

In the reporting fiscal year, the following changes were observed between the first and fourth quarters:

- Proportion of HCs providing all BEmONC signal functions increased from 69% to 81%.
- Proportion of HCs providing women friendly services increased from 84% to 93%.
- Proportion of HCs with all the laboratory investigations for ANC increased from 56% to 69%.
- Proportion of HCs with all essential obstetric drugs increased from 68.1% to 83%.
- Proportion of HCs where partographs were correctly used increased from 72.8% to 74%.
- Proportion of PHLs providing BEmONC signal functions increased from 96% to 100%.
- Proportion of PHLs where partographs were correctly used and provided deliveries increased from 80.5% to 93.3%.
- Proportion of PHLs where uterotonic drugs were given during deliveries, at the 3rd stage of labor or immediately after birth increased from 84.8% to 96.7%.
- The proportion of WorHO management team members that received BEmONC orientations increased from 46% to 62%.



Strengthening Early Identification of Pregnant Women and Pregnant Women's Conferences (PWCs)

To strengthen the early identification of pregnant women and pregnant women's conferences, the following activities were carried out:



- Training of midwives was conducted to strengthen the quality of ANC and skilled delivery – (119 midwives took part).
- 81 sessions of PWCs were carried out at HCs and HPs.
- PWCs were conducted in 17 HPs through subgrants.
- FP back-up support service was integrated into PWCs at 67 HPs – (184 women took part).
- Technical assistance was provided to 346 HCs and 545 HPs on early identification of pregnant women and PWCs.
- Seven WorHO staff were oriented on monitoring and analysis of ANC data to improve early identification and enrollment into ANC.



The major changes observed from 1st to 4th quarter in the fiscal year were:

- Proportion of HPs that identify pregnant women early increased from 76% to 78%.
- Proportion of HPs that have established a functional referral system with HCs for ANC services increased from 60% to 65%.
- Proportion of HPs that provide postnatal care (PNC) services as per the standard increased from 58% to 63%.



Catchment-Based Clinical Mentoring (CBCM)

The activities carried out include:



- 47 mentees from 25 HCs completed a six-month long course of CBCM and graduated.
- One session of review meeting on CBCM was conducted along with follow up visits.
- Using a subgrant budget, a total of 617 mentees at 233 HCs were mentored and a review meeting was also conducted.

The following major improvements were observed in the fiscal year:



- Improved availability of essential drugs in delivery rooms.
- Enhanced skills of midwives on signal functions.
- Proper case management and timely referral.
- Improved referral and feedback system between HPs, HCs, and PHLs.
- Consistent and correct use of partographs, safe childbirth checklists (SCCs) and family recognition cards.
- Improvements in women friendly care services.

Strengthening Maternity Waiting Homes (MWHs)

Major interventions undertaken, and outcomes observed include:



67

HCs equipped with the necessary MWH materials.

305

HCs received technical support.



National MWH registration logbooks were printed and distributed to **1,400 HCs**.



26,034

pregnant mothers were admitted to MWHs in the fiscal year, out of which 87% (22,651) gave birth within the same HF, and 13% (3383) were either referred to higher level HFs or are still at the MWHs at the time of this report.



14,455

postpartum mothers received early postnatal care (PNC) in MWHs.



91

MWHs were supported with different essential materials using subgrants.



Medical Equipment Maintenance and Distribution of Job-Aids

In the reporting fiscal year, various job aids were distributed to HFs for the following services:



- Tranexamic acid administration, postpartum hemorrhage (PPH), low birth weight (LBW).
- ANC, skilled delivery (SD), PNC, PWC facilitation guide.
- Prevention of mother-to-child transmission monitoring charts.
- Family health guide (FHG) and maternal and newborn danger sign posters.

The following medical equipment were maintained during mentoring sessions:



- Oxygen concentrators (31), refrigerators (22), infant radiant warmers (13), Infant incubators (13), room heaters (6), autoclaves (6), anesthesia machines (4), suction machines (11), centrifuge machines (4), BP apparatus (2), microscope (1), ultrasound machine (1), patient monitors (2), infusion pumps (3), stabilizers (3), operation room (OR) tables (2), weight scales (2).



Strengthening Newborn Corners (NBCs)

To enable HCs provide essential newborn care (ENC), established NBCs were strengthened in 760 HCs through the following major technical assistance activities:



- Orientation on supply management of timely requests to the ENC supplies and drugs authorities.
- Guidance to prepare appropriate tables for newborn resuscitations.
- Orientation on data management related to ENC.
- Orientation on components of ENC plus newborn resuscitation.

The major changes observed between the 1st and 4th quarter of the fiscal year include:



- Proportion of newborns with neonatal sepsis that received preferential treatment at HPs increased from 48.8% to 67.1%.
- Proportion of HCs with NBCs increased from 64% to 77%.
- Proportion of deliveries at HCs that received newborn care increased from 75.4% to 82.5%.
- Proportion of deliveries at PHLs that received newborn care increased from 88.3% to 96.7%.



Strengthening Neonatal Intensive Care Units (NICUs)

To strengthen the NICUs and their respective kangaroo mother care units (KMCs), the following activities were executed in the reporting fiscal year:



- 34 clinical nurses and 21 general practitioner physicians trained.
- Post-training equipment such as resuscitation kits containing Ambu bags with different size face masks, bulb suction, and oxygen tubes were provided to 11 PHLs by Jimma University's medical center.
- Technical assistance was provided to 78 NICUs.

As a result of strengthening the NICUs changes observed include:



- 15,992 sick newborns admitted to NICUs in the Activity supported PHLs.
- Of the above total admitted sick newborns, 76.8% (12,282) were discharged showing improvement after treatment, and 11.8% (1,885) were referred to the next level care.

The mid-term evaluation showed improvements in key MNH services in the intervention areas between the baseline (2017) and the mid-term (2019) period of Activity interventions. Early initiation of ANC, skilled birth attendance (SBA),

PNC within two days of giving birth have all increased. Similarly, newborn care, newborns receiving essential newborn care, and early initiation of breastfeeding (BF) have also shown increments. **(Figure 2)**

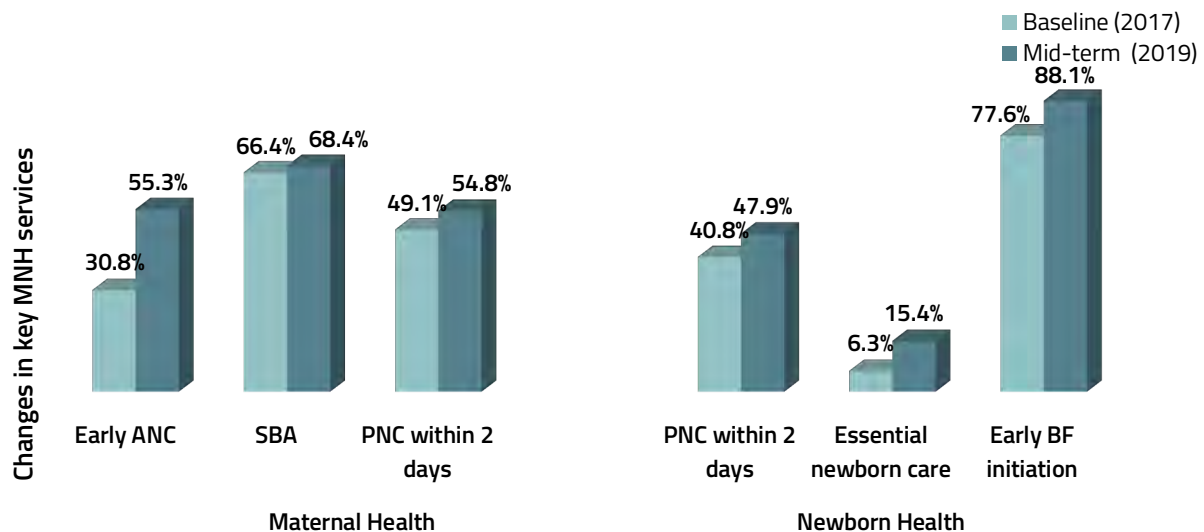


Figure 2: Changes in key MNH services from baseline (2017) to mid-term (2019)



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MNH Related Initiatives and Contributions at the National Level

In the past four years of Activity implementation, various MNH related initiatives were introduced into the health system, some of which have been included into national policy:

- 'Limited obstetric ultrasound' introduced into selected HCs as a pilot test by the Activity, was incorporated in the HSTP-II to be scaled up.
- MWH registration logbooks in Afaan Oromo, Amharic, and Tigrigna languages were prepared in collaboration with the MoH and were printed and distributed to MWHs.
- In collaboration with the MoH, the Activity developed a national protocol for administration of tranexamic acid (TXA) for treatment of PPH, which was approved by the MoH, and 5,000 copies were printed and distributed.
- Technical input in the maternal health area towards the development of SRH strategy (2021-2025) was provided.
- The Activity's MNH team worked with the MoH on the development of national ANC guidelines, and a 'national obstetrics management protocol of hospitals 2010 edition'.
- The following assessments were conducted by the Activity to provide recommendations to the MoH:
 - 'Readiness of primary hospitals to provide neonatal intensive care services in Ethiopia'
 - 'Factors associated with defaulting from ANC services in Ethiopia: A qualitative study'
 - 'Readiness of health facilities to provide basic ANC laboratory tests and client satisfaction on the service'
- The Activity's MNH team has been working as a member of the national RMNCAH-N research advisory council (RAC) with a focus on maternal health.



Safeguarding Women through Maternal Waiting Homes

Photo: One of two maternal waiting homes at Kako health center, SNNPR

“
The support was tremendous.
In addition to the trainings, we
received technical support to
facilitate pregnant women’s
conferences.”

Yeshambel Abebe
Director of Kako health center, SNNPR



Losing a child is one of the most challenging traumas for a parent. Misirach Ambi, 36, gave birth to her first six children at home. Her sixth child unfortunately died due to lack of medical assistance at birth, “*I was so stressed and worried when I had them,*” she says. Currently pregnant with her seventh child, Misirach says she’s not taking any chances with this birth. “*After my last baby died, the health extension workers told me I should have delivered in a facility, so with this pregnancy, I made sure I got antenatal care for the whole nine months, coming to the center whenever I had concerns. When I reached my ninth month of pregnancy, I came to stay*

here and will have my baby and stay here until it is safe to go home.”

Although maternal mortality has been steadily declining in Ethiopia since 2005, there is still an urgent need to improve access to and utilization of evidence based, high-impact maternal services, such as skilled attendants during birth and emergency obstetric care. The Ethiopian government works to implement cost-effective and high impact interventions to curb the major causes of maternal deaths. One of the ways it does this is by equipping primary health care units, focusing on health centers, with maternal waiting

homes for rural mothers who are about to deliver and those who need access to healthcare at the post-delivery phase. Staying in these homes enables women to get the help they need at these crucial times and ultimately saves lives. Working to support the government's efforts, USAID Transform: Primary Health Care strengthens existing structures and investments such as maternity waiting homes by enhancing capacity, through material provision and engagement in promotional and awareness creation activities.

Kako health center, in Benasemay woreda of the SNNP region, where Misirach is preparing to have her seventh child was supported by the Activity to improve its maternity waiting home through an initial training in 2018 which involved all staff at the facility. *"The support was tremendous. In addition to the trainings, we received technical support to facilitate pregnant women's conferences, capacity enhancement for our staff such as basic emergency obstetric and newborn care training for midwives, support in community sensitization and strengthening of our maternal waiting home,"* says Yeshambel Abebe, the health center's director.

Shortage of mattresses was a major challenge for the center. With a catchment population of 20,624 people, the twenty beds it owned was not enough for the expectant mothers who wanted to stay there before and after delivery. To overcome this, the health center refurbished an additional room for which the Activity provided

additional mattresses. Food items and support in complimentary feeding demonstrations were additional areas in which the Activity contributed.

Health extension workers were also trained to create awareness and identify potential residents of the maternity waiting home which they pass on to health development army members, a group of influential and exemplary women, handpicked from within the community. Emnet Orgi, a member, says, *"As soon as a woman in our community tells us she is expecting, we link her with a health post so she can have their first antenatal visit. At nine months, the health posts ensure the woman is referred to [Kako health center] and if a woman refuses, we personally visit her home and try to convince her to come here."*

Sixteen women development army members in total work together to generate income for food items like grains and refreshments which makes the women feel at home while staying at the health center as well as for transportation. What is left over is handed over to the health center for use in improving its infrastructure.

As a result, Kako health center achieved 121 percent of its planned rate of skilled delivery, whereby 830 women have delivered at the facility in the last fiscal year - far exceeding the planned 713 births, an indication that word is spreading to the mainly nomadic population well beyond the health centers catchment area.



A New Lease of Life for Suffering Women

The Activity, in partnership with Hamlin Fistula Ethiopia (HFE) and key partners like Healing Hands of Joy, continued supporting the MoH in its efforts of 'Eliminating obstetric fistula (OF) in Ethiopia' through prevention and treatment of fistula cases as part of the continuum of care. Thus, in

the fourth fiscal year, clinical skill-based trainings were provided for health workers to enhance the identification, diagnosis and referral of cases from the lower to higher health facilities, and several survivors of fistula and pelvic organ prolapse (POP) cases were supported by the Activity.

Providing Clinical Skill Training for Mid-Level Providers



20

mid-level health workers were trained.



18

health facilities were capacitated.

Supporting Survivors of Fistula and POP (Continuum of Care)



400

suspected OF cases identified.

370

OF cases confirmed.

352

OF cases referred.

309

OF cases treated.

111

OF cases rehabilitated.

311

POP cases identified.

311

POP cases diagnosed.

272

POP cases referred.

236

POP cases treated.





Essential Health Care for all Children to Harvest Healthy Development

With regards to child health and development (CHD), integrated management of newborn and childhood illnesses (IMNCI) at health centers and integrated community-based management of newborn and child illnesses (ICMNCI) at health posts were the key areas continued to be supported by the Activity. In addition, service

provision on early childhood development (ECD) counselling was strengthened. Thus, in the fourth fiscal year, capacity enhancement and supportive supervision activities were carried out in the areas of IMNCI, ICMNCI and ECD.

