

USAID Quality Healthcare Activity

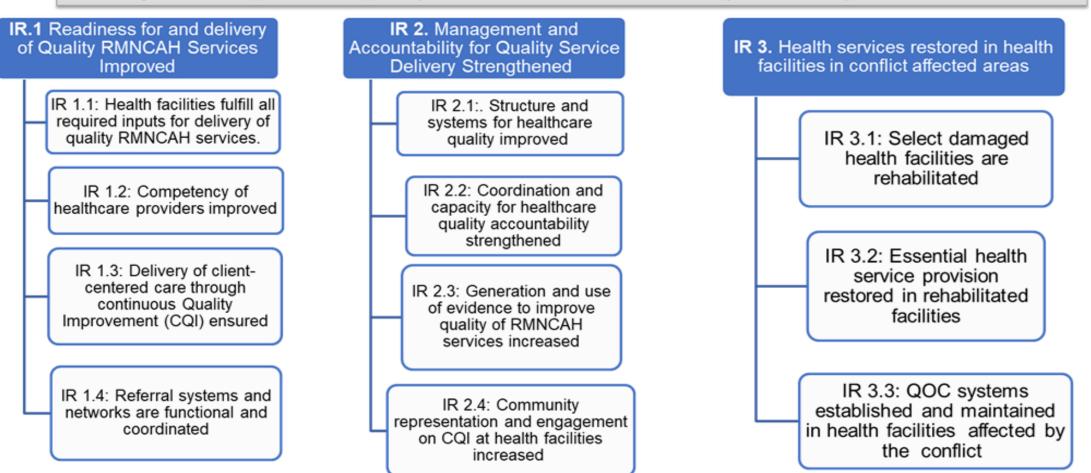
Activity Objective

- Build capacity of **urban** and **peri-urban** PHCUs and referral health facilities in planning and delivering client-centered quality RMNCAH services.
 - increasing readiness of the health facilities for delivery of quality, patientcentered RMNCAH care including support restoration of health services in conflict affected areas
 - increasing **competency and performance** of healthcare providers and managers
 - enhancing **community participation**, strengthening systems for feedback and accountability
 - increasing client satisfaction and service utilization and,
- ultimately **prevent maternal and child mortality**, and improve health status of women, adolescent girls and children

ECBH R 2 Increase accountability and responsiveness to community Health needs by primary Health Care Unit (PHCU), woreda and regional health offices HSS 2: Improved quality of essential services

ECBH IR 2.3 Increase capacity of PHCUs and referral facilities to deliver improved quality of care to the community HSS IR 2.1 Strengthened adherence to service delivery standards and improved clinical oversight

Activity Goal: Improve the quality of RMNCAH service delivery at Primary and referral facilities



Scale and Scope

- Geographic SCOPE Five regions only Amharia, Oromia, Sidama, SWE and SNNP
 - Initiating 4-50 woredas in year one and maximum 67 districts.
 - <u>Data analysis</u> including RMNCAH performance, population, security, urban/peri-urban
 - Four-tiered approach to facility categorization (including referral network)
- **FOCUS** System-wide approach for QOC to drive sustainable RMNCAH results
 - Focus on facility administration & institutional capacity in management & coordination
 - Facility accreditation roadmap
 - Cross-directional referral networks
 - Potential scaleup informed by lessons learned, cost-effective analysis, leveraging of external resources and overall activity budget.
 - After three years, at least 30% targeted for 'light touch' support for additional six months before complete phase out from activity
 - Selected facilities to build networks of excellence, including private health facilities
- implemented by international/local prime partner and local sub-partners including CSOs