



Executive Summary

The Center for Implementation Sciences (CIS) at Addis Ababa University works to bridge the gap between evidence and practice by generating actionable research, strengthening health systems, and promoting data-driven decision-making nationwide. Guided by a vision of equitable and resilient health systems, CIS's mission is to advance implementation science that improves real-world health outcomes and informs policy and practice.

In 2025, CIS made strong progress across maternal, newborn, and child health and broader health systems strengthening initiatives by expanding the capacity of health professionals, strengthening facility-level systems, and promoting quality improvement and data use for action. Across its projects, CIS focused on improving the implementation of interventions within existing systems, demonstrating how proven, evidence-based interventions can be effectively adapted and applied in local contexts.

In This Edition



Who we are?

Our mission, vision, and role in strengthening health systems



One Story in Focus

How Kangaroo Mother Care saved the lives of premature twins



Project Highlights

Key achievements and progress across our 2025 programs



2025 Through the Lens

A visual journey of impact, people, and partnerships



About Us

The Center for Implementation Sciences (CIS) in Health is Established in 2022 under the School of Public Health, Addis Ababa University, we collaborate with local and global partners to bridge the know-do gap. Our focus is on translating evidence-based solutions into tangible societal health benefits, and we are dedicated to measuring and evaluating their impact. Join us in shaping a healthier future where evidence meets action for positive change!

Our Vision



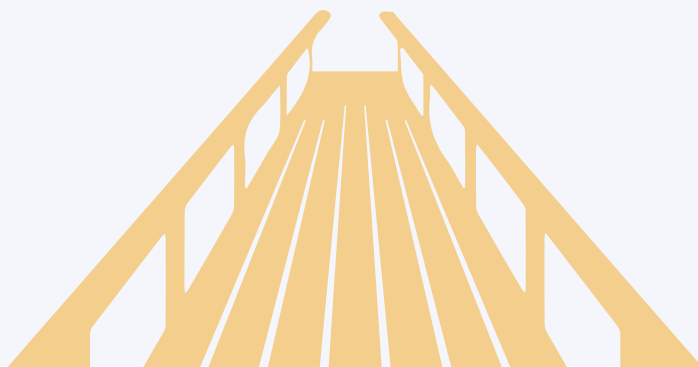
Our Mission



To be leader in the African continent in the field of implementation sciences, bridging the gap between research and practice to improve health outcomes at local, national, continental, and global levels. We aim to foster an environment that encourages innovative thinking, collaboration, and the application of evidence-based practices in real-world settings.

To advance the field of implementation sciences in Africa by conducting innovative research, educating future leaders, fostering interdisciplinary collaborations, influencing health policy, and applying our expertise to improve health outcomes at local, national, continental, and global levels. We are committed to bridging the gap between research and practice, ensuring that the best available evidence translates into societal health benefits.

Bridging the know-Do Gap



A Father and Mother's Embrace That Saved Lives



A Father giving one of the twins Skin to Skin.

Born too soon at just 32 weeks of gestation, female twins Baby Buzayo Tsegaye entered the world on 29/09/14 at Kuyu General Hospital weighing only 1300 g each.

Fragile and fighting for survival, the twins faced the immediate challenges of prematurity and very low birth weight.

They were admitted to the Neonatal Intensive Care Unit (NICU), where they received lifesaving care, including CPAP support, oxygen therapy, and essential antibiotics.

In a remarkable display of commitment and love, the mother and father each took responsibility for one twin, providing continuous skin-to-skin contact, warmth, and feeding around the clock.

Over 20 days of uninterrupted KMC, the twins grew stronger day by day. Their weight increased and both successfully established breastfeeding.

Their journey stands as a powerful reminder that quality neonatal care, early initiation of KMC, and active parental involvement can turn vulnerability into survival and hope into life.



Fig. Twins well and Healthy at their home town

Antenatal Corticosteroid Implementation Research (ACS)

The Antenatal Corticosteroid (ACS) Implementation Research project is a multi-country study implemented in Ethiopia, Nigeria, Bangladesh, and Pakistan to improve the safe use of ACS for pregnant women at risk of preterm birth.

The standardisation phase of the project focused, on strengthening ultrasound coverage among pregnant women and improving newborn birth weight measurement across selected clusters in Amhara, Oromia, and Tigray regions in collaboration with national and international partners.

