



STRENGTHENING PRIMARY HEALTHCARE

AT JSI

The first touchpoint many individuals have with the healthcare system is through primary healthcare (PHC). These touchpoints are critical: they have the ability not only to render immediate care, but to educate and ensure trust, allowing a client to engage in lifelong optimal health practices. On one end of PHC is a client with a variety of needs, rights, autonomy, beliefs, and abilities. On the other is a provider with their own set of rights, education, abilities, tools, and support networks. At the very center of this exchange is the mission of JSI: to ensure optimal health outcomes for all.

Though each interaction within PHC seems ordinary (e.g., routine annual check-ups, family planning, reproductive health, antenatal and postpartum care, childhood and adult immunization, etc.), the system is complex and challenging. Primary health addresses a large swath of care needs, in highly varied contexts. Optimized PHC requires complete

health service integration along with: supportive health policies and governance; adequate public and private financing; routine supportive training and mentorship; digital and data innovations; person-centered supply chains; and, social and behavior change (SBC) strategies that drive individual and community-led demand and shift health system behaviors. Using best and next practices, JSI implements activities to support these essential elements in almost every one of our 200+ current projects in over 40 countries.

Working in-hand with governments, ministries, in-house subject matter experts, local and regional technical assistance providers, and health workers in primary health settings, JSI ensures the primary health systems we support are high-functioning.



For more information on JSI and our work within primary health care, please visit www.JSI.com



SUPPORTING PRIMARY HEALTH CARE SERVICE DELIVERY AT JSI

ETHIOPIA



Ethiopia's Health Extension Program (HEP), the community health network of the country, has developed an ambitious plan to achieve universal access to high-quality healthcare. JSI's

Improve Primary Health Care Service Delivery (IPHCSD) project is making progress to reach this goal. The five-year project, launched in 2022, with funding from the Gates Foundation, implemented in partnership with Amref Health Africa, and operationalized with local partners, prioritizes PHC at the national level, while identifying new methods to improve systems and models of care. JSI provides locally-led training and supportive supervision to program managers and health workers to operationalize and sustain PHC reforms, and integrates gender sensitive approaches. IPHCSD employs a "Networks of Care" approach, wherein PHC facilities, health actors, and communities are connected through administrative and clinical support mechanisms, promoting an enabling environment for a culture of quality, learning, efficiency, and accountability across levels. The project, in its first year,

has already seen a greater number of women access all four recommended antenatal care visits, a boost in postnatal care attendance and an increase in childhood vaccination rates.

Through Children Investment Fund Foundation funding, JSI supports scale-up of the **Electronic Community Health Information System (eCHIS)**. Optimizing PHC delivery with digital solutions, eCHIS gives Ethiopia's community-based health extension workers (HEW) access to tablets; an application with growing numbers of modules specific to clinical areas of care, strengthening HEW performance; and real-time electronic reporting capabilities. The project aims to transform health data for stronger HEW performance management, targeting PHC services. The project includes a learning component: performance management incentives and biometric interventions are integrated and tested in learning woredas, offering opportunities to further optimize eCHIS. This project will scale-up eCHIS to 110 woredas and test powerful digital interventions in 10 learning woredas to improve PHC service delivery.

YEMEN



The **Systems, Health, and Resiliency Project (SHARP)**, a USAID-supported activity, focused on improving primary health services with an emphasis on reproductive, maternal, newborn,

and child health, as well as malnutrition, and diarrheal diseases. SHARP recently ended, having touched the lives of more than 1.8 million Yemeni people with activities to improve their health, throughout ongoing conflict and humanitarian crisis. SHARP worked with communities, health facilities, the Ministry of Public Health and Population, local authorities, the National Yemeni Midwives Association, Yemen Family Care Association, and Search for Common Ground. Among other accomplishments, the collaboration built an approach to kangaroo mother care at the community level (rather than at facilities), helping 105 low birth-weight babies, a significant risk factor for newborn death, to live and thrive. The partnership also implemented social and behavior change initiatives enabling 5.7 million Yemenis to be reached with crucial information on maternal, newborn, and child health, family planning, reproductive health, and nutrition.