Capacity Enhancement and Supportive Supervision Visits Conducted on CHD



- IMNCI training for 919 HWs.
- ICMNCI training for 169 HWs and HEWs.
- ICMNCI refresher training for 81 HWs and HEWs.
- ECD counselling on-site training for 164 HWs and HEWs.
- 1,730 HCs and 3,059 HPs providing IMNCI and ICMNCI services were supported through integrated supportive supervisions.
- Post ECD counselling training integrated follow up for 530 HCs and 840 HPs.
- 37 sessions of performance review meetings with 1,019 HWs and HEWs.

Over the course of the fiscal year, proportion of HCs providing IMNCI and proportion of HPs providing ICMNCI services by trained providers demonstrated improvements and the skills of

HWs and HEWs in correctly classifying cases and correctly treating them also showed improvements between the 1st and the 4th quarters (**Figure 3**).

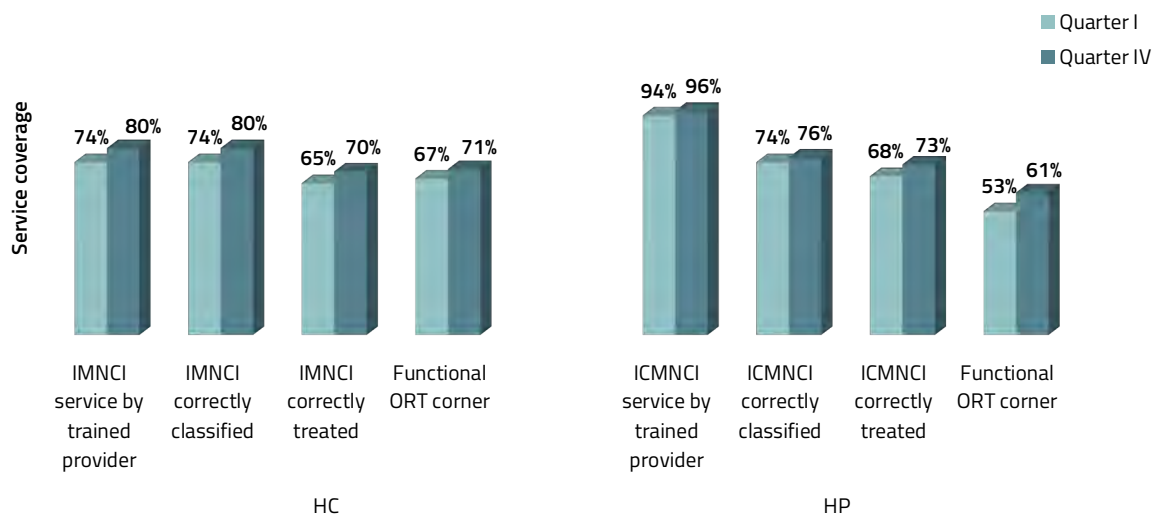


Figure 3: Changes in coverage of CHD services at HCs and HPs between the 1st and 4th quarters of the fiscal year (results from follow up visits)

The mid-term evaluation demonstrated that improvements were observed in the following services between the baseline and mid-term periods: children with symptoms of acute respiratory infection (ARI) who were treated with antibiotics, diarrhea treatment with oral

rehydration solution (ORS) and zinc, children under five who slept under insecticide treated nets (ITNs), and children who received deworming in the last six months at the time of data collection (**Figure 4**).

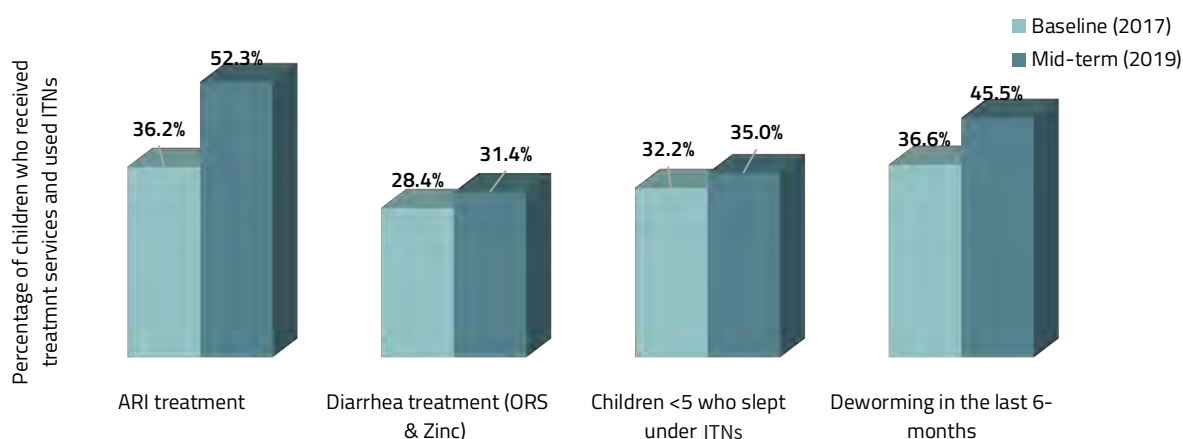


Figure 4: Proportion of children who got sick and received treatment, slept under ITNs, and got deworming tablets during the baseline (2017) and mid-term (2019) periods.



Improving the Health Prospects of Pastoralist Children

Photo: Behailua counseling a client

“

We used to see a lot of malnourished and ill children. Now we see less and less.”

Behailua Negash,
Health extension worker at Seabelle health post.



In Ethiopia, most childhood illnesses and deaths are preventable and stem from poverty, lack of access to healthcare and other disadvantages. Almost half of children under the age of five in low- and middle-income countries are at higher risk of not reaching their full potential for development.

To improve child survival rates, the Government of Ethiopia implements high-impact child survival interventions such as integrated management of childhood illness (IMNCI), integrated community case management (ICCM), community based newborn care (CBNC) and use of chlorhexidine and corticosteroids for preterm labor at the hospitals - to name a few.

The USAID Transform: Primary Health Care Activity which endeavors to support the government’s goals, works with primary health care units to create local capacity and ownership while saving time and resources through enhancing the capacity of health workers without interruption of services and at a low cost. It further helps curb high turnover of trained staff as it targets large numbers of trainees within a facility and provides pre-deployment ICCM/CBNC integrated trainings for health extension workers.

Behailua Negash, one of two health extension workers at Seabelle health post who undertook the trainings describes the challenges they had faced before the intervention saying, *“When children were sick, their parents wouldn’t bring them to our facility. They used a traditional medicine culture that they call ‘moro’ and we would only see the severest of cases.”*

The health post located 62 kilometers from the market town of Turmi, serves a total of 2,357 pastoralist community members, mainly consisting of the renowned Hamar tribe.

Following the trainings, Behailua and fellow health extension worker Tamenech worked on awareness creation; often going home-to-home to explain the necessity of healthcare. *“We sensitized the community to seek healthcare and ensure sick children are brought to our facility. We used to see a lot of malnourished and ill children. Now we see less and less;”* says Behailua.

The success of the intervention lies in the collaboration of all relevant stakeholders from kebele administration staff who were also trained and set mutual goals with the health extension

workers to the health development army members which target five mothers each to ensure the messages were relayed to everyone. *“There is no way we could have seen such a fast-paced change otherwise;”* says Behailua. *“Kebele leaders use the whole system including school pupils who would get the [health] messages back to their families.”*

In addition, the health development army members carry out periodic community-based surveillance to monitor childhood illness and report them back to the health post. This ensures that families who are reluctant to seek health care are given due attention. The Activity also assisted the health post to track these illnesses and affected populations by providing an updated ICCM/CBNC monitoring chart which the health extension workers use to log the reported cases. Standardized referral forms were also provided which has strengthened the health post’s referral linkage. *“Most of our job consisted of treating malaria. Now we treat a wide range of illnesses;”* explains Behailua.

“
When children were sick,
their parents wouldn’t
bring them to our facility.
They used a traditional
medicine culture that
they call ‘moro’ and
**we would only see
the severest of cases.**

”



Protecting Children from Illnesses Through Immunization

Expanded program on immunization (EPI) was another focus area by the Activity in the fiscal year in which multiple capacity enhancement activities were carried out that include cold-chain and

medical equipment maintenance, the 'reaching every district/child (RED/REC)' strategy to improve the EPI services, and technical and logistic support at national and sub-national levels.



Capacity Enhancement Trainings on EPI

- Immunization in-practice program (IIP) training for 357 HWs.
- Effective vaccination management (EVM) training for 182 HWs.
- Integrated refresher training (IRT) on EPI for 852 HEWs.
- RED/REC training for 114 HWs.
- Community-based surveillance training for 108 HEWs.
- Measles case management training for 107 HWs.
- EPI microplanning training for 78 HWs.

Strengthening the RED/REC Strategy

- Proportions of woredas that used the RED/REC categorization database to monitor EPI increased from 51% to 56.4% during the fiscal year.
- Proportion of HCs that used the RED/REC categorization database to monitor EPI increased from 32% to 39% during the fiscal year.





Improving Vaccine Supply and Safety

- 533 refrigerators and 283 medical equipment maintained.
- An estimated 1.6 million ETB was saved through maintenance.
- To sustain maintenance work, on site orientation on preventive maintenance and medical equipment handling was provided for 220 HWs.



Supplementary Immunization Activities (SIAs)

- The Activity technically and logistically supported the national measles SIAs in the fiscal year.

Integrated Periodic Outreach Services (IPOS)

IPOS is a regular and periodic intervention, designed to access hard-to-reach areas to improve community access to services.



69,231

children received vaccination services.



15,920

pregnant women received ANC services.



7,192

women received tetanus toxoid (TT) vaccines.



8,808

reproductive aged women received FP services (40 were rereferred for LARC).



38,323

children received vitamin A.



28,225

children were dewormed.



2,326

children were treated for diarrhea.

The mid-term evaluation showed that progresses were made between baseline and mid-term periods regarding children who were fully immunized and had received Penta 3 and measles vaccines (**Figure 5**).

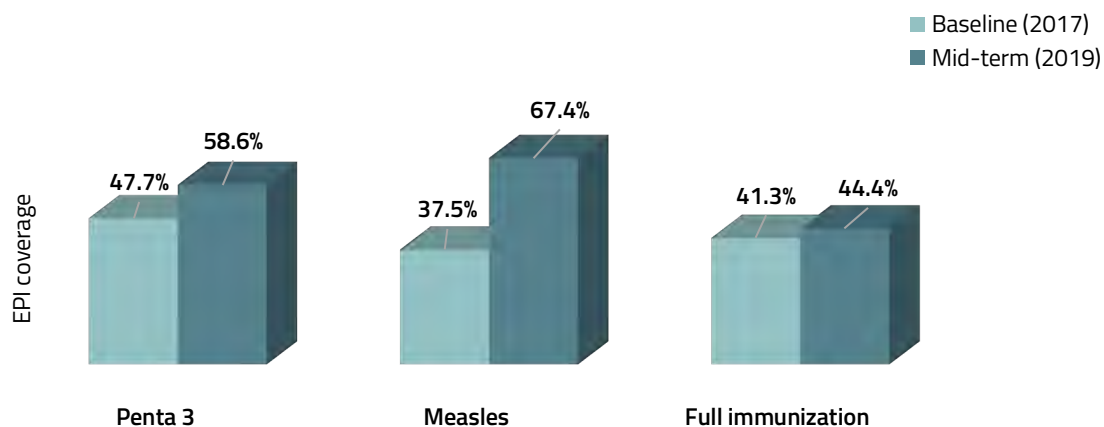


Figure 5: Changes in coverage of Penta 3, measles, and full immunization between the baseline (2017) and mid-term periods (2019)



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CHD and EPI Related Contributions at the National Level

- Supported the revision of IMNCCI guidelines.
- Initiated the revision of ICMNCCI (ICCM/CBNC) guidelines in line with IMNCCI guidelines.
- In collaboration with the MoH, an ECD training guideline for HWs was developed.
- Supported the development of an EPI training guideline for HWs.





Immunization Tracking Tool Ensures No Child is Missed

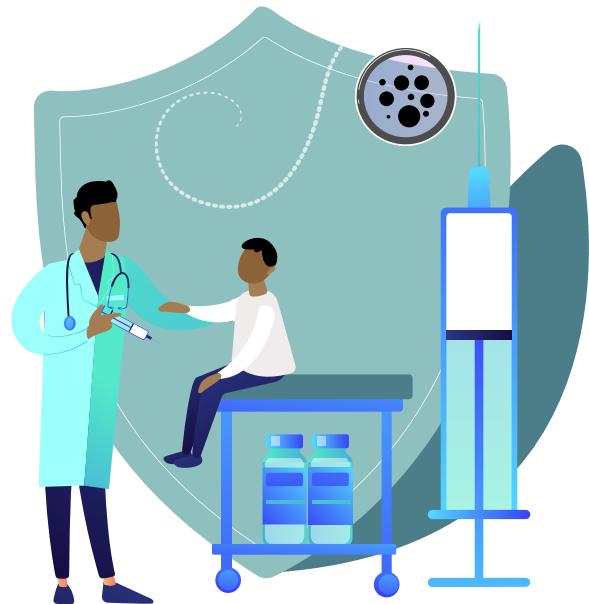
Photo: Behailua counseling a client

“ The [RED/C categorization] tool enables us to easily map out our two health posts’ performances in EPI and prioritize our support to those who are struggling. ”

Tsega Hailu

A health officer at the Adi Awala health center

Immunization is one of the most successful and cost-effective public health interventions ever devised. Vaccines save millions of lives every year from preventable diseases. The expanded program of immunization (EPI) - a worldwide strategy launched in Ethiopia in 1980 - has undoubtedly transformed the fate of many children and families in the country. The subsequent reaching every district/child (RED/C) approach has been implemented in Ethiopia since 2004 in districts that have poor immunization coverage and high dropout rates. The approach allows the health sector to address quality and equity challenges in relation to immunization and target the most vulnerable among communities.



USAID Transform: Primary Health Care has been supporting the public health sector in strengthening the implementation of the RED/C strategy by improving human and institutional capacities, providing integrated periodic outreach services and supporting introduction of new vaccines. In addition, improving vaccine supply chain management, strengthening community-based surveillance, engaging in supplementary immunization activities, improving monitoring and data quality to improve service coverage and quality were the major strategies employed by the Activity to tackle under-five morbidity and mortality from vaccine preventable diseases.