Key Activities

- Trained 124 mid-level healthcare workers on basic obstetric ultrasound, followed by two months of mentorship
- Distributed 36 ultrasound machines and 93 digital infant weighing scales to health facilities
- Conducted 96 outreach ultrasound sessions, reaching 3,897 pregnant women, of whom 62% received their first-ever ultrasound
- Trained 1,298 healthcare workers on standardized and accurate birth weight measurement



Mentorship Training

Key Achievements

- Ultrasound coverage increased from

56% → **84%**

- Birth weight measurement accuracy improved from

12% → **81%**



Equipment Provision



Outreach Ultrasound Service



SLS Training

Specialized Lactation Support (SLS) for Preterm and Low-Birth-Weight Infants

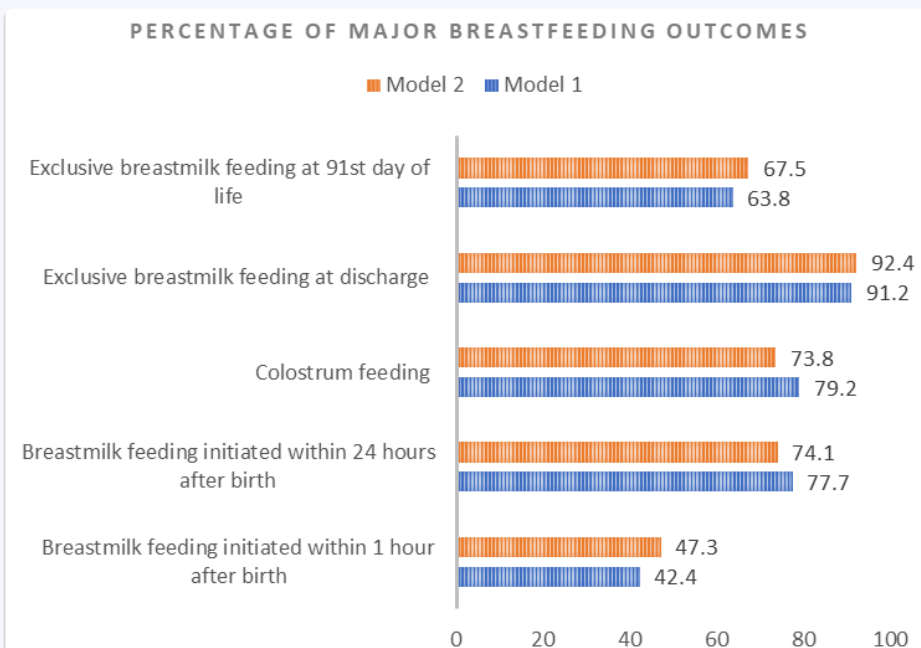
The Specialized Lactation Support (SLS) Implementation Research project is a five-year mixed-method study (2023–2027) aimed at improving breastfeeding and nutritional outcomes for preterm and low-birth-weight infants in Ethiopia.

The project delivers structured, context-adapted lactation support across facility and community platforms, with Phase One implementation in Batu and Meki communities and planned expansion to 6 additional clusters in phase 2.

Key Activities

- Implemented SLS Model 1 in 8 health facilities, expanding to 16 facilities under Model 2
- Built capacity through training and mentorship: 17 trainers trained through Training of Trainers (ToT), 164 healthcare providers trained (104 maternal, 12 neonatal, 48 health extension workers), and implemented low-dose, high-frequency mentorship for mid-level health care providers and health extension workers using digitized checklists.
- Distributed key SLS supplies and equipment: Nifty cups, Mama Breast models, Premie Natalie simulators, Facility and community SLS job aids
- Established SLS champions and counselling focal persons; developed SOPs to standardize service delivery.
- Implemented a quality improvement (QI) strategy in collaboration with SLL360.
- Conducted routine implementation monitoring using structured observation checklists across ANC, L&D, PNC, and NICU.
- Generated continuous program learning through KIIs and in-depth interviews to inform strategy implementation and model development.
- Collect facility and community based data to monitor project performance.

