



Sustaining service delivery through fine-tuning program implementation strategies in the context of recurring regional conflict

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Background

Amhara Development Association (ADA) is implementing USAID Family Focused HIV Prevention Care and Treatment Services in Amhara region since August 2020. The purpose of the Activity is to strengthen local HIV epidemic control & contribute to the attainment of the three 95 goals.

Problem Overview

There was armed conflict in most part of the Amhara region since August 2023. Conflict related insecurity and lack of free movement, service disruption, supply interruption, infrastructure damage, population displacement, and the presence of competing priorities hinder the implementation of health activities. In addition, it affects the routine program monitoring and evaluation system. People living with chronic diseases such as HIV and orphan and vulnerable children will be more vulnerable due to limited access to essential health services, interruption of treatment, viral load monitoring and follow up care. As the Activity is providing community-based services for such highly vulnerable clients, there was a need to strategize FY24 project implementation approaches to ensure ongoing beneficiaries support and achieve the set target in the context of recurring regional conflict

Interventions

Amhara Development Association (ADA) developed program implementation strategy in the context of regional conflict, held discussion and reached consensus with its sub-recipients to use the document as a guide. ADA stratified implementation SNUs into three strata based on the severity of the conflict at the SNU level: active conflict, moderate conflict, and no conflict SNUs. Accordingly, the Activity identified major site and above site level priority activities under each category and closely followed the implementation status by establishing emergency response team and focal points with defined roles and responsibilities (see figure 1 below). The Activity used to collect information about the conflict situation across all SNUs and update the level of conflict at each SNU on weekly basis and provided close support accordingly.

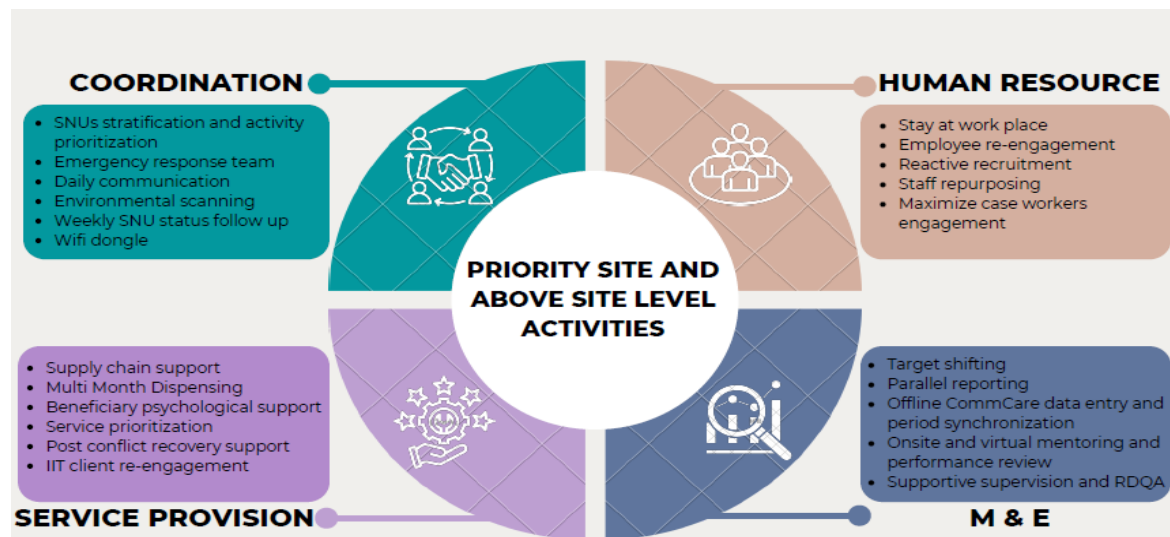


Fig 1: Priority site and above site level activities

Results

The strategy informed sub-recipients to work on program implementation and ensured service continuity within the conflict situation. It increased the engagement of project staff and community volunteers; and revitalizing the program implementation across all SNUs. Use of the grass root level community volunteers has played significant role for continuity of service within the conflict situation. The semiannual performance of the project was satisfactory with very good data quality as depicted below.

Table 1: FY24 semi-annual Key performance indicators achievement

Indicators	FY24 target	SA performance	Achievement
HTS_INDEX_POS	1,149	431	38%
HIVST	18,324	4,369	24%
Community DSDM	4,020	1,903.	47%
IIT re-engagement	1,519	936	62%
OVC_SERV	101688	97,720	96%
OVC_HIVSTAT	64,851	65,344	100%

Lesson learnt

- Stratification of SNUs and identify priority intervention ensure uninterrupted service uptake
- Community volunteers play significant role in community-based health services provision during armed conflict
- Stay at work place direction prevents staff injuries and ensure uninterrupted service provision
- Telephone mentoring and follow up supported to motivate and engage site level staffs

Disclaimer

This abstract is made possible by the support of the American People through support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID). The contents of this study are the sole responsibility of Amhara development Association (ADA) and do not necessarily reflect the views of USAID or the United States Government

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