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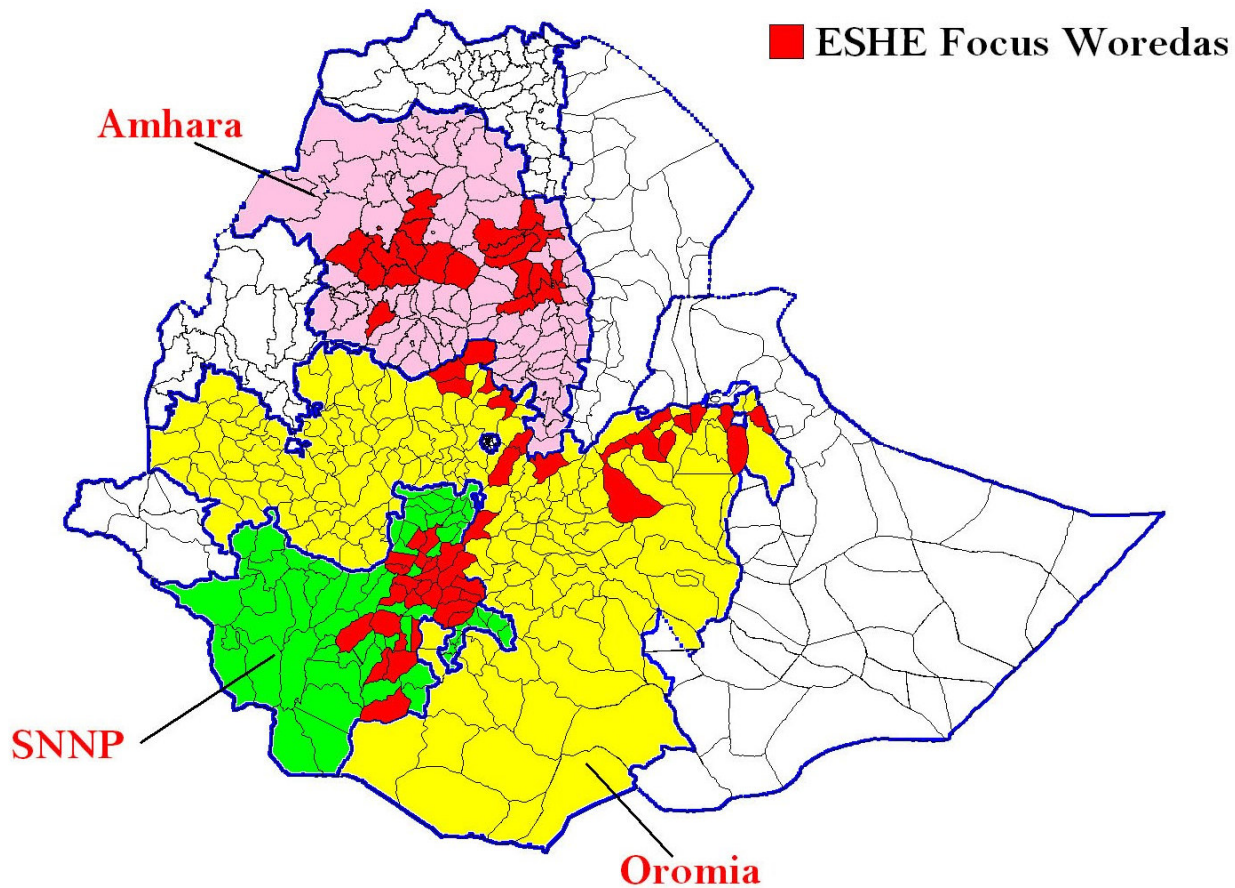
# Essential Services for Health in Ethiopia

## Project Year Five Annual Report



**July 1, 2007-June 30, 2008**

**USAID Contract 663-C-00-04-00403-00**



Essential Services for Health in Ethiopia is implemented by John Snow, Inc. in collaboration with Abt Associates, Academy for Educational Development, and Initiatives, Inc.

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## Table of Contents

Acronyms and Abbreviations .....	i
Introduction .....	1
Strengthening Health Worker Skills.....	2
<i>Child Health Survival Interventions</i> .....	2
Improved Community Household Practices.....	4
<i>Behavior Change Communication Materials</i> .....	4
<i>Support to Health Extension Workers</i> .....	4
<i>School Health Program</i> .....	5
Improved Health Systems .....	6
<i>Performance Improvement</i> .....	6
<i>Health Care Financing Legal Framework</i> .....	7
Monitoring And Evaluation .....	9
Regional Overview.....	10
<i>Amhara</i> .....	10
<i>Oromia</i> .....	11
<i>SNNP</i> .....	12
Challenges and Constraints.....	13
Coordination and Collaboration.....	14
Annexes	
I: Summary of Trainees By Thematic Area .....	15
II: Charts on Penta3 Coverage .....	16
III: Follow-up Visit Results .....	17
IV: ESHE Performance Indicators and Targets for ESHE focus Woredas...	18

## Acronyms and Abbreviations

<b>BCC</b>	Behavior Change Communication
<b>BOFED</b>	Bureau of Finance and Economic Development
<b>CBE</b>	Commercial Bank of Ethiopia
<b>CHPI</b>	Community Health Promoters Initiative
<b>CHPs</b>	Community Health Promoters
<b>CNP</b>	Community Nutrition Promoter
<b>CRDA</b>	Christian Relief and Development Association
<b>DBP</b>	Decentralized Planning and Budgeting
<b>DPT</b>	Diphtheria, Pertussis, Tetanus
<b>E.C.</b>	Ethiopian Calendar
<b>EFY</b>	Ethiopian Fiscal Year
<b>ENA</b>	Essential Nutrition Actions
<b>ENC</b>	Essential Newborn Care
<b>EOS</b>	Enhanced Outreach Service
<b>EPI</b>	Expanded Program on Immunization
<b>ESHE</b>	Essential Services for Health in Ethiopia
<b>FHC</b>	Family Health Card
<b>FHI</b>	Family Health International
<b>FMoH</b>	Federal Ministry of Health
<b>HCF</b>	Health Care Financing
<b>HCP</b>	Health Communication Partnership
<b>HEEC</b>	Health Extension and Education Center
<b>HEP</b>	Health Extension Program
<b>HEW</b>	Health Extension Worker
<b>HMIS</b>	Health Management Information System
<b>HSDAMP</b>	Health Service Delivery, Administration, and Management Proclamation
<b>HSDP</b>	Health Sector Development Program
<b>ID</b>	Immunization Diploma
<b>IMC</b>	International Medical Corps
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>IMNCI</b>	Integrated Management of Neonatal and Childhood Illnesses
<b>IRT</b>	Integrated Refresher Training
<b>JSI</b>	John Snow, Incorporated
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MINI</b>	Morang Innovative Neonatal Intervention
<b>NDA</b>	No Data Available
<b>PI</b>	Pathfinder International
<b>PPD</b>	Planning And Programming Department
<b>RCT</b>	Randomized Control Trial
<b>RHB</b>	Regional Health Bureau
<b>SC/US</b>	Save the Children/United States
<b>SNL</b>	Saving Newborn Lives
<b>SNNP</b>	Southern Nations Nationalities and Peoples'
<b>TOT</b>	Training of Trainers
<b>TT</b>	Tetanus Toxoid
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization
<b>WorHO</b>	Woreda Health Office
<b>ZHD</b>	Zonal Health Desk
<b>ZHO</b>	Zonal Health Office