Part of the implementation of the RED strategy involves the introduction of the categorization database; a tool used to collect and analyze core EPI performance indicator data and evaluate performances of woredas and their health facilities. To support this process, the Activity provides orientation to woreda health offices and their respective service outlets to enable them to use the database and provide monthly feedback that can inform performance improvement activities.

RED/C categorization strengthening helps to reduce EPI defaulter rates and improves service utilization. Tahtay Adiabo woreda, which is approximately 85 kilometers from Tigray region's Shire town is one of the targeted sites for the RED/C categorization implementation support. The process began through an orientation and subsequent database tool installation at Tahtay Adiabo woreda health office as well as the facilities it oversees.

Adi Awala health center has been one of the main beneficiaries of the scheme. One of six health centers in Tahtay Adiabo woreda, 8,796 people are covered by the facility, of which 260 are children under-1. The center had a worryingly high average

dropout rate of 10 percent in immunization. As part of the RED/C implementation, in 2018, the health center was provided with an orientation and installation of the RED/C categorization database to ensure no children were falling through the cracks in immunization efforts. Tsega Hailu, a health officer at the facility describes the changes since these activities began saying, *"The [RED/C categorization] tool enables us to easily map out our two health posts' performances in EPI and prioritize our support to those who are struggling."*

Through the Activity's frequent follow up visits and technical support, the health center was able to employ the tool to feed data for analysis regularly. As a result, the dropout rate for measles dropped in just a year from 10 to 4 percent.

Director of the health center Semere Halefom, says using the tool has transformed the EPI services offered and has potentially saved lives. *"Before the intervention, we were exerting a lot of efforts to manually track our service provision, which had a lot of disadvantages including with regards to timely decision making. Through this tool, we have not only improved in terms of EPI but in our general data quality usage as well,"* he says.



The dropout rate for measles dropped in just a year from

10% to 4%.



Targeting the Healthy Development of Adolescents and Youth

The major activities implemented regarding adolescent and youth health development (AYHD) in this fiscal year include: scaling up of youth friendly services (YFS), capacity enhancement of health care providers to provide YFS, expanding and strengthening the 'Her Space' initiative, accessing adolescents and youth with health information for service uptake, and strengthening testing and treatment services for sexually transmitted

infections (STIs) including HIV and linking with anti-retroviral therapy (ART) clinics. Improving the quality of YFS by integrating collaborative change packages, providing support for commodities and supplies and job aids, leveraging resources to complement YFS, and engaging the public sector in AYHD to ensure the sustainability of services and initiatives were additional focus areas.

Scale Up of Youth Friendly Services (YFS)



100

additional health facilities integrated YFS, (increasing the total number to 403).



Of the total YFS integrated in the fiscal year, 80 of them were established through subgrant.



639

health care providers were trained on YFS.



282

peer educators were trained and linked with YFS facilities.

Youth Friendly Health Information and Service Uptake



3,340,858

adolescents and youth were contacted and received counseling and health information.

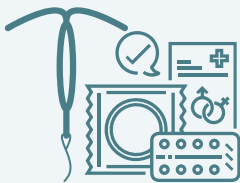


1,411,944

adolescents and youth received various health services.



Peer educators reached thousands of adolescents and youth with COVID-19 pandemic prevention messages.



Uptake of Modern Contraceptives among Adolescents and Youth

- 540,376 adolescents and youth accepted modern contraceptives.
- Implanon - 41,512 clients (83% of LARC clients)
- Jadelle - 4,994 clients (10% of LARC clients)
- IUCD- 2,838 clients (6% of LARC clients)
- PPF (IUCD) - 758 clients (1% of LARC clients)



Services for STIs (Including HIV) and Linking with ART Clinics

- 10,449 adolescents and youth visited YFS facilities for STI tests, treatment/care and follow up.
- 107,602 adolescents and youth were tested for HIV.
- Those whose HIV test results turned positive were linked with ART clinics for treatment/care and follow up.



Integrating Collaborative Change Package for Quality YFS

- Internal collaboration with the Activity's quality assurance and improvement team was made to improve YFS facilities by continuously conducting clinical audits.
- Clinical audits were conducted in 29 YFS facilities.
- Of the 29 YFS facilities, 22 of them were re-assessed and showed improvement.

Supporting the Availability of Commodities/Supplies and Job Aids



54,144

brochures on emergency contraceptive pills, STI/HIV, parent and children's relationship, and prevention of unwanted pregnancies were distributed.



3,000

posters on life skills and characteristics of YFS were distributed.



2,000

'Her Space' manuals were distributed.



4,000

T-shirts and caps for peer educators were distributed.



Leveraging Resources to Complement YFS

- Partnered with the UNFPA to expand YFS facilities.
- Partnered with a women’s health company and acquired 400 ‘O’ cubs for YFS facilities for demonstrations of female condom insertion, 4,533 face masks for peer educators, and the company also supported the review meetings for 483 health care providers and 3,349 peer educators.
- Partnered with DKT Ethiopia and acquired and distributed 10,000 female condoms to YFS facilities.



Ensuring the Sustainability of YFS

- To ensure the sustainability of YFS, the public sector has been involved from the beginning and was continuously provided with technical, and material support (including job aids).

‘Her Space’ Initiative



The ‘Her Space’ initiative is intended to equip young adolescent girls (11 to 14 years age) with knowledge pertaining to physical and emotional changes that occur during puberty and different life skills such as negotiation, identification of risks and vulnerabilities, and problem solving.

- 1,700 adolescent girls (aged 11-14 years) were enrolled into the ‘Her Space’ program.
- From the total enrolled girls in the fiscal year, 540 girls graduated (from SNNP, Tigary and Amhara regions) after attending trainings for a period of 10 months.

Engaging the Public Sector in AYHD



- 254 woreda advisory committees (WACs) were established that bringing multisectoral actors together to oversee the status of adolescents and youth in their respective woredas, and work together to improve the lives of young people in their respective localities.
- The WACs were also strengthened technically to ensure sustainability of all the AYHD activities.



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AYHD Related Contributions at the National Level

- YFS and peer education were integrated into the national strategic plan and most health facilities have owned the initiative.
- The ‘Her Space’ initiative was included in the national MoH annual plan.
- The Activity has been working with the Ministry of Education to include this initiative into the school curriculum: ‘Education for Health and Wellbeing: A life skills Education’.



Targeting Adolescent Nutrition for a Better Tomorrow

Photo: Vegetable garden in Mussibamb health center, Amhara

So far in the Activity's life, school nutrition initiatives have been introduced in 252 schools. A total of 787 students in 133 schools have been trained in 29 learning woredas across all regions.

About one third of the Ethiopian population are young people aged 10-24 years. The health and wellbeing of adolescents and youth in Ethiopia is therefore critical to ensuring the prosperous future of the country. The Ethiopian government has developed a national adolescent and youth health (AYH) strategy (2016-2020); to provide broad strategic directions that promote and prevent disease, as well as protect the health and wellbeing of Ethiopian adolescents and youth.

To support these efforts, USAID Transform: Primary Health Care applies strategies that impact the youth – one of which is working on adolescent nutrition. Adolescent nutrition is one of the most neglected areas even though it is a critical stage in the intergenerational cycle of malnutrition. Because of this, the Activity works to improve the knowledge of adolescents in schools on



important aspects of nutrition, including hygiene and sanitation. As it is well known that students can serve as change agents in their communities, tailored sessions on nutrition are provided in the hopes of improving the health of this important demographic, as well as that of their families.

Mussiebamb health center is located about 40 kilometers away from Gondar town in the Amhara region. It is the only health center in the Tach Armachiho woreda which also oversees five health posts that provide curative and preventive services to their surrounding community. Although many nutrition-related services are available at the facility, they are mainly centered around mothers and children and there was therefore a tangible need to also reach young people with vital life-saving nutritional interventions.

Having identified this shortcoming, USAID Transform: Primary Health Care provided technical support as part of its work in capacitating the health facilities, to design and implement nutrition initiatives for the learning woreda. As a result, adolescent nutrition was introduced to the community. A three-day training for managers and nutrition focal points highlighted the importance of adolescent nutrition and educating women/mothers who frequent the facilities for various services and community gatherings.

In addition to the training, the Activity worked with the health center to develop strategies that address adolescent boys' and girls' nutritional requirements during puberty in relation to their biological development. The interventions emphasized promoting girls' adequate feeding, improving women's health status through proper nutrition, and solving economic and social barriers for girls who are often responsible for producing and preparing food for their households, making their enhanced knowledge of nutrition likely to affect the nutritional status of the entire family.

In particular, pregnant, lactating and new mother adolescents, all of whom require additional food, varied diets, and micronutrient supplements were encouraged to consume two extra meals a day and were counseled to diversify their diets as well as on the importance of micronutrient supplements.

To gain access to young people in the community,

Mussibamb Health Center's head and nutrition focal persons identified contact points in health facilities such as during immunization sessions, in youth friendly service and maternal and child health units, through health development armies (HDAs), and during pregnant women's conferences to share important nutrition related messages. The health center also began cultivating the garden in its own compound located very close to its maternal waiting home to grow nutritious food items including papayas and mangoes, to inspire its clients. All of the facility's staff rotate to care for the garden and use the items grown as ingredients in cooking demonstrations which are carried out for the women in the community to show them what kinds of foods they should be eating and how to prepare them. Further to this, the health center was able to sell the products and earn 2,000 ETB to be used as an additional resource for the initiative.

So far in the Activity's life, school nutrition initiatives have been introduced in 252 schools. A total of 787 students in 133 schools have been trained in 29 learning woredas across all regions. Following the trainings, follow up visits were carried out which revealed that schools have started establishing nutrition clubs, school gardening programs and have also started to use media to disseminate information in relation adolescent nutrition.





Supporting the Public System to Address Nutritional Health

The Activity has continued supporting the public sector through nutrition related trainings, supportive supervisions, taking part in integrated supportive supervisions, supporting the school-

nutrition programs, and producing and distributing the improved height-measuring board to health facilities.



Integrated Management of Acute Malnutrition Training

- Supported in training 73 trainers in SNNP and Amhara regions.
- Through the rollout training, 48 service providers were also trained in Amhara.

Severe Acute Malnutrition (SAM) Management Training



157
service providers
trained.

Adolescent Maternal, Infant and Young Child Nutrition (AMIYCN) Training



246
service providers from
all regions trained.

Catchment-Based Orientation

Catchment-based orientation on outpatient therapeutic-feeding program (OTP) and infant and young child feeding (IYCF) was conducted:



152

service providers in Amhara and SNNP trained.



3,097

health workers trained on inpatient management in 4 HCs of Amhara region.



School Nutrition

- The Activity supported the training of 54 professionals pooled from Education, Agriculture, and Health Sectors in Oromia and Tigray regions.
- The trained professionals were developing action plans before the onset of the COVID-19 pandemic, which curtailed school nutrition activities.



Provision of Improved Height-Measuring Boards

- The Activity supported the distribution of 218 locally produced improved height/length measuring boards in SNNP region.



Integrated and Joint Supportive Supervision

- 32 woredas, 64 HCs, 64 HPs and 320 households were reached with technical support.



Nutrition Focused Supportive Supervision

- Nutrition focused supportive supervision was provided to 48 woredas, 97 HCs, 54 HPs, 4 PHLs, and 4 schools.



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Nutrition Related Contributions at the National Level

Input was provided during technical working groups towards the development of the following documents:

- Emergency nutrition guideline for IYCF.
- Revision of the nutrition section of the HSTP-II.
- Nutrition service guide during the COVID-19 pandemic.
- Family mid-upper arm circumference (MUAC).



Righting Wrongs of Dietary Practices

Photo: Hakima, Misra, baby Zakir and Hassam, Oromia

“ The community understands that children will not be able to reach their full potential mentally and physically without a proper diet. ”

Misra Mohamed
Buna kebele, Oromia

Misra Mohamed, 23 and Hassam Ahmed, 24, have been married for four years and have two children; Hakima, four, and Zakir, who is 6 months old. The young family lives in Buna kebele some 85 kilometers away from Harar – the nearest town.

Buna Kebele which is one of USAID Transform: Primary Health Care Activity’s intervention sites was a target for various interventions, one of which is supporting the government’s initiative to improve the nutritional



status of Ethiopians as part of a central goal of preventing maternal and child deaths using innovative and practical techniques. USAID Transform: Primary Health Care supports major nutrition-specific programs through capacity enhancement, system strengthening and advocacy.

The nutrition that an infant is exposed to during the first 1,000 days of life determines its chances of survival as well as the pace and quality of his or her

development. Introducing the appropriate foods at the right time as well as exclusive breastfeeding for the first six months of a baby's life greatly impacts a child's health and wellbeing. Misra attends complementary feeding demonstrations that are organized at her local health post. The facility's health extension workers use training they received from the USAID Transform: Primary Health Care Activity to conduct cooking demonstrations for women in the community which involves demonstrating what kind of food items should be consumed by families, how they should be prepared, their health benefits and additional education on hygiene and sanitation as well as caring for children with a particular emphasis on exclusive breastfeeding. "Before I attended the demonstrations, like many women in my community, I believed it was a good idea to give cow's milk to baby boys and water to girls as soon as they are born. We had no idea we were causing harm as we thought breastmilk would not be sufficient nutrition for them," remembers Misra.

Through attending the sessions, Misra and the women in her community learnt about the importance of feeding newborns breastmilk, exclusively breastfeeding for the first six months, hygiene practices and diversifying their own and their family's diets to include all essential food groups. "For our children to develop well and be

productive citizens we must feed them a wide range of foods. My family now grows potatoes, tomatoes, carrots, kale, greens, pumpkins and onions and we buy pulses and grains from the market," says Misra. She continues, "In fact, having seen the benefits of this new diet on our family, the only thing we sell now is khat (a locally grown plant), in order to make ends meet. My children are chubby, they don't fall ill as often and play around with so much more energy than before."

An example to her community, the local health extension workers use Misra's house to demonstrate how effective and critical eating well is to the health of a family. The family which own several chickens, goats and a cow also consume the eggs and milk produced by their livestock and sell the remainder to buy additional vegetables, "We used to sell eggs and buy berbere, (chili powder). Now we buy additional vegetables and meat," says Misra.

