

# Ethiopia

## Health Section

### Sectoral and OR+ (*Thematic*) Report

January – December 2018



*Five month old Temesgen Sisiy smiling during the breastfeeding celebration event in Tigray region Debrt health center ©UNICEF Ethiopia/2017*

Prepared by

UNICEF Ethiopia

March 2019

## Table of contents

<b>Executive summary .....</b>	<b>4</b>
<b>Strategic Context of 2018.....</b>	<b>5</b>
<b>Strategy for Ethiopia .....</b>	<b>6</b>
<b>UNICEF’s position .....</b>	<b>6</b>
<b>Results in the outcome area .....</b>	<b>7</b>
<b>Thematic contributions.....</b>	<b>8</b>
<b>Results assessment framework .....</b>	<b>8</b>
<b>Financial Analysis .....</b>	<b>10</b>
<b>Future work plan:.....</b>	<b>15</b>
<b>Expression of Thanks.....</b>	<b>16</b>
<b>ANNEX I Human Interest Story .....</b>	<b>16</b>
<b>ANNEX II Report Feedback Form .....</b>	<b>16</b>

## Abbreviation and Acronyms

AWD	Acute Watery Diarrhoea
BEmONC	Basic Emergency Obstetric and Newborn Care
CBNC	Community-based Newborn Care
CINUS	Comprehensive Integrated Nutrition Services
CTC	Case Treatment Center
EDK	Emergency Drug Kit
EID	Early Infant Diagnosis
EPI/RMNCAH	Expanded Programme on Immunisation/Reproductive, Maternal, Child and Adolescent Health
EPSA	Ethiopia Pharmaceutical Supply Agency
FMOH	Federal Ministry of Health
GoE	Government of Ethiopia
GTP	Growth and Transformation Plan
HDRP	Humanitarian and Disaster Resilience Plan
HSS	Health System Strengthening
HSTP	Health Sector Transformation Plan
IDP	Internal Displaced people
iCCM	Integrated Community Case Management
IMAM	Integrated Management of Acute Malnutrition
MAM	Moderate Acute Malnutrition
MNCH	Maternal Newborn Child Health
NDRMC	National Disaster Risk Management Commission
SAM	Severe Acute Malnutrition
SNNPR	Southern Nations Nationalities and Peoples Region
SDG	Sustainable Development Goal
WASH	Water, Sanitation and Hygiene

## Executive Summary

While 2018 was marked by unprecedented reforms and expansion of rights in Ethiopia, the country has also faced multiple emergencies. Severe ethnic conflict broke out in the border zones of Oromia and Southern Nations Nationalities and Peoples (SNNP) regions, leading to large scale internal displacement of nearly one million people, bringing the total number of internally displaced people (IDPs) to 2.8 million in 2018. Over 536,000 people were displaced due to climate-induced causes across the country. In addition, 7.95 million people required food assistance and 307,604 children were diagnosed with severe acute malnutrition (SAM) by November 2018. The country also experienced repeated disease outbreaks, such as acute watery diarrhea (AWD), measles and scabies.

Despite all these challenges, UNICEF was able to achieve key accomplishments in 2018 with regards to the strengthening, scale up and coverage of high impact maternal, new born and child health (MNCH) programmes in Ethiopia.

Through support to the deployment of 49 mobile health and nutrition teams in Afar and Somali regions, 391,844 women and children were reached with medical consultations, including life-saving treatment for SAM and moderate acute malnutrition. UNICEF's continued advocacy and support contributed to 94 per cent of health facilities providing SAM treatment in 2018, a four per cent increase from 2017. In order to improve health systems response, especially at the community level, UNICEF supported a bottleneck analysis of health system weaknesses for immunization delivery which showed the need to strengthen links to community mobilization- the Mobile Health and Nutrition Team model of service delivery assists in bridging this link. UNICEF provided technical assistance to the midterm review of the Health Sector Transformation Plan (HSTP) in 2018 and the UNICEF Ethiopia WASH programme led the planning process that resulted in fully costed and prioritized sanitation plans.

The vaccine cold chain was strengthened through the procurement and installation of 6,000 solar refrigerators in selected health posts of over 600 woredas of eight regions. Seventy per cent of the refrigerators were installed in new sites to reach unimmunized children.

