Improve Primary Health Care Service Delivery Project

As part of the Ministry of Health's commitment to ensuring universal health coverage, Ethiopia aspires to provide the full spectrum of essential and equitable high-quality health services by strengthening the primary health care (PHC) system. Improve Primary Health Care Service Delivery (IPHCSD) is a five-year project, which will be implemented by Amref Health Africa and JSI Research & Training Institute, Inc. (JSI) with the financial support from Bill and Melinda Gates Foundation. The IPHCSD project partnership intends to build on current and upcoming contributions and commitments using Health Extension Program(HEP) roadmap implementation as an entry point to inform broader PHC service delivery redesign.

This project will strengthen health system capacity to implement the HEP roadmap, pressure-testing PHC service delivery approaches and modalities, and provide the evidence base to inform improved national PHC policies, leverage larger financing mechanisms and transform PHC service delivery for improved health outcomes.

Goal of the Project: The project aims to strengthen the functionality of and bidirectional linkage across Ethiopia's PHC delivery platforms—health post (HP) to the health center (HC) to the primary hospital (PH)—for improved reproductive, maternal, newborn, child, adolescent health, and nutrition (RMNCAH-N) outcomes.

Primary Outcomes: The project intends to achieve the following at the primary health care level:

1) Ensure equitable access to and use of essential health services

2) Improve the quality of essential health services, and

3) Strengthen technical oversight and accountability

Geography

The project will be implemented in eight regions that represent agrarian, pastoralist, and agro-pastoral contexts of Ethiopia: Amhara, Oromia, Sidama, Southern Nations, Nationalities, and People's (SNNP); Southwest Ethiopia Peoples, Afar, Somali, and Gambella. Amref Health Africa operates in pastoralist and agro pastoralist areas, while JSI operates in agrarian areas

For the first two years, the project will be implemented in 14 learning woredas. Based on the learnings from the pressure-testing, an additional 30 test of scale woredas will be included for a total of 44 woredas throughout the span of the project.

Region	Number of woredas		Total
	Agrarian	Pastoralist/agro- pastoralist	
Afar	0	2	2
Amhara	2	0	2
Oromia	2	1	3
SNNPR	1	1	2
Sidama	1	0	1
Somali	0	2	2
Gambella	0	1	1
southwest	1	0	1
Total			14

Woreda Coverage during the First Two Years

The IPHCSD project will employ a four-step scale-up framework:

1) co-designing, 2) pressure-testing, 3) test of scale, and 4) positioning and supporting the scale-up at subnational and national levels (Fig.1).