# Introduction

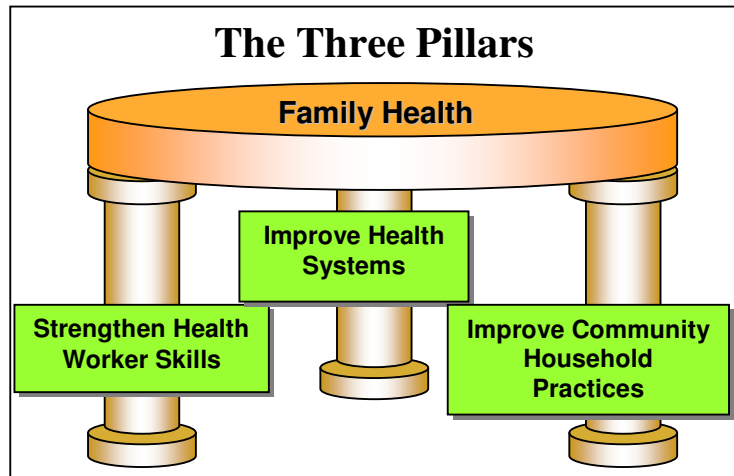
The Essential Services for Health in Ethiopia (ESHE) Project is the USAID/Ethiopia five-year (2003-2005) bilateral initiative for child health and health sector reform with the Ethiopian Government. The Project contributes to achieving USAID/Ethiopia's *Strategic Objective 14: Human Capacity and Social Resilience Increased* by increasing the effective use of high-impact child health, family planning, and nutrition services, products, and practices.

The program is implemented in 101 selected woredas, serving 15 million people in Ethiopia's three most populated Regions: Amhara, Oromia, and Southern Nations, Nationalities and Peoples' (SNNP). In Amhara, Oromia, and SNNP, 24, 25, and 52 woredas, respectively, were selected for intervention, at the request of the regional health bureaus (RHBs).

ESHE partners with the Federal Ministry of Health (FMOH) and operates within existing structures of RHBs, zonal health desks (ZHD), woreda health offices (WorHOs), health facilities, and local communities. Health offices are helped in improving the quality and utilization of high-impact child survival interventions through the Expanded Program on Immunization (EPI), Essential Nutrition Actions (ENA), and Integrated Management of Newborn and Childhood Illness (IMNCI) interventions. Key approaches, including capacity building, community mobilization, and behavior change communication aim to improve community and household health practices and improving the health system, and strengthen health worker skills.

In health sector reform, ESHE works with the FMOH, RHBs, and WorHOs to improve health care financing (HCF). Instituting policy changes aimed at increasing resource availability and allocation will improve health services and, ultimately, the health of citizens. Interventions are national and regional in scope and coverage.

The program is designed in such a way that interventions complement each other. Efforts focusing on creating and maintaining synergy between the Health Extension Program (HEP) and Community Health Promotion Initiative (CHPI) in the focus regions have been successful in achieving preventive health care and healthy behavior at community level. Interventions to build health worker capacity and strengthen the health system have laid the ground work for improved health service provision in health facilities. ESHE activities extend beyond the boundaries of focus kebeles and woredas in the three regions through training and sharing of materials.



# Strengthening Health Worker Skills

## Child Survival Interventions

ESHE's key child survival interventions include Expanded Program on Immunization (EPI), Essential Nutrition Actions (ENA) and Integrated Management of Newborn and Childhood Illnesses (IMNCI).

## Immunization

According to the routine reports, in ESHE woredas in Amhara, annual Penta1 coverage is 99% and 95% for Penta3. The drop out rate from Penta1 to Penta3 is 4%. In Oromia, annual coverage for Penta1 and Penta3 is 100% and 97%, respectively, with a dropout rate of 3%. Similarly, in SNNP woredas, Penta1 annual coverage has reached 100% and Penta3 95%, with a dropout rate of 5%. Coverage has improved in ESHE woredas in the three regions, indicating high level of access to immunization services. Dropout rate indicates the proportion of children who start the immunization series but fail to complete the series to Penta3.

Annual measles coverage in ESHE woredas is 73% in Amhara, 83% in Oromia, and 87% in SNNP. As measles vaccination is given at nine months of age, a large proportion of children who received Penta3 did not go on to receive the measles immunization in Oromia.

In general, EPI coverage is at an acceptable level when measured against WHO's recommended 80% of under-one children, with a dropout rate of less than 10%. Efforts are required to improve measles coverage in Oromia and Amhara project areas.

EPI mop-up training for health workers ensured continued high coverage in ESHE areas. Additionally, ESHE cluster and regional staff assisted during national

immunization campaigns and enhanced outreach service (EOS).

After updating the EPI training materials to include the recently-introduced pentavalent vaccine, 1,500 EPI modules were printed and distributed in the three regions. The materials are used for training frontline health workers and as references in health facilities.

## Essential Nutrition Actions

Malnutrition, resulting from inappropriate child feeding practices, accounts directly or indirectly for the majority of under-five deaths in Ethiopia. ESHE promotes an integrated package of proven healthy feeding practices through ENA approach. Its components are optimal breastfeeding, adequate complementary feeding with continued breastfeeding, nutritional care of the sick child, women's nutrition, and the control of anemia, vitamin A deficiency, and iodine deficiency disorders. Nutrition interventions this year focused on strengthening this approach and maintaining close collaboration with partners.