Alfia Kamil, a level four health extension worker is a witness to the changes brought about in a short time through the complementary feeding demonstrations. "There was a general attitude of: [children] will grow no matter what. However, since the meetings, the community understands that children will not be able to reach their full potential mentally and physically without a proper diet," she says.



Photo: Alfia and Misra discuss diet, Oromia



Supporting Government in Responding to COVID-19 Pandemic

The Activity collaborated with the MoH and has been an active member of a taskforce established at the federal level to contain COVID-19 pandemic and ensure provision of the essential health services at all health facilities. Similarly, task forces have been established in all regions, under the leadership of Regional Health Bureaus (RHBs), in which the Activity has been a member to provide

technical and material support using the 'crisis modifier fund', which was approved by USAID. At all levels, from regions to woredas, the Activity's staff have been involved to support the COVID-19 prevention, control and treatment service, and to ensure all the essential health services in the intervention areas are on offer without any interruption.



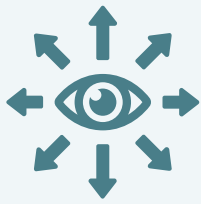
Strengthening Sub-National COVID-19 Response Coordination

- Coordination meeting - 10 national, 155 regional and 43 zonal meetings were attended.
- Support provided to the lower level of health system/structure-381 priority towns and woredas were supported through emergency operation centers (EOCs).
- Material support provided - 302 offices were supported with stationery materials.
- Trainings supported - individuals from 640 offices were trained on response and coordination.



Risk Communication and Community Engagement (RCCE)

- Workplace safety – focal persons were assigned at country office and regional offices levels, and all staff oriented and updated on a regular basis.
- TV and radio spots – 13 spots were produced and aired 211 times reaching an estimated 10 million people.
- Message through audio mounted vehicles – an estimated 18 million people reached in 425 towns and woredas.
- Training on RCCE provided – 636 individuals trained (focal persons, transport associations, religious leaders and others).



Surveillance and Contact Tracing

- Training supported – 2,206 persons trained from 620 woredas and towns.
- Technical support provided – 288 woredas and towns given technical support on surveillance and contact tracing.
- Community-Based Actions and Testing (ComBAT) campaign supported – 83 Activity’s staff and 52 vehicles were part of the campaign.



Case Identification and Treatment

- Training on COVID-19 case management supported – 322 professionals were trained from 34 treatment sites and 105 isolation and quarantine sites.
- Technical support provided – 54 treatment sites, 80 isolation centers and 63 quarantine facilities were given technical supportive supervision and mentorship.



Infection Prevention and Control (IPC) and Essential Health Service Provision

- Training on IPC supported – 598 HWs were trained from 193 health facilities.
- Development of guidelines supported – support was provided to develop guidelines for essential health services-mainly FP, MNH, CHD & EPI, AYHD, Nutrition and others.
- Material support for IPC provided – 70, 251 pcs of soaps, 9612 liters of hand sanitizers, 559 pcs of scrub suits, 2,513 pcs of heavy-duty gloves, 1,171 pcs of aprons, and 1,087 pairs of rubber boots.
- Technical support provided – 820 HCs and hospitals were technically supported on COVID-19 response preparedness.

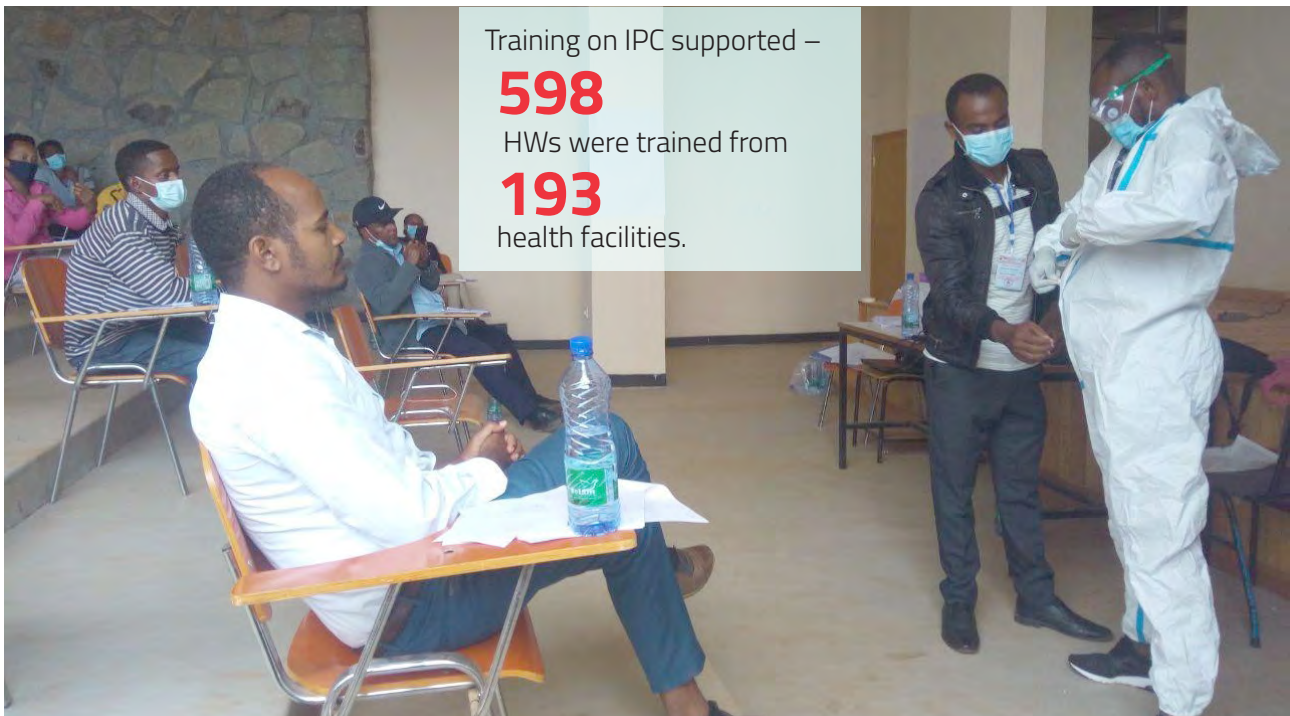
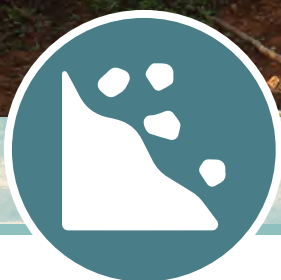


Photo: IPC training, Dilla hospital, SNNPR



Management of Other Pitfalls to Health


In the reporting year, the Activity has continued its support to the government in responding to disease outbreaks such as cholera, measles, malaria and yellow fever using a 'crisis modifier

fund'. In addition, emergencies caused by landslides and internally displaced people (IDP) due to inter-communal conflicts were tackled by the Activity.

Interventions

Since November 2019, the Activity has also contributed around 752,155.45 USD through its crisis-modifier fund; to overcome serious financial shortages in major responses.

The responses which were all led by regional health bureaus were supported by the Activity as follows:




SNNPR - multiple woredas (290,073.45 USD)
Cholera, landslides/IDPs, malaria

Activities

- Community mobilization with messages reaching more than 512,491 people
- Case management training and teams deployed for case management and surveillance
- Sanitary materials (6,000 laundry soaps & 5,853 sanitary soaps) purchased and distributed

RESULTS: The cholera epidemic in the previous affected areas was controlled, malaria outbreak was effectively contained and pressing challenges caused by landslides were effectively addressed. Deployed teams absorbed the increased demands without compromising routine services. Case management improved (low death rates in CTCs) and the spread of the disease to neighboring villages and woredas was limited.



SNNPR - multiple woredas (54,562.00 USD)
Yellow fever, cholera

Activities

- HWs deployed to high caseload CTCs
- Yellow Fever vaccination campaign conducted
- Service providers oriented on yellow-fever identification and management
- Sanitary materials purchased (on-going)
- Contact tracing done in cholera affected areas

RESULTS: The yellow fever outbreaks were controlled with no spread to neighboring areas. More than 27,178 people were reached with a yellow fever ring vaccination campaign. Efforts are being maintained to contain cholera epidemic in the midst of the spread of COVID-19 at treatment centers.



AMHARA - Oromia zone and DB university

(49,000 & 24,056.00 USD)

Measles

Activities

- Measles case management training for HWs
- Measles vaccination campaigns conducted
- Surveillance & case management teams deployed
- Sensitization for key actors
- Strengthening of the link between EPI and PHEM through PHCU level ISS and PRM and EPI back-up support

RESULTS: The measles epidemic was controlled in the zone and in the university. Routine services were also strengthened.



AMHARA - Waghimra zone
(39,208.35 USD)

Measles, pertussis, scabies

Activities

- Integrated emergency case management orientation for 93 HWs
- Around 420 key actors sensitized on integrated epidemic prevention and control activities
- Routine immunization reviewed and supported
- Extended outreach service for hard to reach areas (in progress)

RESULTS: The spread of the outbreaks to neighboring areas was controlled and is showing encouraging trends. The surveillance system capacity at zonal, woreda and facility levels has improved with better community engagement. A strategy for hard to reach areas has improved development and emergency linkages.



OROMIA - multiple woredas
(277,586.45 USD)

Cholera, measles, IDPs

Activities

- Case management training and around 70 professionals deployed in CTC sites
- Sanitary material purchasing and distribution (in progress)
- Social mobilization reaching 595,698 people
- Active surveillance with deployment of experts (on-going)

RESULTS: The spread of measles to the neighboring kebeles and woredas was controlled and is showing encouraging trends. Cholera epidemic was controlled as cases are identified through active surveillance systems. Basic services are also being provided for IDPs.



TIGRAY - Asgede Tsimbla woreda (17,669.20 USD)

Measles

Activities

- Case management training and mop-up vaccination campaign
- Active surveillance activities and supportive supervision is underway to support response and routine activities

RESULTS: The outbreak is currently under control with no spread to neighboring areas. Early case identification and management has improved. The woreda's surveillance system capacity has also improved with better community engagement. Routine EPI is being strengthened after an assessment of the causes of the outbreaks.

Lessons

- Coordinated and timely response saves lives and improves system resilience
- Engagement of development partners in emergency responses has a synergistic effect
- Having a coordinated regional response plan supports the effectiveness and efficiency of responses
- Ground level presence of the Activity has helped to provide prompt support during emergencies
- Pre-disaster activities should aim at addressing common emergencies



Building Resilience to Withstand Devastation

Photo: Damage caused by landslides (left) and a few of the displaced (right), SNNPR

“ We have assigned a separate committee to ensure our performance improvement activities continue... ”

Alemu Kocho
Konta special woreda's health office, SNNPR

Landslides devastated Konta special woreda in the SNNP region of Ethiopia, 620 kilometers from its capital, Addis Ababa. Four people perished in the disaster which first struck the area on August 10, 2019. Many more were driven out of their homes and forced to leave the life they had built as their homes became inhabitable and faced further injury or death by staying in the area.



Alemu Kocho heads Konta special woreda's health office. He says the woreda acted immediately after the initial crisis by establishing a camp for the displaced and doing all they could to help the settlers get back on their feet. Sadly, there was another landslide in the area on September 22, 2019, which killed 21 people and displaced 664 households.

To respond, the woreda formed various committees comprised of all sectors that included surveillance, risk management and logistic teams which met every three days to assess plans against activities and to stay on track of a multisectoral action plan developed to try and minimize the effects of the disaster. Funerals for the victims of the disaster were paid for by the woreda which also carried out search parties for the missing. Realizing that 20 kebeles were affected by the landslides, the woreda began short and long-term assessments to inform action plans. The assessments revealed that among the displaced were 44 pregnant women, 52 lactating women, 251 under-5 children and 24 senior citizens. Over 10 households had lost all property and belongings, education for school pupils was interrupted, farmers had lost crops and livestock and many of the displaced who left their homes with just the clothes on their backs required medical attention.

The short-term response focused on protecting the community and providing essential supplies such as water, food items and access to some form of education and healthcare. 20 kilograms of grains, oil, sugar and salt was provided to each internally displaced person (IDP) by the woreda which is also planning to establish sanitation facilities. Going forward, the woreda recognizes that long term solutions are required to prevent such tragedy striking again, *"We need the regional bureau's support to find permanent settlement for the displaced,"* says Alemu. *"This place is unstable; to ensure our community's safety, we need to conduct assessments and take precautionary measures."*

The misuse of resources through the provision of materials to unaffected populations, the inability of the hospital to provide free healthcare to victims and shortage of emergency drug kits are some of the challenges being faced by Konta special woreda's health office. *"Even masks and gloves we used to conduct searches were taken from the hospital which simply doesn't have the capacity to provide the level of support we need. There are also psychological implications we need to address as there are people who are sole survivors from their families,"* says Alemu.

Unfortunately, the threat of more landslides is still looming and resources to manage the potential

fallout are scarce for the woreda which has so far spent 1 million ETB on relief efforts. *"We have a central site where we have placed people; some have left to stay with families in nearby towns and some we have placed in rented accommodation. We have also provided nonfood items like blankets, pots and pans, and other household items for IDPs. However, this is not sufficient as we require tents, therapeutic foods for the malnourished and funds to restore some of the damage to infrastructure,"* explains Alemu.

In the past two years USAID Transform: Primary Health Care has been supporting the Ministry of Health in strengthening the health system's resilience. The support provided extends from preparation through to recovery phases of potential emergencies. As such, the Activity has been by the woreda's side throughout this ordeal. Through a 'performance improvement' grant fund scheme provided by the Activity the woreda has managed to sustain the gains it has achieved prior to the disastrous incidents. An additional fund in the form of a 'crisis modifier' was provided by the Activity, and logistic (vehicle and fuel), as well as awareness campaign support has enabled the woreda to alleviate some of the effects of the landslides and avert further tragedy in its community.

Data collection is also underway to assess the health status of the population including the nutritional status of those affected. *"As people lose all they have, they don't want to spend a lot of money on food and this means there is a risk of malnutrition affecting our community,"* says Alemu. Other indirect impacts include lack of water and sanitation breeding diseases, potential slumps in healthcare utilization due to inaccessible roads and a decrease in service quality due to interruptions to power supply.