LAOS

The Lao People's Democratic Republic has one of the highest neonatal and under-five mortality rates of Southeast Asian Nations, with neonatal



mortality at just above 21, and under-five at 42.5, per 1,000 live births. JSI's **Laos Maternal, Child Health and Nutrition Program (LMCHN)** is working with over 230 health centers, 650 health workers, and over 1,500 communities to strengthen support of PHC use among women, newborns, children, adolescents, and youth. Currently, LMCHN is carrying out leadership, management, and governance (LMG) skills trainings for national, provincial, and district health partners in each of the supported 24 districts, across 5 provinces. The LMG training strengthens capacity and accountability of high-quality reproductive, maternal, newborn, child, and adolescent health and nutrition care service delivery at the PHC level.



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BURKINA FASO

Country Health Information Systems and Data Use (CHISU)

a global program funded by USAID to increase the quality, availability and use of health data to improve the health of communities around the world—supports Burkina Faso in strengthening disease and event surveillance using the One Health approach. This approach creates a linkage between the ministries in charge of health, livestock, and the environment to provide an effective response to health threats. One Health is branching ministries together into primary health care through digital health technology. The approach is enabling community level reporting of health issues to a multi-sectoral national-level platform through an interoperability layer. This layer allows the One Health system to collect zoonotic disease surveillance data, supporting case-finding and investigation as well as COVID-19 reporting and surveillance. This approach is supported by an investigative task force that helps to inform different government sectors on environmental and disease surveillance, creating an agile and reactive community health structure for the country.



UGANDA



The USAID/PMI Uganda Malaria Reduction Activity (PMI MRA) is implementing an adaptation of the MOH/NMCD Mass Action Against Malaria (MAAM) model. MAAM/H empowers households to take charge of malaria prevention, by equipping them with the knowledge to implement specific preventive measures and

striving for “Malaria Smart Home” status, which signifies a home that has remained malaria-free for six consecutive months. Through close collaboration with local leaders and village health teams, PMI MRA utilizes national HMIS data and health facility registers to map high-risk villages, assess households based on a checklist for malaria transmission factors, create action plans, and routinely monitor progress. In each household, a “malaria champion” is designated to ensure commitment and accountability. Champions who maintain the smart home status for a year will be recognized at community events, with recognition ideas generated through community dialogues. This activity is being conducted in 29 high-burden districts, including 152 sub-counties labeled as moderate and 167 identified as high malaria transmission.

PAKISTAN



Since 2017, JSI's [Integrated Health Systems Strengthening and Service Delivery \(IHSS-SD\)](#) activity has been working to improve access to primary health services along Pakistan's border with Afghanistan. IHSS-SD expands access to and improves quality of maternal and child health, nutrition, immunization, and water, sanitation, and hygiene services. The activity is also strengthening the ability of the national and provincial governments to respond to infectious disease outbreaks. In 2022, the IHSS-SD worked with the Government of Pakistan to spearhead a COVID-19 pediatric vaccination campaign that reached 96 percent of children ages 5 to 11 in the 14 districts where the team was working. Going forward, the activity is preparing to improve the country's tuberculosis surveillance and response by training staff at all levels of the health system, including at hospitals, PHC facilities, laboratories, and the community-level; and by providing essential diagnostic equipment such as GeneXpert and digital X-ray machines for improved district-level disease surveillance.

EGYPT

Egypt has seen rapid population growth in the past two decades, which adversely affects maternal and child health, exacerbates climate change, and reduces Egyptians' overall health and wellbeing. In response, the Government of Egypt, in close partnership with the USAID [Strengthening Egypt's Family Planning Program \(SEFPP\)](#), is applying key approaches to strengthen access to quality reproductive health services nationally: strengthening capacity of health providers in both public and private sectors, while increasing availability of family planning services; boosting outreach capabilities of public and private actors, and community leaders, to deliver accurate family planning messages (spread further through social media, call centers, podcasts, mass media, and print and digital materials); and ensuring the use of strong health management information systems in which quality data is made

available to inform decisions and ensure family planning commodities are always available.

