Action Plan to Improve the Control of Pneumonia and Diarrhoea Through the Integrated Management of Newborn and Childhood Illnesses Approach
Contents

1 Introduction .................................................................................................................................................. 8
2 Background ................................................................................................................................................ 8
3 The Action Plan development process ..................................................................................................... 10
4 The Action Plan rationale ............................................................................................................................. 10
5 Scope of the Action Plan ............................................................................................................................ 11
6 An integrated approach to protecting, preventing, and treating common childhood illnesses in Ethiopia .............................................................. 11
7 Stakeholder analysis .................................................................................................................................... 19
8 Strategic directions ....................................................................................................................................... 21
  8.1 Strategic objectives, recommendations and activities ................................................................. 21
    8.1.1 Objective 1: Improve equitable access and utilisation of pneumonia and diarrhoea control services ......................................................................................................................... 21
    8.1.2 Objective 2: Improve quality of pneumonia and diarrhoea control services ...................... 26
    8.1.3 Objective 3: Ensure continuous availability of essential child health commodities .......... 28
    8.1.4 Objective 4: Improve regular monitoring and evaluation of child health programmes ....... 31
9 Strategic priorities and guiding principles ................................................................................................... 33
10 Implementation approaches of the Action Plan ....................................................................................... 33
  10.1 Governance and leadership .................................................................................................................... 33
  10.2 Public-private partnerships .................................................................................................................. 33
  10.3 Collaboration for implementation of the Action Plan ....................................................................... 33
  10.4 Mobilisation and effective use of resources ....................................................................................... 34
  10.5 Service delivery platforms .................................................................................................................. 34
  10.6 Engage private health facilities and medical teaching institutions in pneumonia and diarrhoea control interventions .................................................................................................................. 36
  10.7 Supply and distribution ....................................................................................................................... 37
11 Monitoring, evaluation and learning ........................................................................................................ 37
  11.1 The Health Information Management System and District Health Information System ........... 37
  11.2 Regular supportive supervision and programme monitoring visits .............................................. 38
  11.3 Performance review and clinical mentorship meetings ................................................................. 38
  11.4 Performance review meeting .............................................................................................................. 38
  11.5 Research ............................................................................................................................................... 38
11.6 Monitoring and evaluation framework ................................................................. 39
12 Implementation financing and costing ................................................................. 41

Figures

Figure 01: Causes of under-five mortality in Ethiopia .................................................. 9
Figure 02: Monitoring and evaluation framework ..................................................... 40

Tables

Table 01: Barriers, existing efforts, recommendations and responsible bodies for IMNCI/ICMNCI implementation .................................................................................. 14
Table 02: Stakeholder analysis of the anticipated support in implementing the Action Plan .............. 19
Table 03: Overview of the strategy and activity for Objective 1 ........................................ 22
Table 04: Overview of the strategy and activity for Objective 2 ......................................... 26
Table 05: Overview of the strategy and activity for Objective 3 ......................................... 28
Table 06: Overview of the strategy and activity for Objective 4 ......................................... 31

Appendices

Appendix 01: List of participants who attended the consultative workshop for the Action Plan to Improve the Control of Pneumonia and Diarrhoea Through the IMNCI Approach ................................................. 42
Appendix 02: Specific indicators and targets for the Action Plan for IMNCI and ICMNCI intervention .... 43
Appendix 03: Selected high-impact interventions for IMNCI implementation ............................ 47
Appendix 04: Specific support of developmental partners on IMNCI/ICMNCI, immunisation and nutrition programmes ................................................................. 49
Appendix 05: Detailed cost by objectives of the Action Plan ............................................ 51
Abbreviations

AEA agricultural extension agents
CBHI Community-based Health Insurance
CMAM community-based management of acute malnutrition
COC centre of competency
CPD continued professional development
CSO civil society organisation
CSTWG child survival technical working group
DHIS2 District Health Information System
DT dispersible tablets
eCHIS Electronic Community Health Information System
EPI Expanded Program of Immunization
EPSA Ethiopian Pharmaceutical Supply Agency
GAPPD Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea
GMP growth monitoring and promotion
HC health centre
HEP Health Extension Program
HEW health extension worker
HMIS Health Information Management System
HP health post
HSTP Health Sector Transformation Plan
HW health worker
ICMNCI Integrated Community Management of Newborn and Childhood Illnesses
IEC information, education, communication
IMNCI Integrated Management of Newborn and Childhood Illnesses
IMR infant mortality rate
IPLS integrated pharmaceutical logistics management system
IPRM integrated programme review meetings
ISS integrated supportive supervision
ITN insecticide-treated nets
JMV joint monitoring visits
MCHND Maternal, Child Health and Nutrition Directorate
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCV</td>
<td>meningococcal vaccine</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NCH</td>
<td>newborn and child health</td>
</tr>
<tr>
<td>NGO</td>
<td>non-governmental organisation</td>
</tr>
<tr>
<td>NMR</td>
<td>neonatal mortality rate</td>
</tr>
<tr>
<td>ODF</td>
<td>open defecation-free</td>
</tr>
<tr>
<td>ORS</td>
<td>oral rehydration salt</td>
</tr>
<tr>
<td>PCV</td>
<td>pneumococcal conjugated vaccine</td>
</tr>
<tr>
<td>PHCU</td>
<td>primary healthcare unit</td>
</tr>
<tr>
<td>PMED</td>
<td>Pharmaceutical Medical Equipment Directorate</td>
</tr>
<tr>
<td>PPD</td>
<td>Policy and Planning Directorate</td>
</tr>
<tr>
<td>PPP</td>
<td>public-private partnership</td>
</tr>
<tr>
<td>PRCMM</td>
<td>performance review and clinical mentoring meeting</td>
</tr>
<tr>
<td>PRM</td>
<td>programme review meeting</td>
</tr>
<tr>
<td>QI</td>
<td>quality improvement</td>
</tr>
<tr>
<td>RHB</td>
<td>regional health bureau</td>
</tr>
<tr>
<td>RMNCAH+N</td>
<td>Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition</td>
</tr>
<tr>
<td>SBC</td>
<td>social and behaviour change</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>SAM</td>
<td>severe acute malnutrition</td>
</tr>
<tr>
<td>SOP</td>
<td>standards of practice</td>
</tr>
<tr>
<td>TA</td>
<td>technical assistant</td>
</tr>
<tr>
<td>TVET</td>
<td>Technical and Vocational Education Training</td>
</tr>
<tr>
<td>TWG</td>
<td>technical working group</td>
</tr>
<tr>
<td>U5MR</td>
<td>under-five mortality rate</td>
</tr>
<tr>
<td>WaSH</td>
<td>water, sanitation and hygiene</td>
</tr>
<tr>
<td>WDG</td>
<td>Women’s Development Group</td>
</tr>
<tr>
<td>WoHO</td>
<td><em>woreda</em> health office</td>
</tr>
<tr>
<td>VHL</td>
<td>volunteer health leader</td>
</tr>
<tr>
<td>ZHO</td>
<td>zonal health office</td>
</tr>
<tr>
<td>ZHD</td>
<td>zonal health department</td>
</tr>
</tbody>
</table>
Foreword

Children under the age of five account for 16 percent of Ethiopia’s population. This vital group is vulnerable to a range of biological, physiological and psychosocial influences within the wider environment. Statistics have shown that children are at higher risk of contracting pneumonia, malaria, diarrhoea and other infections.

More than 80 percent of deaths in children are due to preventable and treatable conditions and close to four-fifth of under-five mortalities are attributed to neonatal causes (56 percent), pneumonia (17 percent) and diarrhoea (eight percent). Nutrition-related factors have been identified as underlying causes in around a third of under-five mortalities. The majority of these deaths occur at home, among the poor, rural and peri-urban populations where mothers and caregivers have limited access to quality life-saving interventions against the major childhood conditions.

The Ministry of Health is committed to addressing pneumonia and diarrhoea, as some of the highest causes of childhood disease and mortality and led the development of the Action Plan to Improve the Control of Pneumonia and Diarrhoea Through the Integrated Management of Newborn and Childhood Illnesses Approach in 2022/2023. The Action Plan was developed in collaboration with partners and stakeholders with widespread consultations at a national level. There was engagement with Ministry of Health professionals, civil society organisations and development partners.


Pneumonia and diarrhoea control is central to achieving universal health coverage and meeting the Sustainable Development Goals in Ethiopia. It is imperative to effectively implement the packages of evidence-based interventions articulated within the Action Plan and plan for protecting and preventing diseases in children, with a focus on underserved and vulnerable communities.

I call on all relevant ministries, departments and agencies, regional governments, partners, civil society groups, donors, the private sector and other stakeholders to support the Ministry of Health in the implementation of the Action Plan. I encourage all relevant stakeholders to provide technical and financial support for accelerating the necessary actions against pneumonia and diarrhoea in children. The operationalisation of the Action Plan will save children’s lives and impact on the trajectory of child health outcomes in Ethiopia.

Meseret Zelalem Tadesse, MD, Paediatrician
Maternal, Child and Adolescent Health Lead Executive Officer, Ministry of Health
Acknowledgements

Malaria Consortium would like to acknowledge the Ministry of Health, Maternal, Child and Adolescent Health Office for the guidance and role it played in co-developing the Action Plan. We would also like to recognise the newborn and child health desk, and the newborn and child health technical working group for providing technical support during this process. As well as, thanking all newborn and child survival stakeholders for their consultation and input in the development of the Action Plan. The financial support for developing the Action Plan was obtained from Malaria Consortium-US.
Executive summary

Despite remarkable efforts to reduce the burden of childhood disease in Ethiopia, pneumonia and diarrhoea remain major causes of mortality in children under five. The Ethiopian Ministry of Health, in collaboration with development partners, is implementing multifaceted efforts to reduce under-five morbidity and mortality. The Ministry of Health has recently developed the National Newborn and Child Development Strategy 2021–2025, which will be instrumental in addressing the burden of childhood illnesses. The strategy aims to reduce the national under-five mortality rate from 59 (2019 level) to 43 deaths per 1,000 live births; the infant mortality rate from 47 to 35 deaths per 1,000 live births; and the neonatal mortality rate from 33 to 21 deaths per 1,000 live births, all by 2025.

To support the implementation of the strategy, the Maternal, Child and Adolescent Health Office of the Ministry of Health developed the Action Plan to Improve the Control of Pneumonia and Diarrhoea Through the Integrated Management of Newborn and Childhood Illnesses Approach to focus on pneumonia and diarrhoea as the two leading causes of mortality in children under five. The Action Plan is a three-year plan with an integrated approach focusing on critical gaps in district, health facility and community capacity for prevention, diagnosis and treatment of pneumonia and diarrhoea. It looks to address key challenges within the health system, particularly human resources, and drug, vaccine and medical supply systems at all levels of the health system, including securing national drug and medical supply production. The Action Plan references the need for a multi-sectoral approach to the prevention of pneumonia and diarrhoea, the importance of addressing pollution, water, sanitation and hygiene, the underlying economic and social barriers to health, and the need for coordination with non-health actors across all sectors.

The Action Plan development began with a qualitative assessment that aimed to identify gaps in the implementation of the Integrated Management of Newborn and Childhood Illnesses platform. The findings were used as the starting input for the development of the Action Plan alongside consultations and review. The Action Plan identifies four major objectives and corresponding activities for addressing the Integrated Management of Newborn and Childhood Illnesses implementation and resource gaps: improve equitable access and utilisation of pneumonia and diarrhoea control services; improve the quality of pneumonia and diarrhoea control services; ensure continuous availability of essential child health commodities; and improve regular monitoring and evaluation of child health programmes. Critical activities that need to be conducted in line with the time span of the Action Plan were also identified. The Action Plan emphasises the need for capacity building for healthcare workers at various levels, raising awareness of the burden of childhood pneumonia and diarrhoea, and the need to fully implement the existing Integrated Management of Newborn and Childhood Illnesses platform.
1 Introduction

Ethiopia has documented notable achievements in improving the health status of children in the last two decades. Despite the encouraging reduction in the under-five mortality rate, it is still estimated that 189,000 children under five die from preventable childhood diseases every year, with more than half occurring during the neonatal period.\(^{1,2,3}\) The newborn and child health agenda has been a top priority for the Government of Ethiopia.\(^3\) However, achievements for the established goals and targets have remained inadequate and a significant number of newborns and children continue to die from preventable causes. National childhood mortality rates show that the planned reduction in child mortality has not been achieved and that the overall performance or coverage of high-impact interventions is far below the targets set in the National Newborn and Child Development Strategy.\(^3\)

As stated in the Health Sector Transformation Plan Two (HSTP II) the under-five mortality rate was reduced by two-thirds between 2005 and 2019.\(^3,4\) The under-five mortality rate decreased from 123 to 59 deaths per 1,000 live births. Similarly, the infant mortality rate decreased from 77 to 47 deaths per 1,000 live births. However, neonatal mortality declined modestly, from 39 to 33 deaths per 1,000 live births from 2000 to 2019.\(^4\)

Pneumonia and diarrhoea are caused by multiple factors and the World Health Organization (WHO) recommend integrated preventive and curative services and socio-economic programmes to tackle these diseases. This includes a set of protective, preventive and therapeutic interventions based on global, evidence-based, low-cost and high-impact interventions recommended to tackle pneumonia and diarrhoea, which have been laid out in the integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD).\(^4,5\)

There are key challenges to effective service provision that need to be analysed by region to address differing regional characteristics and the distinct challenges in rural and urban areas to ensure those most at risk are reached. Identifying those children at greatest risk, hardest to reach and most neglected, and targeting them with interventions with proven efficacy, will enable us to close the gap on preventable child deaths.\(^4\)

2 Background

A Cochrane systematic review and meta-analysis examined 12 studies to estimate the causes of under-five child mortality in Ethiopia between 1990 and 2016.\(^6\) The proportional mortality was estimated to be diarrhoeal disease (37.2 percent), acute lower respiratory illness including pneumonia (17.5 percent), measles (15.8 percent), severe acute malnutrition (SAM) (12.1 percent), malaria (7.3 percent) and meningitis (5.6 percent).\(^6\)
Ethiopia’s National Newborn and Child Development Strategy 2021–2025 revealed close to four-fifths of under-five mortalities are attributed to neonatal causes, pneumonia and diarrhoeal diseases (Figure 01).[^3][^7] 80 percent of under-five mortality occurs during the first year of life, with pneumonia accounting for four percent of neonatal mortality.[^3]

![Figure 01: Causes of under-five mortality in Ethiopia](image.png)


Several studies have identified causative factors including indoor pollution, poor access to water and sanitation, poor handwashing practices, and malnutrition including vitamin A deficiency and poor infant feeding practices.[^8][^9][^10] Similarly, children in a household where animals live and children in the care of caregivers who do not practice hand washing during a critical time have higher risk of getting pneumonia than their counter parts.[^11]

Diarrhoea mortality disproportionately affects the youngest children, with 70 percent of deaths associated with diarrhoea occurring during the first two years of life. Diarrhoea can compromise health more broadly by leading to a vicious cycle of malnutrition, stunted growth, cognitive impairment and poor immune response.[^11]

In recognition of this, the Ethiopian Ministry of Health (MoH) developed the Roadmap Towards Maximizing Newborn and Child Survival and Wellbeing by 2030, which acts as a benchmark for the Newborn and Child Development Strategy 2021–2025, as well as the HSTP II.[^3][^7][^12] These strategic plans
address quality, high impact, low-cost, evidence-based interventions for the community to reduce child morbidity and mortality. The Action Plan will be instrumental for the attainment of the goals set out in these strategic plans, by strengthening pneumonia and diarrhoea control measures in an integrated approach that focuses on protection, prevention and management.

