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# USAID Quality Healthcare Activity

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# 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, patient-centered 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

**IR.1** Readiness for and delivery of Quality RMNCAH Services Improved

- IR 1.1: Health facilities fulfill all required inputs for delivery of quality RMNCAH services.
- IR 1.2: Competency of healthcare providers improved
- IR 1.3: Delivery of client-centered care through continuous Quality Improvement (CQI) ensured
- IR 1.4: Referral systems and networks are functional and coordinated

**IR 2.** Management and Accountability for Quality Service Delivery Strengthened

- IR 2.1: Structure and systems for healthcare quality improved
- IR 2.2: Coordination and capacity for healthcare quality accountability strengthened
- IR 2.3: Generation and use of evidence to improve quality of RMNCAH services increased
- IR 2.4: Community representation and engagement on CQI at health facilities increased

**IR 3.** Health services restored in health facilities in conflict affected areas

- IR 3.1: Select damaged health facilities are rehabilitated
- IR 3.2: Essential health service provision restored in rehabilitated facilities
- IR 3.3: QOC systems established and maintained in health facilities affected by the conflict

# 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.
  - [Data analysis](#) 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