Despite all they have been through, staff at the woreda are committed to not letting disaster affect routine services, *"We have assigned a separate committee to ensure our performance improvement activities continue and we plan to tailor the support we give to drastically affected kebeles and people who are most affected like farmers who need specialized support, as people with other means for livelihoods can be resettled to resume work elsewhere." Says Alemu.*



Maintaining a Robust Health System for Sustained Performance Improvements

Since 2017, the Activity has been supporting the government in improving the performance of the health system based on its set standards: woreda management standards (WMS), Ethiopian hospital services transformation guidelines (EHSTG), Ethiopian health centers reform implementation guidelines (EHCRIG), key performance indicators (KPIs), and community

scorecard (CSC). In the Activity's fourth fiscal year, the support continued through gap-filling training and on-site orientation, and both technical and financial support to the staff of primary health care at all levels to meet their respective targets and measure their performances against the set standards.



Implementing the Performance Standards

- Training provided on health sector reforms to 1,415 HWs.
- Onsite orientation on minimum standards to 501 HWs.
- Proportion of kebeles (villages) implementing CSC increased from 55.8% to 81.2%.
- Number of woredas implementing WMS increased from 360 to 410.
- Number of PHLs implementing EHSTG increased from 102 to 106.
- Number of HCs implementing KPIs increased from 1628 to 1690.

Performance Measurements

By end of the last quarter of the 4th fiscal year, a larger proportion of kebeles, woredas, PHLs, and HCs measured their performance against the standards:



97.6%

of the woredas self-assessed their performance.



92%

of HCs measured their performance.



96%

of PHLs measured their performance.



72%

of kebeles measured their performance.

Proportion of high performing HCs increased from **14.2% to 41.7%** between the 1st and the 4th quarter.

Proportion of high performing WorHOs increased from **20.2% to 40.1%** between the 1st and the 4th quarter.

Performance Improvement

Staff working in primary health care at all levels are using the performance measurement information to increase outputs and improve efficiency, and in general, the following qualitative improvements were observed:



- Team spirit improved among the staff of WorHOs, PHLs and HCs.
- Shared visions developed among staff at all levels.
- Performance improvement projects identified and implemented.
- Effective partnerships established between different woredas and HCs.
- Resources aligned and skills shared between woredas and HCs for problem analysis and solutions.
- Woredas and HCs jointly mobilized resources and developed and implemented action plans.

Team spirit

improved among the staff of WorHOs, PHLs and HCs.



**USAID TRANSFORM: PRIMARY HEALTH CARE
SUCCESS STORY**



Joint Efforts Generate Speedy Transformation

Photo: The team at Dubluk woreda holding their award, Oromia

“ The support from the Activity over the last two years has been phenomenal. ”

Tadi Wako
MCH coordinator, Bokosa Health Center, Oromia

In order to bring about meaningful change to Ethiopia's health system, the government has devised a health sector transformation plan (2015-2020), at the heart of which is woreda (district) transformation. Setting several standards against which woredas are measured, transformation occurs when these indicators are achieved.

Dublik woreda located 80 kilometers from Oromia region's Borena zone serves a total of 31,457 people and manages four health centers as well as 13 health posts. The woreda was rated as a 'low performer' just two years ago and was struggling to improve its performance in meeting the national standards. Troubled by poor data usage, it had no way of monitoring



the performance of facilities and storing data in the woreda meant that facilities did not have regular access to the information, leading to a lack of ownership on poor performances. *"We were the assigned experts for this woreda, but we had little information on facilities; for example, we had no idea if services were compassionate, respectful and caring. If clients had grievances, they would come and complain here instead of the facility where they received poor treatment which made it difficult to rectify,"* says Kadiro Abdulkadir Salah, head of Dubluk Woreda Health Office.

Another problem for the woreda was health workers' lack of knowledge on the requirements to meet the national standards. Reciting some of the reasons for the

woreda's previous low scores, Kadiro continues, *"There was little awareness of the key performance indicators, health posts unaware of correct procedure would close for long periods while they conducted household visits and wouldn't request the drugs they needed, we had no guidelines for community mobilization ventures, there was no focal person for youth-friendly services, and we had no ambulance services."*

USAID Transform: Primary Health Care which works to contribute towards the realization of the government's health sector reform agenda began working with the woreda and its facilities to raise performances and overhaul health facility services. Through technical, financial and logistic support the Activity enabled the woreda to become a top performer, culminating in an award for 'outstanding performance in implementing the woreda transformation agenda' in October 2019.

This remarkable transformation was brought about through the application of evidence-based and effective interventions that included training given to health workers which resulted in better tracking of performance scores through color-coded rating of each facility, community mobilization through open house and youth-friendly service events, distribution of guidelines on health services to all facilities, coaching on use of data for decision making and formation and implementation of action plans as well as establishment of committees at each kebele comprised of kebele heads, youth and other community members who meet quarterly. In addition to these interventions and continuous supportive supervision, the Activity provided the woreda with a grant fund which was used to carry out trainings on national standards including the Ethiopian Health Center Reform Implementation Guidelines and Ethiopian Primary Health Care Alliance for Quality, change packages and community scorecards.

"Each staff member is now aware of the national standards and own their department's successes and failures," says Kadiro. Adding, *"What we've learnt is, we must be thorough. We cross-check reports and go and verify ourselves checking each department in each facility. This has really sped up the progress of our results."*

As one of Oromia region's 52 woredas selected for woreda transformation, Dubluk woreda has registered notable gains in the last two years; with a previous score of 0, 12 out of 13 kebeles are now rated as 'models', high performing primary health care units grew from 0 to 4, community based health insurance

enrollment rose from 56 to 82 percent and woreda management standards also climbed from 52 to 95 percent. Using the slogan: 'meto weyem metew' (loosely translated as 'all or nothing'), the woreda's overall performance against woreda transformation indicators scored from a baseline score of 33.8 percent before the interventions, to 100 in the two years since.

Bokosa health center, one of four health centers under the woreda is a testament to these improvements. 6,262 people are covered by the facility which also oversees four health posts. In 2017, the lack of tracking mechanisms for performance monitoring, major gaps in health workers' skills and lack of awareness on the national guidelines were evident at the facility. As the health center could not know where they stood against the standards, there was a lack of motivation and know-how of how to bring about changes. The major focus of the facility then had been the elimination of open defecation with little emphasis being given to service quality.

Noting these challenges, the USAID Transform: Primary Health Care Activity provided orientations and trainings on the standards, response to gender-based violence and other gender issues, use of data for decision making, community scorecards, community engagement, family planning and conducted general capacity enhancement activities with staff and health extension workers to generate improvements. Following the trainings, the facility designed a quality improvement project and set about standardizing the skills of all staff and encouraging ownership using wall charts, data tacking sheets and woreda transformation tracking tools to measure progress.

"The support from the Activity over the last two years has been phenomenal," says Tadi Wako, MCH coordinator at the health center. *"We still face challenges like geographical access to some of our households, but the support coupled with the exemplary relationship between health center heads are key factors to our success."* Strong documentation and categorization with each department displaying a relevant wall chart to reinforce ownership has been another major contributor to the achievements of the health center.

Within the same compound lies Bokosa health post, another award winner for its ability to create model households and schools. Aisha Hussien, a health extension worker for three years looks after 1,508 people through the facility and was also bestowed with an award as 'best health extension worker' by the zonal health department.

"This [health post] is the first point of service for the community so commitment is important," she says. "The strong linkages with we have with the health development army from our community and the legitimate commitment of kebele leaders are the reasons behind our achievements," she says.

Another model health post in the vicinity, Gale health post, clearly demonstrates that the changes have trickled down to all facilities and at all levels. "We had very little comprehension of how to use data and how

to improve our scores," recalls Misra Umer, a health extension worker. Since the introduction of wall charts, trainings on compassionate, respectful, caring services, woreda transformation, latrine and waste disposal among others and regular supportive supervision, the health post attests that there have been no home births in the 291 households it serves. This, according to Misra, is due to the dedication of staff and the application of fines; financial or through community service to any clients who refuse skilled delivery.

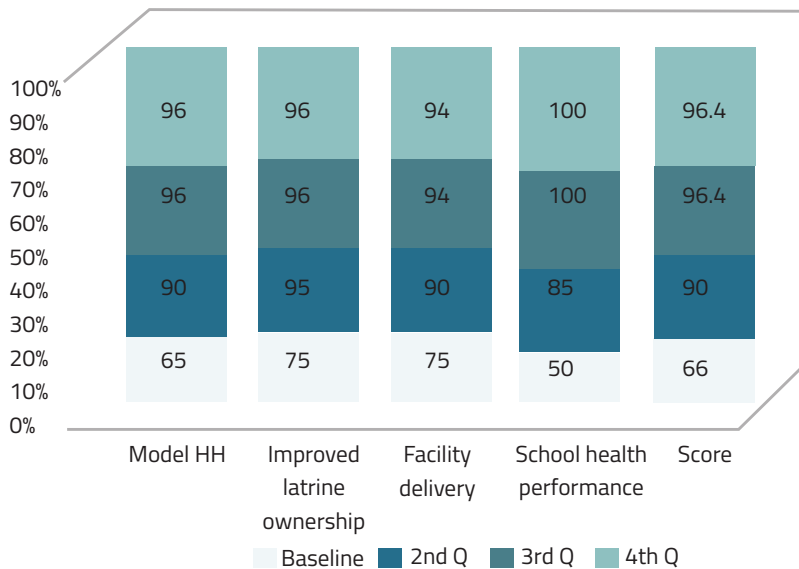


Photo: Tadi Wako, MCH coordinator shows the use of wall charts, Oromia



Photo: Aisha Hussein, proudly holds her 'best health extension worker' award, Oromia



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MINISTRY OF HEALTH-ETHIOPIA



Health System Strengthening Related Contributions at the National Level

- Supported the development of the Health Extension Program Roadmap (2020-2035) and its implementation manual.
- Supported the revision of the EHCRIGs.
- Twinning partnership between woredas and HCs owned by MoH and included in the national plan as one of the strategies to achieve health related sustainable development goals.



Applying Informed Decision Making to Elevate Quality and Performance

The Activity continued to work with the government in the reporting period towards health information system resource strengthening and capacity enhancement, mainly on the data quality assurance and use of data for decision making. The twinning partnership strategy has been an approach used by the Activity to support the primary health system through establishing formal, substantial, and collaborative partnerships between relatively high and low/medium performing woredas/ HCs. In the fourth fiscal year, four additional partnerships

were established, making the total partnerships supported by the Activity 53 between 106 woredas. Nineteen partnerships were concluded after accomplishing their mission of collaborative learning and improved performances in the fourth fiscal year. To measure the performance progress of WorHOs, PHLs and HCs, the 'connected woreda strategy' has been applied since 2017. The Activity has also used the Ethiopian primary health care alliance for quality (EPAQ) review meetings as an opportunity to share learnings acquired from implementation.

Connected Woreda Strategy and Improvements Observed



65 HCs and
12 WorHOs
became 'model'
(scored >90%).

123 HCs and
35 WorHOs
advanced their status from
'emerging' (<65%) to 'models'.

29 HCs and
4 WorHOs
progressed directly from
'emerging' to 'model' status.

Data Quality and Use of Data for Decision Making



67% of HCs and
78% of WorHOs
showed improvement in
data quality.



69% of HCs and
74% of WorHOs
showed improvement in use of
data for decision making.





Cultivating Leadership, Management and Governance to Sustain Gains

Capacity enhancement of health system staff and improving their respective institutional performances continued in year four of Activity implementations. Previous projects designed as a result of leadership, management, governance (LMG) activities were followed up on and supported further through technical support where needed. Bringing more women to leadership positions was

another focus area implemented by the Activity during the reporting period and was found to be effective in demonstrating changes. Overall, LMG related activities implemented in this fiscal year continued contributing towards health system strengthening and increasing performance improvements.

Capacity Enhancement Related to LMG



579

HWs recruited from 28 woredas received a six-day training on LMG through subgrants.



131

primary healthcare directors from 60 PHCUs received orientation on LMG (integrated health system reform and gender).



Of the **716**

LMG projects developed and implemented,

169

projects were designed after the above training, focusing on maternal and child health and health system reform.



78

women who received training on 'women-only LMG' were mentored.



70%

of projects were completed and achieved their targets.



Major Performance/Qualitative Improvements Observed

- Subsequent/follow up projects being designed for implementation by PHCUs, increased from 26 in the 3rd fiscal year to 193 in the 4th fiscal year of the Activity.
- After LMG training and implementation of projects, 11 women were promoted to leadership positions.
- LMG capacity enhancement contributed to improved performance of PHCUs.
- LMG skill retention was observed to tackle arising challenges in health facilities.