3 The Action Plan development process

A formative assessment was conducted with the objective of determining the implementation status of the Integrated Management of Newborn and Childhood Illnesses (IMNCI), Integrated Community Management of Newborn and Childhood Illnesses (ICMNCI), and nutrition and preventative services with a special focus on pneumonia and diarrhoea.\[13] The findings of the formative assessment were presented to the national newborn and child health technical working group (TWG) and thematic priorities were identified. Accordingly, the first draft of the Action Plan to Improve the Control of Pneumonia and Diarrhoea Through the Integrated Management of Newborn and Childhood Illnesses Approach was developed with the TWG, presented to partners during World Pneumonia Day 2022 and reviewed in a stakeholder meeting in December 2022. Appendix 01 provides a list of the participants who attended the consultative workshop.

The title of the Action Plan was developed through consultation with the Maternal, Child and Adolescent Health Lead Executive and partners. It describes the integrated approach of child health services at facility level with special emphasis on the control of pneumonia and diarrhoea. However, as the child health services of the facility are linked with the community level, the Action Plan also considers key interventions being undertaken at the community level.

4 The Action Plan rationale

The GAPPD provides a roadmap for national governments and their partners to plan and implement integrated approaches for the prevention and control of pneumonia and diarrhoea in children under five.\[4] It recognises that for successful implementation, the effective engagement of all relevant stakeholders is key, and it pays special tribute to front-line healthcare providers, especially those at the most peripheral and community level.\[4],[14] The GAPPD identifies opportunities to better integrate activities, as well as capture synergies and efficiencies to address the causative factors associated with pneumonia and diarrhoea and treat illness.\[4] In line with the need and guidance outlined by the GAPPD roadmap, this Action Plan has been developed.

The rationale for the Action Plan aims to:

1. Elevate pneumonia and diarrhoea control interventions within the integrated newborn and child health agenda
2. Improve pneumonia and diarrhoea control within integrated programming, through articulating clear priorities and actions
3. Establish structures for collaboration and accountability in the health system to deliver a multi-sectoral and life-course approach.
The first step was to develop an integrated implementation plan to provide concrete guidance to a range of government and non-government actors across multiple sectors on how they can better support integrated pneumonia and diarrhoea control and intervention. It is important to emphasise that the Action Plan does not recommend the creation of separate pneumonia and diarrhoea approaches, rather it builds on broader policies, strategies and the existing health service delivery platforms (e.g., ICMNCI, IMNCI, Expanded Program of Immunization [EPI], the community-based management of acute malnutrition [CMAM] and SAM management). The Action Plan provides a starting point to ensure that the attention and funding going to pneumonia and diarrhoea are proportionate with the disease burden, and that it will continue to adapt and evolve as implementation begins.\[4],[5],[15]

The Action Plan seeks to strengthen pneumonia and diarrhoea control interventions by:

- Strengthening the community engagement platform
- Using a multi-sectoral approach to create demand generation activities
- Establishing a feedback mechanism to address community concerns
- Ensuring the availability of child health commodities
- Ensuring the provision of quality ICMNCI and IMNCI services at health posts (HPs) and health centres (HCs)
- Working with relevant partners to address the identified problems
- Improving programme ownership, governance and leadership at all levels.

5 Scope of the Action Plan

The Action Plan does not replicate existing strategies and child health intervention platforms, rather it is a part of a package of strategies and policies related to addressing neonatal and child health, including the Ethiopia National Expanded Program on Immunization Comprehensive Multi-Year Plan (2021–2025); the National Strategy for Newborn and Child Health and Development (2021–2025); the Ethiopia Food and Nutrition policy/strategy; and the Ethiopia Sanitation and Hygiene Strategy. The Action Plan identifies IMNCI implementation gaps and proposes feasible recommendations that support the achievement of the National Newborn and Child Development Strategy. The focus of the Action Plan is limited specifically to the control of pneumonia and diarrhoea in children under five.

6 An integrated approach to protecting, preventing, and treating common childhood illnesses in Ethiopia

The Ethiopian government has been implementing the EPI, CMAM, SAM, ICMNCI and IMNCI at all levels of service outlets.\[1\] IMNCI and ICMNCI are key strategies for this Action Plan. IMNCI and ICMNCI are integrated approaches to child health that focus on the wellbeing of the whole child. It is an approach that integrates all available measures for health promotion, prevention and integrated management of the most common childhood diseases through early detection and effective treatment, as well as the promotion of healthy habits within the family and community. The IMNCI/ICMNCI strategies contain three main components: improving case management skills of healthcare staff; improving the health systems; and improving family and community health practices.
This integrated approach is strengthened by the Electronic Community Health Information System (eCHIS). eCHIS is a suite of mobile applications with a web-based monitoring portal, which intends to capture electronic data on the Health Extension Program (HEP) and other community-level services, as well as utilise data to improve HEP performance, community health outcomes and serve as a job aid to health extension workers (HEWs). It is intended to improve data quality and assist in HEWs capacity to collect, analyse and use data, promoting a culture of data use in the community. The Health Extension Worker Application supports HEWs in providing IMNCI services and follow-up, while the Health Centre Referral Application supports health workers (HWs) working at HCs to confirm referrals and provide referral feedback to HEWs, as per the protocol of IMNCI.

The specific indicators and targets for the IMNCI and ICMNCI, and the relevant interventions, can be found in Appendix 02 and 03.

Through various platforms and strategies the government outline the interventions for controlling pneumonia and diarrhoea in children under five year as:

a. **Protect.** Making children healthier and less vulnerable to pneumonia and diarrhoea. Protecting children by establishing and promoting good health practices through early and exclusive breastfeeding for six months, adequate complementary feeding, vitamin A supplementation and anti-helminthic practices/deworming.\(^\text{[16]}\)

b. **Prevent.** Preventing children from pneumonia and diarrhoea with proven interventions by vaccinating children with the pentavalent, pneumococcal conjugated vaccine (PCV), rotavirus and measles vaccines to prevent illness and death due to pathogens that can cause pneumonia and diarrhoea. Preventing pneumonia and diarrhoea through hand washing with soap, safe drinking water and sanitation, reducing household air pollution, HIV prevention and cotrimoxazole prophylaxis for HIV-infected and exposed children.\(^\text{[17]}\)

c. **Diagnose.** Diagnosing pneumonia using a pulse oximeter and strengthening referral linkage and feedback through improved primary healthcare unit (PHCU) linkage.\(^\text{[18]}\) The majority of the HCs and HPs in Ethiopia use classification algorithms to diagnose pneumonia and diarrhoea as per the protocol of IMNCI and ICMNCI respectively, while hospitals and a limited number of HCs use a pulse oximeter to diagnosis pneumonia. Pulse oximetry is a diagnostic tool for pneumonia to be used at HC and hospital level.\(^\text{[19]}\) With evidence-based recommendations, other respiratory counting aids can be used for the diagnosis of pneumonia.

d. **Treat.** Treating children who are sick from pneumonia, diarrhoea and malnutrition with appropriate treatment, improved care seeking and referral, and case management at the health facility and community level with relevant supplies and interventions such as low-osmolarity oral rehydration salts (ORS), zinc, antibiotics, ready to use therapeutic food, oxygen and continued feeding.\(^\text{[18,20]}\) The MoH National Medical Oxygen and Pulse Oximetry Roadmap (2016–2020/21) states that improving access to oxygen and pulse oximetry has demonstrated a reduction in mortality from childhood pneumonia up to 35 percent in high-burden child pneumonia settings.\(^\text{[19]}\) Oxygen availability varies widely across regions and between facility types (hospitals vs. HCs). The availability is generally higher at the hospital level. Only 11 percent of HCs have oxygen systems.\(^\text{[19]}\) The National Medical Oxygen and Pulse Oximetry Roadmap indicates that staff are generally untrained, lack standard
operating procedures (SOPs)/job aids and supportive supervision for oxygen management. Most hospitals have oxygen systems but only 62 percent have sufficiently equipped or filled oxygen devices in paediatrics, and fewer have been reported to have pulse oximeters available (45 percent).[19]

e. **Health seeking behaviour.** Equitable access, quality services and service demand creation are primary factors in improving health seeking behaviour. Improving community engagement through dialogue and supported participation using multiple primary and community services looks to improve knowledge and behaviour that support prevention and early health seeking behaviour.

Table 01 below, illustrates the barriers from the demand and supply sides, existing efforts at all levels of the health system and the recommended remedial action, alongside the relevant bodies responsible for IMNCI/ICMNCI implementation. This has been informed by the formative assessment report, developed as part of the Action Plan development process.[13]
<table>
<thead>
<tr>
<th>Identified gaps</th>
<th>Existing efforts</th>
<th>Recommended action</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low service utilisation</td>
<td>Community mobilisation by the available structure</td>
<td>Community mobilisation and training of health professionals to improve service quality</td>
<td>MoH, regional health bureaus (RHBs), woreda health office (WoHO) and zonal health office (ZHOs), HWs, HEWs, volunteer health leaders (VHLs), media and partners, civil societies</td>
</tr>
<tr>
<td>Low health-seeking behaviour</td>
<td>Community mobilisation by the available structures</td>
<td>Community mobilisation and community dialogue</td>
<td>MoH, RHBs, WoHO, ZHO, HWs, HEWs, VHLs, media and partners</td>
</tr>
<tr>
<td>Caregivers’ perception that childhood illnesses resolve by themselves</td>
<td>Key messages have been developed to address the caregiver’s perception that childhood illness resolve by themselves Counselling caregivers on the key messages during GMP, nutritional screening, immunisation etc.</td>
<td>Awareness creation in the community and community dialogue</td>
<td>MoH, RHBs, WoHO, ZHO, HWs, HEWs, VHLs, media and partners</td>
</tr>
<tr>
<td>Caregivers’ delayed child healthcare seeking behaviour</td>
<td>Key messages have been developed on when to seek medical care for sick children Counselling caregivers on the key messages during GMP, nutritional screening, immunisation etc.</td>
<td>Awareness creation of pneumonia and diarrhoea using different channels</td>
<td>MoH, RHBs, WoHO, ZHO, HWs, HEWs, VHLs, media and partners</td>
</tr>
<tr>
<td>Caregivers’ perception that a child is only severely ill when the child is unable to eat or breastfeed</td>
<td>Key messages have been developed on when to seek medical care for sick children</td>
<td>Awareness creation of common childhood illnesses including pneumonia and diarrhoea using different channels</td>
<td>MoH, RHBs, WoHO, ZHO, HWs, HEWs, VHLs, media and partners</td>
</tr>
<tr>
<td>Identified gaps</td>
<td>Existing efforts</td>
<td>Recommended action</td>
<td>Responsibility</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Preference for traditional healers or home remedies</td>
<td>Key messages have been developed on where to seek medical care for sick children</td>
<td>Community dialogue and community mobilisation</td>
<td>MoH, RHBs, WoHO, ZHO, HWs, HEWs, VHLs, media and partners</td>
</tr>
<tr>
<td>Low recognition of pneumonia and diarrhoea as serious childhood illnesses</td>
<td>Media messages during pneumonia day</td>
<td>Awareness creation of the risks associated with common childhood illnesses</td>
<td>MoH, RHBs, WoHO, ZHO, HWs, HEWs, VHLs, media and partners</td>
</tr>
<tr>
<td>Low awareness of ICMNCI services</td>
<td>HP open house</td>
<td>Awareness creation of service availability</td>
<td>MoH, RHBs, WoHO, ZHO, media and partners</td>
</tr>
<tr>
<td>Perceived poor quality of service by caregivers</td>
<td>Improved training of HEWs and supportive supervision</td>
<td>Training and supervision at all levels</td>
<td>MoH, RHBs, WoHO, ZHO and partners</td>
</tr>
<tr>
<td>Low immunisation coverage</td>
<td>EPI catch up strategy and the national zero dose strategy</td>
<td>Improve accessibility, improve service quality, conduct community dialogue and community mobilisation</td>
<td>MoH, RHBs, WoHO, ZHO and partners</td>
</tr>
<tr>
<td>High vaccination dropout rate</td>
<td>Facility and outreach services</td>
<td>Improve EPI service quality including promotion through community dialogue, community mobilisation, defaulter tracing, increased outreach, improved data collection and supply chain analysis and support</td>
<td>HWS, HEWs, VHLs, health facilities, WoHO and ZHO</td>
</tr>
</tbody>
</table>