UNICEF Ethiopia support helped to ensure 91 per cent coverage rates for Integrated Management of Newborn and Childhood Illness services and Integrated Community Case Management (iCCM) services. In addition, basic emergency obstetric and newborn care (BEmONC) units at 72 per cent of existing health facilities offered delivery services with functional newborn resuscitation equipment.

## Strategic Context of 2018

While 2018 was marked by unprecedented reforms and expansion of rights in Ethiopia, the social and political transformation also resulted in increased unrest and conflict across the country, triggering human rights violations. Issues related to ethnicity, identity and self-determination manifested in various parts of the country, linked with existing grievances over resources, land rights and power dynamics. Severe ethnic conflict broke out in July and August at the border of Oromia and SNNP regions. This led to large scale internal displacement bringing the total number of internally displaced people (IDPs) to 2.9 million by December 2018, of which about 1.2 million were newly displaced. Along international borders, some Ethiopians displaced by the conflict in Oromia region crossed into Kenya, and a large number of Eritrean refugees entered Ethiopia since the reopening of the border crossing points between Ethiopia and Eritrea.

In 2018, the total number of registered refugees and asylum seekers reached 919,938. Ethiopia remained vulnerable to the effects of climate change in 2018 and continued to experience droughts and floods. Despite improvements in rains and harvests in the first half of the year, 7.95 million people required food assistance, and 307,604 children were diagnosed with severe acute malnutrition (SAM) by November 2018. Moreover, 536,321 people, were displaced due to climate-induced causes across the country.

Ethiopia also experienced repeated disease outbreaks, such as acute watery diarrhea (AWD), measles and scabies. Compounded by conflict- and climate-induced displacement, the outbreaks highlighted structural weaknesses in the health and sanitation systems. Despite improvements in the drought situation in parts of the country, the national humanitarian appeal (after its mid-year review) stood at more than US\$ 1.4 billion, equivalent to an over 10 per cent of the government's annual budget for the year. The impact of the emergencies was especially severe on children, particularly migrant children, displaced children, and children on the move, who were at heightened risks of exposure to exploitation and abuse due to lack of access to education and precarious living conditions.

Prompted by global efforts and commitments to address structural causes of crises following the 2016 World Humanitarian Summit, the context in Ethiopia is increasingly defined by development programming and financing with a view to reduce humanitarian needs, risks and vulnerabilities. In 2018, the country's national planning document for the annual humanitarian response, the Humanitarian Requirements Document, was replaced by the Humanitarian and Disaster Resilience Plan (HDRP), representing a step towards a multi-year planning framework which links humanitarian response with longer-term prevention, recovery and system strengthening. UNICEF Ethiopia contributed to the preparation of HDRP and its mid-year revision UNICEF also supported the development of eight regional Emergency Preparedness Response Plans and the National Flood Contingency Plan. The increasing humanitarian needs demanded a shift in humanitarian programming with a stronger focus on conflict preventive and sensitive approaches, prioritizing advocacy and capacity building efforts.

## Strategy for Ethiopia

Achieving universal coverage of MNCH services has been met with difficulties. Ethiopia hosting the fourth largest number of refugees globally and is classified as a fragile and conflict affected country by Organization for Economic Cooperation and Development. The country will continue to have threats to achieving SDG when the health system is not resilient enough to meet the continuing challenges. Better partnership, resource mobilization, efficient use of resources, linking humanitarian response to improve routine health programmes and strengthening health system resilience are all key approaches that should be continued to meet targeted health outcomes.

In 2018, UNICEF Ethiopia continued its support to the Government of Ethiopia's (GoE) efforts to sustain and improve the health status of children and women in Ethiopia. The support is focused on realizing targets set out in the Sustainable Development Goals (SDGs), including SDG 2.2 (to end malnutrition) and SDG 3.2 (to end preventable deaths of newborns and children under five). UNICEF's efforts are also aligned with the priorities set out in the Ethiopia Health Sector Transformation Plan (HSTP) and the Growth and Transformation Plan II (GTP II). As a co-chair of the Health, Population, and Nutrition (HPN) Donor Working Group, UNICEF employed different change strategies to support major reforms of health systems and led multisectoral efforts to achieve government priorities in health, nutrition and WASH.