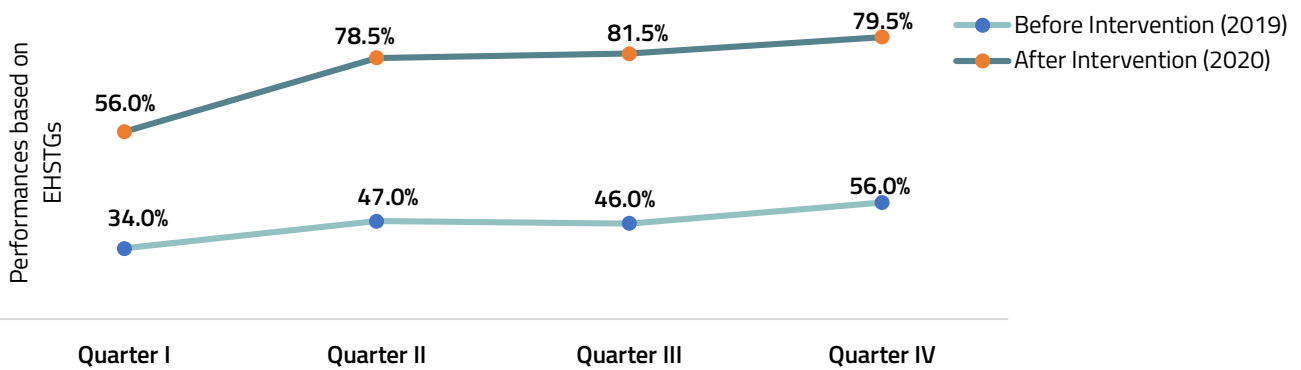
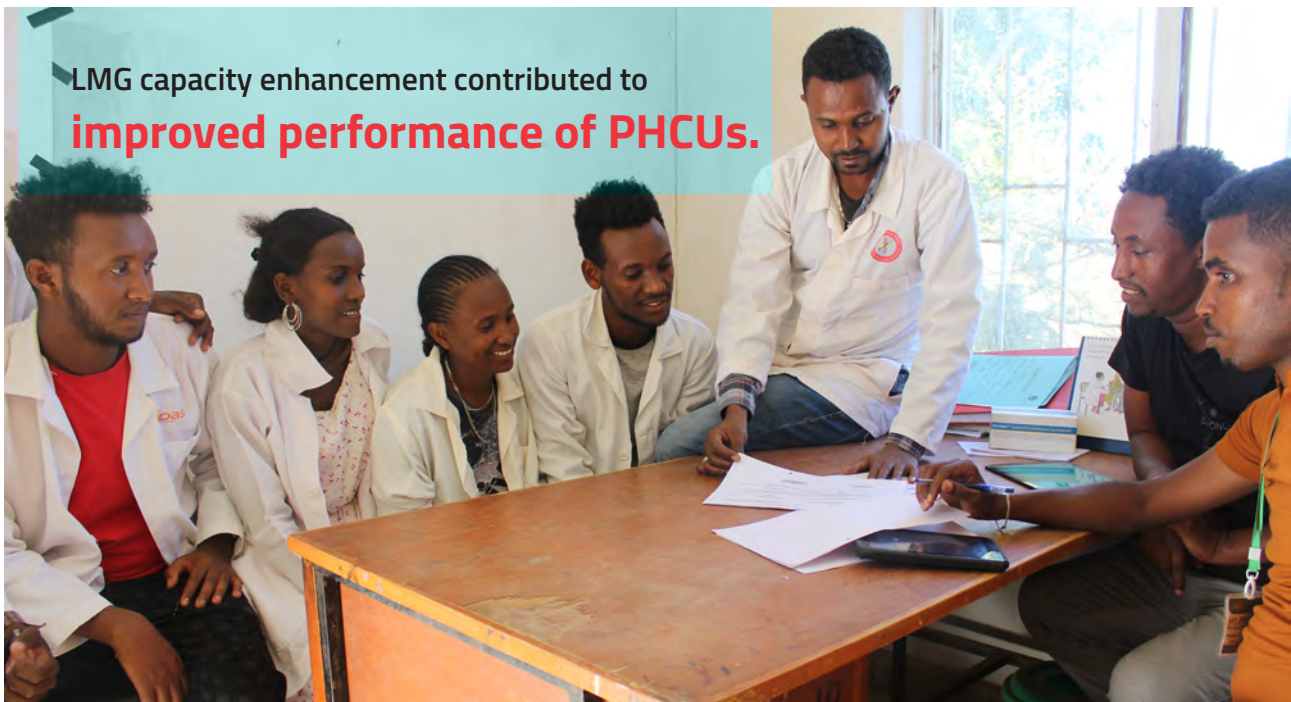


Figure 6: Performance of Adi-Daero PHL (based on EHSTGs), Tigray, before and after the implementation of LMG project.





Equity in Healthcare for the Vulnerable through Strengthened Health Care Financing

As per the health sector transformation plan (HSTP), by end of 2020, Ethiopia aimed to establish community-based health insurance (CBHI) schemes in 80% of woredas with at least 80% of households enrolled, to decrease the out-of-pocket health expenditure for health from 31% to 23%, and to increase the general government expenditure on health from the total general

government expenditure to 10%. To support and realize these targets, the Activity continued supporting and strengthening health care financing (HCF) that includes the public finance management (PFM) and community-based health insurance (CBHI) initiatives at the primary health care level.



Public Finance Management (PFM)

- In collaboration with the government, the Activity provided onsite mentorship on PFM for 1,020 health facility managers and financial personnel at 28 PHLs and 205 HCs in 89 woredas.
- Using the subgrants, in Oromia and SNNP, onsite training on PFM/HCF was conducted for 117 new health facility governing board members and health facility senior management staff.
- Technical assistance on installation and use of integrated budget and expenditure (IBEX) system, training was conducted for 133 finance personnel from 32 PHLs and 34 HCs.
- In collaboration with government, supportive supervision was provided on PFM/HCF at 5 HCs in Oromia.
- Training materials used for PFM capacity enhancement were revised to provide recommendations for future use.



Improvements Observed

- The number of woredas that allocated budgets for health expenditure at or >15% increased from 118 in 2019 to 180 in 2020.
- The general government health budget expenditure rate increased by 1% (from 93% in 2019 to 94% in 2020).
- The number of health facilities using the IBEX system increased from 50 in 2019 to 116 in 2020.
- The internal revenue generated by PHCUs increased by 23.5% between 2019 and 2020.



Community-Based Health Insurance (CBHI)

- CBHI performance review meetings held at zonal/woreda levels.
- Training on CBHI conducted for 107 woreda and kebele cabinets; 312 HEWs, elders and religious leaders; and 331 HWs.
- Training of financial and data management provided for 128 CBHI scheme executives.
- Health facility readiness for CBHI assessment conducted in 40 health facilities.
- Annual general assembly meetings on CBHI conducted in 65 woredas.
- CBHI scheme health facility interface meetings held in 45 health facilities.
- In collaboration with the government and other partners, supportive supervision conducted at 347 woredas where CBHI schemes exist.



Improvements Observed

- By end of the fiscal year, the CBHI schemes were established in 89% of woredas
- CBHI coverage increased by 35%, and new CBHI schemes established in 92 woredas.

USAID TRANSFORM: PRIMARY HEALTH CARE
SUCCESS STORY



Earning Community's Trust Sees Insurance Membership Soar

Photo: Askale Engida, HEW with CBHI members, SNNPR

“ It has really solidified our ties with the community and allowed us to earn their trust. Now when we visit households, they welcome us with open arms. ”

Askale Engida
HEW with CBHI members, SNNPR

Creating communities that seek professional healthcare for illnesses is essential to ensuring their wellbeing and beneficial to the country as whole. A key target of the Government of Ethiopia's transformation agenda is to improve access to health through universal health care for all communities. Pastoral communities are particularly hard to reach due to their nomadic nature and reliance on traditional medicine in comparison with other segments of the population. The government



of Ethiopia has devised the community-based health insurance (CBHI) scheme that aims to promote equitable access to quality healthcare, increase financial protection for informal sector households in rural and urban areas, and thereby, facilitate social inclusion of the majority of Ethiopian families in the health sector. CBHI provides access to a package of free, basic, curative health services at the time of service at public facilities.

To support the government's efforts towards improving healthcare financing, the USAID Transform: Primary Health Care Activity collaborates with health system partners to enhance the system's functionality and ensure gaps are addressed. This includes support towards CBHI through training healthcare extension workers, kebele leaders and health sector staff. The Activity also provides targeted technical support to low and moderately well-performing health facilities in selected woredas.

One of the sites targeted by the Activity for this intervention is Siremiret health post, located in Dassenech woreda, close to the Ethiopian-Kenyan border. With a nomadic catchment population of 1,293 people, it had been difficult to convince the community to attend health facilities as they were reluctant to pay for services. *"There was very little knowledge of the benefits of healthcare and there was also little faith in us as healers. Most of our community would turn to traditional medicine when they fell ill,"* explains Askale Engida, a health extension worker at the facility who says that he has seen a major shift since the CBHI scheme was introduced, as people who registered quickly spread word about the effectiveness of healthcare. *"Since we began CBHI, people are becoming more open to modern medicine and are increasingly coming to us for healthcare. When they see their neighbors' children feeling better after visiting a facility, they reach out to us."*

The process of convincing people to sign-on also involved an awareness campaign at all levels of the health system which is the reason that the scheme has been so successful in this woreda. 199 out of 238 households were first enrolled when it began in 2018. Through collective efforts and close relationship with the community, the woreda had a 100 percent enrollment rate as of 2019. Another impressive achievement for the woreda is the rise in skilled birth, from 53 in 2018, to 78 percent in 2019. *"It has really solidified our ties with the community and allowed us to earn their trust. Now when we visit households, they welcome us with open arms,"* says Askale. Surges in service uptake from a monthly average of 200-300 patients 600-700 and a decline in chronic diseases as well as people frequenting the health post at earlier stages of their illnesses are other noteworthy gains of the CBHI intervention.

The relief from financial strain is also a huge factor in getting people to health facilities. *"Before [the scheme] individuals who believed in healthcare would go around selling livestock, even knocking on people's doors at night just to raise the money. Some would want the services but wouldn't come here fearing they wouldn't be able to afford it,"* recounts Askale. CBHI alleviated a lot of these concerns and according to Askale, the facility now has the opposite challenge of trying to manage too many visitors some of which are referred to Jinka hospital which is almost 200 kilometers away.





Driving up Quality Improvement and Assurance for Better Health Outcomes

The Activity continued its support of quality improvement and quality assurance (QI/QA) focusing on the four major areas: FP, MNH, AYHD and CHD. In the fourth fiscal year, capacity enhancement trainings were supported and provided, technical support was given to conduct clinical audits at health facilities (PHLs and HCs) where the

QI/QA projects were initiated, coaching/mentoring support was provided to the QI/QA teams at health facilities, collaborative learning sessions were supported, and technical support was provided to engage the community through the 'partnership-defined quality (PDQ)' initiative.

Quality Improvement (QI) Sites



139 woredas and **542** health facilities
(68 PHLs and 474 HCs) supported.

Capacity Enhancement

In total, **2,046**
QI leaders and HWs trained
on QI.

106
QI team members on QI
coaching.

215
on QI TOT.

276
QI team members on
infection prevention.

1,347
QI team members
on basic QI.

27
QI team members
on QI SOP.

From the above
trainings,

1,935 QI
team members were
trained through the
subgrant fund.



QI Project Implementation

227
self-initiated new QI projects were
developed and implemented.

220
projects of QI on FP, MNH, AYHD,
CH and integrated FP/MNH were
completed.



Need-based on-site coaching/mentorship was provided to all sites and health facilities.



Collaborative Learning Sessions

- Learning sessions conducted in 11 woredas to enhance peer-to-peer learning and scale up QI.
- 277 participants from the health facilities took part.
- The collaborative learning sessions were facilitated and chaired by RHBs, ZHDs and WorHOs.



Community Engagement - Partnership-Defined Quality (PDQ)

- PDQ aims to bring together the communities and health providers to work jointly on QI regularly.
- Technical support was provided to 10 woredas to increase the engagement of communities in QI.



MNH Quality of Care (QOC) and Quality, Equity and Dignity (QED) Learning Districts

- There are 18 learning districts nationally. Of the total learning districts, 4 of them with 15 health facilities are within the Activity's implementation areas. In these 4 learning districts, the rates of still birth and pre-discharge neonatal mortality showed declining trends.

Clinical Auditing for Service Quality Standards

To measure service quality standards after implementing QI projects, the Activity has been supporting primary health care in woredas and health facilities where the QI projects were

initiated in conducting baseline and follow up quality auditing for FP, MNH, AYHD and CHD (Figure 7).

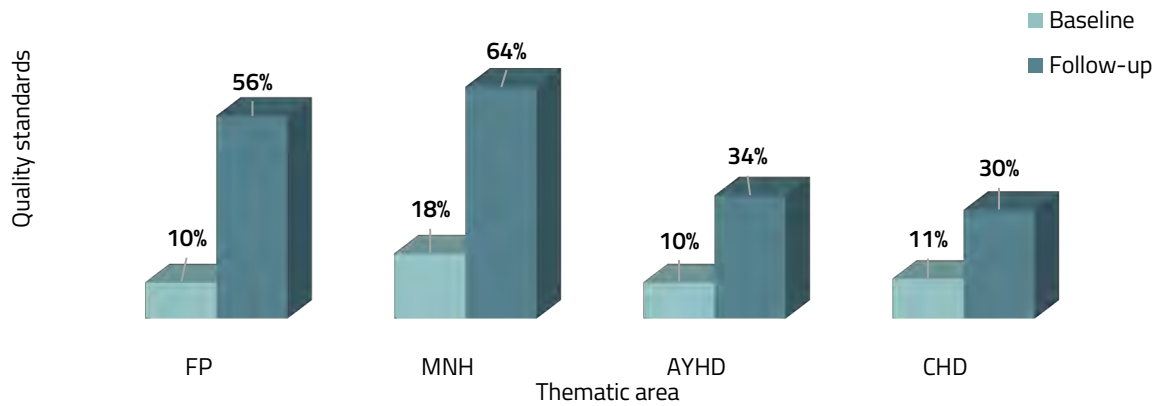


Figure 7: Changes in average clinical audit results between the baseline and follow up for FP, MNH, AYHD and CHD thematic areas.