**Supply related**

<table>
<thead>
<tr>
<th>Identified gaps</th>
<th>Existing efforts</th>
<th>Recommended action</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortage of essential commodities and equipment at service delivery points</td>
<td>Annual quantification exercise and procurement of supplies</td>
<td>Quantify essential supplies, medicine and logistics</td>
<td>MoH, Pharmaceutical Medical Equipment Directorate (PMED), MCHND, RHBs, zonal health departments (ZHDs), WoHO, health facilities and partners</td>
</tr>
<tr>
<td>Identified gaps</td>
<td>Existing efforts</td>
<td>Recommended action</td>
<td>Responsibility</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>No pulse oximeters at service delivery points</td>
<td>Some HCs started purchasing pulse oximeters</td>
<td>Purchase and distribute pulse oximeters to all HCs and HPs to correctly identify pneumonia cases and maintain non-functional pulse oximeters</td>
<td>MoH, PMED, MCHND, RHBs, ZHDs, WoHO, health facilities and partners</td>
</tr>
</tbody>
</table>
| No medical oxygen at service delivery points | Limited medical oxygen distributed by MoH and partners | Map oxygen services, utilise medical oxygen for selected high-load pneumonia cases, maintain non-functional oxygen concentrators and cylinders, train key staff on maintenance, and provide SOPs and monitoring support for correct use  
Promote health facilities to procure medical oxygen from their internal revenue budget  
Monitor use in neonatal care  
Research oxygen need and oxygen regulatory systems for neonatal care | MoH, RHBs, PMED, MCHND, ZHDs, WoHO, health facilities and partners |
| Inadequate cold-chain infrastructure        | Inventory of cold-chain equipment, maintenance of equipment and HW training | Map purchase and use of cold-chain equipment and the maintenance of equipment  
HW training resource mobilisation | MoH, RHBs, WoHO and ZHO and partners |
| Capacity related                            |                                                       |                                                                                                     |                                        |
| Inadequate training of HEWs and HWs         | IMNCI and ICMNCI training have been conducted but not adequately | Resource mobilisation and cascade  
Provide IMNCI/ICMNCI training and capacity building to HWs and HEWs based on need | MoH, RHBs, MCHND, ZHDs, WoHO, health facilities and partners |
| Weak supportive supervision                 | Existing inadequate (irregular, not comprehensive or problem solving) supervision system | Conduct regular supportive supervision at all levels  
Train and support supervisors, and provide increased digital health support tools | MoH, RHBs, MCHND, ZHDs, WoHO, health facilities and partners |
<p>| Sub-optimal quality management of childhood illness | Training of HWs and supervision to improve quality | Improve service quality provided at all levels through training and supervision, access to resources and improved supply systems | MoH, RHBs, WoHO, ZHO, health facilities and partners |</p>
<table>
<thead>
<tr>
<th>Identified gaps</th>
<th>Existing efforts</th>
<th>Recommended action</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weak pre-service training of IMNCI and ICMNCI at teaching institutions</td>
<td>Tutor training started</td>
<td>Strengthen pre-service training</td>
<td>MoH, RHBs, MCHND, teaching institutions and partners</td>
</tr>
<tr>
<td>No IMNCI preservice training at private teaching institutions</td>
<td>No efforts</td>
<td>Initiate pre-service training at private teaching institution</td>
<td>MoH, RHBs, MCHND, professional associations and partners</td>
</tr>
<tr>
<td>No public-private partnerships (PPP) with private health facilities</td>
<td>No efforts</td>
<td>Establish PPP at federal, regional, zonal and woreda levels to harmonise standardised IMNCI service provision at private facilities</td>
<td>MoH, RHBs, MCHND, regulatory department, ZHDs, WoHOs and partners</td>
</tr>
<tr>
<td>Erratic child health treatment at private health facilities</td>
<td></td>
<td>Harmonise IMNCI treatment protocol at private health facilities</td>
<td>MoH, RHBs, MCHND, regulatory department, ZHDs, WoHOs and partners</td>
</tr>
<tr>
<td>Governance related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uneven distribution of health resources</td>
<td></td>
<td>Equitable resource allocation and distribution</td>
<td>MoH, RHBs, ZHDs and partners</td>
</tr>
<tr>
<td>Closure of HPs during working hours</td>
<td>Additional deployment of HEWs</td>
<td>Reinforce the commitment of HEWs, encourage accountability at all levels, and improve leadership and governance</td>
<td>MoH, RHBs, ZHDs, WoHOs, regional governments, zone, woreda and kebele administration</td>
</tr>
<tr>
<td>Poor physical structure and dismantled HPs</td>
<td>Renovation</td>
<td>Maintain HPs, encourage accountability at all levels, and improve leadership and governance</td>
<td>MoH, RHBs, ZHDs, WoHOs, regional governments, zone, woreda and kebele administration</td>
</tr>
<tr>
<td>High staff turnover</td>
<td>Replacement staff</td>
<td>Capacitate care providers on the identified gaps and close the gaps</td>
<td>MoH, RHBs and ZHO</td>
</tr>
<tr>
<td>Urban-rural differences</td>
<td>Expansion of health services</td>
<td>Reach majority of population segments with proven intervention and close the gap</td>
<td>MoH, RHBs and ZHO</td>
</tr>
<tr>
<td>Regional differences</td>
<td>Attention has been given for pastoralists e.g. ICMNCI contextualisation</td>
<td>Reach marginalised and disadvantaged community groups through equity health services</td>
<td>MoH, RHBs and regional governments</td>
</tr>
<tr>
<td>Weak multi-sectoral collaborations</td>
<td>Multi-sectoral collaboration started for nutrition</td>
<td>Strengthen multi-sectoral collaboration for other child health areas</td>
<td>MoH, RHB and TWGs</td>
</tr>
<tr>
<td>Identified gaps</td>
<td>Existing efforts</td>
<td>Recommended action</td>
<td>Responsibility</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Inadequate government budget allocation</td>
<td>Treasury and Sustainable Development Goal (SDG) budget allocation</td>
<td>Adequate treasury and SDG budget allocation and domestic resource mobilisation</td>
<td>MoH, regional governments and partners</td>
</tr>
<tr>
<td>Inadequate staffing at woreda level for newborn and child health programmes</td>
<td>Performing newborn and child health task as an additional task</td>
<td>Recruiting newborn and child health specific experts through government structures</td>
<td>MoH, RHB and ZHD</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of integration of pneumonia and diarrhoea indicators into the scorecard data</td>
<td>Identified indicators to include in the scorecard</td>
<td>Integrate pneumonia and diarrhoea indicators into the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) score card</td>
<td>MoH, RHB and partners</td>
</tr>
<tr>
<td>Lack of adequate evidence of referral acceptance for pneumonia and diarrhoea, and facility level uptake of pneumonia and diarrhoea commodities, etc.</td>
<td>Use other countries with similar context data</td>
<td>Generate country specific data on referral acceptance and commodity uptake on pneumonia and diarrhoea</td>
<td>MoH, RHB and partners</td>
</tr>
<tr>
<td>Lack of adequate incidence estimates for pneumonia and diarrhoea</td>
<td>Use other countries with similar context data</td>
<td>Generate country specific data on incidence of pneumonia and diarrhoea</td>
<td>MoH, RHB and partners</td>
</tr>
</tbody>
</table>
7 Stakeholder analysis

The pneumonia and diarrhoea control system involves a complex landscape of actors. A sustainable and long-term reduction in newborn and child mortality depends on harmonised, complementary actions at different levels by all key stakeholders. The health sector cannot address all underlying determinants of newborn and child mortality alone and the coordinated participation of other sectors and stakeholders is also needed.\cite{3,7,12} Understanding their needs is crucial to the success of the Action Plan. Table 02 shows the key stakeholders indicated in the National Newborn and Child Health Development Strategy whose needs and interests should be taken into consideration during the implementation of the Action Plan and other child health-related programme implementation. Specific partners and their existing areas of support can be found in Appendix 04.

Table 02: Stakeholder analysis of the anticipated support in implementing the Action Plan

<table>
<thead>
<tr>
<th>Stakeholders*</th>
<th>Behaviour we desire</th>
<th>Stakeholder needs</th>
<th>Resistance issues</th>
<th>Institutional response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community</strong></td>
<td>• Participation</td>
<td>• Access to health information and service</td>
<td>• Dissatisfaction</td>
<td>• Community mobilisation</td>
</tr>
<tr>
<td></td>
<td>• Engagement</td>
<td>• Empowerment</td>
<td>• Underutilisation</td>
<td>• Ensure participation quality and equitable services and information</td>
</tr>
<tr>
<td></td>
<td>• Ownership</td>
<td>• Quality of healthcare</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Service utilisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Healthy lifestyle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civil servants</td>
<td>• Commitment</td>
<td>• Condusive environment</td>
<td>• Dissatisfaction</td>
<td>• Motivation involvement</td>
</tr>
<tr>
<td>(including HWs, HEWs and admin</td>
<td>• Participation CPD</td>
<td>• Transparency incentive</td>
<td>• Unproductive</td>
<td></td>
</tr>
<tr>
<td>staff)</td>
<td>• Compassionate, respectful and caring of those they support</td>
<td></td>
<td>• Attrition</td>
<td></td>
</tr>
<tr>
<td>Health professional training</td>
<td>• Knowledgeable, skilled and ethical, trained health</td>
<td>• Technical</td>
<td>• Curriculum revision</td>
<td></td>
</tr>
<tr>
<td>institutes and professional</td>
<td>professionals</td>
<td>• Policy support</td>
<td>• Withdrawal</td>
<td></td>
</tr>
<tr>
<td>associations</td>
<td>• Participation in licensing and accreditation</td>
<td>• Guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development partners (including NGOs and CSOs)</td>
<td>• Promote professional code of conduct</td>
<td>• Harmonised and aligned participation</td>
<td>• Involvement in planning, implementation and M&amp;E</td>
<td>• Fragmentation</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• More financing, resource mobilisation and technical support</td>
<td>• Accountable and transparent financial system</td>
<td>• High transaction cost inefficiencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Line ministries (inter-sectoral collaboration)</td>
<td>• Inter-sectoral collaboration</td>
<td>• Evidence-based plans and reports</td>
<td>• Fragmentation</td>
<td>• Collaboration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consider health in all policies and strategies</td>
<td>• Effective and efficient use of resources</td>
<td>• Transparency</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Coordination of technical support</td>
<td>• Advocacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parliament, Prime Minister’s office, Council of Ministers, regional governments</td>
<td>• Ratification of policies, proclamations and resource allocation</td>
<td>• Implementation of proclamations, policies etc.</td>
<td>• Administrative measures</td>
<td>• Strong M&amp;E system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Equity and quality plans and reports</td>
<td>• Organisational restructuring</td>
<td>• Comprehensive capacity-building mechanisms</td>
</tr>
</tbody>
</table>

*HW = health worker; HEW = health extension worker; CPD = continued professional development; NGO = non-governmental organisation; CSO = civil society organisation; M&E = monitoring and evaluation.

8 Strategic directions

The Action Plan has been developed in line with the vision, mission, goals and strategic objectives of the current National Newborn and Child Development Strategy. It identifies key intervention areas, timeframes and resources needed to attain the goals of the National Newborn and Child Development Strategy. Please refer to the National Newborn and Child Development Strategy 2021-2025 to review the full details of the strategic direction of the document. The Action Plan identifies key strategic objectives and recommendations to enhance the implementation of the strategy. These objectives are as follows:

1. Improve equitable access and utilisation of pneumonia and diarrhoea control services
2. Improve the quality of pneumonia and diarrhoea control services
3. Ensure continuous availability of essential child health commodities
4. Improve regular monitoring and evaluation of child health programmes.

8.1 Strategic objectives, recommendations and activities

8.1.1 Objective 1: Improve equitable access and utilisation of pneumonia and diarrhoea control services

Strategic recommendations:

- Strengthen pneumonia and diarrhoea control interventions within facility- and community-based care, IMNCI and ICMNCI
- Integrate pneumonia and diarrhoea control activities in mobile health
- Ensure continuous service availability at HPs/minimise closer of HPs
- Improve caregiver awareness and change behaviour to better prevent, recognise and seek care for pneumonia and diarrhoea
- Improve advocacy and social mobilisation at different levels
- Ensure dissemination and implementation of the Action Plan and other pneumonia-related policies at the national and regional level
- Improve programme ownership at all levels
- Engage private sector service providers and civil society organisations (CSOs)
- Strengthening leadership and good governance.

Table 03 below outlines the key strategic recommendations for Objective 1 and the corresponding activities as set out by the Action Plan.
Table 03: Overview of the strategy and activity for Objective 1