## UNICEF's Position

UNICEF is well positioned to engage with the Government of Ethiopia and partners to address these strategic health issues. UNICEF's country programme for 2017 to 2020 has adopted the global Health System Strengthening (HSS) 2018 to 2030 framework for planning, implementation and monitoring, with existing plans and strategies that are aligned to address systemic barriers related to health care financing, resource mobilization, resilience building, responding to health emergencies, and to expand partnership and multisectoral coordination. These enablers contribute to incremental advances in health coverage and improved health outcomes for children of Ethiopia.

Reductions in resources from traditional donors created a drastic challenge for health sector, and UNICEF's strategy for engagement and support for the Government and partners has shifted from the usual service delivery mode to blended approach of technical assistance, evidence-based policy and advocacy, and situation- responsive service delivery to influence health system resiliency and strengthening. This translates to programs that invest in health sector staff capacity so that they can be better equipped with an in-depth understanding of health systems and resilient approaches.

## Results in the Outcome Area

UNICEF has achieved substantial results towards planned results. Below are the achievements and key challenges over the course of 2018.

Under the **'programming excellence for at-scale results for children'** change strategy of the UNICEF Strategic Plan 2018-2021, UNICEF Ethiopia supported the GoE's strategy on Equity in Maternal Child Health, prioritizing systems strengthening in hard-to-reach areas. With support from UNICEF Ethiopia, regional health bureaus and international NGOs deployed 49 mobile health and nutrition teams in Afar and Somali regions. A total of 391,844 women and children were reached with medical consultations in 2018, including life-saving treatment for SAM and moderate acute malnutrition. As a result of UNICEF Ethiopia's continued advocacy and support, 94 per cent of health facilities provided SAM treatment- a four per cent increase from 2017. Between January and November 2018, 307,604 children were admitted for SAM treatment (83% of the annual target) with a cure rate of 90.5 per cent, death rate of 0.2 per cent, and defaulter rate of 1.4 per cent, well in line with performance targets. A UNICEF-supported feasibility analysis was also conducted to integrate commodities for the treatment of acute malnutrition into the portfolio of the Ethiopia Pharmaceutical Supply Agency (EPSA).

To foster integration and ensure efficiency, UNICEF Ethiopia procured vaccines to Ethiopia and provided technical assistance to EPSA for distribution and delivery through integrated supply chains for nutrition and health commodities. The vaccine cold chain was strengthened through the procurement and installation of 6,000 solar refrigerators in selected health posts of more than 600 woredas in eight regions. Seventy per cent of these refrigerators are installed in new sites to reach unimmunized children. UNICEF Ethiopia together with WHO facilitated an equity and coverage assessment to identify unimmunized children in 14 zones of SNNP, Oromia and Amhara regions, where 80 per cent of the country's unimmunized children reside.

A bottleneck analysis of health system weaknesses for immunization delivery was carried out with the support of UNICEF to improve health systems response, especially at the community level. Additionally, UNICEF Ethiopia supported the FMOH to finalize the Comprehensive Integrated Nutrition Services (CINUS) implementation guideline in 2018. The CINUS is a reference guide for frontline health workers to implement high-impact nutrition interventions for children, adolescents, and pregnant and lactating women.

The signing of the Memorandum of Understanding (MoU) between FMOH, National Disaster Risk Management (NDRMC), UNICEF and World Food Programme in April 2018 initiated the key resilience measure of Integrated Management of Acute Malnutrition (IMAM) programme in 100 selected woredas and IMAM orientations were conducted at national and regional levels. The revision included the adoption of the international WHO admission criteria with mid upper arm circumference (MUAC) cut off for admission into the SAM and MAM management programs. The previous <11.0 cm MUAC cut off for SAM admission is now revised to <11.5 cm, allowing a greater number of children to be captured and enrolled in to the SAM treatment program. This revision will facilitate earlier detection of acute malnutrition and is expected to contribute to improved outcomes for children.

Under the ‘**developing and leveraging resources and partnerships for children**’ change strategy, UNICEF Ethiopia influenced government planning and financing for children and women, and leveraged partnerships to improve service quality. UNICEF provided a technical assistance to the midterm review of the HSTP in 2018. Notably, the UNICEF Ethiopia WASH programme led the planning process that resulted in fully costed and prioritized sanitation plans, which will guide ministries to set targets for sanitation investments at the woreda level and inform the work of the GoE and development partners. Furthermore, all woredas now have Expanded Programme of Immunisation (EPI) micro-plans in place for prioritizing immunization in hotspot areas where there are significant numbers of unimmunized children under-five. Through these efforts, UNICEF Ethiopia ensured 91 per cent coverage rates for Integrated Management of Newborn and Childhood Illness services and integrated community case management (iCCM) services.