### *Nutrition Partnership*

ESHE continued working with the FMOH Nutrition Unit and participating in the national nutrition activities led by the Ministry. Assistance to the Nutrition Unit was provided to organize ENA training for health workers and health managers, including those from non-ESHE regions (Afar, Harrari, Dire Dawa, and Somali). The FMOH annual review meeting was an opportunity for ESHE to advocate ENA. During the one-day group discussion allotted for ENA, introduction was made on why nutrition matters and discussions were held on national nutrition policy, micronutrients, community-based nutrition, enhanced outreach strategy, and emergency nutrition response. Discussions resulted in



useful recommendations on future directions.

### ***National Nutrition Strategy and Lancet launching***

The National Nutrition Strategy launching in February 2008 was a great FMoH achievement. The objective was to design a strategy that ensures access for Ethiopians to a nutritionally secure environment. ESHE and the FMoH organized the event and used this opportunity to promote ENA. Following the launching, A field visit to ESHE focus kebeles and Helena plumpy nut factory was conducted.

### **Integrated Management of Newborn and Childhood Illnesses**

Activities focused on continuing IMNCI case management trainings for health workers. The 651 participants attended a

six-day training and did practical exercise in health facilities. ESHE also collaborated with Ethiopian Pediatric Society (EPS) and WHO for conducting IMNCI trainings for health workers in non-ESHE regions.

IMNCI implementation at health posts requires an appropriate and relevant health extension worker (HEWs) capacity building. Adaptation of the generic IMNCI materials for training HEWs, completed this year, included translation of the chart booklet and exercise booklet into Amharic and insertion of Amharic narration into the IMNCI video.

The household end-line survey was conducted this year in 120 health facilities in the three regions, in close collaboration with WHO Ethiopia/Afro. Results will be communicated soon.



# Improved Community Household Practices

## **Behavior Change Communication Materials**

ESHE's behavior change intervention at health facilities, communities, and households is guided by the Family Health Card (FHC), the main counseling and household health reference tool. The FHC guides parents in caring for their children from mother's pregnancy until the child is two years of age. It has been used since 2004 by HEWs and community health promoters (CHPs) to counsel parents and caregivers about optimal child health and nutrition practices. In ESHE regions, HEWs and CHPs were key in distributing the FHC to pregnant women and families with under-two-year old children.

Immunization Diploma (ID) is awarded to children completing the vaccination series before their first birthday to promote appropriate immunization schedule. This helped health workers and HEWs to continue encouraging parents and caregivers to have their children vaccinated. It is now common, in non-ESHE and all ESHE areas, to see IDs in households with a fully-immunized child. Caregivers now request the ID when their children receive their last shot.

The FHC and ID distributions have improved. Compared with previous years, as many of the health staff at all levels recognize their benefits. Better distribution is also due to wider deployment of HEWs in most of the kebeles in the three regions. HEWs obtain FHCs and IDs during trainings, from health centers in their catchment, and at WorHOs when delivering reports. Printing of FHCs and IDs was done in bulk this year to ensure continued supply. ESHE monitored distribution of these BCC materials to households, health centers, and health posts through community follow-up visits.

As a living family health reference and counseling tool, the FHC has been through constant revision and update based on feedback from field practices and in consultation with the FMoH Family Health Department and child survival groups.

## **Mass Media**

Mass media activities focused on introduction of HCF implementation and review of past messages. Workshops were organized in Oromia and SNNP Regions for television, radio, and print journalists, to update them with messages and events related to health activities. HCF and the HEP and subsequently, media programs were produced.

## **Supporting the Health Extension Program**

Technical support was provided to the FMoH Health Extension and Education Center (HEEC) in organizing the annual Health Service Development Program (HSDP) review meeting for 1999 Ethiopian Fiscal Year (EFY). ESHE assisted in preparing discussion agenda and facilitating group presentation.

The FMoH invited ESHE to be a member of the team tasked with designing an urban health delivery system and health extension program. The FMoH plans to launch this new approach in the coming EFY.

As a member of the HEP technical working group, ESHE assisted in the revision of integrated refresher training (IRT) modules. ENA, BCC, and monitoring and evaluation (M&E) portions of the IRT modules were updated and submitted to the HEEC.

Field visits were organized for various visitors to showcase HEW performance and HEP implementation status in ESHE focus

areas. Senior FMOH officials visited health posts and communities.

### **Community Health Promotion Initiative**

Training, mentoring, and follow-up of CHPs by HEWs continued this year. In a series of orientations and training of trainers (TOTs) 1,500 HEWs enhances skills for work with community volunteers. A skill-based training guide was developed for HEWs to train volunteers. Using the guide, HEWs conducted community orientation meetings, encouraged communities to select volunteers, and trained and mentored volunteers to serve as health promoters and role models. More than 54,000 trained volunteer CHPs now serve their communities and most graduated as model families.

### **School Health Program**

The school health program is a strategy that builds HEW capacity to engage elementary school students in practicing health actions, assisting parents and neighbors in performing health actions, and communicating families' health needs. It was initiated in one woreda and 10 schools in each region after 60 HEWs and 60

school principals and teachers in 30 kebeles and schools in the three regions were trained. FHCs were distributed and themes explained to 4th grade students.

A workshop was conducted to build consensus on the need to strengthen the implementation of HEP in schools. Representatives from the FMOH HEEC, HEP coordinators from the three regions, WorHO heads, education bureau representatives, HEWs, ESHE staff, and an international consultant attended.

A training guide was developed to build HEW and teacher capacity to better enable them to work with students. A school health activity guide was also developed to help HEWs introduce health behaviors to students. This guide presents messages in the FHC appropriate for school children.

Experience sharing meeting in all woredas demonstrated maximized implementation of the model family package and use of FHC in households. The school health program experience and implementation process will be documented for future scale-up.

# Improved Health Systems

## Performance Improvement

ESHE targeted health managers to build their management and supervision skills. In addition, ESHE worked with the FMoH to lay the foundation for availing resources at the facility level to improve services.

## Supportive Supervision

ESHE collaborated with senior managers and technical experts of the three RHBs to revise and standardize integrated supportive supervision checklists. The revised comprehensive document consists of checklists to supervise ZHD, hospitals, health science colleges, WorHOs, health centers, and health posts. Using the revised checklists, RHBs conducted supportive supervision to ZHDs, WorHOs, health centers, health posts, and hospitals. Performance scoring system findings were compiled, analyzed, and presented at regional performance review meetings.

To introduce the newly assigned Oromia and SNNP RHBs senior management staff, a two-day orientation on supportive supervision concepts, approaches, and tools including performance scoring systems was organized. Supportive supervision training was also provided to new ZHD, WorHO, and health center staff to fill the gap created by staff turnover. Orientations and trainings were buttressed by continuous technical support.