<table>
<thead>
<tr>
<th>Key strategies and activities</th>
<th>Target</th>
<th>Frequency</th>
<th>Responsible</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Strengthen pneumonia and diarrhoea control interventions through facility- and community-based care, IMNCI and ICMNCI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide RHB, ZHD and Technical and Vocational Education Training (TVET) trainers with the revised ICMNCI and IMNCI training materials</td>
<td>321</td>
<td>Once</td>
<td>MoH, RHBs</td>
<td>All trainings in this manual are need based and the target may vary</td>
</tr>
<tr>
<td>Pre-deployment/gap filling training for new HEWs on the revised ICMNCI training</td>
<td>5,000</td>
<td>Continuous until year 3</td>
<td>RHBs, TVETs, ZHDs, WoHO</td>
<td>MoH and partners support training process and ensure quality</td>
</tr>
<tr>
<td>A three-day training at HCs and for primary hospital HWs on the revised IMNCI and ICMNCI training</td>
<td>7,600</td>
<td>Once</td>
<td>MoH, RHBs</td>
<td>Completed by end of year 1</td>
</tr>
<tr>
<td>IMNCI training for HC HWs who have not been IMNCI trained, including supervisory skill training</td>
<td>1,582</td>
<td>Annually</td>
<td>MoH, RHBs, zones, partners</td>
<td>Two HWs per HC not providing IMNCI and as per protocol</td>
</tr>
<tr>
<td>Train HWs on IMNCI to address issues of attrition gap filling training including supervisory skill training</td>
<td>388</td>
<td>Annually</td>
<td>MoH, RHBs, zones, partners</td>
<td>Considering 5% attrition rate starting from year 2</td>
</tr>
<tr>
<td>Train HWs on immunisation in practice</td>
<td>388</td>
<td>Annually</td>
<td>MoH, RHBs, zones, partners</td>
<td></td>
</tr>
<tr>
<td>Train HWs on SAM management</td>
<td>388</td>
<td>Annually</td>
<td>MoH, RHBs, zones, partners</td>
<td></td>
</tr>
<tr>
<td>Conducting post training follow up at HCs</td>
<td>985 HCs</td>
<td>Annually</td>
<td>MoH, RHBs, zones, partners</td>
<td>985 HCs addressed in year 1 and the remaining HCs addressed in the consecutive years</td>
</tr>
<tr>
<td><strong>b. Strengthen pneumonia and diarrhoea control interventions through community-based care, ICMNCI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Train HEWs on ICMNCI</td>
<td>5,758</td>
<td>Annually</td>
<td>MoH, RHBs, zones, partners</td>
<td>Two HEWs per HP not providing ICMNCI and as per protocol</td>
</tr>
<tr>
<td>Train HEWs on ICMNCI to address issues of attrition</td>
<td>1,719</td>
<td>Annually</td>
<td>MoH, RHBs, zones, partners</td>
<td>Considering 5% attrition rate starting from the 2nd year</td>
</tr>
<tr>
<td>Train HEWs on integrated refresher training and Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) programmes</td>
<td>2,100</td>
<td>Annually</td>
<td>MoH, RHBs, zones, partners</td>
<td></td>
</tr>
<tr>
<td>Conduct post training follow up at HPs</td>
<td>3,008 HPs</td>
<td>Annually</td>
<td>MoH, RHBs, zones, partners</td>
<td>3,008 HPs addressed in year 1 and the remaining HCs addressed in the consecutive years</td>
</tr>
<tr>
<td><strong>c. Integrate pneumonia and diarrhoea control activities in mobile health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate pneumonia and diarrhoea control activity in the mobile health service being implemented in pastoralist regions</td>
<td>4</td>
<td>Once</td>
<td>MoH, RHBs, zones, partners</td>
<td>Once in each region</td>
</tr>
<tr>
<td><strong>d. Ensure continuous service availability at HPs/minimise closer of HPs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the maximum dates between two consecutive cases of ICMNCI during performance review and clinical mentoring meetings (PRCMM)</td>
<td>18,129</td>
<td>Quarterly</td>
<td>HEWs, PHCUs, WoHOs</td>
<td></td>
</tr>
<tr>
<td>Key strategies and activities</td>
<td>Target</td>
<td>Frequency</td>
<td>Responsible</td>
<td>Remark</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------</td>
<td>-----------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>Provide feedback based on maximum dates identified</td>
<td>18,129</td>
<td>Quarterly</td>
<td>HEWs, PHCUs, WoHOs</td>
<td></td>
</tr>
<tr>
<td>Regularly monitor the improvement during the next PRCMM</td>
<td>18,129</td>
<td>Quarterly</td>
<td>HEWs, PHCUs, WoHOs</td>
<td></td>
</tr>
<tr>
<td><strong>e. Improve caregiver awareness and change behaviour to better prevent, recognise and seek care for pneumonia and diarrhoea</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientate HEWs on the community dialogue on infection prevention and control, community mobilisation and effectively working with VHLs and PHCUs as a team</td>
<td>42,336 HEWs</td>
<td>Once</td>
<td>RHB, PHCUs, partners</td>
<td></td>
</tr>
<tr>
<td>Orientate VHLs in community dialogue on pneumonia and diarrhoea key messaging including barriers and their mitigation for early health seeking for sick children</td>
<td>343,780</td>
<td>Annually</td>
<td>HEWs, PHCUs, WoHOs</td>
<td>Supported by HCs and WoHOs</td>
</tr>
<tr>
<td>One-day advocacy and sensitisation workshop on care seeking and availability of services (one per kebele)</td>
<td>18,129</td>
<td>Quarterly</td>
<td>PHCU</td>
<td></td>
</tr>
<tr>
<td>Half-day community dialogues on pneumonia and diarrhoea control interventions within the kebele (3 session per kebele)</td>
<td>54,387</td>
<td>Quarterly</td>
<td>HEWs/VHL</td>
<td>Supported by HCs</td>
</tr>
<tr>
<td>One-day orientation of agricultural extension agents (AEAs) to integrate community mobilisation activities with their daily deliverance</td>
<td>18,129 AEAs</td>
<td>Biannual</td>
<td>HEWs/VHL, HCs</td>
<td></td>
</tr>
<tr>
<td>Support pregnant women forums and incorporate newborn and child health issues in the forums (danger sign in newborn)</td>
<td>18,129 forums</td>
<td>Monthly</td>
<td>PHCUs</td>
<td>Existing forums strengthened and supported</td>
</tr>
<tr>
<td>Identify and update relevant health promotion information, education and communication (IEC) materials related to pneumonia and diarrhoea</td>
<td>NA</td>
<td>Once</td>
<td>Child survival technical working group (CSTWG)</td>
<td>Year 1</td>
</tr>
<tr>
<td>Endorse the revised or updated pneumonia and diarrhoea control IEC</td>
<td>NA</td>
<td>Once</td>
<td>CSTWG</td>
<td>Year 1</td>
</tr>
<tr>
<td>Quantify and print IEC materials</td>
<td>NA</td>
<td>Once</td>
<td>CSTWG</td>
<td>Year 1</td>
</tr>
<tr>
<td>Identify appropriate messaging distribution channels to distribute IEC materials to regions for further tailoring and dissemination</td>
<td>NA</td>
<td>Annually</td>
<td>CSTWG</td>
<td></td>
</tr>
<tr>
<td>Map schools for school health programmes to inform distribution of key messages</td>
<td>NA</td>
<td>Quarterly</td>
<td>PHCUs, CSTWG</td>
<td>Primary schools are the target</td>
</tr>
<tr>
<td>Design and integrate newborn and child health programmes within identified school health programmes</td>
<td>NA</td>
<td>Once</td>
<td>CSTWG</td>
<td></td>
</tr>
<tr>
<td>Distribute IEC materials (key messages) to primary schools (at least one primary school per kebele)</td>
<td>18,129 primary schools</td>
<td>Annually</td>
<td>CSTWG, WoHOs, partners</td>
<td></td>
</tr>
<tr>
<td>Transmit pneumonia and diarrhoea related key messages through radio and 952 hotline and safari com in different local languages</td>
<td>NA</td>
<td>Quarterly</td>
<td>MoH, RHB</td>
<td></td>
</tr>
<tr>
<td>Conduct media dialogue (TV or radio) on IMNCI intervention</td>
<td>4</td>
<td>Quarterly</td>
<td>MoH, RHB</td>
<td></td>
</tr>
<tr>
<td>Establish a billboard in zonal capital cities</td>
<td>1 per zone</td>
<td>Annually</td>
<td>ZHDs, RHBs</td>
<td></td>
</tr>
<tr>
<td>Establish billboards in regional capital cities</td>
<td>5 per region</td>
<td>Annually</td>
<td>MoH, RHBs</td>
<td></td>
</tr>
<tr>
<td>Prepare posters customised to the local language</td>
<td>8,5945</td>
<td>Annually</td>
<td>MoH, RHBs</td>
<td>5 posters per kebele</td>
</tr>
<tr>
<td><strong>f. Improve advocacy and social mobilisation at different levels</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Key strategies and activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Frequency</th>
<th>Responsible</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct advocacy and social mobilisation at national level</td>
<td>1</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>Conduct advocacy and social mobilisation at regional level</td>
<td>13</td>
<td>Annually</td>
<td>MoH, RHBs, partners</td>
<td>1 per region</td>
</tr>
<tr>
<td>Conduct advocacy and social mobilisation at zonal level</td>
<td>116</td>
<td>Annually</td>
<td>RHBs, zones, partners</td>
<td>1 per zone</td>
</tr>
<tr>
<td>Conduct advocacy and social mobilisation at woreda level</td>
<td>1,054</td>
<td>Annually</td>
<td>Zones, WoHO, partners</td>
<td>1 per woreda</td>
</tr>
<tr>
<td>Conduct advocacy and social mobilisation at PHCU level</td>
<td>3,873</td>
<td>Biannually</td>
<td>WoHO, PHCUs, partners</td>
<td>1 per PHCU</td>
</tr>
<tr>
<td>Appoint one national champion (one person)</td>
<td>1 national champion</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>Appoint one national champion per region</td>
<td>13 national champions</td>
<td>Annually</td>
<td>MoH, RHBs, partners</td>
<td>1 per region</td>
</tr>
<tr>
<td>Conduct media professional training</td>
<td>100</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>Carry out media campaign using different forms of media</td>
<td>NA</td>
<td>Annual</td>
<td>MoH, partners</td>
<td></td>
</tr>
</tbody>
</table>

#### g. Ensure dissemination and implementation of the Action Plan and other pneumonia-related policies at the national and regional level

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Frequency</th>
<th>Responsible</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disseminate the Action Plan and other pneumonia and diarrhoea related policies to regions and stakeholders</td>
<td>NA</td>
<td>Once</td>
<td>MoH, partners</td>
<td>Year 1</td>
</tr>
<tr>
<td>Provide technical support to disseminate the Action Plan and other pneumonia and diarrhoea related policies at regional, zonal and woreda level</td>
<td>NA</td>
<td>Once</td>
<td>MoH, partners</td>
<td>Year 1</td>
</tr>
</tbody>
</table>

#### h. Improve programme ownership at all levels

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Frequency</th>
<th>Responsible</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct workshop on programme ownership for RHB, ZHD and WoHO</td>
<td>4,732</td>
<td>Once</td>
<td>MoH, partners</td>
<td>Provide orientation on how to create programme ownership for 4 participants per level</td>
</tr>
<tr>
<td>Ensure pneumonia and diarrhoea control is integrated within monthly, quarterly and yearly RMNCAH+N performance review meetings</td>
<td>NA</td>
<td>Quarterly</td>
<td>MoH, RHBs, zones, WoHO, PHCUs, partners</td>
<td></td>
</tr>
<tr>
<td>Coordinate with the Ministry of Education, Environment, Women Affairs, Agriculture and Rural Development, Water, and Information by ensuring all ministries are members of the CSTWG and a representative from each attends every CSTWG meeting</td>
<td>NA</td>
<td>Quarterly</td>
<td>MoH, CSTWG</td>
<td></td>
</tr>
<tr>
<td>Share lessons across regions on what is working and what is not via CSTWG meetings</td>
<td>NA</td>
<td>Quarterly</td>
<td>MoH, CSTWG</td>
<td></td>
</tr>
</tbody>
</table>

#### i. Engage private sector, medium clinic service providers and civil society organisations (private sectors medium clinics are expected to implement IMNCI)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Frequency</th>
<th>Responsible</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map health professional associations in the country</td>
<td>NA</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>Conduct workshops with professional associations on the Action Plan</td>
<td>NA</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>Disseminate the Action Plan for professional associations</td>
<td>NA</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>Engage private sector, civil society and faith-based organisations to raise awareness about pneumonia and diarrhoea burden, gaps in funding and activities, and key</td>
<td>NA</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>Key strategies and activities</td>
<td>Target</td>
<td>Frequency</td>
<td>Responsible</td>
<td>Remark</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------</td>
<td>-----------</td>
<td>-------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Interventions (e.g., protection through vaccines, early recognition of symptoms) via meetings and conferences to encourage stronger advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enumerate a list of policies relevant to pneumonia and diarrhoea control across the health and other sectors</td>
<td>NA</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>Engage regions with the largest implementation gaps to encourage dissemination and implementation of the latest policies and guidelines related to pneumonia and diarrhoea</td>
<td>NA</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>Hire technical assistants (TAs) at national and regional level for at least one year to help implement the strategy, track progress and work with partners to integrate and amplify pneumonia control within their work</td>
<td>15 TAs</td>
<td>Annually</td>
<td>MoH, RHB, partners</td>
<td>For 3 years</td>
</tr>
</tbody>
</table>
8.1.2 Objective 2: Improve quality of pneumonia and diarrhoea control services

Strategic recommendations:

- Review, print and distribute guidelines and SOPs such as an IMNCI and ICMNCI chart booklets, family health guides and portable registration documentation
- Strengthen performance review and clinical mentoring meetings (PRCMM)
- Document and scale up localised, best-quality-improvement (QI) practices
- Strengthen referral linkage
- Use innovations and technology for QI such as eCHIS, pulse oximetry and other evidence-based tools
- Explore community experience on the quality of care being given at HCs and HPs.

Table 04 below outlines the key strategic recommendations for Objective 2 and the corresponding activities as set out by the Action Plan.

Table 04: Overview of the strategy and activity for Objective 2

<table>
<thead>
<tr>
<th>Key strategy and activity</th>
<th>Target</th>
<th>Frequency</th>
<th>Responsible</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Review guidelines and stand operating procedures (SOPs)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular revision of case management protocols for HPs, HCs and primary hospitals</td>
<td>Once</td>
<td>Every 5 years</td>
<td>CSTWG</td>
<td>Will be based on emerging evidence and feasibility</td>
</tr>
<tr>
<td>Revision and refining of IMNCI and ICMNCI programme specific checklist to include issues related with pneumonia and diarrhoea</td>
<td>Once</td>
<td>Every 5 years</td>
<td>CSTWG</td>
<td></td>
</tr>
<tr>
<td><strong>b. Print and distribute guidelines and SOPs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Map health professional teaching institution support to incorporate IMNCI in their curriculum for pre-service training</td>
<td>NA</td>
<td>Annually</td>
<td>MoH/RHB</td>
<td></td>
</tr>
<tr>
<td>Quantify, print and distribute IMNCI training materials for teaching institutions</td>
<td>35 teaching institutes</td>
<td>Annually</td>
<td>MoH</td>
<td>MoH to print and distribute</td>
</tr>
<tr>
<td>Print updated IMNCI and ICMNCI chart booklets and distribute to HCs and HPs</td>
<td>25,000</td>
<td>Every two years</td>
<td>MoH/RHB, partners</td>
<td></td>
</tr>
<tr>
<td>Quantify the need for IMNCI and ICMNCI registration books and print and distribute to HCs and HPs</td>
<td>25,000</td>
<td>Every two years</td>
<td>MoH/RHB, partners</td>
<td></td>
</tr>
<tr>
<td>Quantify, print and distribute speaking books</td>
<td>25,000</td>
<td>Once</td>
<td>MoH/RHB, partners</td>
<td></td>
</tr>
<tr>
<td>Development of HEW-guide and job aid to facilitate community dialogue and meetings</td>
<td>NA</td>
<td>Once</td>
<td>MoH, RHBs, CSTWG</td>
<td>This will be a very simplified guide</td>
</tr>
<tr>
<td>Print a portable register copy for HPs to be used during house-to-house case management</td>
<td>NA</td>
<td>Once</td>
<td>MoH/RHB, partners</td>
<td>All the actions will be executed at woreda and PHCU levels</td>
</tr>
<tr>
<td><strong>c. Strengthen performance review and clinical mentor meeting (PRCMM)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct PHCU level PRCM</td>
<td>3,873</td>
<td>Monthly</td>
<td>PHCUs, HPs</td>
<td>All PHCUs will conduct PRCMM</td>
</tr>
<tr>
<td>Key strategy and activity</td>
<td>Target</td>
<td>Frequency</td>
<td>Responsible</td>
<td>Remark</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------</td>
<td>----------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>d. Document and scale up localised best quality-improvement (QI) practices</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduce an IMNCI and ICMNCI related QI project</td>
<td>13</td>
<td>Annually</td>
<td>RHBs/MoH</td>
<td></td>
</tr>
<tr>
<td>Learn from the process of the QI project</td>
<td>13</td>
<td>Annually</td>
<td>RHBs/MoH</td>
<td></td>
</tr>
<tr>
<td>Document IMNCI and ICMNCI best practices</td>
<td>13</td>
<td>Annually</td>
<td>RHBs/MoH</td>
<td></td>
</tr>
<tr>
<td>Scale up documented IMNCI and ICMNCI best practices</td>
<td>13</td>
<td>Annually</td>
<td>RHBs/MoH</td>
<td></td>
</tr>
<tr>
<td><strong>e. Strengthen referral linkage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop referral cards with brief patient information to improve referrals among health facilities</td>
<td>Once</td>
<td>Every 2 years</td>
<td>MoH, RHB, partners, CSTWG</td>
<td></td>
</tr>
<tr>
<td>Print and distribute referral sheets (1 pad per HPs/voucher cards)</td>
<td>18,129</td>
<td>Every 2 years</td>
<td>MoH, RHB, partners</td>
<td></td>
</tr>
<tr>
<td><strong>f. Use innovations and technology for QI such as eCHIS, pulse oximetry and other evidence-based tools</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scale up eCHIS to all HPs</td>
<td>25% of HPs</td>
<td>Annually</td>
<td>MoH and RHBS</td>
<td>Supported by PMED</td>
</tr>
<tr>
<td>Introduce pulse oximeters to all HCs</td>
<td>3,873 HCs</td>
<td>Annually</td>
<td>MoH and RHBS</td>
<td></td>
</tr>
<tr>
<td>Introduce pulse oximeters to all comprehensive HPs</td>
<td>2,000 HCs</td>
<td>Annually</td>
<td>MoH and RHBS</td>
<td></td>
</tr>
<tr>
<td>Select priority hospitals per region to improve medical oxygen deliveries for hypoxemia management and equipment</td>
<td>13</td>
<td>Annually</td>
<td>RHBs/MoH</td>
<td>Supported by PMED</td>
</tr>
<tr>
<td><strong>g. Community experience on quality of care being given at HCs and HPs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bi-annual community-PHCU meeting to explore the quality-of-care issues and set up contextual quality improvement actions at PHCU level</td>
<td>3,873 meetings</td>
<td>Bi-annual/quarterly</td>
<td>PHCU, WoHO, TAs</td>
<td></td>
</tr>
</tbody>
</table>
8.1.3 Objective 3: Ensure continuous availability of essential child health commodities

Strategic recommendations:

- Forecast and procure essential drugs and supplies
- Mobilise financial resources across multiple sectors to support pneumonia control efforts
- Support local manufacturing of amoxicillin dispersible tablets (DT), zinc and ORS and increase availability across all public points of care
- Support local manufacturing of amoxicillin dispersible tablets (DT), zinc and ORS and increase availability across all public points of care
- Strengthen the distribution of drugs and vaccines to last-mile communities
- Strengthen the supply of pulse oximeters, oxygen and related products at facilities
- Drive increased availability and affordability of clean cooking fuels via government and private sector engagement
- Strengthen the supply of sanitation materials at the community level
- Ensure supportive supervision inclusive of child health commodities.