In addition, basic emergency obstetric and newborn care (BEmONC) units at 72 per cent of existing health facilities offered delivery services with functional newborn resuscitation equipment during the year. With joint support from partners such as WHO, USAID, and the Center for Disease Control and Prevention, service quality has been enhanced through the revision of the national implementation guidelines and trainings on iCCM and Community Based Newborn Care (CBNC), aimed to further reduce neonatal mortality.

### **Thematic contributions**

In 2018, UNICEF Ethiopia’s thematic funding for health (US\$ 66,818) was used to support the warehouse operations for the storage of health commodities and supplies, including Case Treatment Centers (CTC) kits and emergency drug kits (EDK) for mobile health and nutrition teams and for response of the needs of displaced persons. The timely availability of these supplies at health facilities and emergency affected areas contributed to increasing the coverage of high impact and cost-effective interventions for newborns, young children and women. This was possible due to UNICEF’s support to prepositioning (PP) key health, nutrition and WASH supplies which ultimately improved preparedness and response to health emergencies. The UNICEF PP strategy contributed in reducing excess morbidity and mortality among vulnerable children and women such as those displaced and in disease outbreak-affected regions. The unavailability of drugs at service delivery points is a systematic bottleneck in most parts of the country and thanks to the flexibility of the thematic fund, UNICEF was able to respond through a more effective commodity distribution.

### **Results assessment framework**

UNICEF completed the following strategic actions in 2018 to support sustainable coverage of high impact MNCH interventions.

#### **1. Service delivery:**

Eighty-six per cent of health facilities providing BEmONC services functioned on a 24/7 basis, and 72 per cent of health facilities offered delivery services with functional newborn resuscitation equipment (bag and mask). Despite this progress, a slight reduction is observed on skilled birth attendance at health facilities from 72 per cent in 2016/17 to 66 per cent in 2017/18. This reduction is linked to the security situation as well as the widespread conflict and displacement,



which affected the delivery of basic services. Nationally, about 91 per cent of the health centers provided integrated management of newborn and childhood illness services; 86 per cent of health posts provided CBNC; and 94 per cent of the health posts were delivering iCCM services. Fifty-eight health facilities, which previously provided integrated diagnosis for tuberculosis using a point of care diagnostics, have been trained to do early infant diagnosis (EID) of HIV using the same equipment – a strategy designed to integrate diagnostic services. With UNICEF’s technical, financial and material support, a total of 20,550 female genital mutilation/cutting (FGM/C) cases were prevented and 1,556 FGM/C survivors received clinical interventions in health posts, health centers and hospitals in Afar and Somali regions.

## **2. Equity:**

One quarter of the country’s woredas (213) conducted equity and bottlenecks analyses, biannual micro planning, and implementation and monitoring of the Expanded Programme on Immunisation/Reproductive, Maternal, Child and Adolescent Health (EPI/RMNCAH) services. The implementation of the strategies to reduce gaps in access to services for MNCAH and immunisations was supported through the deployment of competent technical assistants.

Eighty participants from FMoH and health departments in 15 zones of Amhara region were capacitated on EQUIST, an equity analysis tool for MNCAH. As a result, barriers and bottlenecks related to child survival services were monitored in the 24 percent of targeted districts. An investment case has also been developed to support effective programming.

## **3. Innovation**

UNICEF continued its work on the Acute Respiratory Infection Diagnostic Aid (ARIDA), a flagship diagnostic innovation that aims to automate respiratory rate counting and combine with pulse oximetry for better diagnosis of children with pneumonia and hypoxia. This innovation will reduce under-five deaths associated with pneumonia and hypoxia and is aimed to be scaled-up to about 80 districts.