## Health Management Information System

Training in Health Management Information System (HMIS) data use for decision-making was organized for ZHDs, WorHOs, and health centers in various cluster zones. Subsequent effort efforts continued through follow up, on-the-job-support, and review meetings to strengthen and sustain monthly HMIS data review and

action taking at various health system levels. Additionally, ESHE regional teams assisted in developing and disseminating woreda health profiles of the three regions.

## Review Meetings

Regular performance review meetings are crucial in monitoring health systems performance and taking timely actions. To improve review meeting practices, guidelines were developed and distributed to the various levels. In addition to financial support, ESHE regional project team helped reinforce utilization of the guidelines and ensure periodic review meetings.

## Performance Improvement End-line Survey

Towards finalizing the Project, coordination and conduction of performance improvement end-line surveys were carried out in February and March 2008 in the three regions. Survey tools, developed and finalized centrally, were refined based on inputs from field tests in each region.

Data collectors were recruited and trained from health centers in ESHE-focus zones and woredas. Field-testing of the tools equipped data collectors with practical experience. Data entry and analysis were completed and the draft report developed.

## Supportive Supervision Technical Working Group

ESHE is a member of the FMoH technical working group, which created a nationwide system for integrated supportive supervision by developing guidelines, checklists, and training materials under Planning and Program Department (PPD) leadership and coordination of the Tulane University Technical Assistance Program in Ethiopia. Its draft manual for conducting

supportive supervision was submitted to the PPD for comments and future directions.

### **Health Care Financing Legal Framework**

ESHE assisted non-ESHE regions in endorsing and implementing HCF reform. During meeting in Assossa to help the Benshangul-Gumuz RHB initiate the reform implementation, presentations and discussions were held on HCF reform concept, implementation status in ESHE focus regions, and challenges. Study reports and a prototype legal framework were shared. Following the meeting, the region's RHB formed a committee to initiate and facilitate implementation. It is currently refining the legal framework for Regional Cabinet approval.

Similar assistance was provided to Dire Dawa City Administration and Harari RHBs. Dire Dawa City Administration drafted HCF proclamation, regulation, and an action plan for implementation. Harari Region issued the proclamation and prepared a draft regulation. The HCF team provided technical assistance throughout the process.

### **Health Care Financing Newsletter**

The ESHE HCF team resumed publishing the quarterly HCF newsletter, first published in June 2001. Various health financing issues were discussed in previous publications. The second quarter newsletter focused on special pharmacies and was distributed to RHBs, WorHOs, and health facilities in Amhara, Oromia, and SNNP Regions, the FMOH, academic and research institutions, international organizations, and government offices. The third quarter newsletter, with HCF reform as a main theme, will be published soon.

### **Health Insurance**

Final draft of the health insurance strategic document, health insurance proclamation, and explanatory note were presented to the FMOH Executive Committee. Prior to submission of the health insurance legal framework to the Council of Ministers, a consultative meeting was organized to obtain comments from RHB heads, FMOH department heads and executive committees, and the Central Statistical Authority.

### **Special Pharmacy**

The FMOH and USAID launched the Special Pharmacies Project in 2002. The 150 Special Pharmacies at public health facilities ensure continued drug supply at affordable prices and contribute to health service improvement. Special pharmacies continued to be established in Oromia, SNNP, and Tigray Regions in accordance with the *Special Pharmacy Management and Operational Guideline*.

An impact assessment jointly undertaken by ESHE and Italian Cooperation assessed Special Pharmacies' role in availing drugs in health facilities, stabilizing drug prices, and ensuring client satisfaction. The study covered samples of Special Pharmacies in Oromia, Amhara, SNNP, and Tigray. Findings were presented in a workshop organized by the FMOH for participants from health service and pharmacy departments, selected Special Pharmacies, and the four regions. A brief note on assessment findings was distributed to participants during the ninth HSDP Annual Review Meeting. The final report is being prepared.

## **Monitoring and Evaluation Framework for Health Care Financing**

An M&E framework for HCF reform, developed with technical assistance from Abt Associates Headquarters, monitors reform implementation progress. The framework is a set of tools used for data gathering and analysis and generating reports. It includes the five major HCF components: decentralized planning and budgeting, revenue retention and utilization, fee waiver and exemption system, fee setting and revision, and governance of health facilities. Input, output, outcome, and impact indicators were developed for each component to identify major implementation bottlenecks and provide assistance to implementing bodies.

### **Health Care Financing Implementation Progress**

To assess HCF reform implementation progress, a survey of selected health facilities, WorHOs, woreda finance and economic development offices, and woreda administration offices was undertaken in SNNP, Amhara, and Oromia Regions. The survey refined the recently-developed HCF M&E framework. Technical support was provided to surveyed offices and health facilities. The completed survey synthesis report revealed implementation was well under way in visited woredas and regions. With the exception of fee waiver system, nearly all HCF reform components are being implemented as planned.

### **Health Care Financing End-line Survey**

Data collection of the HCF reform end-line survey was completed in SNNP and Oromia and is in progress in Amhara. Covered were 24 woredas each in Amhara and SNNPR 30 woredas in Oromia. Data were collected from WorHOs, woreda

administrations, health centers, woreda finance and economic development offices, and health centers. Data entry is in progress.

### **Support to the Planning and Programming Department**

The ESHE HCF team has been continually assisting the FMOH PPD with:

- Developing HSDP Harmonization Manual
- Participating in HSDP III mid-term review
- Preparing Health Sector Consolidated Report
- Developing terms of reference and review of methodology for health service unit cost study
- Preparing terms of reference for a study in willingness and ability to pay for health insurance
- Participating in the health service unit cost study
- Preparing terms of reference for the performance-based contracting study
- Preparing materials and training mentors for woreda-based core plan for 2001 EFY
- Participating in resource mobilization and utilization for business process re-engineering

# Monitoring and Evaluation

## Monitoring and Evaluation Annual Report

ESHE M&E Unit monitors achievement of pre-set targets and goals. It assembles and analyzes data gathered from Project activity records and various health system levels. M&E facilitates provision of data for decision making, timely information that can lead to adjustments, and evidence for reaching desired results.

### Bolosso Sore External Evaluation

The Bolosso Sore nutrition intervention program, funded by the Office of Foreign Disaster Assistance, was evaluated by consultants from Hawassa University. Qualitative and quantitative methods were used to assess whether expected results were achieved, evaluate program impact on complementary approach, and learn the added value of community therapeutic center. The evaluation report revealed the program greatly contributed to strengthening the woreda health care system in addressing community health and nutrition problems.