Table 05 below outlines the key strategic recommendations for Objective 3 and the corresponding activities as set out by the Action Plan.

<table>
<thead>
<tr>
<th>Key strategy and activity</th>
<th>Target</th>
<th>Frequency</th>
<th>Responsible</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Forecast and procure essential drugs and supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantify and cost IMNCI/ICMNCI supplies using updated estimates</td>
<td>Annually</td>
<td>Bi-annually</td>
<td>CSTWG, Ethiopian Pharmaceutical Supply Agency (EPSA), integrated pharmaceutical logistics system (IPLS) task force</td>
<td></td>
</tr>
<tr>
<td>Regular quantification, packaging, transportation and distribution of IMNC/ICMNCI commodities from the national hub to regional hubs and down to PHCU's</td>
<td>3,873 HCs 18,129 HPs</td>
<td>Every 2 months through RRF</td>
<td>CSTWG, IPLS task force, EPSA, RHBs, ZHDs, WoHOs, PHCU's</td>
<td>All the processes are fully integrated with and follow through the existing IPLS channel</td>
</tr>
<tr>
<td>Purchase amoxicillin DT, ORS, zinc and ciprofloxacillin via pooling orders from all health facilities in catchment areas and stocking them in WoHO stores</td>
<td>NA</td>
<td>Bi-annually</td>
<td>EPSA/MoH</td>
<td></td>
</tr>
<tr>
<td>Train new HEW-graduates on IPLS and supply chain management</td>
<td>5,000 HEWs</td>
<td>Annually</td>
<td>CSTWG, partners, RHBs, TVETs</td>
<td>All new HEW graduates</td>
</tr>
<tr>
<td>Key strategy and activity</td>
<td>Target</td>
<td>Frequency</td>
<td>Responsible</td>
<td>Remark</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------</td>
<td>----------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>Initiate IPLS preservice education in all higher education institutions</td>
<td>33 higher education institutions</td>
<td>Annually</td>
<td>MoH, RHB</td>
<td></td>
</tr>
<tr>
<td>Orientation of existing HEWs on IPLS and supply chain management</td>
<td>42,336 HEWs</td>
<td>Annually</td>
<td>PHCU, WoHO, CSTW, partners</td>
<td>Integrate with PRMs</td>
</tr>
<tr>
<td><strong>b. Mobilise financial resources across multiple sectors to support pneumonia control efforts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate pneumonia and diarrhoea control activities into memorandum of understanding (MOU) agreements between regions and partners</td>
<td>NA</td>
<td>Annually</td>
<td>MoH</td>
<td></td>
</tr>
<tr>
<td>Actively coordinate with platform resources focused on newborn and child health (e.g., GAVI Health Systems Strengthening) to ensure high-priority pneumonia and diarrhoea control activities receive adequate funding</td>
<td>NA</td>
<td>Quarterly</td>
<td>MoH</td>
<td></td>
</tr>
<tr>
<td>Develop a concise investment case with the health, economic and political benefits for pneumonia and diarrhoea control by organising meetings</td>
<td>NA</td>
<td>Annually</td>
<td>MoH</td>
<td></td>
</tr>
<tr>
<td>Present the investment case to the house of representatives for approval</td>
<td>NA</td>
<td>Annually</td>
<td>MoH</td>
<td></td>
</tr>
<tr>
<td>Engage private sector and philanthropic actors who may be interested in supporting pneumonia and diarrhoea control</td>
<td>NA</td>
<td>Annually</td>
<td>MoH</td>
<td></td>
</tr>
<tr>
<td><strong>c. Support local manufacturing of amoxicillin DT, zinc and ORS and increase availability across all public points of care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify local manufacturers which have potential to produce essential supplies in the country</td>
<td>NA</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>Conduct one consensus agreement workshop with all local manufacturers</td>
<td>NA</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>Support local manufacturers to avail essential supplies</td>
<td>NA</td>
<td>Annually</td>
<td>MoH, RHB, partners</td>
<td>Throughout the project implementation</td>
</tr>
<tr>
<td><strong>d. Strengthen the distribution of drugs and vaccines to last-mile communities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to strengthen vaccine supply by reinforcing the reach every child strategy to address supply chain and logistics challenges and regularly follow up on progress</td>
<td>NA</td>
<td>Annually</td>
<td>MoH/EPSA</td>
<td>Throughout the project implementation</td>
</tr>
<tr>
<td>Adequate inclusion of IPLS and supply chain management on PHCU and woreda based integrated programme review meetings (IPRMs)</td>
<td>NA</td>
<td>Quarterly</td>
<td>CSTW, RHB/ZHD TAs, WoHO, PHCU</td>
<td></td>
</tr>
<tr>
<td>Train PHCU and WoHO personnel on IPLS, supply chain management and supportive supervision skills</td>
<td>8,800 PHCU and WoHO personnel</td>
<td>Once</td>
<td>CSTW, RHB/ZHD, partners</td>
<td>2 HWs per HC and 1 WoHO</td>
</tr>
<tr>
<td>Ensure regular updating of bin cards by all HPs by including supportive supervision and review meetings (RMs)</td>
<td>18,129 HPs</td>
<td>Monthly</td>
<td>PHCU, WoHO, partners</td>
<td></td>
</tr>
<tr>
<td>Regular requests for ICMNCI/IMNCI supplies and drugs and stock data compilation and reporting</td>
<td>18,129 HPs 3873 HCs</td>
<td>Quarterly</td>
<td>PHCU, WoHO, partners</td>
<td></td>
</tr>
<tr>
<td>Establish stock monitoring and accountability mechanism at HCs and HPs</td>
<td>18,129 HPs 3,873 HCs</td>
<td>Monthly</td>
<td>Kebele command posts, PHCU, WoHO, ZHD, RHB</td>
<td>Stock balance analysis will be done against utilisation level every month through the supportive supervisions</td>
</tr>
<tr>
<td>Key strategy and activity</td>
<td>Target</td>
<td>Frequency</td>
<td>Responsible</td>
<td>Remark</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------</td>
<td>-----------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>Encourage regional governments to create adequate cold-chain storage facilities to improve the supply and distribution of vaccines</td>
<td>13 regions</td>
<td>Annually</td>
<td>MoH/EPSA</td>
<td></td>
</tr>
<tr>
<td>e. <strong>Strengthen the supply of pulse oximeters, oxygen and related products at facilities</strong></td>
<td>NA</td>
<td>Annually</td>
<td>MoH, partners</td>
<td>Supported by PMED</td>
</tr>
<tr>
<td>Estimate the number of facilities that need pulse oximeters and medical oxygen</td>
<td>NA</td>
<td>Annually</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>f. <strong>Drive increased availability and affordability of clean cooking fuels via government and private sector engagement</strong></td>
<td>NA</td>
<td>Quarterly</td>
<td>MoH, partners</td>
<td>Throughout the project implementation</td>
</tr>
<tr>
<td>Work with the energy minister to estimate clean cooking fuel needs</td>
<td>NA</td>
<td>Quarterly</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>g. <strong>Strengthen the supply of sanitation materials at the community level</strong></td>
<td>NA</td>
<td>Quarterly</td>
<td>MoH, partners</td>
<td>Throughout the project implementation</td>
</tr>
<tr>
<td>Work with water, sanitation and hygiene (WaSH) experts to estimate sanitation materials needed at community level</td>
<td>NA</td>
<td>Quarterly</td>
<td>MoH, partners</td>
<td></td>
</tr>
<tr>
<td>h. <strong>Ensure supportive supervision inclusive of child health commodities</strong></td>
<td>18,129 HPs</td>
<td>Quarterly</td>
<td>PHCU, primary hospitals, WoHOs, partners</td>
<td>To be integrated with existing programme-specific supervisions and integrated supportive supervision (ISS). The checklists will be revised to adequately address IPLS and supply chain management</td>
</tr>
</tbody>
</table>
8.1.4 Objective 4: Improve regular monitoring and evaluation of child health programmes

Strategic recommendations:

- Conduct regular supportive supervision at all levels
- Conduct regular programme review meetings (PRMs) at all levels
- Strengthen the aspects of data collection, analysis and use that are most critical for pneumonia and diarrhoea relevant indicators at service delivery level to ensure accurate data
- Promote operational research on priority areas identified during implementation.

Table 06 below outlines the key strategic recommendations for Objective 4 and the corresponding activities as set out by the Action Plan.

**Table 06: Overview of the strategy and activity for Objective 4**

<table>
<thead>
<tr>
<th>Key strategy and activity</th>
<th>Target</th>
<th>Frequency</th>
<th>Responsible</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Conduct regular supportive supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme specific supportive supervision to PHCUs</td>
<td>25% of PHCUs</td>
<td>Quarterly</td>
<td>WoHOs, ZHD TAs, PHCUs, partners</td>
<td>25% of PHCUs supervised by WoHOs</td>
</tr>
<tr>
<td>Conduct quarterly national newborn and child health technical working group meetings</td>
<td>36</td>
<td>Quarterly</td>
<td>MoH and partners</td>
<td></td>
</tr>
<tr>
<td>Conduct quarterly regional technical working group meetings</td>
<td>36</td>
<td>Quarterly</td>
<td>RHB and partners</td>
<td></td>
</tr>
<tr>
<td>Programme specific supportive supervision to HPs</td>
<td>1,8129 HPs</td>
<td>Quarterly</td>
<td>PHCUs</td>
<td>25% of the visits supported by WoHOs</td>
</tr>
<tr>
<td>Review the newborn and child health sections of the ISS</td>
<td>NA</td>
<td>Once</td>
<td>CSTWG, MCHND, Policy and Planning Directorate (PPD)</td>
<td></td>
</tr>
<tr>
<td>Monthly ISS visit to HPs</td>
<td>18,129 HPs</td>
<td>Monthly</td>
<td>HCs, WoHOs</td>
<td></td>
</tr>
<tr>
<td>Quarterly ISS to PHCUs</td>
<td>3,873 PHCUs</td>
<td>Quarterly</td>
<td>WoHOs, ZHD TAs</td>
<td>WoHOs conduct the ISS</td>
</tr>
<tr>
<td>Zonal/regional joint monitoring visit (JMV) sessions to PHCUs and WoHOs/zones</td>
<td>4</td>
<td>Quarterly</td>
<td>RHB/ZHD TAs, partners</td>
<td></td>
</tr>
<tr>
<td>National JMV sessions to regions, zones, WoHOs and PHCUs</td>
<td>2</td>
<td>Bi-Annual</td>
<td>MoH/CSTWG</td>
<td>PHCUs selected from zones</td>
</tr>
<tr>
<td>b. Conduct regular programme review meetings (PRMs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHCU level PRMs</td>
<td>3,873 PHCUs</td>
<td>Quarterly</td>
<td>PHCUs, WoHOs, ZHD TAs</td>
<td>All PHCUs conduct PRMs</td>
</tr>
<tr>
<td>Woreda level PRMs</td>
<td>1,054 woredas</td>
<td>Quarterly</td>
<td>WoHOs, ZHD/RHB TAs, partners</td>
<td>All woredas conduct PRMs</td>
</tr>
<tr>
<td>Key strategy and activity</td>
<td>Target</td>
<td>Frequency</td>
<td>Responsible</td>
<td>Remark</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------</td>
<td>----------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>Zonal level PRMs</td>
<td>116 zones</td>
<td>Quarterly</td>
<td>ZHD/RHB TAs, WoHOs, partners</td>
<td>All zones conduct PRMs</td>
</tr>
<tr>
<td>Regional level PRMs</td>
<td>13 regions</td>
<td>Bi-Annually</td>
<td>RHB, ZHD, partners, CSTWG</td>
<td>All regions</td>
</tr>
<tr>
<td>National level PRMs</td>
<td>1</td>
<td>Annually</td>
<td>MoH/CSTWG</td>
<td></td>
</tr>
</tbody>
</table>

**c. Strengthen aspects of data collection, analysis and use most critical for pneumonia and diarrhoea relevant indicators at service delivery level to have accurate data**

- Develop and disseminate quality of care indicator dashboards to drive quality improvement and track quality of care and service delivery for key childhood illnesses:
  - Target: 1
  - Frequency: Annually
  - Responsible: MoH

- Include pneumonia, diarrhoea and SAM treatment indicators as part of performance evaluation indicators for HP, HCs and **woredas**:
  - Target: All facilities
  - Frequency: Annually
  - Responsible: MoH

- Include pneumonia and diarrhoea related indicators in the reproductive, maternal, neonatal and child health score card and monitor the performance on a monthly base:
  - Target: All levels
  - Frequency: Monthly
  - Responsible: MoH, RHB, ZHDs, WHO, PHCU

- Establish a motivation mechanism (including non-financial) with agreed evaluation indicators for good performing HPs, HCs and **woredas**:
  - Target: NA
  - Frequency: Annually
  - Responsible: MoH

- Include detailed data on pneumonia and diarrhoea in surveys such as the Ethiopia Demographic and Health Survey and **STA**:
  - Target: NA
  - Frequency: Every 2 to 5 years
  - Responsible: MoH

- Regular compilation, analysis and use of supportive supervision data:
  - Target: 3,873 PHCU
  - Frequency: Quarterly
  - Responsible: PHCU, WoHOs
  - Remark: PHCU supported to use data for programme improvement

- Train staff facilities to use District Health Information System (DHIS2) data to improve data quality and data use culture:
  - Target: 3,873 HCs
  - Frequency: Annually
  - Responsible: PMED

**d. Promoting operational research**

- Midterm programme evaluation:
  - Target: 1
  - Frequency: Continuous
  - Responsible: MoH, CSTWG, partners
  - Remark: Dependent on availability of resources

- Programme implementation and operations research:
  - Target: 1
  - Frequency: Continuous
  - Responsible: MoH, CSTWG, partners
  - Remark: Dependent on availability of resources
9 Strategic priorities and guiding principles

The Action Plan gives due consideration for the strategic priorities and guiding principles of the National Newborn and Child Survival Strategy. It advocates for the access and quality of low-cost, high-impact pneumonia and diarrhoea control interventions within an integrated management approach. Equity, quality, community empowerment, collaboration and partnership are key guiding principles of the implementation of IMNCI/ICMNCI interventions.

10 Implementation approaches of the Action Plan

The Action Plan is the implementation plan for pneumonia and diarrhoea through IMNCI to realise the National Newborn and Child Survival Strategy, taking into consideration the approaches outlined in the GAPPD. The Action Plan focuses on effective coverage of pneumonia and diarrhoea control interventions, equitable access between geographic locations and the use of services across zones and different sections of the community. The Action Plan proposes close monitoring of the implementation of identified interventions with frequent progress reviews. A programmatic approach should be employed to take corrective measures for identified implementation challenges at local or regional levels in a timely manner.