## **4. Partnership**

UNICEF Ethiopia continued its partnership with several departments and directorates of the FMoH and its regional bureaus- mainly the policy planning, partnership and cooperation departments, health system strengthening for developing regions departments, and maternal and child health directorates. Moreover, UNICEF closely worked with the National Health Insurance Agency and Ethiopia Pharmaceutical Supply Agency (EPSA) and also partnered and collaborated with the Health Population and Nutrition (HPN) donor group and Joint Consultative Committee (JCC) members, particularly Bill and Melinda Gates Foundation (BMGF), London School of Hygiene and Tropical Medicine (LSHTM), USAID, John Snow International (JSI), and the World Bank to strengthen health systems in Ethiopia.

UNICEF Ethiopia is particularly invested in partnerships around the development of community platforms, such as the Health Extension Programme (HEP), contributing to a literature review

conducted by BMGF on community health with the aim of producing evidence-based solutions. This initiative builds on a literature review already conducted by the Government of Ethiopia. Moreover, UNICEF Ethiopia is funding a position to be embedded in the government to develop the HEP optimization plan.

## Financial Analysis

In 2018, US\$ 13,854,479 was planned for implementation of UNICEF's health programs from all funding sources (Regular resources [RR], Other Regular Resources [ORR] and Other Resources Emergency [ORE]) as stated below table.

**Table 1: Total budget for health programme by output**

Intermediate result	Grant type	Planned budget (USD)
Health system capacity strengthening	RR	1,438,701.8
	OR	1,256,407.0
Primary Health Care capacity for MNCH	RR	3,702,100.8
	OR	6,566,625.7
Community health system strengthening	RR	466,069.4
	OR	280,888.0
Health Emergency and Resilience	RR	119,685.6
	OR	24,001.0
<b>Total</b>		<b>USD 13,854,479.2</b>

UNICEF Ethiopia received total of US\$ 62,884 in 2018 from Thematic contribution as below table 2.

**Table 2: Health thematic fund contribution in 2018**

Donor	Grant number	Contribution amount	Programmable amount
Global Thematic	SC149901	66,817.98	62,884
<b>Total</b>		<b>66,817.98</b>	<b>62,884</b>

UNICEF Ethiopia 2018 total expenditures under the Survive and Thrive goal is (US\$82,228,341.49) by output

**Table 3: Expenditure of health programmes by output**

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	287,803	10,629,369	3,737,991	14,655,163.46
21-02 Immunization	299,510	2,422,579	1,420,411	4,142,499.569
21-03 Child Health	6,351,314	4,303,134	3,181,110	13,835,558.05
21-04 Prevention of stunting and other forms of malnutrition	3,180,374	10,799,770	2,789,174	16,769,318.24
21-05 Treatment of severe acute malnutrition	24,526,388	4,246,004	1,978,706	30,751,097.91
21-06 Treatment and care of children living with HIV	7,592	644,889	505,301	1,157,782.07
21-07 HIV prevention	2,980	254,450	196,715	454,144.78
21-09 Adolescent health and nutrition	24,969	233,058	204,750	462,777.40
<b>Total</b>	<b>34,680,931</b>	<b>33,533,253</b>	<b>14,014,157</b>	<b>82,228,341.49</b>

*N.B from the overall Survive and Thrive goal, Expenditure related to health are result areas 21. 01, 21.02 and 21.03*

UNICEF Ethiopia 2018 total expense for the Survive and Thrive goal by specific activities is (US\$891,382).

**Table 4: Thematic expenses by Results Area**

Fund Category	All Programme Accounts
<b>Year</b>	<b>2018</b>
<b>Business Area</b>	<b>Ethiopia - 1410</b>
<b>Prorated Goal Area</b>	<b>21 Survive and Thrive</b>
<b>Donor Class Level2</b>	<b>Thematic</b>
<b>Row Labels</b>	<b>Expense</b>
<b>Other Resources - Emergency</b>	<b>656,603</b>
21-01 Maternal and newborn health	36,734
21-02 Immunization	14
21-03 Child Health	147,436
21-04 Prevention of stunting and other forms of malnutrition	170,497
21-05 Treatment of severe acute malnutrition	301,915
21-06 Treatment and care of children living with HIV	4
21-07 HIV prevention	1

21-09 Adolescent health and nutrition	1
<b>Other Resources - Regular</b>	<b>234,779</b>
21-01 Maternal and newborn health	60,182
21-03 Child Health	35,635
21-04 Prevention of stunting and other forms of malnutrition	138,589
21-05 Treatment of severe acute malnutrition	372
<b>Grand Total</b>	<b>891,382</b>

