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The following country action plan was designed during the Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child workshop in Accra, Ghana from October 30 to November 2, 2018, and does not necessarily reflect any position of the Ethiopian government.

Ethiopia

Suboptimal utilization of PHC

1. Strengthen Kebele Command Post as in QI Transformation Plan
2. Support geographic expansion of Community Based Health Insurance
3. Improve Stock Management at HC level
 - 3a. Stock Mgt Training
 - 3b. Create Stock Mgt Performance Programmes (like EPHAQ)
 - 3c. Pharmacist in HC Performance Mgt. Team
4. Support cross training of staff on Nutrition and CH at HC level
5. Increase geographic coverage of open house strategy
6. Systematically improve HDA Capacity and Effectiveness
 - 6a. Institutionalize Community Based Data for Decision Making
 - 6b. Systematically use Family Health Guide to train HDA

- Sensitization Workshops
- Targeted Topic Specific TA through GOE and Relevant Implementing Partners and Civil Society
- Finance
- Human Resources
- Consumables (Flipcharts, Notebooks, Pens, Stationary)

1. ONGOING
2. ONGOING
- 3a. ONGOING
- 3b. ONGOING
- 3c. SHORT-TERM (6-12 months)
4. ONGOING
5. QUARTERLY (starting in 6 months)
- 6a. SHORT-TERM (12 months)
- 6b. SHORT-TERM (12 months)

**Lack of evidence for
effective delivery
strategies to inform
health programming in
pastoral/semi
pastoralist populations**

1. Prepare Draft Zero Concept Paper (1-2 pages) for sensitization
2. Key Nutrition and CH focal persons to sensitize heads of Special Services Directorate and MCH Directorate to ensure buy-in and engagement
3. MOH to organize meetings with case teams from MCH (CH and Nutrition Units), Research Advisory Council, Special Services Directorate and Deliverology Unit for Sensitization
4. Ensure availability of appropriate funding to conduct high quality implementation research (both on ongoing and new programmatic activities)
5. Engage the Regional Health Bureau and other Regional Stakeholders to inform the strategic implementation approach
6. Incorporate IR into existing programming platforms employed by partners and government

- Government Commitment and Partner Support
- Key focal people to lead and support coordination
- Community Support
- Human Resources
- Funding
- Participation of Academic/Research Institutions

1. SHORT TERM (6 months)
2. SHORT TERM (6 months)
3. SHORT TERM (6 months)
4. SHORT TERM (6 months)
5. SHORT TERM (6-12 months)
6. LONG TERM (2 years)

Weak PHCU Linkage

1. Formation of Technical Working Group to Refine Plan with Involvement of Key Stakeholders and Relevant Directorates
 - 1a. Develop Comprehensive User Friendly Supportive Supervision Checklist
 - 1b. Prepare Database to store and use Supportive Supervision Data (Innovative Solutions)
 - 1c. Develop and Test different Approaches for Good Preparation and Objective Selection of Priorities
2. Test Agreed Approaches with Iterative Learning to Support Scale Up
 - 2a. Capacitate PHCU leadership with Meeting Management Skills
 - 2b. Increase Supervisors Capacity of Integrated SS
 - 2c. Capacitate PHCU Leadership on Documentation (Minutes)
 - 2d. Test Agreed Tools

- Workshop and Regular Meetings
- Implementation of Agreed Initiatives in Select Woredas
- Documentation of Lessons Learned

1a – 1c SHORT TERM (6 months)

2a – 2d SHORT TERM (12 months)