Pneumonia and diarrhoea control interventions will be integrated into the existing system. The relevant structures and arrangements (in particular at government level), as well as key roles and responsibilities are described below.

10.1 Governance and leadership

The existing governance structures at different levels of each sector should lead the planning, implementation, and monitoring and evaluation (M&E) of the identified interventions.

10.2 Public-private partnerships

Public-private partnership (PPP) aims to improve the engagement of the private sector in improving access and quality of services. Private-sector providers are required to use the national standards and guidelines for all aspects of care. The strategies that will be adopted should focus on building the capacity of private providers effectively engaged in PPPs, as well as inform how they deliver integrated pneumonia and diarrhoea control interventions.

10.3 Collaboration for implementation of the Action Plan

Inter-sectoral collaborations should be strengthened at different levels of the government system through formal government institutions (such as regional and woreda councils) and sectoral governance structures by practicing joint planning, implementation and M&E. Since the Action Plan is an integral part of other health sector strategies, there should be collaborative activities among different sectors, institutions and organisations during implementation.
10.4 Mobilisation and effective use of resources

There is a lack of adequate financial and human resource dedicated to child health programmes in the country. Funds mostly come from development partners and the sustainability and predictability of these funds is challenged by other competitive programmes and initiatives. Therefore, the government needs to secure public funding to child health programmes, specifically those addressed in the Action Plan, through effective mobilisation and commitment of sustainable regular funds to achieve the targets set out in the Action Plan. Steps have been taken by the government to mobilise resources including interventions such as the provision of a fee waiver for high-impact interventions through an exemptions programme; subsidisation of more than 80 percent of the cost of care in government health facilities; implementation of community-based health insurance schemes; and full subsidisation for the very poor through fee waivers for health services and community-based health insurance premiums. However, to support the implementation of the Action Plan and child health programmes, increased domestic funding and support must be made available by the government, alongside the continued financial commitment of partners working in the child health area.

10.5 Service delivery platforms

The calibre and scope of interventions for controlling pneumonia and diarrhoea in the context of integrated service delivery across the public and private points of care should be improved. Service delivery is connected to all interventions for pneumonia and diarrhoea diagnosis and treatment. It also refers to the promotion of ICMNCI, IMNCI, immunisation and nutrition interventions by HEWs and other health professionals.

**Strengthen pneumonia and diarrhoea control interventions at health post level:**

- Strengthen ICMNCI intervention to improve the quality of care at the community level
- Provide integrated training to HEWs on ICMNCI, nutrition and immunisation to provide holistic services at the community level
- Conduct task-specific supportive supervision at the HP level following agreed guidelines, competency assessment tools, and collecting and analysing performance data at facility, district and regional level
- Strengthen HC-HP linkage, ensuring regular meetings, joint data reviews and action plans
- Strengthen the referral system including discharge follow-up between HPs and HCs
- Analyse the drug and medical supply systems, identify weaknesses, adapt the system to ensure essential commodities and job aids at all locations, and monitor the availability of pulse oximeters, respiration counters and essential drugs
- Provide community mobilisation using the available community platforms, including but not limited to the Health Development Army and townhall meetings.

**Strengthen pneumonia and diarrhoea control interventions at health centre level:**

- Conduct training for HWs on IMNCI, nutrition, immunisation, communication, data and supply management
• Conduct regular supportive supervision following agreed guidelines, competency assessment tools, and by collecting and analysing performance data at facility, district and regional level
• Reinforce integrated services within the health facility working across maternal and newborn health, child health, nutrition and EPI services
• Ensure diagnostic supplies, particularly pulse oximeters, are available in all facilities (purchased from the healthcare finance budget)
• Ensure access to oxygen systems in high demand HCs and ensure staff are trained to use these systems
• Avail and monitor essential supplies of amoxicillin DTs, ORS and zinc
• Improve the data utilisation system for the improvement of service quality and coverage (District Health Information System [DHIS2])
• Strengthen the referral system between HPs, HCs and PHCUs.

**Strengthen pneumonia and diarrhoea control interventions at the woreda level:**

• Conduct regular supportive supervision
• Reinforce integrated ICMNCI and IMNCI service delivery at all health facilities
• Avail and monitor essential supplies of amoxicillin DT, ORS and zinc
• Conduct regular review meetings to improve service quality and coverage
• Conduct regular data reviews that ensure data is used for the improvement of service quality and coverage
• Reinforce commitment and accountability at all levels to provide compassionate and respectful care for the community.

**Strengthen pneumonia and diarrhoea control interventions at the zonal level:**

• Ensure training and support for supervisors conducting health facility and community services
• Ensure access to supervision guidelines, job aids, hybrid reporting tools and the ability to collate, analyse and act on performance data at woreda and health facility level
• Reinforce integration of ICMNCI and IMNCI service delivery at all health facilities ensuring integrated health and nutrition services, integrated maternal, child and newborn services, and social and behaviour change (SBC) services all address the utilisation and equity of service access
• Avail and monitor essential supplies of amoxicillin DT, ORS and zinc
• Avail medical oxygen for high case load HCs and all hospitals ensuring a system for maintenance and staff training
• Conduct regular review meetings to improve service quality and coverage using DHIS2 and additional data for action
• Monitor data utilisation systems at all levels to improve service quality and coverage
• Work with partners to improve service quality against an agreed action plan and benchmarks based on nationally approved indicators
• Review activities and take corrective action for identified gaps.

**Strengthen pneumonia and diarrhoea control interventions at the regional and federal level:**

35
• Conduct regular supportive supervision to zones, woredas and health facilities
• Strengthen the link between IMNCI and ICMNCI services at all health facilities
• Avail essential supplies amoxicillin DT, ORS and zinc
• Avail medical oxygen for high case load HCs
• Conduct regular review meetings to improve service quality and coverage
• Monitor data utilisation systems at all levels of improvement of service quality and coverage including the introduction of digital health
• Work with partners to improve service quality
• Prepare updated curriculum training materials (manuals, chart booklets, videos, photo booklets and registration books) and job aids and oversee their rollout
• Strengthen multi-sectoral collaboration between water, sanitation and hygiene (WaSH), environmental control, nutrition and health services
• Support coordinated SBC strategies to support relevant prevention, control and advocacy activities
• Capacitate and monitor teaching institutions to include IMNCI and IMNCI training in their pre-service curriculum
• Include IMNCI on the centre of competency (COC) for graduate health professionals
• Include IMNCI in continued professional development (CPD)
• Conduct research on IMNCI and ICMNCI service quality and the prevalence of pneumonia and diarrhoea
• Utilise available research findings as input.

10.6 Engage private health facilities and medical teaching institutions in pneumonia and diarrhoea control interventions

Private teaching institutions:

• Strengthen PPPs to harmonise appropriate diagnosis and treatment protocols for the management of newborn and child illnesses as per the national algorithm
• Establish a relationship with professional associations private teaching institutions
• Map private medical teaching institutions, strengthen institutional links and support them to include ICMNCI and IMNCI training in the curriculum and strengthen capacity
• Include IMNCI in the COC for graduation students’ accreditation.

Private health facilities (clinics, HCs and hospitals):

• Strengthen links with professional associations and private health facilities
• Provide technical support in availing essential diagnostic and treatment supplies, protocols and guidelines
• Facilitate capacity strengthening and supportive supervision of private health facilities to improve the quality of care
• Facilitate harmonisation with the MoH reporting system in private institutions through the provision of standards guidelines and DHIS2 tools
• Conduct supportive supervisory visits to monitor the quality of child health services
• Support and facilitate private health facilities to participate in immunisation services and campaigns.

10.7 Supply and distribution

**Scale up the availability of essential drugs and medical products required for pneumonia and diarrhoea control intervention:**

• Strengthen intrasectoral collaboration with the Pharmaceutical Medical Equipment Directorate (PMED) and other directorates
• Strengthen multisectoral collaboration with partners including private institutions
• Strengthen quantification and procurement of supplies
• Strengthen the regular distribution of commodities to health facilities
• Support local manufacturing of amoxicillin DTs and increase availability across public and private points of care
• Avail pulse oximeters, medical oxygen and other related products
• Track pulse oximeters and medical oxygen availability and functionality through the DHIS2 platform
• Strengthen the supply of clean cooking fuels and stoves at the community level.

11 Monitoring, evaluation and learning

Monitoring, evaluation and learning are critical activities that inform the entire project cycle from design through to implementation and back again, as they feed new and ongoing planning. A functional and comprehensive approach to M&E will be key requirements for the effectiveness of IMNCI/ICMNCI programmes. All pertinent input, process, output, outcome and impact indicators should be regularly tracked, collected, analysed and used for performance improvement and decision-making through various existing mechanisms.\(^3\)

To implement effective M&E of the Action Plan, key intervention tracking indicators should be selected carefully and should be SMART (specific, measurable, achievable, relevant and time-bound) in order to provide easy guidance for action and accountability at all levels within the health system.

11.1 The Health Information Management System and District Health Information System

The Health Information Management System (HMIS)/DHIS2 should be used as the primary source to collect, analyse, interpret and utilise data for decision making on selected indicators to improve IMNCI/ICMNCI services:

• Under-five diarrhoeal treatment coverage
• Under-five pneumonia treatment coverage
• CMAM and SAM treatment outcomes
• Vitamin A and deworming supplementation
• Pentavalent, pneumococcal vaccine (PCV), meningococcal vaccine (MCV) and rotavirus vaccine coverage.

11.2 Regular supportive supervision and programme monitoring visits
Supportive supervision is a process of guiding, helping, training and encouraging staff to improve their performance in order to provide high-quality health services through the use of integrated supportive supervision tools. Supportive supervision visits should be used for programme monitoring purposes and quality of service provision. Currently, certain data cannot be obtained through HMIS and the programme performance picture and improvement will be incomplete unless of IMNCI/ICMNCI service quality is regularly monitored, improved and maintained. The prime aim of supportive supervision is to identify gaps in the IMNCI/ICMNCI service quality and performance and provide remedial action. Additionally supportive supervision and visits are needs to equip zonal, woreda, HC and HP staff with the necessary skills to improve service quality.

11.3 Performance review and clinical mentorship meetings
Performance review and clinical mentorship meetings (PRCMM) are a complementary activity to strengthen ICMNCI, capacitate HEWs and facilitate HEWs peer learning. This activity should be conducted at the woreda/PHCU-level through observation of the ICMNCI registers of HPs. This will improve service quality and performance at HPs and HCs.

11.4 Performance review meeting
Along with woreda/PHCU-based PRCMM, woreda-based integrated programme review meetings should also be held quarterly or biannually. During these meetings, programme data should be gathered, shared and used by all PHCUs and primary hospitals to evaluate performance and create action plans. Similarly, zonal level and regional health bureau (RHB) programme reviews will be held bi-annually as part of monitoring, evaluation and performance improvement. The national review meeting should be conducted annually to review the performance.

To achieve high levels of performance and maintain the results, the Action Plan requires the identification of targets and indicators, which should be tracked against the performance throughout the implementation period. This will need close coordination at all levels of the health system and with development partners to support data modernisation activities.

11.5 Research
To address the causes of morbidity and mortality in children under five a formative assessment on IMNCI implementation in Ethiopia, with special emphasis on pneumonia and diarrhoea case management was conducted. The formative assessment findings demonstrated critical supply shortages (including
amoxicillin DT and zinc tablets), poor service quality with untrained healthcare providers, high turnover of HWs and HEWs, weak coaching and mentoring, closure of HPs and weak early referral pathways, were all cited as contributing factors to poor health services and increased under-five morbidity and mortality. From the demand side, the formative assessment revealed that low uptake of child health services, low awareness of the danger signs of childhood illness, delayed health-seeking behaviour, and delayed and weak adherence to treatment amongst caregivers were key factors. Additionally, declining budget support from partners, weak community mobilisation and ownership-related factors were bottlenecks to address child health problems.

The Action Plan does not include a specific research agenda, but associated stakeholders have recommended key areas of research and subsequent support. These include, but are not limited to, antibiotic resistance (particularly for amoxicillin as the first line treatment for pneumonia); pneumonia and diarrhoea prevalence; IMNCI and ICMNCI service quality; improved digital decision support tools; and oxygen need.

11.6 Monitoring and evaluation framework

The monitoring and evaluation of the implementation of the Action Plan will be guided by the monitoring and evaluation framework below (Figure 02). It illustrates the logical link between the inputs, outputs, outcomes and impacts of the health system. The framework includes domains for these respective levels. It also contains a summary of data sources, data management mechanisms (data analysis and synthesis), and communication and use.
### Figure 02: Monitoring and evaluation framework

<table>
<thead>
<tr>
<th>Input</th>
<th>Process</th>
<th>Output</th>
<th>Outcome</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All resources (financial, human and material) needed for programme implementation&lt;br&gt;• Leadership and governance.</td>
<td>• Perform work through inputs&lt;br&gt;• Purchase and distribute supplies and equipment&lt;br&gt;• Conduct training&lt;br&gt;• Develop training material&lt;br&gt;• Cascade supervision&lt;br&gt;• Conduct advocacy meetings&lt;br&gt;• Conduct media professional training&lt;br&gt;• Establish public-private partnerships.</td>
<td>• No. of service providers trained&lt;br&gt;• No. of supportive supervisions conducted&lt;br&gt;• No. of community meetings conducted&lt;br&gt;• No. of supplies distributed&lt;br&gt;• No. of champions appointed&lt;br&gt;• No. of advocacy meetings conducted&lt;br&gt;• No. of media personnel trained.</td>
<td>• Increased coverage of IMNCI implementing HCs&lt;br&gt;• Increased coverage of ICMNCI implementing HPs&lt;br&gt;• Improved health-seeking behaviour of caregivers&lt;br&gt;• Improved IMNCI/EPI service quality&lt;br&gt;• Improved coverage of high impact newborn and child health interventions.</td>
<td>• Reduction of under-five mortality&lt;br&gt;• Reduction of under-five mortality due to pneumonia&lt;br&gt;• Reduction of under-five mortality due to diarrhoea.</td>
</tr>
</tbody>
</table>
12 Implementation financing and costing

Successful implementation of the Action Plan needs efficient resource mobilisation at all levels. Moreover, securing these resources will require resource planning and mobilisation efforts to secure commitments from government and non-governmental actors. Given the Action Plan builds on existing efforts, the majority of the resources required are linked to integrated programming that already exists, such as routine immunisation, IMNCI and ICMNCI. Understanding these resource needs—many of which are ongoing implementation costs—and how to plan for them requires detailed, bottom-up costing at different levels. In addition, the Action Plan requires additional resources over specified years to execute catalytic activities that strengthen pneumonia and diarrhoea control interventions (Appendix 05).

Over the course of three years, the Action Plan will require a total of 2,747,474,360 birr. A significant portion of the budget (19 percent) will be used to purchase medications such as amoxicillin DT, zinc and ORS, while 17 percent will be used to train HEWs on ICMNCI, as well as conduct integrated refresher training on the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) module. Woreda-level quarterly review meetings, PHCU-level performance reviews and clinical mentorship programme strengthening will account for eight percent and seven percent of the total budget required, respectively.