### End-line Surveys

At project start up, ESHE in collaboration with RHBs conducted surveys that provided extensive baseline data to understand child and maternal health status in the three regions and to design intervention strategies. In the final year, end-line surveys were conducted to assess progress after intervention in the three regions.

The four surveys were household, health facility, performance improvement, and HCF. Findings revealed tremendous achievement in the health system, enhancement of the health worker skills, and improved community household health practices. Findings will serve as a baseline for the follow-on Project.

## Follow-up Visits

ESHE conducted follow-up visits to WorHOs, health centers, health posts, and households to provide assistance and transfer knowledge and skills. Using ESHE follow-up checklists, 233 WorHOs and 630 health facility visits were conducted. ESHE staff guided health managers on data use for decision making, and shared techniques of supportive supervision. Additionally, 478 visits were made to health posts and 700 to communities. The community follow-up strengthened synergy between HEWs and CHPs for better household health practices. To council mothers/caregivers on feeding practices, immunization, and sanitation, ESHE staff visited 4,227 households with under-two children.

## ESHE Management Meeting

The ESHE Management Team convenes a meeting every two months to assess implementation status and progress in intervention areas. At such meetings, regional project managers make presentation on implementation progress and related issues and share future plans. The regular meeting has proved a good way of monitoring progress, sharing experiences, and creating a standardized way of implementation and synergy between the three regions.

## Theme Team Meeting

Quarterly theme team meetings were conducted by technical specialists this year. Performance Improvement, M&E, HCF, Child Survival, and BCC/Community Mobilization teams held separate meeting to monitor implementation progress in each technical area. Regional technical specialists shared their experiences in the respective regions, assessed implementation status, and discussed about preparation for the end-line surveys.

# Regional Overviews

## Amhara

The Amhara National Regional State is the second largest Region in Ethiopia, with an area of 170,752 sq. kms, and a population of 20, 128,802. Its average growth rate is 2.7%. Approximately 90% of the population is rural, living in heavily-populated farming communities (111 persons/sq. km.). Although the remoteness of many communities presents a challenge to health care provision, there is improvement in the potential health service coverage, 93.1%, compared with 87% last year.

ESHE operates in 24 woredas in Amhara to improve child survival and strengthen the health system and health worker skills. In partnership with Amhara RHB programs are implemented in the existing health sector structure and local communities. The ESHE health sector reform component provides technical support to improve mobilization of resources to the sector and allocation and use of available resources.

ESHE's capacity building activities, supportive supervision, and review meetings have positively impacted the Region's non-ESHE areas.

### Major achievements

#### Child Health

- Collected and analyzed monthly EPI data and provided technical support to health facilities.
- Conducted EPI mop-up training for 104 health workers.
- Assisted 41 HEWs in cold chain management and safe injections.
- Trained 232 health workers and HEWs in ENA-BCC.
- Trained 19 health managers in ENA-technical.
- Trained 214 health workers in IMNCI case management.

- Distributed IMNCI registration books to health facilities, WorHOs, and clusters.
- Provided technical assistance and follow-up to health facilities, WorHOs, and ZHDs in EPI, IMNCI, and ENA interventions.

Achievements vs. Targets in Amhara Focus Woredas July 1, 2007-June 30,2008 (%)			
Indicator	Baseline 2002/03	Year 5 Target	Year 5 Achieved
DPT3/Penta3	63	90	95
Polio3	61	90	92
Vitamin A	NDA	80	95
Penta1-3 drop-out rate	9	<10	4

#### Improved Community and Household Practices

- Conducted CHPI TOTs and review meetings for HEWs.
- Conducted school initiative trainings for HEWs and school directors.
- Organized model kebele and annual review meetings.
- Distributed FHCs and IDs to WorHOs and health facilities.
- Organized review meetings for 166 HEWs and 23 health workers.
- Organized CHPI TOT for 206 HEWs and 41 health workers.

#### Improved Health Systems

- Trained 413 health managers in HMIS.
- Provided technical and financial assistance for review meetings and supportive supervision.
- Trained 59 zonal, woreda, and health facility professionals in supportive supervision.
- Printed and distributed *Review Meeting Guideline*, *Supportive Supervision Guideline*, integrated supportive checklists, and *Management Standard Guideline* to 60 health facilities.
- Organized HCF implementation orientation workshops for health workers and hospital managers in ESHE and non-ESHE zones.



## Oromia

Oromia Regional State is the largest Region in Ethiopia. Administratively, it is structured into 17 zones, 10 administrative towns, 281 woredas, and 7,064 kebeles. Its estimated population is 27,747,927. Women of child bearing age constitute 6,464,267 and pregnant women, 1,034,998. Children under-one and under-five years of age comprise 1,034,998 and 4,772,643, respectively.

Health service delivery has been improving due to continuous support and close follow-up by the regional government and commitment of development partners. Health services are delivered in 29 hospitals, 247 health centers, 740 clinics, and 1,814 health posts. The estimated potential health service coverage is 82%.

HEP is a strategy that increases access to improved primary health care. Rampant communicable diseases, acute nutrition problems, and recurrent emergencies and outbreaks challenge this effort.

Operating in Oromia since November 2003, ESHE's goal is to improve child health. It provides technical assistances in IMNCI, ENA, and EPI to government counterparts.

ESHE health sector reform components have equally contributed to improved health services through increased health facility resources and improved management skills.

### Major Achievements in

#### *Child Health*

- Trained 132 HEWs and 54 health workers in ENA-BCC.
- Trained World Vision staff in ENA-BCC.
- Trained 107 health workers in IMNCI case management.
- Supported national immunization days and enhanced outreach services.
- Trained 40 health workers and 35 HEWs in EPI refresher training.

Indicator	Baseline 2002/03	Year 5 Target	Year 5 Achieved
DPT3/Penta3	35	90	97%
Polio3	NDA	90	100
Vitamin A	NDA	80	100
Penta1-3 drop-out rate	29	<10	3

#### *Improved Community and Household Practices*

- Trained 77 HEWs and health facility staff in first round CHPI themes.
- Trained 317 HEWs and 19 health workers in second round CHPI themes.
- Organized experience sharing meetings for 271 HEWs and 35 health facility staff.
- Assisted HEWs in introducing second round theme to 3,727 CHPs.
- Conducted follow-up visits to 57 kebeles, 53 HEWs, and 341 households in focus areas.
- Conducted a school health program review meeting for 19 HEWs, three WorHO staff, and 21 teachers.
- Trained 475 graduating HEWs in communication and community mobilization skills.