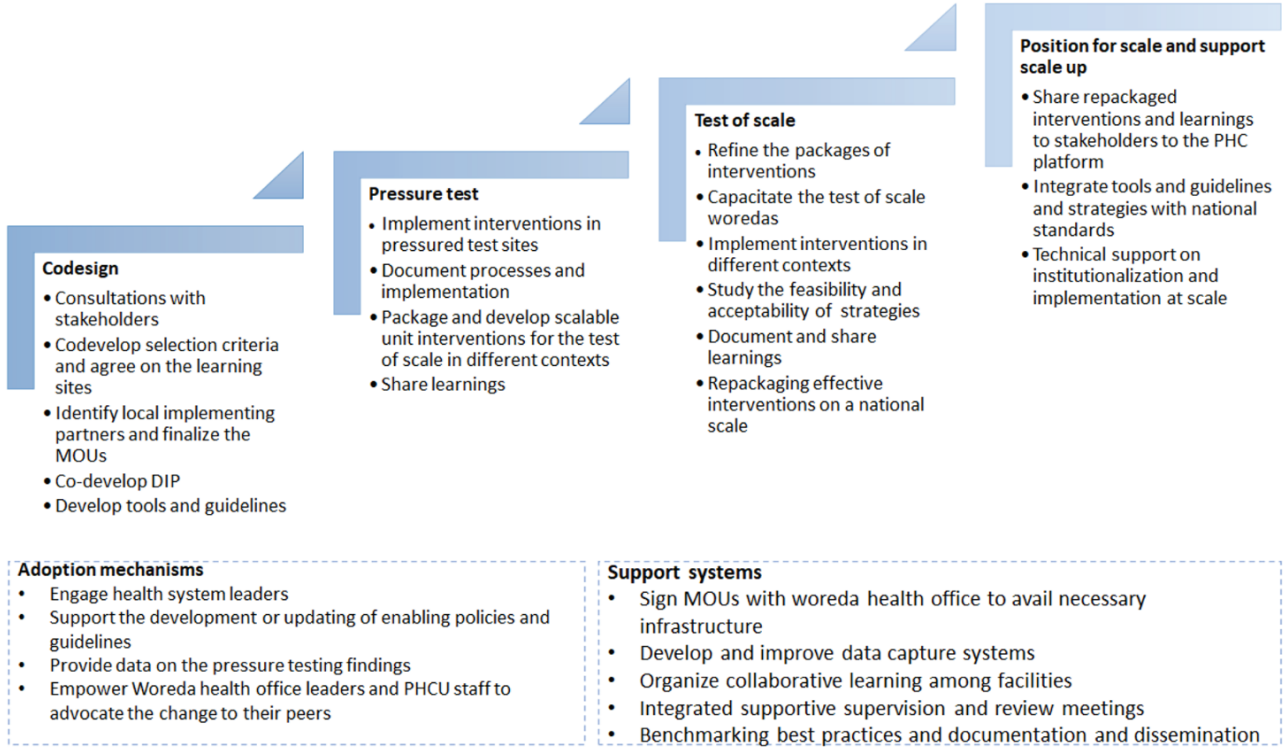


Figure1: Scale up pathway

Implementation Arrangement and Modalities

Both implementing partners will deliver the three primary outcomes fully in the assigned regions. Amref Health Africa will provide thought leadership in equitable access to and utilization of essential health services; while JSI will provide thought leadership in improving the quality of essential health services. Both JSI and Amref will jointly strengthen technical oversight and accountability.

In addition to providing technical assistance to the project's regions and zones, Amref will use onsite project staff; while JSI uses local implementing partners and regional universities to carry out woreda-level implementation.

Major Activities

Primary Outcome 1: Ensure equitable access to and utilization of essential health services

- Pressure-test the Redefined HEP Service Packages
- Implement a community health program in HCs and primary hospitals
- Contextualize service delivery modalities in pastoralist context
- Strengthen community engagement strategies

Primary Outcome 2: Improve the quality of essential health services

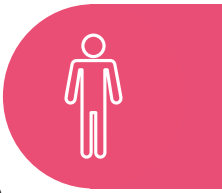
- Strengthen networks of primary care facilities for improved quality
- Introduce combined facility-community Quality Improvement (QI) process
- Codesign and pressure test a facilitated Participatory Learning Action (PLA) approach

or improved quality Maternal, Neonatal and Child Health (MNCH) services uptake and outcomes

- Introduce a performance management and performance-based incentives for PHC

Primary Outcome 3: Strengthen technical oversight and accountability for PHC

- Implement a managerial accountability for PHC framework; Revamp and test the CSC to ensure it works across the PHCU
- Reorganize the governance structure of PHCU Measurement and Evaluation



Gender Intentional Design and Implementation

Gender will be integrated into all of the project life cycles. As part of this endeavor, the project will employ the following key approaches and strategies.

- **Gender Analysis**: Analyze key gender gaps and demand- and supply-side gender barriers that shape the ability of women's, men's, girls', and boys' to access and benefit from the health system and RMNCAH-N services. The analysis will cover each health system level (individual and household, community, health facility, district, and national).
- **Gender-Responsive and Integration Strategy**: Informed by the gender analysis and leveraging from in-country experiences, the project will develop and utilize a strategy that would systematically guide the integration of gender intentional or transformative interventions in each primary outcome at each level of the PHC systems.

Measurement and Evaluation

Employing implementation science research methodology, the project aims to generate and share evidence that will influence practice and inform decision-making for Ethiopia's PHC strengthening effort and provide a guiding framework for how to optimize PHC service delivery in a variety of contexts. Accordingly, the project will:

1) Monitor the implementation of the project

2) Provide feedback and apply learnings for high fidelity during project implementation

3) Document evidence on what works and what does not work and what conditions need to be assured for large-scale implementation of the HEP roadmap

4) Influence the national HEP/PHC service delivery strategy for evidence base scale-up and promote evidence-based decision-making; and

5) Share these learnings and provide evidence for supporting global PHC service delivery models and RMNCAH-N policies.

In addition, impact evaluation will be carried out to answer high-priority evaluation questions and provide the evidence base for Ministry of Health to leverage larger financing mechanisms to support the scale-up of the HEP roadmap and redesign PHC service delivery.