The budget for this Action Plan (Appendix 05) was calculated by taking into account the current market rate for some goods and equipment, the government payment rate for daily allowance, as well as the market inflation rate for the future. Activity-based costing through a simple Excel sheet was used to calculate the budget needed. The cost of the medicines/drugs and some equipment was directly extracted from the MoH Annual Child Health Commodity Quantification Report. The budget will be disbursed to each region based on their identified need and the utilisation for the intended purpose will be followed by the MoH.
Appendix

Appendix 01: List of participants who attended the consultative workshop for the Action Plan to Improve the Control of Pneumonia and Diarrhoea Through the IMNCI Approach

<table>
<thead>
<tr>
<th>Full name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Meles Solomon</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Mr. Yirdachew Semu</td>
<td>Ministry of Health/Malaria Consortium</td>
</tr>
<tr>
<td>Dr. Abeba Bekele</td>
<td>Children Investment Fund Foundation</td>
</tr>
<tr>
<td>Katie Madson</td>
<td>Bill and Melinda Gates Foundation</td>
</tr>
<tr>
<td>Dr. Lisanu Tadesse</td>
<td>HaSET</td>
</tr>
<tr>
<td>Mirafe Solomon</td>
<td>Save the Children</td>
</tr>
<tr>
<td>Dr. Tiliksew Bekele</td>
<td>Clinton Health Access Initiative</td>
</tr>
<tr>
<td>Endashaw W/Senbet</td>
<td>FHI-360</td>
</tr>
<tr>
<td>Dr. Tewodros W/Mariam</td>
<td>Ethiopian Paediatric Society</td>
</tr>
<tr>
<td>Dr. Abebe Negesso</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Dr. Irrekhar Rashid</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>Lelisse Tadesse</td>
<td>Emory University</td>
</tr>
<tr>
<td>Abiy Seifu Estifanos</td>
<td>Addis Ababa School of Public Health</td>
</tr>
<tr>
<td>Dr. Tamiru Wondie</td>
<td>Project HOPE</td>
</tr>
<tr>
<td>Mrs. Sebelewongel Girma</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Mrs. Tirist Grishaw</td>
<td>PATH</td>
</tr>
<tr>
<td>Dr. Zelalem Kebede</td>
<td>Malaria Consortium, Ethiopia</td>
</tr>
<tr>
<td>Elizabeth Berryman</td>
<td>Malaria Consortium, United Kingdom</td>
</tr>
<tr>
<td>Dr. Radhika Khanna Hexter</td>
<td>Malaria Consortium, United Kingdom</td>
</tr>
<tr>
<td>Dr. Agonafer Tekalegne</td>
<td>Malaria Consortium, Ethiopia</td>
</tr>
</tbody>
</table>
## Appendix 02: Specific indicators and targets for the Action Plan for IMNCI and ICMNCI intervention

<table>
<thead>
<tr>
<th>Strategic areas</th>
<th>Indicators</th>
<th>Targeted objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td><strong>Neonatal mortality rate (NMR)</strong></td>
<td>NMR will reduce from 33 to 21 per 1,000 live birth[^1]</td>
</tr>
<tr>
<td></td>
<td><strong>Infant mortality rate (NMR)</strong></td>
<td>IMR will reduce from 47 to 35 per 1,000 live birth[^1]</td>
</tr>
<tr>
<td></td>
<td><strong>Under-five mortality rate (USMR)</strong></td>
<td>USMR will reduce from 59 to 43 per 1,000 live birth[^1]</td>
</tr>
<tr>
<td><strong>Community intervention</strong></td>
<td>Increase exclusive breastfeeding</td>
<td>The proportion of exclusive breastfeeding practices will increase from 59 percent to 80 percent</td>
</tr>
<tr>
<td></td>
<td>Increase complementary feeding</td>
<td>The proportion of complementary feeding practices will increase from 71 percent to 100 percent</td>
</tr>
<tr>
<td></td>
<td>Increase early initiation of breastfeeding (within one hour of birth)</td>
<td>The proportion of early initiation of breastfeeding (within one hour of birth will increase from 79 percent to 90 percent</td>
</tr>
<tr>
<td></td>
<td>Improved household access to drinking water</td>
<td>The proportion of households with improved drinking water will increase from 76 percent to 100 percent</td>
</tr>
<tr>
<td></td>
<td>Improved household sanitation facilities</td>
<td>The proportion of households with improved sanitation facilities will increase from 73 percent to 100 percent</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of model households</td>
<td>The proportion of model households will increase from 18 percent to 90 percent</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of kebeles declared open defecation-free (ODF)</td>
<td>The proportion of kebeles declared ODF will increase from 40 percent to 90 percent</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of households with hand washing facilities at the premises with soap and water</td>
<td>The proportion of households with hand washing facilities at the premises with soap and water will increase from eight percent to 60 percent</td>
</tr>
<tr>
<td></td>
<td>Children sleeping under insecticide-treated nets (ITN)</td>
<td>The proportion of children sleeping under ITN will increase from 54 percent to 85 percent</td>
</tr>
<tr>
<td><strong>Service delivery</strong></td>
<td>Increase the proportion of children under one that receive Penta_3, PCV3, and rota 2 vaccine</td>
<td>The proportion of children under one-year that received Penta_3, PCV3, and rota 2 vaccine will increase from 69 percent, 63 percent and 68 percent to 96 percent</td>
</tr>
<tr>
<td>Strategic areas</td>
<td>Indicators</td>
<td>Targeted objective</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of children who receive MCV1 and MCV2</td>
<td>The proportion of children who receive MCV1 and MCV2 vaccines will increase from 58 percent to 96 percent and 85 percent respectively</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of children treated (according to protocol) with antibiotics for pneumonia</td>
<td>The proportion of children who are treated with antibiotics for pneumonia will increase from 35 percent to 80 percent</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of children treated (according to protocol) with medical oxygen for pneumonia</td>
<td>The proportion of children who are treated with medical oxygen for pneumonia will increase from 47 percent to 90 percent</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of children who are treated (according to protocol) with ORS therapy and zinc for diarrhoea</td>
<td>The proportion of children who are treated with ORS therapy and zinc for diarrhoea will increase from 48 percent to 90 percent</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of children treated (according to protocol) for SAM management</td>
<td>The proportion of children who are treated for SAM management will increase from 50 percent to 90 percent</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of children 6-59 months with vitamin A supplementation</td>
<td>The proportion of children 6-59 months with vitamin A supplementation will be increased from 48 percent to 95 percent</td>
</tr>
<tr>
<td><strong>Capacity building/health task force</strong></td>
<td>Health facilities with trained manpower on IMNCl, ICMNCl, IIP, SAM and others</td>
<td>The proportion of HCs that have two health workers (HWS) trained on IMNCl will be increased from 90 percent to 99 percent for proper assessment, classification and treatment of children with common childhood illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The proportion of HPs that have two HEWs trained on ICMNCl will increase from 94 percent to 99 percent for proper assessment, classification and treatment of children with common childhood illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The proportion of HCs that have two HWS trained on immunisation in practice will increase from 90 percent to 99 percent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The proportion of HPs that have two HWS trained on immunisation will increase from 90 percent to 99 percent</td>
</tr>
<tr>
<td>Strategic areas</td>
<td>Indicators</td>
<td>Targeted objective</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Access to essential medicines and supply distribution:</strong></td>
<td>90 percent of essential medicines and supplies will be accessed and correctly distributed</td>
<td>The proportion of HCs that have two health workers trained on SAM malnutrition will increase from 80 percent to 99 percent. Number of local manufacturers of amoxicillin dispersible tablets (DT), gentamycin, ORS, zinc and antimalarials with certification. 70 percent of health facilities with have pulse oximeters for pneumonia diagnostic procedures. 70 percent of HCs will have medical oxygen for pneumonia treatment. 100 percent of regions will be engaged with private sector suppliers of clean fuel.</td>
</tr>
<tr>
<td><strong>Data and information systems</strong></td>
<td>Pneumonia and diarrhoea relevant data collected by registers and Health Information Management System/District Health Information System (HMIS/DHIS2) to inform programmatic and budgeting decisions</td>
<td>Percentage of recommended pneumonia and diarrhoea -relevant indicators included in DHIS2 for decision making. Percentage of states that identify areas with the highest pneumonia and or diarrhoea burden and allocate budget to them.</td>
</tr>
<tr>
<td><strong>Health system financing</strong></td>
<td>Ministry of Health (MoH), all regions, and development partners will demonstrate planning for pneumonia and diarrhoea control strategies and have dedicated budget lines for integrated health activities (IMNCI, ICMNCI, routine immunisation and nutrition) that support pneumonia control</td>
<td>Percentage of regions with a budget line for ICMNCI and IMNCI. Percentage of regions with a budget line for routine immunisation programmes and evidence of release. Percentage of regions with a budget line for nutrition. Percentage of treasury budget earmarked for ICMNCI, IMNCI, EPI and nutrition by MoH. Percentage of SDG budget earmarked for ICMNCI, IMNCI, EPI and nutrition by MoH. Percentage of development partners with an earmarked budget for ICMNCI, IMNCI, EPI and nutrition.</td>
</tr>
<tr>
<td><strong>Coordination and partnerships</strong></td>
<td>MoH, all regions and development partners working on pneumonia control have jointly</td>
<td>Accountability framework and dashboard will be created within 3 months of strategy launch.</td>
</tr>
<tr>
<td>Strategic areas</td>
<td>Indicators</td>
<td>Targeted objective</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------</td>
<td>--------------------</td>
</tr>
</tbody>
</table>
|                 | completed all agreed-upon activities within the pneumonia control accountability framework | Strengthen national and regional newborn and child health technical working group  
Percentage of child health TWG meetings addressing pneumonia  
Percentage of regions with coordinating mechanisms with an explicit mandate for newborn and child health  
Percentage of federal and regional level coordinating mechanisms with appointed pneumonia champions  
Percentage of regions that have developed IEC materials disseminated to the community  
Percentage of regions with social and behaviour change (SBC) programmes that address pneumonia and diarrhoea prevention and control  
Percentage of regions using community structures to improve caregivers care seeking behaviour for common childhood illnesses |
Appendix 03: Selected high-impact interventions for IMNCI implementation

<table>
<thead>
<tr>
<th>Key intervention</th>
<th>Baseline/current coverage status</th>
<th>Data source</th>
<th>Expected coverage (%) per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penta_3 (DPT-HepB-Hib)</td>
<td>69% in 2019 (b)</td>
<td>WHO Immunization Data portal, Ethiopia[^22]</td>
<td>75  80  85</td>
</tr>
<tr>
<td>PCV</td>
<td>63% in 2019 (b)</td>
<td>WHO Immunization Data portal, Ethiopia[^22]</td>
<td>75  80  85</td>
</tr>
<tr>
<td>Rotavirus vaccine</td>
<td>68% in 2019 (b)</td>
<td>WHO Immunization Data portal, Ethiopia[^22]</td>
<td>75  80  85</td>
</tr>
<tr>
<td>MCV1</td>
<td>58% in 2019 (b)</td>
<td>WHO Immunization Data portal, Ethiopia[^22]</td>
<td>65  75  80</td>
</tr>
<tr>
<td>MCV2</td>
<td>NA</td>
<td>NA</td>
<td>65  70  75</td>
</tr>
<tr>
<td>Antibiotics for pneumonia</td>
<td>35% in 2020</td>
<td>Ethiopia Demographic and Health Survey 2016[^23]</td>
<td>40  50  60</td>
</tr>
<tr>
<td>Medical oxygen treatment for Pneumonia</td>
<td>47%</td>
<td>Consultation with a subject matter expert</td>
<td>50  60  70</td>
</tr>
<tr>
<td>ORS therapy and zinc</td>
<td>48% in 2020</td>
<td>Estimation to 2020</td>
<td>50  60  70</td>
</tr>
<tr>
<td>Antibiotics for dysentery</td>
<td>Unknown</td>
<td></td>
<td>50  60  70</td>
</tr>
<tr>
<td>SAM management</td>
<td>Unknown</td>
<td></td>
<td>50  60  70</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>66% in 2020 (b)</td>
<td>UNICEF[^24]</td>
<td>75  85  90</td>
</tr>
<tr>
<td>Deworming</td>
<td>81% in 2020/2021 (a)</td>
<td>MoH Annual Performance Report[^25]</td>
<td>85  87  90</td>
</tr>
<tr>
<td>Early initiation of breastfeeding (within 1 hour of birh)</td>
<td>79% in 2020 (b)</td>
<td>Performance Monitoring for Action Ethiopia Six-week Postpartum Maternal and Newborn Health</td>
<td>82  84  86</td>
</tr>
<tr>
<td></td>
<td>Indicator</td>
<td>Year</td>
<td>Source</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------------------</td>
<td>-------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>14</td>
<td>Exclusive breastfeeding</td>
<td>59%</td>
<td>Ethiopia Mini-demographic and Health Survey 2019</td>
</tr>
<tr>
<td>15</td>
<td>Complementary feeding</td>
<td>71%</td>
<td>Ethiopia Mini-demographic and Health Survey 2019</td>
</tr>
<tr>
<td>16</td>
<td>Household drinking water</td>
<td>76%</td>
<td>WHO/UNICEF Joint Monitoring Program for Water Supply, Sanitation and Hygiene 2021</td>
</tr>
<tr>
<td>17</td>
<td>Household sanitation facilities</td>
<td>73%</td>
<td>Ethiopia mini-demographic and health survey 2019</td>
</tr>
<tr>
<td>18</td>
<td>Model households</td>
<td>18%</td>
<td>Health Sector Transformation Plan II 2022</td>
</tr>
<tr>
<td>19</td>
<td><em>Kebeles</em> declared open defecation-free (ODF)</td>
<td>40%</td>
<td>Health Sector Transformation Plan II 2022</td>
</tr>
<tr>
<td>20</td>
<td>Households with hand washing facilities at the premises with soap and water</td>
<td>8%</td>
<td>Health Sector Transformation Plan II 2022</td>
</tr>
</tbody>
</table>
Appendix 04: Specific support of developmental partners on IMNCI/ICMNCI, immunisation and nutrition programmes

This appendix outlines the partners registered to support the child health programme in Ethiopia through the Resource Mobilisation Directorate of the MoH and their current or planned support in the area of newborn and child health, immunisation, hygiene and nutrition.