#### *Improved Health Systems*

- Trained 50 newly assigned health managers in supportive supervision and performance scoring system.
- Trained 115 new WorHO and health center managers in HMIS.
- Provided technical and financial support to conduct review meetings.
- Facilitated printing and distribution of 3,500 copies of the legal framework.
- Translated the HCF *Implementation Manual* into Afan Oromo and the *Directive* into Amharic.
- Trained 395 participants in HCF reform implementation.
- Conducted HCF reform orientation for 126 hospital board members.
- Trained 150 health center governing bodies in HCF reform implementation.

## SNNP

The Southern Nations, Nationalities and Peoples' Region has an area of 118,000 sq km. and 15.7 million people, constituting 20% of the nation's total. It has 13 zones, eight special woredas, 133 woredas, 22 town administrations and 3,553 rural kebeles. Close 93% live in rural areas. ESHE has been directly supporting 54 woredas and town administrations approximately 6.5 million people.

The Region's potential health service coverage has grown from 28 % in 1993 (E.C.) to 74 % at present through services provided in 13 government, four NGO, and two private hospitals, 161 health centers, 194 developing health centers, and 2,541 health posts.

ESHE, a bilateral Project, partners with the SNNP RHB in planning, implementing, and following-up child survival and health sector reform interventions. These are transferred to non-ESHE areas through collaboration with government and non-governmental counterparts.

### Major Achievements

#### Child Health

- Trained 143 HEWs, 173 health workers, and 30 health science college tutors in EPI.
- Trained 17 regional and zonal experts in cold chain equipment maintenance.
- Trained 311 HEWs, 248 health workers, and 35 health science college tutors in ENA and management of acute severe malnutrition.
- Assisted in CTC management training for 25 nurses.
- Trained 384 health workers in IMNCI case management.

#### Improved Community and Household Practices

- Provided CHPI TOT for 214 health workers from non-ESHE zones.
- Trained 3,149 HEWs and 255 health workers in the new CHPI approach.
- Conducted CHPI review meeting for 477 HEWs and 85 health workers.
- Conducted BCC workshop on HCF reform for 25 radio producers.
- Conducted CHPI TOT for 54 teachers and HEWs.
- Conducted school health program review meetings for 37 teachers and HEWs.

Achievements vs. Targets in SNNP Focus Woredas July 1, 2007-June 30,2008 [%]			
Indicator	Baseline 2002/03	Year 5 Target	Year 5 Achieved
DPT3/Penta3	60	90	95
Polio3	50	90	93
Vitamin A	NDA	80	92
Penta1-3 dropout rate	19	<10	5

#### Improved Health Systems

- Conducted a HCF reform orientation workshop for 53 hospital board members.
- Trained 501 participants in HCF implementation.
- Trained 25 accountants in HCF reform and government accounts procedures.
- Trained 140 managers and experts in supportive supervision.
- Assisted in woreda-based planning for EFY 2001.
- Conducted supportive supervision in 53 health centers and 20 WorHOs.
- Conducted follow-up visits to 116 WorHOs, 297health centers, 132 health posts, and 180 communities.
- Provided technical and financial support for performance review meetings and supportive supervision.

# Challenges and Constraints

- Nutrition crisis that followed shortage of rain affected implementation in ESHE focus areas.
- Cold-chain problems such as shortage of refrigerators in health posts and lack of skills to operate and maintain refrigerators affected EPI achievements.
- High staff turnover has continued to plague performance and sustainability of capacity building efforts.
- Lack of vouchers for collecting revenue delayed HCF reform implementation in some health facilities.
- Lack of uniform incentives and high per diem rates of some NGOs for training participants constantly posed a challenge in conducting trainings.
- Competing priorities by government partners interfered with performance of routine child health and health sector reform activities.
- The time gap between introduction of pentavalent and withdrawal of trivalent vaccines affected routine EPI coverage.
- Transfer and turnover of ESHE-trained HEWs challenged CHPI expansion in focus areas.
- Acute watery diarrhea outbreak in ESHE regions interrupted routine activities.

# Coordination and Collaboration

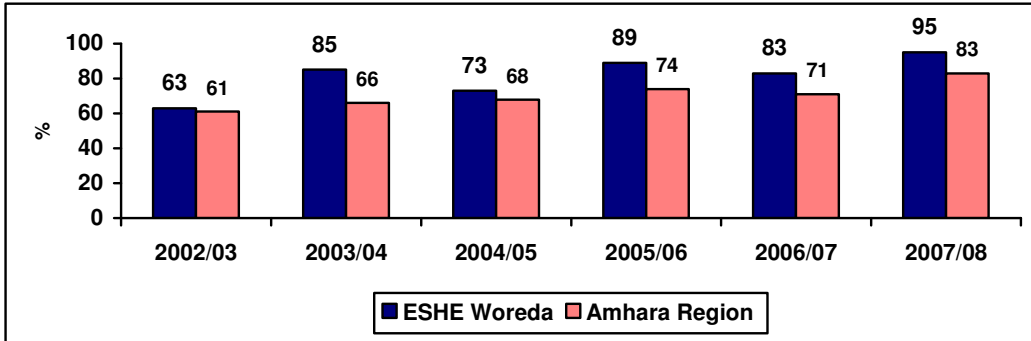
- Provided technical and financial support for the annual regional partners' forum with bilateral, multilateral, and NGO participants.
- Provided assistance to RHBs in mapping health and nutrition partners.
- Worked with hard-hit zones and woredas toward an organized response to the emergency nutrition crisis.
- ESHE and International Medical Corps (IMC) assisted Boloso Sore and other hard-hit ESHE to control emergency nutrition crisis.
- ESHE and RHB organized IRTs and facilitated EPI, ENA, and IMNCI topics.
- ESHE staff served in regional, zonal, and woreda task forces to control and prevent acute watery diarrhea outbreaks.
- Assisted the FMoH in conducting ENA technical training for 28 health program managers and health facility workers.
- In collaboration with the FMoH, WHO, and UNICEF, conducted a national post-pentavalent introduction evaluation.
- Provided technical and material support to Christian Children's Fund and International Medical Corps to train HEWs.
- Provided technical and material support to IMC, Menschen fur Menschen, and Goal Ethiopia to train community volunteers.
- Shared experiences and materials to facilitate engaging community volunteers in non-ESHE areas.
- Organized training and a field visit to help Concern Ethiopia realize its plan to implement the ESHE community approach in four woredas.
- Provided material, technical, and logistic support to HCP to expand the community approach in non-ESHE woredas in Amhara and Oromia.
- Provided technical support in Business Process Re-engineering.