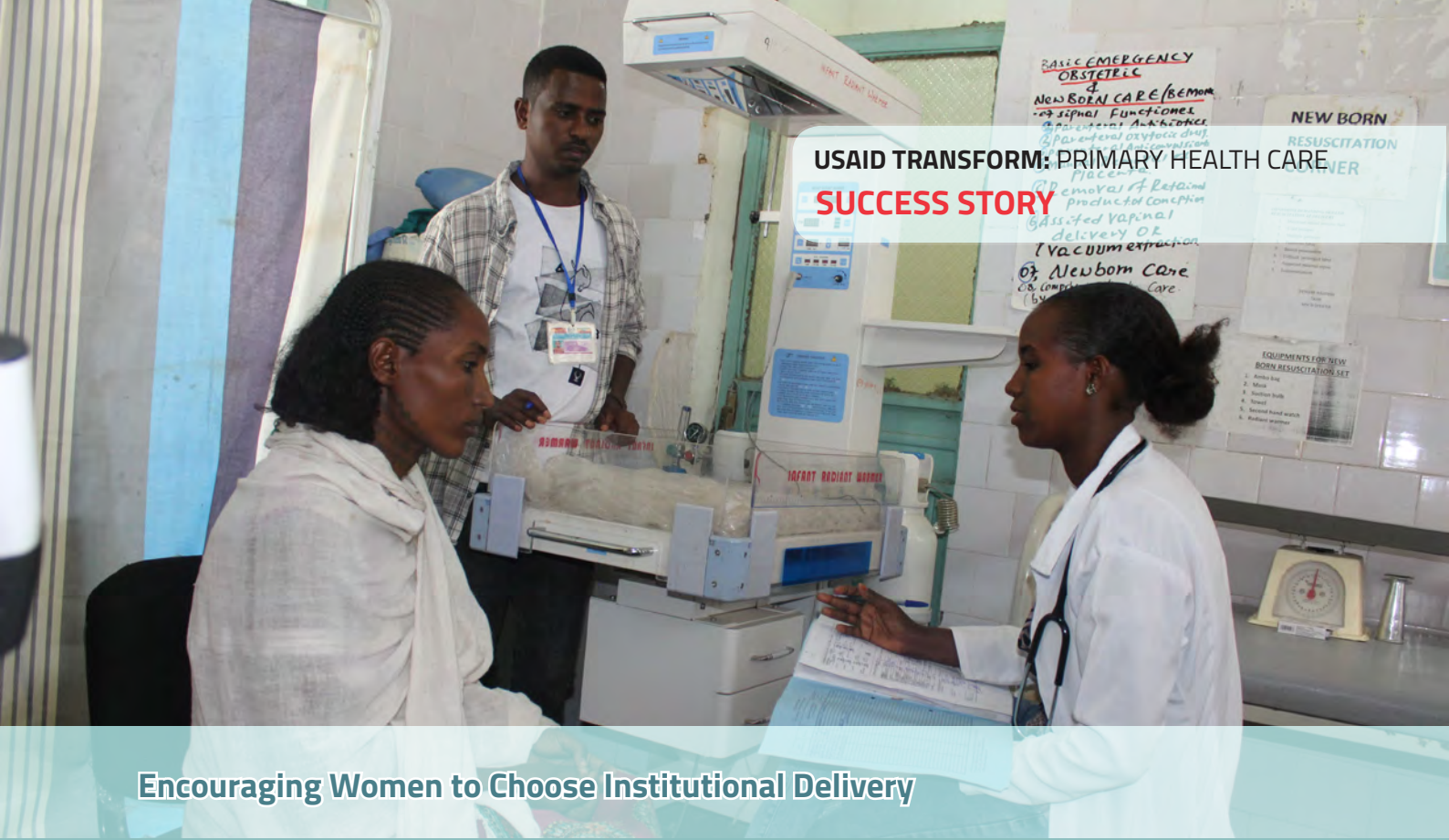
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QI/QA Related Contributions at the National Level

- Supported the development of FP quality of care standards.
- Supported the development of national healthcare safety training manual.
- Supported the development of health center clinical audit tool and national QI coaching guide.

**USAID TRANSFORM: PRIMARY HEALTH CARE
SUCCESS STORY**



Encouraging Women to Choose Institutional Delivery

Photo: Yisak Kifle oversees client care at Adi Goshu health center, Tigray

“ We used to try to solve issues, but not in an organized and standardized way. Now, we keep track of each action and staff are a lot more committed. ”

Yisak Kifle
Director of Adi Goshu health center, Tigray

According to the 2016 Ethiopian Demographic Health Survey (EDHS) the 47 percent health facility birth attendance rate in Ethiopia is still very much lower than that of countries in sub-Saharan Africa. Even for women who have access to the antenatal care services, the proportion of births occurring at health facilities at the national level accounts only 26 percent of births. Mistreatment during childbirth is a violation of human rights and along with other factors, often deters women from accessing skilled delivery in health facilities.

USAID Transform: Primary Health Care Activity supports quality assurance and improvement efforts of the Ministry of Health at all levels. The Activity



works closely with the Ministry and key stakeholders to positively impact the quality of health services. Enhancing the capacity of public sector staff, supporting the establishment of quality improvement teams (QITs), providing technical assistance, coaching and mentoring, assisting with clinical audits, and forming quality improvement projects are some of the activities the Activity engages in to bring about meaningful changes to the health system.

Adi Goshu health center, located about 95 kilometers from Humera, which first opened its doors in 2005, serves 12,217 people and is a referral point for three health posts. In March 2019, the facility's staff were trained by the Activity for four days on improving the

quality of services. Yisak Kifle, director of the facility for the past three years says the training was instrumental in transforming the health center's performance, *"It helped us pinpoint where we were failing and take steps to overcome underperformance,"* he says. Using assessment mechanisms gained from the quality improvement training, staff identified major gaps in performances, the most alarming of which was a 73 percent institutional delivery rate score. They learned that, on average, during a six-month time period, 44 women give birth at home. This made the probability of maternal deaths unacceptably high. Realizing the importance of institutional delivery, the facility probed into the reasons behind the occurrences of these home births.

A range of causes were uncovered including shortfalls of the health center such as the lack of organized pregnant women conferences (PWCs), lack of a maternal waiting home service, delays in ambulance services, poor counseling and major gaps in compassionate and respectful care (CRC). Health extension workers were failing to properly identify, track and record pregnant women and their expected date of delivery at the health post level, mainly due to the remote placement of the surrounding community.

To overcome these deficiencies, the first step taken by Adi Goshu health center was a formation of a quality improvement team comprised of six members of staff who were trained by the Activity, that aimed to reach 90 percent of targets in quality, including targeting the birth of 31 babies at the facility every month. A focus on improvements in counseling services, with an emphasis on CRC were the gateway to achieving these targets as Yisak explains, *"We used various opportunities to improve the quality of our services. Heavy client flow was found to be a major cause of mistreatment by staff. Using client feedback, we identified the staff that were the cause of the complaints and gave them CRC training."* Exit interviews for mothers using services using a list of pre-set questions that included an exploration of providers' approach and behavior and quality of services has been another useful tool to improving services.

In the past, community score cards which are used to get client feedback were not properly examined. Now, each comment is logged and addressed accordingly. As a result of assessing the comments, the staff worked to improve client treatment, lengthy waiting times and the cleanliness of the facility. *"We used to try to solve issues, but not in an organized and standardized way. Now, we keep track of each action and staff are a lot more*

committed," says Yisak. Another finding indicating that PWCs were not being leveraged to reach women in the community was found to be due to high turnover of staff. This was tackled through orientation to health extension workers to standardize the conferences - now conducted every month as opposed to once or twice a year previously - where up to 40 women congregate which a major contrast to the three or four that used to show up previously.

Within a year, the health center has achieved a 100 percent score against its target with an average of 31 women now giving birth there. *"We learned that seven women gave birth at home in the last six months compared with 44 during the same period last year, prior to the trainings. This is a remarkable decline considering the remote areas in which many of the women in our vicinity live in,"* says Yisak. To keep the momentum of these achievements, a priority matrix and grading has been put in place through which weekly evaluations are carried out by staff who identify median scores of performances to monitor and build upon successes.

Through community mobilization activities to increase buy-in from potential service users, 10,000 ETB was raised to provide new mothers with food items during their stay at the facility. An awareness campaign whereby women visit the facility has instilled confidence and contributes to PWC participation says Yisak, *"We use families who have had relatives die in childbirth to give testimonies of the dangers that can be faced in giving birth at home. We tell them that when a mother dies, the hope of a family dies with her."*

The Activity continues to support the health center through on-the-ground assistance including transportation and the site has now initiated the construction of a maternal waiting home. There is little doubt that these interventions have saved many lives according to Yisak, *"We see cases that would have been difficult to handle at home, that tells me that we are saving a significant amount on maternal lives. Mothers needing blood transfusions and obstructed births are common and I shudder to think of these women's fate if they had given birth at home,"* he says. This is backed up by data showing that there have been no maternal deaths since 2018.

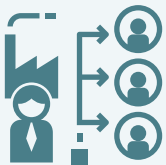
A quality audit of maternal and newborn health services at the health center has revealed an increase from 42 to 81 percent as a direct result of the training and the consequential interventions. The health center plans to expand its quality improvement projects to all its service outlet departments in the near future.



Gender Mainstreaming for a Holistic Approach to Healthcare

For the past four years, the Activity has been mainstreaming the gender related activities across its four results areas to advocate for more women in healthcare leadership and create conducive work environment, increase the availability of quality post gender-based violence (GBV) health services and enhance the capacity of health providers in this regard, produce and disseminate messages on 'gender-responsiveness' and enhance the

capacity of health workers on male engagement in reproductive, maternal, neonatal and child health (RMNCH), and draw on the lessons that could be inputs for the policy and strategy changes at the national level. Thus, in the fourth fiscal year of the Activity, implementing these activities continued and were strengthened at all levels.



Post-GBV Health Service Provision and Multi-Sectoral Coordination

- 647 healthcare providers trained on post-GBV health services.
- 692 individuals from education, justice, labor and social affairs, and woreda administrations given orientations on GBV standard operating procedures (SOPs).
- Job aids such as GBV algorithm, registration books and certificates distributed to 300 HCs.
- Thematic specific follow-up visits were introduced and conducted beginning from the onset of the COVID-19 pandemic in the country to address GBV related issues.
- 141 GBV survivors (sexual and physical) received health services.

Mentorship on Gender Analysis and Action Planning



244

healthcare providers and managers were mentored on gender analysis and action planning.

43%

of Activity's intervention woredas conducted gender analysis and incorporated the findings into their respective woreda based plans.



Male Engagement in ANC and FP

- Based on the 'Rwanda model', the Activity initiated the design and adaptation of the male engagement model in ANC and FP in Oromia and SNNP regions.
- Due to the COVID-19 pandemic, the proposed model and the activities started did not continue as planned.

Observed Changes

- Proportion of HCs providing post-GBV health services in the intervention woredas has been increasing steadily across all regions.
- Average number of women in HC governing boards has been increasing.
- Proportion of woredas that conduct gender analysis to inform woreda based planning has been increasing over time.



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Gender Related Contributions at the National Level

Inputs were provided on the following documents during technical working group meetings:

- Management of the victims of GBV at health facilities was incorporated into the national GBV strategic action plan 2020-2025.
- The revised health sector mainstreamed manual.
- The community engagement guide.



Behavioral Change Interventions for Desired Health Outcomes

Social and behavioral change communication (SBCC) is a thematic area where the Activity has been focusing on increasing the community's health seeking behavior, improving health promotion practices at the household level, with a view of achieving desired health outcomes. In the fourth fiscal year, the Activity supported the primary health care with several SBCC related interventions that include mass awareness

using the audio-mounted vehicles, information, education and communication (IEC) material production and dissemination, reaching communities with messages on CBHI, conducting 'health post open house' events, community mobilization (CM) trainings, CM review meetings, school health training and orientation, and supportive supervision visits to strengthen CM.



Mass Awareness Using Audio-Mounted Vehicles

- Reached an estimated 35,913,310 individuals with COVID-19 pandemic response, acute watery diarrhea, measles, malaria, polio, CBHI and maternal health related messages.

IEC Materials Produced and Disseminated



24,793

family health guides.



8,100

pregnant women conference facilitation guides.



3,000

HP service list posters.



70,000

FP brochures.

CBHI Related SBCC Interventions



- An estimated 492,617 individuals reached with CBHI related messages.
- Mobilization on CBHI conducted during the 'Dire Shek-Hussen' cultural event known as 'Ziyara' in which 400,000 people in attendance were reached.
- General assembly meetings on CBHI was supported in 65 woredas.

'Health Post Open House' Events Held



145

'health post open house' events conducted to ensure essential health service uptake.



4,773

individuals comprised of kebele administration, community representatives, HEWs, HWs from catchment HCs, and WorHOs attended the events.



Through subgrants, 16 'health post open house' events conducted in Oromia at which 680 individuals attended the events.

CM Training

- A three-day CM training conducted for 34 individuals in SNNP.

CM Review Meeting and Supportive Supervision

- 4 sessions of review meetings conducted in Amhara where 142 persons took part.
- CM focused supportive supervision conducted in 19 woredas of Amhara, Oromia and SNNP.

SBCC and CM Workshops

- One consensus building workshop was conducted on SBCC activities in Amhara.
- Using subgrant budget, 22 CM kick off workshops were conducted in Amhara, Oromia and SNNP.

School Health Training and Orientation

- Using the subgrant budget, school health trainings were conducted, and 287 individuals attended the trainings in five woredas within Amhara.
- Using subgrant budget in Amhara region, in one woreda, orientation on school health was provided and 90 individuals (9 females) took part.





A Religious Leader Becomes A Change Agent

Photo: Sheik Idris in his home's newly built toilet and shower rooms, Tigray

Sanitation was a major concern before these initiatives.

According to the World Health Organization (WHO), poor sanitation is linked to transmission of diseases such as cholera, diarrhea, dysentery, hepatitis A, typhoid and polio and exacerbates stunting and malnutrition. Some 827,000 people in low and middle-income countries die as a result of inadequate water, sanitation, and hygiene each year, representing 60 percent of total diarrheal deaths. The Ethiopian Demographic Health Survey 2016 reports that 68 percent of households in Ethiopia use latrines and 60 percent of the current disease burden is attributable to poor sanitation. Limited resources as well as lack of community awareness and health education interventions are the root causes for many of these challenges.



USAID Transform: Primary Health Care employs several initiatives that improve household and community health practices and has carried out social behavioral change communication (SBCC) activities over the last four years through the design and implementation of innovative, evidence-based and result-driven interventions. To this effect, 170 religious leaders were given trainings that facilitate improved health seeking behavior and practices of communities in the past one year alone.

A father of four, Sheik Idris Ali was one of 10 selected religious leaders who took part in a two-day training given by the Activity to the Kafta kebele, located about 18 kilometers outside the Humera town of the Tigray region. With the aim of mobilizing the community for better health outcomes, the training covered a wide variety of issues that include maternal and child health, family planning and reproductive health, nutrition, water sanitation and hygiene practice promotion and harmful traditional practices. An influential member of his community, Sheik Idris says the training allowed him to use his voice to improve the lives of his community. He now goes door-to-door sharing health messages with his community members who have long-standing respect and trust for him. Describing some of the changes since the training he says, *"I have built a shower and a toilet in my own house as well as the toilets and a shower at our local mosque after convincing other mosque leaders to set a budget for this task. I also meet with my friends who are priests and try to convince them to do the same for their churches."*

Sanitation was a major concern before these initiatives. Previously, the mosque had latrines made from wood that would get clogged rendering them unusable. Sheik Idris congregated the community to teach the importance of proper sanitation after which 88,000 ETB was gathered and was used to build the toilets for the local mosque. This was a welcomed change for the 80-200 weekly mosque attendants who can now use the facilities with their families and especially beneficial for children who stay behind for religious teaching.