<table>
<thead>
<tr>
<th>Name of partners</th>
<th>Relevant programmes they support</th>
<th>Type of support provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Against Hunger</td>
<td>Immunisation and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Alive &amp; Thrive</td>
<td>Nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Amref</td>
<td>Immunisation and hygiene</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Carter Center</td>
<td>Child health, immunisation and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Catholic Relief</td>
<td>Immunisation</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Consortium of Christian Relief and Development</td>
<td>Immunisation</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Clinton Health Access Initiative</td>
<td>Child health and immunisation</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Children Investment Fund Foundation</td>
<td>Child health, immunisation and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Concerned Worldwide</td>
<td>Immunisation and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Doctors with Africa CUAMM</td>
<td>Child health</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Digital Health Activity</td>
<td>Child health, immunisation and nutrition</td>
<td>Technical</td>
</tr>
<tr>
<td>The Ethiopia Data Use Partnership</td>
<td>Child health, immunisation and nutrition</td>
<td>Technical</td>
</tr>
<tr>
<td>Ethiopian Medical Association</td>
<td>Child health and immunisation</td>
<td>Technical</td>
</tr>
<tr>
<td>Ethiopian Pharmaceutical Supply Agency</td>
<td>Child health and immunisation</td>
<td>Technical</td>
</tr>
<tr>
<td>Gavi, the Vaccine Alliance</td>
<td>Child health and immunisation</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Goal</td>
<td>Child health and immunisation</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>JSI</td>
<td>Child health, immunisation and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Malaria Consortium</td>
<td>Child health</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Nutrition International</td>
<td>Newborn, child health and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>PATH</td>
<td>Newborn, child health and immunisation</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Name of partners</td>
<td>Relevant programmes they support</td>
<td>Type of support provided</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Project HOPE</td>
<td>Immunisation</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Policy Studies Institute</td>
<td>Immunisation and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Results for Development</td>
<td>Child health supply</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Schistosomiasis Control Initiative</td>
<td>Child health, immunisation and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>Saving Little Lives</td>
<td>Newborn and child health</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>United Nations Children’s Fund</td>
<td>Child health, immunisation and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>United States Agency for International Development</td>
<td>Child health, immunisation and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>WEEMA</td>
<td>Child health and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>World Health Organization</td>
<td>Child health, immunisation and nutrition</td>
<td>Both technical and financial</td>
</tr>
<tr>
<td>World Vision</td>
<td>Child health, immunisation and nutrition</td>
<td>Both technical and financial</td>
</tr>
</tbody>
</table>
## Appendix 05: Detailed cost by objectives of the Action Plan

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Item</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2022/23</td>
<td>2023/24</td>
<td>2024/25</td>
<td></td>
</tr>
<tr>
<td>1. Improving equitable access and utilisation of pneumonia and diarrhoea control services</td>
<td>Provide RHB, ZHD and Technical and Vocational Education Training (TVET) trainers with the revised ICMNCI and IMNCI training materials</td>
<td>2,537,925</td>
<td>1,268,963</td>
<td>1,268,963</td>
<td>5,075,850</td>
</tr>
<tr>
<td></td>
<td>Pre-deployment/gap filling training for new HEWs on the revised ICMNCI training</td>
<td>35,715,000</td>
<td>17,857,500</td>
<td>17,857,500</td>
<td>71,430,000</td>
</tr>
<tr>
<td></td>
<td>A three-day training at HCs and for primary hospital HWs on the revised IMNCI and ICMNCI training</td>
<td>17,970,200</td>
<td>17,970,200</td>
<td></td>
<td>35,940,400</td>
</tr>
<tr>
<td></td>
<td>Carry out regular revision of case management protocols for HPs, HCs and primary hospitals (at least twice)</td>
<td></td>
<td></td>
<td>659,500</td>
<td>659,500</td>
</tr>
<tr>
<td></td>
<td>Revise and refine IMNCI and ICMNCI programme specific checklists to include issues related with pneumonia and diarrhoea</td>
<td>783,500</td>
<td></td>
<td></td>
<td>783,500</td>
</tr>
<tr>
<td></td>
<td>Carry out capacity building for HCs that did not have IMNCI trained HWs and carry out attrition gap filling training</td>
<td>38,929,275</td>
<td>19,464,638</td>
<td>19,464,638</td>
<td>77,858,550</td>
</tr>
<tr>
<td></td>
<td>Train HWs on IMNCI to address issues of attrition</td>
<td>7,645,800</td>
<td>3,822,900</td>
<td>3,822,900</td>
<td>15,291,600</td>
</tr>
<tr>
<td></td>
<td>Train HWs on IIP</td>
<td>12,902,813</td>
<td>6,451,406</td>
<td>6,451,406</td>
<td>25,805,625</td>
</tr>
<tr>
<td></td>
<td>Train HWs on SAM</td>
<td>12,675,000</td>
<td>6,337,500</td>
<td>6,337,500</td>
<td>25,350,000</td>
</tr>
<tr>
<td></td>
<td>Conduct post training follow up at HCs</td>
<td>2,332,000</td>
<td>1,166,000</td>
<td>1,166,000</td>
<td>4,664,000</td>
</tr>
<tr>
<td></td>
<td>Train HEWs on ICMNCI</td>
<td>70,483,500</td>
<td>35,241,750</td>
<td>35,241,750</td>
<td>234,945,000</td>
</tr>
<tr>
<td></td>
<td>Train HEWs on ICMNCI to address issues of attrition</td>
<td>40,776,413</td>
<td>20,388,206</td>
<td>20,388,206</td>
<td>81,552,825</td>
</tr>
<tr>
<td></td>
<td>Train HEWs on integrated refresher training</td>
<td>233,331,000</td>
<td></td>
<td></td>
<td>233,331,000</td>
</tr>
<tr>
<td>Activity</td>
<td>Cost 1</td>
<td>Cost 2</td>
<td>Cost 3</td>
<td>Cost 4</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>Conduct post training follow up at HPs</td>
<td>4,640,000</td>
<td>2,320,000</td>
<td>2,320,000</td>
<td>9,280,000</td>
<td></td>
</tr>
<tr>
<td>Orientation of HEWs on community dialogue on infection prevention and control, community mobilisation and effectively working with VHLs and PHCU as a team</td>
<td>17,884,775</td>
<td>17,884,775</td>
<td></td>
<td>35,769,550</td>
<td></td>
</tr>
<tr>
<td>Orientation for VHLs in community dialogue on pneumonia and diarrhoea message</td>
<td>17,071,975</td>
<td>17,071,975</td>
<td>34,143,950</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One day advocacy and sensitisation workshop on care seeking and availability of services (one per kebele)</td>
<td>17,071,975</td>
<td>17,071,975</td>
<td>34,143,950</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Half day community dialogues on pneumonia and diarrhoea control intervention within the kebele (three session per kebele)</td>
<td>18,214,975</td>
<td>18,214,975</td>
<td>36,429,950</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A one-day orientation of AEAs to integrate community mobilisation activities with their daily deliverance</td>
<td>17,592,675</td>
<td>17,592,675</td>
<td>35,185,350</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support pregnant women forums and incorporate newborn and child health issues in the forums (danger signs in newborns)</td>
<td>17,541,875</td>
<td>8,770,938</td>
<td>8,770,938</td>
<td>35,083,750</td>
<td></td>
</tr>
<tr>
<td>Bi-annual community-PHCU meeting to explore the quality-of-care issues and set up contextual quality improvement actions at PHCU level</td>
<td>15,735,300</td>
<td>7,867,650</td>
<td>7,867,650</td>
<td>31,470,600</td>
<td></td>
</tr>
<tr>
<td>Identify and update relevant health promotion IEC materials</td>
<td>1,120,000</td>
<td>1,120,000</td>
<td>2,240,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endorse the revised or updated pneumonia and diarrhoea control IEC</td>
<td>1,320,000</td>
<td>1,320,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantify and print IEC materials</td>
<td>560,000</td>
<td>560,000</td>
<td>1,120,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify appropriate messaging distribution channels to distribute IEC materials to regions for further tailoring and dissemination</td>
<td>710,000</td>
<td>710,000</td>
<td>1,420,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Map schools for school health programmes for the distribution of key messages</td>
<td>910,000</td>
<td>910,000</td>
<td>1,820,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design and integrate newborn and child health programmes within identified school health programmes</td>
<td>560,000</td>
<td>280,000</td>
<td>280,000</td>
<td>1,120,000</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Amount 1</td>
<td>Amount 2</td>
<td>Amount 3</td>
<td>Amount 4</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Distribute IEC materials (key messages) to primary schools (at least one primary school per kebele)</td>
<td>18,394,000</td>
<td>9,197,000</td>
<td>4,598,500</td>
<td>4,598,500</td>
<td></td>
</tr>
<tr>
<td>Conduct advocacy and social mobilisation at national level</td>
<td>981,700</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct advocacy and social mobilisation at regional level</td>
<td>9,842,300</td>
<td>9,842,300</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct advocacy and social mobilisation at zonal level</td>
<td>17,850,000</td>
<td>17,850,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct advocacy and social mobilisation at woreda level</td>
<td>35,300,000</td>
<td>35,300,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct advocacy and social mobilisation at PHCU level</td>
<td>38,000,000</td>
<td>38,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disseminate the Action Plan and other pneumonia and diarrhoea related policies to regions and stakeholders</td>
<td>4,450,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct workshops on programme ownership for RHB, ZHD and woreda health offices</td>
<td>26,175,000</td>
<td>13,087,500</td>
<td>13,087,500</td>
<td>52,350,000</td>
<td></td>
</tr>
<tr>
<td>Conduct workshops with professional associations on the Action Plan and disseminate the Action Plan</td>
<td>512,500</td>
<td>256,250</td>
<td>256,250</td>
<td>1,025,000</td>
<td></td>
</tr>
<tr>
<td>Hire technical assistants at national and regional level for at least one year to help implement the strategy, track progress and work with partners to integrate and amplify pneumonia control within their work</td>
<td>60,030,000</td>
<td>60,030,000</td>
<td>60,030,000</td>
<td>180,090,000</td>
<td></td>
</tr>
<tr>
<td>2. Improving quality of pneumonia and diarrhoea control services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantify, print and distribute ICMNCI training materials for training</td>
<td>5,000,000</td>
<td>2,500,000</td>
<td>2,500,000</td>
<td>10,000,000</td>
<td></td>
</tr>
<tr>
<td>Print updated IMNCI and ICMNCI chart booklets and distribute to HCs and HPs</td>
<td>3,000,000</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>6,000,000</td>
<td></td>
</tr>
<tr>
<td>Print updated IMNCI and ICMNCI registration books and distribute to HCs and HPs, including the portable version</td>
<td>4,800,000</td>
<td>2,400,000</td>
<td>2,400,000</td>
<td>9,600,000</td>
<td></td>
</tr>
<tr>
<td>Quantify, print and distribute speaking books</td>
<td>8,500,000</td>
<td>4,250,000</td>
<td>4,250,000</td>
<td>17,000,000</td>
<td></td>
</tr>
<tr>
<td>Develop HEW-guide and job aid to facilitate community dialogue and meetings</td>
<td>850,000</td>
<td>425,000</td>
<td>425,000</td>
<td>1,700,000</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>PHCU</td>
<td>WoHO 1</td>
<td>WoHO 2</td>
<td>WoHO 3</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Budget support for woredas to strengthen PHCU level PRCMM</td>
<td>100,000,000</td>
<td>50,000,000</td>
<td>50,000,000</td>
<td>200,000,000</td>
<td></td>
</tr>
<tr>
<td>Develop referral cards with brief patient information to improve referrals among health facilities and print and distribute referral sheets (one pad per HPs)</td>
<td>510,000</td>
<td>255,000</td>
<td>255,000</td>
<td>1,020,000</td>
<td></td>
</tr>
<tr>
<td>Introduce pulse oximeters to all HCs and comprehensive HPs</td>
<td>8,809,500</td>
<td>4,404,750</td>
<td>4,404,750</td>
<td>17,619,000</td>
<td></td>
</tr>
<tr>
<td>Prepare different quality improvement projects for 10 percent to 40 percent of HCs for child health service improvement and provide budget support</td>
<td>5,000,000</td>
<td>2,500,000</td>
<td>2,500,000</td>
<td>10,000,000</td>
<td></td>
</tr>
<tr>
<td>Ensure continuing availability of essential child health commodities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantify and cost IMNCI/ICMNCI supplies using updated estimates</td>
<td>800,000</td>
<td>400,000</td>
<td>400,000</td>
<td>1,600,000</td>
<td></td>
</tr>
<tr>
<td>Purchase amoxicillin DT, ORS and zinc via pooling orders from all health facilities in catchment areas and stock them in WoHO stores</td>
<td>257,758,605</td>
<td>128,879,303</td>
<td>128,879,303</td>
<td>515,517,210</td>
<td></td>
</tr>
<tr>
<td>Train new HEW-graduates on IPLS and supply chain management</td>
<td>18,065,000</td>
<td>9,032,500</td>
<td>9,032,500</td>
<td>36,130,000</td>
<td></td>
</tr>
<tr>
<td>Orientate existing HEWs on IPLS and supply chain management</td>
<td>18,995,000</td>
<td>18,995,000</td>
<td></td>
<td>37,990,000</td>
<td></td>
</tr>
<tr>
<td>Mobilise financial resources across multiple sectors to support pneumonia control efforts</td>
<td>500,000</td>
<td>250,000</td>
<td>250,000</td>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td>Support local manufacturing of amoxicillin DT, zinc and ORS and increase availability across all public points of care</td>
<td>500,000</td>
<td>250,000</td>
<td>250,000</td>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td>Strengthen the distribution of drugs and vaccines to last-mile communities</td>
<td>500,000</td>
<td>250,000</td>
<td>250,000</td>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td>Train PHCU and WoHO personnel on IPLS, supply chain management and supportive supervision skills</td>
<td>41,825,000</td>
<td>20,912,500</td>
<td>20,912,500</td>
<td>83,650,000</td>
<td></td>
</tr>
<tr>
<td>Improve regular monitoring and evaluation of child health programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide programme specific supportive supervision to PHCUs</td>
<td>620,000</td>
<td>310,000</td>
<td>310,000</td>
<td>1,240,000</td>
<td></td>
</tr>
<tr>
<td>Provide programme specific supportive supervision to HPs</td>
<td>620,000</td>
<td>310,000</td>
<td>310,000</td>
<td>1,240,000</td>
<td></td>
</tr>
<tr>
<td>Carry out zonal/regional quarterly joint monitoring visits (JMV)</td>
<td>620,000</td>
<td>310,000</td>
<td>310,000</td>
<td>1,240,000</td>
<td></td>
</tr>
<tr>
<td>Carry out national bi-annual JMV</td>
<td>1,810,000</td>
<td>905,000</td>
<td>905,000</td>
<td>3,620,000</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Cost (Birr)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out <em>Woreda</em> JMV</td>
<td>1,010,400</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out zonal/regional quarterly JMV</td>
<td>620,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out national bi-annual JMV (a team of eight supervisors will visit four regions bi-annually)</td>
<td>1,810,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out <em>woreda</em> level quarterly IPRM</td>
<td>115,758,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out zonal/regional level bi-annual programme review</td>
<td>2,209,800</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out national level annual programme review</td>
<td>588,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthen aspects of data collection, analysis and use most critical for pneumonia and diarrhoea relevant indicators at service delivery level to have accurate data</td>
<td>1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out midterm programme evaluation</td>
<td>10,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct operations research</td>
<td>2,300,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total cost in Birr</strong></td>
<td>1,199,600,280</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total cost in USD</strong></td>
<td>23,069,236</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The table lists various activities and their respective costs in Birr and USD. The activities include conducting surveys, reviews, and evaluations, with a focus on data collection and analysis. The total costs are broken down into local and international currency, providing a comprehensive view of the financial requirements for these tasks.
References

22 World Health Organization Immunization Data portal. Ethiopia. [no date; cited 2023 Jan 20], Available from: https://immunizationdata.who.int/pages/profiles/eth.html.