### Annex I: Summary of Trainees by Thematic Area 2000 EFY

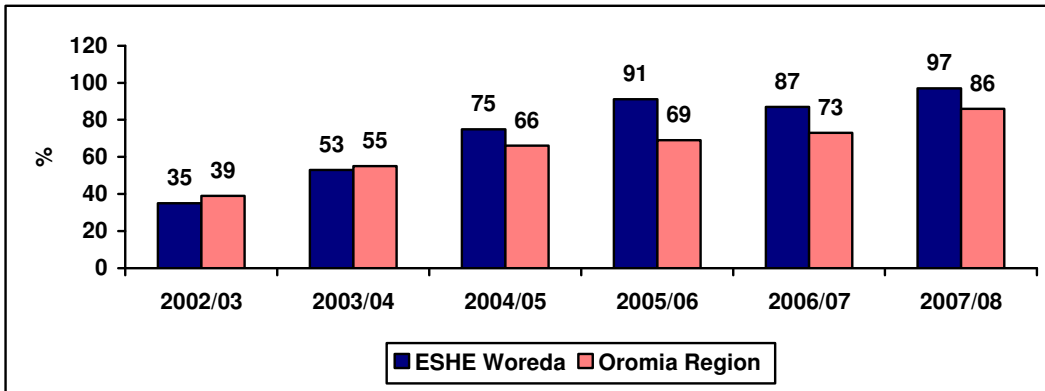
	Amhara			Oromia			SNNP			Project Year 5 Total			Life of Project (2003-2008)
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	
<b>CHPI/CNP</b>													
CHPI TOT	70	603	673	17	397	414	130	1,311	1,441	217	2,311	2,528	6,055
CHP 1st round	6,075	3,924	9,999	3,021	2,089	5,110	119	99	218	9,215	6,112	15,327	54,582
CHP 2nd round	4,553	2,812	7,365	2,322	1,405	3,727	4,544	4,358	8,902	11,419	8,575	19,994	28,656
<b>ENA</b>													
ENA/Tech.	11	8	19	0	0	0	0	0	0	11	8	19	143
ENA/BCC TOT	0	0	0	0	0	0	22	8	30	22	8	30	311
ENA/BCC	57	175	232	28	607	635	197	454	651	282	1,236	1,518	3,598
<b>EPI</b>													
Refresher	116	54	170	21	503	524	134	26	160	271	583	854	3,567
<b>IMNCI</b>													
Case Management	130	85	215	66	41	107	246	139	385	442	265	707	1,060
<b>HMIS</b>													
Refresher	180	206	386	97	18	115	0	0	0	277	224	501	997
<b>Supervision</b>													
Training	27	2	29	44	6	50	127	14	141	198	22	220	847
<b>HCF</b>													
HCF Training	496	106	602	53	9	62	73	0	73	622	115	737	2,945
Health Center Governing Body	259	42	301	152	57	209	0	0	0	411	99	510	510
Accounts Reform for HC Admin and Finance staff	161	86	247	0	0	0	505	30	535	666	116	782	782
<b>School Health Activity</b>													
Training	18	26	44	54	62	116	32	22	54	104	110	214	214

**Annex II: Charts on Penta3 Coverage**

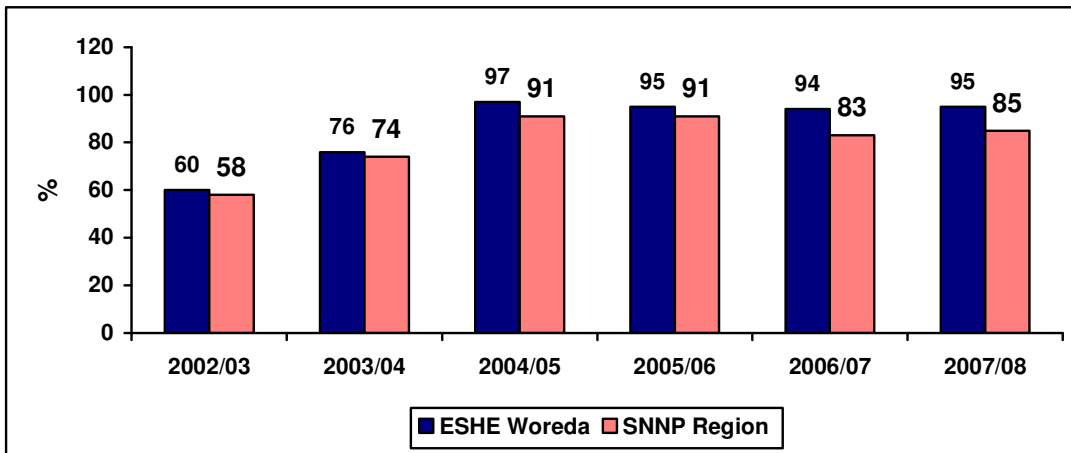
**DPT3/Penta3 Performance of ESHE Focus Woredas vs. Amhara Region Performance**



**DPT3/Penta3 Performance of ESHE Focus Woredas vs. Oromia Region Performance**



**DPT3/Penta3 Performance of ESHE Focus Woredas vs. SNNP Region Performance**



## Annex III: Follow-up Visits Results

### Health Facilities: Quality of Expanded Program on Immunization

Quality Indicator	Amhara (N=199)	Oromia (N=252)	SNNP (N=297)
Provide EPI daily	187	232	254
Use safety box	195	243	290
Effectively monitor refrigerator	178	237	279
Use foam pad	168	192	203
EPI monitoring chart in place and up-to-date	164	224	271
Provide EPI +	194	158	270

### Health Facilities: Availability of Oral Drugs and Vaccines

Oral drug and Vaccine	Amhara (N=199)	Oromia (N=252)	SNNP (N=297)
ORS	179	219	254
Cotrimoxazole	151	235	253
Anti-malaria drug	142	210	258
Mebendazole/Albendazole	173	227	282
BCG vaccine	192	237	285
Polio vaccine	185	241	283
DPT vaccine	185	243	282
Measles vaccine	194	245	282

### Communities: Household Practices

Health Practices in Visited Households	Amhara	Oromia	SNNP
Children received first milk (0 – 5 months)	(N=351) 305	(N=503) 452	(N=487) 419
Children put to breast within one hour (0-5 months)	301	420	383
Children exclusively breastfed	328	421	419
Children fully vaccinated (12 – 23 months)	(N=393) 337	(N=589) 450	(N=480) 426
children fully vaccinated who received ID	288	398	386
Households have latrine	(N=1,114) 751	(N=1,620) 1,018	(N=1,493) 1,284
Households store water in narrow-necked/cover container	918	1,521	1,354
Households visited by HEW	907	1,083	1,338
Households visited by CHPs	953	1,309	1,368
Households with FHC	929	1,258	1,210