*N.B from the overall Survive and Thrive goal, Expenditure related to health are result areas 21. 01, 21.02 and 21.03*

**Table 5. Expenses by Specific Intervention Codes, UNICEF Ethiopia, 2018 (USD)**

<b>Organizational Targets</b>	<b>Expenditure Amount*</b>
21-01-02 Facility based maternal and new born care (including emergency obstetric and new born care, quality improvement)	10,881,334
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	492,703
21-01-99 Technical assistance - Maternal and newborn health	1,938,639
21-02-04 Purchase of vaccines and devices	-1,386
21-02-05 Immunization operations	1,596,042
21-02-11 Polio social mobilization for campaigns	1,246,859
21-02-12 Continuous social mobilization and communication	731,757
21-02-14 Polio operational costs	99,316
21-03-01 IMNCI / Integrated Community Case Management (iCCM) - Community	270
21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development	723,349
21-03-06 Malaria (diagnosis, care and treatment)	-694
21-03-07 Malaria bed nets	310,313
21-03-10 HSS - Health systems procurement and supplies management	254
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	1,891,557
21-03-12 HSS - public finance management for Health	133,949

21-03-14 HSS - Risk informed programming including climate resilience disaster and conflict	6,821,247
21-03-16 HSS - Management Information Systems	465,301
21-03-18 Public health emergencies, including disease outbreaks	26,315
21-03-98 Technical assistance - HSS	1,147,955
21-03-99 Technical assistance - Child health	740,729
21-04-02 Diet diversity in early childhood (children under 5), includes complementary feeding and MNPs	159,531
21-04-03 Vitamin A supplementation in early childhood (children under 5)	2,040,847
21-04-05 Maternal nutrition, including information, supplementation and counselling	497,493
21-04-06 Salt iodization and other large-scale food fortification	122,691
21-04-07 National multisectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	1,579,759
21-04-08 Data, research, evaluation, evidence generation, synthesis, and use for prevention of stunting and other forms of malnutrition	1,630,104
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	8,773,180
21-05-01 Care for children with severe acute malnutrition	28,671,326
21-05-02 Capacity building for nutrition preparedness and response	116,782
21-05-03 Nutrition humanitarian cluster/humanitarian sector coordination	386,087
21-06-06 Provision of ART to adolescents	485,344
21-06-08 Support Policy and guidance developments and address barriers to accessing HIV services by adolescents including gender mainstreaming	491,059
21-07-06 HIV Prevention programs for adolescents including Key population such as condom programming, VMMC and PreP	-165
21-07-11 Address violence against girls and gender related issues as part of adolescent HIV programming	383,431
21-09-02 Prevention of undernutrition in adolescence (10 to 19 years)	326,654
26-01-01 Country programme process (including UNDAF planning and CCA)	394,830
26-02-03 Data architecture and use	21,243

26-02-08 Programme monitoring	202,974
26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	116,614
26-05-10 Research innovation learning, uptake and partnerships for research	17,785
26-06-04 Leading advocate	112,037
26-06-06 Supporter engagement	4,068
26-06-08 Emergency preparedness (cross-sectoral)	778,370
26-06-10 CRC, CEDAW or CRPD - follow up on concluding observations	96,080
26-06-12 Learning	79,315
26-07-01 Operations support to programme delivery	4,834,060
27-01-06 HQ and RO technical support to multiple Goal Areas	76,642
28-07-04 Management and Operations support at CO	584,392
<b>Total</b>	<b>82,228,341</b>

*N.B from the overall Survive and Thrive goal, Expenditure related to health are result areas 21. 01, 21.02 and 21.03*

**Table 6: Planned budget for 2019**

Intermediate result	Grant type	Planned budget (USD)	Funded Budget	Shortfall
Health system capacity strengthening	RR	2,631,502	2,631,502	0
	OR	2,928,940	1,640,348.10	1,288,591.90
Primary Health Care capacity for MNCH	RR	2,447,909	2,447,909	0
	OR	12,692,072	655,813.47	12,036,258.53
Community health system strengthening	RR	917,966	917,966	0
	OR	1,952,626	526,830.35	1,425,795.65
Health Emergency and Resilience	RR	122,395	122,395	0
	OR	1,952,626	3,646,829.72	(1,694,203.72)
Sub- total Regular Resources		6,119,772	6,119,772	0

Sub- total Other Resources - Regular		19,526,264	6,469,821.64	13,056,442.36
<b>Total for 2019</b>		<b>25,646,036</b>	<b>12,589,594</b>	<b>13,056,442</b>

**The health emergency and resilience output received more funding than planned due to emergency response activities.**

## Future Work Plan

UNICEF will continue to focus on health system strengthening to ensure results for children and women are sustainable and delivered at scale. This warrants adjustments to routine programmes and service delivery to ensure that they are fully planned and implemented by the government.