The process had its challenges, but Sheik Idris persevered, *"In the beginning stages [some among the community] were defiant. They would say: The holy Quran tells us to multiply, yet here you are telling us to use family planning,"* he recalls. Sheik Idris would explain that spacing births was an important and healthy practice for economic stability and use his knowledge to dispel myths about religious teachings. *"I tell them that God made diseases, but he also made doctors and medicine and gave us the ability to choose practices that are good for our health,"* he explains. *"Religious leaders are perceived as the second in line to God in this community. We have to use this influence for good and improve the lives of our community,"* he continued.

Realizing he must also be an example to his community, Sheik Idris built a partition for his animals in his home as well as constructing metal walls around his newly built shower and toilet. A stern advocate for skilled delivery, he says that there is not one member of his community that would even consider giving birth outside of a health facility.

Because of his close ties with the community, Sheik Idris can identify members at risk and has referred two women suffering from obstetric fistula to the local health center for treatment and counseling. He is particularly proud of his achievements so far in debunking local myths and stopping harmful traditional practices such as female genital mutilation as well as tonsil removal and tooth-pulling of babies which was a widespread practice that was mistakenly thought to cure childhood illness. *"These are long-held beliefs that are causing harm to our children. In some instances, we have had to involve law enforcement because some individuals are not willing to stop these practices due to financial gain,"* says Sheik Idris.

With the largest gatherings taking place at his mosque on Fridays, Sheik Idris uses this opportunity to pass on his life-saving health messages. *"We also discourage marriages for under 18s. Previously, the common perception around here was that when a girl reaches puberty, she is ready for marriage. This is of course not appropriate, and we share with them stories of how girls are harmed by early marriage,"* he states.

Prevention and treatment of illnesses, the danger signs in pregnancy and birth (including infection prevention for newborns and children), exclusive breastfeeding, complimentary feeding, immunization are some of the health issues Sheik Idris tackles.

Tesfaye Tilahun, a supervisor at the local health center - Mai Kadra - says he has seen a shift in the community and says the role that Sheik Idris has played is significant in increasing service uptake as well as curbing childhood diseases, *"Sheik Idris has complimented our efforts to bring about better health outcomes. He has referred several obstetric fistula cases to us who would have otherwise stayed away due to ostracization by the community. This is a deeply religious community and his word carries a lot of weight. I have seen for myself that people and especially children are falling ill less frequently since he began these activities,"* he asserts.

Sustainability of Efforts Through Subgrants

The Activity continued its technical and financial support to enhance the implementation capacity of different maternal and child health service-related activities through awarding the performance improvement funds to RHBs, ZHDs, WorHOs, PHLs, PHCUs and communities. The primary purpose of the performance improvement award has been to enhance the capacity of health managers, HWs and HEWs on technical and administrative knowledge and skills,

and to eventually ensure sustainability. Recently, to improve and enhance the community's health literacy level, the performance improvement fund has also been awarded to communities. Hence, in the fourth fiscal year, based on the experiences gained from the implementation of previous first and second round performance improvement funds, the third round of subgrant fund was awarded to 574 subgrantees in the four regions.

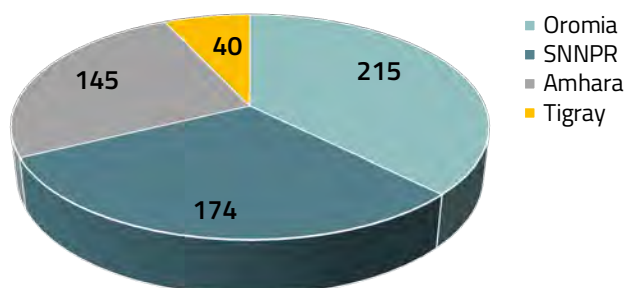
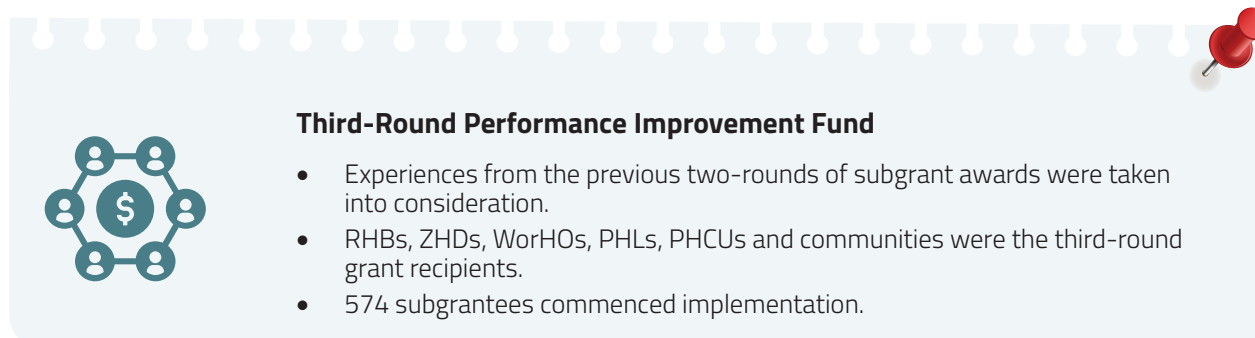
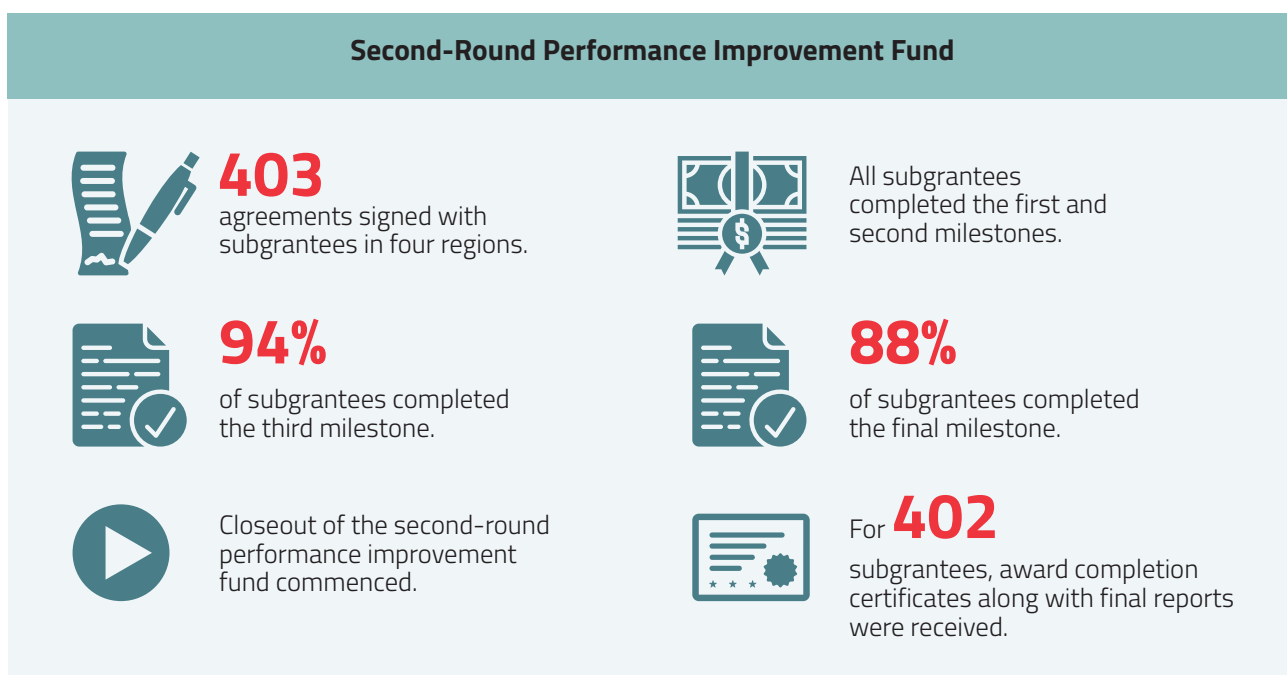


Figure 8: Regional distribution-number of subgrantees that received the third-round fund for performance improvement.

Evidence-Based Program Learning for Iterative Adaptation and Informing Programming and Policy

To enhance program learning for adaptive management and for programming/policy, an annual theory of change (TOC) exercise, lessons/learning generated from implementing different thematic-area activities, evidence generated from monitoring, evaluation and learning data, results of operational studies, and findings of the mid-term evaluation were used in the fiscal year. Collaborating, learning and adapting (CLA) and knowledge management endeavors have been applied to realize continuous program learning

that impacts programming and policy. Evidence based learning/knowledge management products such as an annual report for communication purposes, operational studies, articles in peer reviewed journals, technical briefs, success stories, and conference abstracts were produced and shared with local and global partners through various venues/outlets. In the fourth fiscal year, several initiatives introduced by the Activity were incorporated into the national policy and strategy (stated under each thematic area).

Program Learning/Knowledge Management Products

- **Technical briefs:** 14 technical briefs previously developed were updated for all the thematic areas.
- **Documentation of success stories:** 82 success stories showcasing the results of the intervention were documented and shared using various public events, websites, and social media outlets.
- A woreda level documentation showing the entirety of Activity implementations and impact on performance was conducted.
- **Annual report for communication purposes:** An annual report for the fiscal year 2019 titled, *'Making a Difference in Health Sector Transformation'*, was developed and distributed to partners.
- **Operational studies:** In total, during the fiscal year, 9 operational studies were conducted - some completed, while others are in progress.
- **Abstracts produced for different conferences:** Around 6 conference abstracts were prepared and submitted, despite all but one being cancelled due to the COVID-19 pandemic.
- **Articles published in peer reviewed journals:** In the fiscal year, the following articles were published in the peer reviewed journals:
 - 'Does frequency of supportive supervisory visits influence health service delivery? — Dose and response study'; published in PLoS ONE; <https://doi.org/10.1371/journal.pone.0234819>
 - 'Pertussis outbreak investigation of Dara Malo district, Gamo Administrative Zone, Southern Nations, Nationalities and Peoples Region, Southern Ethiopia'; Published in BMC Public Health; <https://www.researchsquare.com/article/rs-8440/v1>
 - 'Accelerating the performance of district health systems towards achieving UHC via twinning partnerships'; Published in BMC Health Services Research; <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05741-1>
 - 'Removal of a missing intrauterine contraceptive device after location through an ultrasound: a case report within a rural setting and review of literature'; *Contraception and Reproductive Medicine* (2020) 5:2; <https://doi.org/10.1186/s40834-020-00129-2>.

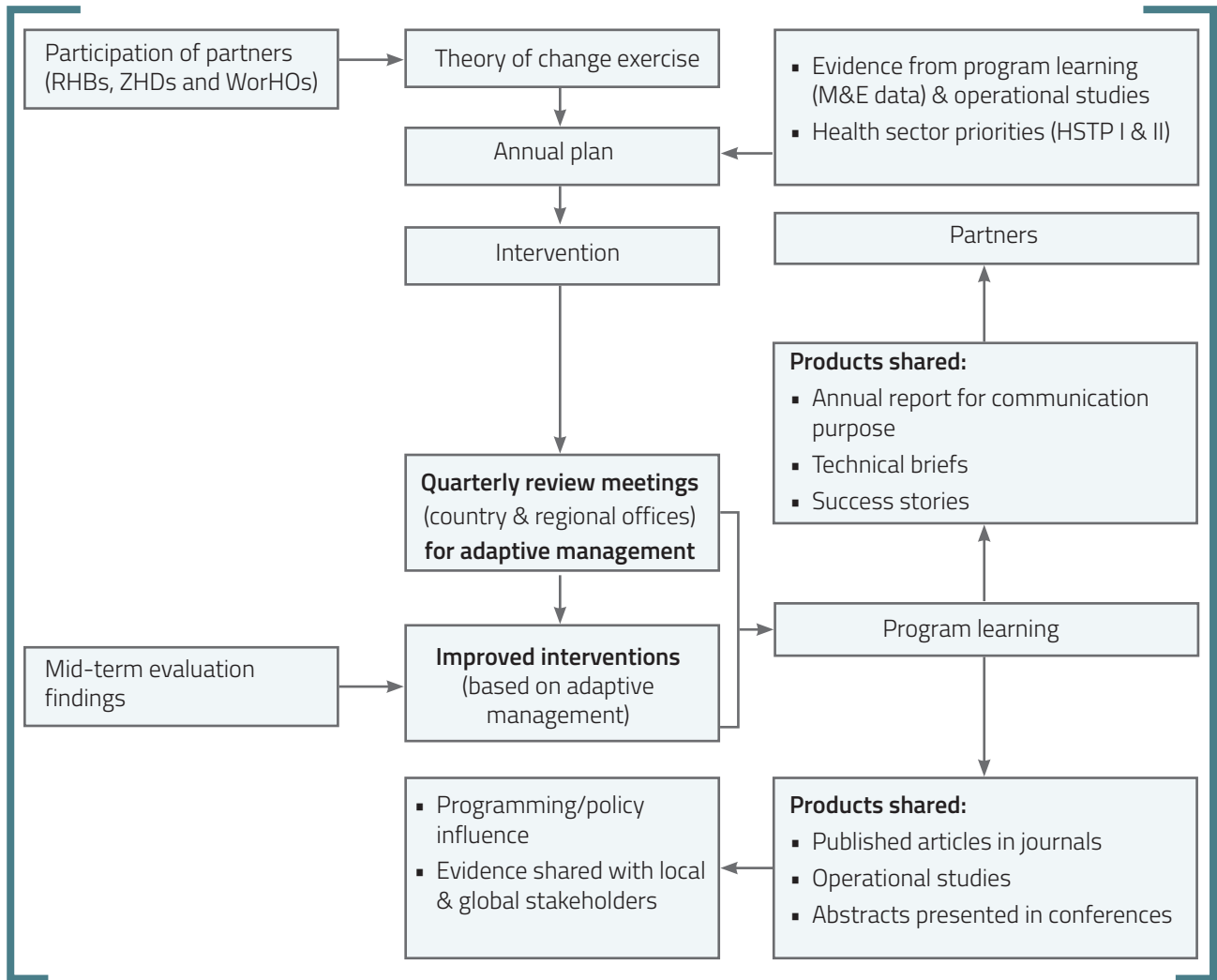


Figure 9: Program learning process of the fourth-year implementation of Activity.