**Annex IV: Performance Indicators and Targets for ESHE Focus Woredas**

Indicator	Operational Definition	Survey Baseline			Routine HMIS			Year 5 Target (Routine)			Year 5 Achieved			
		Amhara 04	Oromia 04	SNNPR 03	Amhara 03	Oromia 03	SNNPR 02	Amhara	Oromia	SNNPR	Amhara	Oromia	SNNPR	
<b>IR 14.1 Use of high impact health, family planning, and nutrition services, products and practices increased</b>														
DPT3/Penta3	No. of children 12-23 months old vaccinated with Penta3 by age 12 mos/ no. of children 12 -23 months old surveyed	49%	33%	46%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	No. Petna3 doses dispensed to children 0-11 months old /estimated no. of surviving infants	NA	NA	NA	61%	35%	42%	90%	90%	90%	95%	97%	95%	
TT2+	% women with children 0-11 months old who received at least two TT doses during last pregnancy or adequate no. before that pregnancy	41%	48%	62%	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Polio3	No. children 12-23 months old vaccinated with OPV3 by age 12 mos./ no. of children 12-23 months olds surveyed	50%	39%	57%	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	No. OPV3 doses dispensed to children 0-11 months old /estimated no. of surviving infants	NA	NA	NA	60%	NA	50%	90%	90%	90%	92%	95%	93%	
Exclusive BF	No. of under 6-month-olds exclusively breastfeeding within past 24 hours/total no. of under 6-month-olds surveyed	74%	45%	54%	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Early Initiation of BF	Percent of children 0-11 months who initiated breastfeeding within 1 hour after birth	23%	43%	45%	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Vitamin A	No. of children 6-59 months receiving vitamin A supplementation	18%	30%	13%	NA	NA	NA	80%	80%	80%	95%	100%	92%	
<b>Sub-IR 14.1.2 Availability of key health services and products improved</b>														

Indicator	Operational Definition	Survey Baseline			Routine HMIS			Year 5 Target (Routine)			Year 5 Achieved			
Availability of Essential Oral Drugs	ORS	98%	92%	100%	-	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Cotrimoxazole	80%	65%	89%	-	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Anti-malaria Drugs	98%	88%	97%	-	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Mebendazole/Albendazole	95%	62%	84%	-	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Vitamin A	75%	40%	66%	-	NA	NA	NA	NA	NA	NA	NA	NA	NA
Availability of Essential Dhild vaccines	BCG	77%	78%	84%	-	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Polio	95%	83%	87%	-	NA	NA	NA	NA	NA	NA	NA	NA	NA
	DPT	98%	58%	90%	-	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Measles	98%	85%	92%	-	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Sub IR.14.1.3 Quality of key health services improved</b>														
Penta1 to Penta3 dropout rate	Children 0-11 months who received Penta1 minus % who received Penta3/ % of 0-11 mos. olds who received Penta1	21%	33%	29%	8%	29%	19%	<10%	<10%	<10%	4%	3%	5%	
Quarterly supervision	% WorHO conducted supervision in the previous quarter	19%	6%	40%	NA	NA	NA	80%	80%	80%	100%	81%	94%	
<b>Sub IR. 14.1.4 Health sector resources and system improved</b>														
Fee retention	Facility fee retention in targeted government primary care facilities in focus woredas	0	0	0	NA	NA	NA	100%	100%	100%	100%	100%	100%	

## TRAINING

Indicator	Operational Definition	Survey Baseline			Routine HMIS			Year 5 Target(Routine)			Year 5 Achieved		
		Amhara 04	Oromia 04	SNNPR 03	Amhara 03	Oromia 03	SNNPR 02	Amhara	Oromia	SNNPR	Amhara	Oromia	SNNPR
<b>Sub-IR 14.1.1 Community Support for high impact interventions increased</b>													
<b>Community training</b>													
CHP Trained	Round 1	0	0	530	NA	NA	NA	3,500	1,000	2,000	9,999	5,110	218
	Round 2	NA	NA	NA	NA	NA	NA	2,500	3,500	2,500	7,365	3,727	8,902
Additional nutrition themes	Round 1	NA	NA	NA	NA	NA	NA	106	107	107	0	0	0
	Round 2	NA	NA	NA	NA	NA	NA	106	107	107	0	0	0
# kebeles with CHP		0	0	33	NA	NA	NA	130	40	100	325	50	0
<b>Sub-IR 14.1.2 Availability of key health services and products improved</b>													
<b>Health Facility Workers</b>													
EPI		-	-	-	-	NA	NA	20	20	20	170	40	63
ENA		-	-	-	-	NA	NA	20	20	20	121	54	287
IMNCI		12	7	101	-	NA	NA	20	20	20	215	107	385
<b>Health Extension Workers (new indicator)</b>													
EPI		NA	NA	NA	NA	NA	NA	200	200	275	0	484	97
ENA		NA	NA	NA	NA	NA	NA	200	200	275	130	581	394
IMNCI		NA	NA	NA	NA	NA	NA	200	200	275	0	0	0
CHPI		NA	NA	NA	NA	NA	NA	200	200	275	590	394	1,212
<b>Sub-IR 14.1.2 Availability of key health services and products improved (continued)</b>													
<b>Health Managers</b>													
DPB		NA	NA	NA	NA	NA	NA	0	0	0	0	0	0
TOT HCF Reform		NA	NA	NA	NA	NA	NA	0	0	0	0	0	0
HCF Reform*		NA	NA	NA	NA	NA	NA	0	0	0	1,150	271	608
TOT special pharmacies		NA	NA	NA	NA	NA	NA	0	0	0	0	0	0
HCF for journalists		NA	NA	NA	NA	NA	NA	0	0	0	0	0	0
HCF reform implementation - Hospital		NA	NA	NA	NA	NA	NA	0	0	0	0	0	0
HCF reform M&E		NA	NA	NA	NA	NA	NA	0	0	0	0	0	0
NHA		NA	NA	NA	NA	NA	NA	0	0	0	0	0	0
Private/public partnership		NA	NA	NA	NA	NA	NA	0	0	0	0	0	0
Management/Supervision/HMIS		NA	NA	NA	NA	NA	NA	0	0	0	415	165	141

\* Includes HC governing body and trainings and accounts reform for health center Admin & Finance staff