For emergencies, this planning responses with government will be done through a resilience lens, and in particular, advocating with the government to include emergency responses within routine services. Service modalities are also reviewed with government to analyze whether they have met the needs of the population and these reviews will be used for planning future services. Specific service modalities for pastoralist populations, such as the sustainable outreach strategies to adapt the MHNTs to reach remote populations, are being evaluated and the recommendations will be implemented in future services.

UNICEF strives for integrated programming wherever possible and will continue to facilitate integrated programming with multiple sectors. Programmes are delivered through integrated government delivery platforms, which means joint service delivery through community and child health services. A strong example of this is UNICEF’s work on integrated commodity supply chains. Key vaccines for children are already delivered through the EPSA, and nutrition commodities are now being considered for this integrated delivery. In addition, the HEP will continue efforts to serve baby WASH, CBNC and IMAM programmes.

UNICEF is currently reviewing its investments to consider whether specific investments can be integrated for the whole health system, such as in the development of health information systems, health planning mechanisms and subnational programmes to achieve universal health coverage.

To ensure value-for-money, UNICEF will continue to ensure that all resources are utilized efficiently and for maximum effectiveness. UNICEF’s current practices already ensure best value for contracts and procurement and other value-for-money strategies will include rationalization of travel for staff, monitoring and evaluation, operations, and programmes.

UNICEF will continue to strive for universal health coverage for all children of Ethiopia, to which this thematic health grant has made considerable contributions to the effective and efficient delivery of sustainable health care for all.

## Expression of Thanks

UNICEF would like to take this opportunity to express its sincere appreciation for the contribution of thematic resources that have helped UNICEF and partners provide health interventions to children in Ethiopia. The contribution from this fund supported UNICEF's ability to deliver effective, timely and collective action to children and women in areas affected by emergencies. Hundreds of thousands of children have already benefited and many more will continue to benefit from the support provided UNICEF assisted health programmes.

## ANNEX I Human Interest Story

Separately attached

## ANNEX II Report Feedback Form

**UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the report above, and return to UNICEF. Thank you!**

**Please return the completed form to UNICEF by email to:**

**Name: Jennifer Schulz**

**Email: [jschulz@unicef.org](mailto:jschulz@unicef.org)**

\*\*\*

**SCORING: 5 indicates "highest level of satisfaction" while  
0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example: the overall analysis and identification of challenges and solutions)

5

4

3

2

1

0



# Helping health workers save Ethiopia's youngest children

*Kejelo, Tiro AFETA, Oromia*

by Demissew Bizuwerk



©UNICEFEthiopia/2018/Bizuwerk

Inside the small room of Kejelo health post, health extension worker Amelework Getachew carefully monitors her stock of medicines stacked on a small wooden shelf. She checks to make sure that Oral Rehydration Salts (ORS), a fluid replacement used to prevent and treat diarrhoea, and Amoxicillin Dispersible Tablet and Gentamicin injections, antibiotics used to treat children with pneumonia and serious bacterial infections, are available in good quantity. She cross checks the numbers on each bin card and the actual quantities on the shelf. “I can’t afford to run out of these medicines,” says Amelework, pointing towards a stock of sachets of ORS and packs of amoxicillin tablets and gentamicin injections. “They are lifesaving.”

After Amelework is done taking inventory, she collects her essential job-aids for home visits and attends to five-month-old Aziza in her home as part of her routine house-to-house visit.

This way, Amelework makes sure that pregnant women and newborn babies get health follow-ups.

When Aziza was only 45 days old, she suffered from pneumonia, the common killer of infants in Ethiopia. “I was so worried when my child was sick,” says Rawda, Aziza’s mother. “She was struggling to breathe and had it not been for ‘*doctor*’, my child would not have survived.”

---

*“I was so worried when my child was sick. She was struggling to breathe”*

---

Amelework, whose name also means “a *golden character*,” is a committed health worker. Her nine-year journey as a health extension worker started in a remote village of Kereyu Dodo when she was given the daunting task of changing people’s attitudes on a range of health-related misconceptions. It wasn’t easy for her to convince people to dig toilets or use bed nets to keep them safe from malaria. “They used to call us names like the ‘*toilet controllers*’ or ‘*bed net checkers*,” she remembers.



©UNICEFEthiopia/2018/Bizuwerk  
 Wosen Darge, the CNBC Regional Technical Officer from JSIL/10K supports Amelework with regular visits to her health post.

But Amelework is now dubbed ‘doctor’, a name bestowed to her out of love and respect by the village women. She is key to the livelihoods of the community, saving mothers and newborns including little Aziza in the small village of Kejelo.



©UNICEFEthiopia/2018/Bizuwerk

Although Ethiopia has managed to significantly reduce its under-five child mortality, newborn deaths have declined at a much slower pace. Twenty-nine newborn babies die out of every 1,000 live births from preventable causes such as complications due to prematurity, birth

asphyxia, and infections like sepsis, and pneumonia[1]. Newborn deaths also account for a greater and growing share of all deaths among children under five, almost 44 per cent.

Supported by UNICEF, the Government of Ethiopia introduced the Community Based Newborn Care (CBNC) strategy in 2012. CBNC aims to empower health extension workers, such as Amelework, with skills to provide maternal and child health services during pregnancy, childbirth and in the postnatal period. Health extension workers are also trained to identify and treat newborns with severe bacterial infections or sepsis where referral is not possible. They provide treatment for sick children both at the health post and in-house during their regular visits.

“The treatment we are providing is free-of-charge,” says Amelework. “This is encouraging mothers to bring their children early when they are sick. It is also helping us to save young children from serious illnesses like pneumonia.”

Amelework is trained to provide CBNC services by JSI Research & Training Institute, Inc/ The Last Ten Kilometers Project (JSI/L10K), which is implementing the programme with technical and financial support from UNICEF. She also receives constant support and follow-up from the CBNC supervision team who regularly visit her health post to make sure that she is applying the standard operating procedures.

“We train and support Amelework to deliver her very important work by effectively identifying sick children in the village during her regular immunization outreach work and when she is providing house-to-house postnatal care,” says Wosen Darge, the CBNC Regional Technical Officer from JSI/L10K. “We also monitor and evaluate her records to ensure key information is recorded and stored in the treatment book.”

Amelework is also provided with guidance and support on supply management. She keeps track of her medical supplies to avoid shortages of critical drugs that she needs for immediate use.

---

*“Nothing is more fulfilling than seeing a mother’s happy face when her child is recovering from such illnesses”*

---

UNICEF is supporting the scaling up of CBNC services with funds from the Margaret A. Cargill Foundation. Working in coordination with the Ministry of Health, it is expected that the positive experiences observed in villages like Kejelo will be expanded to pastoralist areas.

A humble hard worker such as Amelework embodies Ethiopia's hope to end preventable newborn and child deaths within this generation. "Nothing is more fulfilling than seeing a mother's happy face when her child is recovering from such illnesses," she says, "I am a mother myself and I know the feeling."

Aziza is growing up healthy, her mother's wish is to see her daughter becoming a 'doctor', like Amelework. "She [Amelework] saved my child's life and I want my daughter to also do the same when she grows up," says Rawda, with eyes full of hope to see a bright future for her baby daughter.

If you were not fully satisfied, could you please tell us what we missed out, or what we could do better next time?

---

---

---

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were not fully satisfied, could you please tell us what we missed out, or what we could do better next time?

---

---

---

3. To what extent does the report meet your expectations regarding the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were not fully satisfied, could you please tell us what we missed out, or what we could do better next time?

---

---

---

4. To what extent does the report meet your expectations regarding reporting on results?

5	4	3	2	1	0

If you were not fully satisfied, could you please tell us what we missed out, or what we could do better next time?

---

---

---

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

---

---

---

6. Are there any other comments that you would like to share with us?

---

---

---

**Thank you for filling this form!**