Key Achievements



HEW Training

Immediate Kangaroo Mother Care (iKMC) Implementation Research



Co-redesign workshop with health care providers and parents

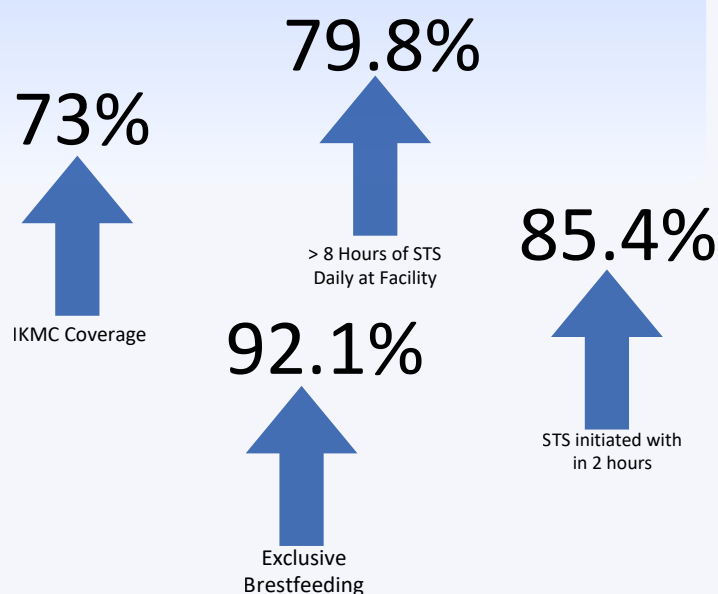
Key Activities

- Trained 178 healthcare providers: 46 basic iKMC training, 33 refresher training, 108 iKMC counselling orientation
- Introduced male surrogates to address surrogate unavailability
- Mitigated bed shortages by improving admission processes, optimizing STS scheduling, and increasing access to KMC chairs
- Introduced standardized documentation tools to track key performance indicators
- Integrated iKMC awareness into routine health education platforms, including mother-to-mother peer learning and community advocacy through community and mothers' forums
- Strengthened iKMC service delivery: STS initiated in labor wards, operating theaters, upon admission for outborn newborns and M-NICUs with continuation until discharge including counselling and post-discharge follow-up
- With support from the Gates Foundation, professional awareness and success-story video was produced to support advocacy and learning. <https://www.youtube.com/watch?v=RO03Vz6wGBM>
- iKMC lessons and results were disseminated through national and sub-national platforms

The Immediate Kangaroo Mother Care (iKMC) Implementation Research project is a multi-country study working in collaboration with WHO aimed at strengthening routine health system delivery of iKMC to achieve $\geq 80\%$ coverage among eligible newborns.

In Ethiopia, the project implemented prioritized strategies across Sidama Region focusing on early initiation and continuation of skin to skin care, improving service coverage, and addressing operational and system-level barriers.

Key Achievements



Facility Visit

Saving Little Lives (SLL) 360 Program_ Learning Hospital Update

The SLL360 program, the Ministry of Health's flagship initiative for newborn care, continues to advance efforts to reduce neonatal mortality in Ethiopia. The SLL Program has 4 objectives to accomplish in different

- Implement the full SLL360 package in 16 learning hospitals across four agrarian regions in Ethiopia
- Develop a Level 2 SSNC model of care for the pastoralist context with the SLL360 full package in two pastoralist regions in 4 hospitals and 7 health centers
- Scale-up integrated maternal and neonatal inpatient data (IMNID) system, integrated blended catchment-based mentorship (IBCM), and quality improvement (QI) interventions in 206 platform hospitals across eight regions in Ethiopia
- Develop a costed national SSNC scale-up plan to guide the expansion of quality SSNC care across all hospitals in the country and serve as an investment case to mobilize domestic and external resources

The SLL360 program is running and is a national program with the grant support from the NEST360/Rice University for the 16 learning hospitals, Gates Ethiopia country office for 84 Hospitals of which 4 hospitals are the learning hospitals to demonstrate the pastoralist networks of care model. In 2025, the program implemented the full SLL360 package of care in 18 learning hospitals and scaled streamlined packages in 80 platform hospitals, improving access to high-quality small and sick newborn care (SSNC) across multiple regions, including pastoralist areas.

Key Activities

- Installed Level 2 SSNC devices and full SLL360 packages in 18 learning hospitals, including Afar, with expansion planned for Somali region.
- Donated and installed 200 Vayu CPAP devices and 100 accessory packs in 43 platform hospitals, treating 1,270 neonates across multiple regions.
- Conducted GIC training for 44 BMET and clinical staff from five regions and national stakeholders.
- Integrated NEST-IT dashboards in 16 learning hospitals to support data-driven neonatal care.
- Trained healthcare workers in ENC, NICU care, device use, and BMET management across learning hospitals.
- Implemented integrated blended catchment-based mentorship (clinical, QI, data, BMET) with in-person and virtual follow-up, showing continuous quality improvement.
- Completed extensive preventive and corrective maintenance for neonatal equipment.
- Established two BMET SSNC skills labs, training staff from 45 hospitals.
- Piloted the IMNID system, capturing over 8,700 neonatal and 6,500 maternal admissions.
- Drafted a costed national Level 2 SSNC scale-up plan and updated SSNC and ENC manuals to standardize newborn care nationwide.



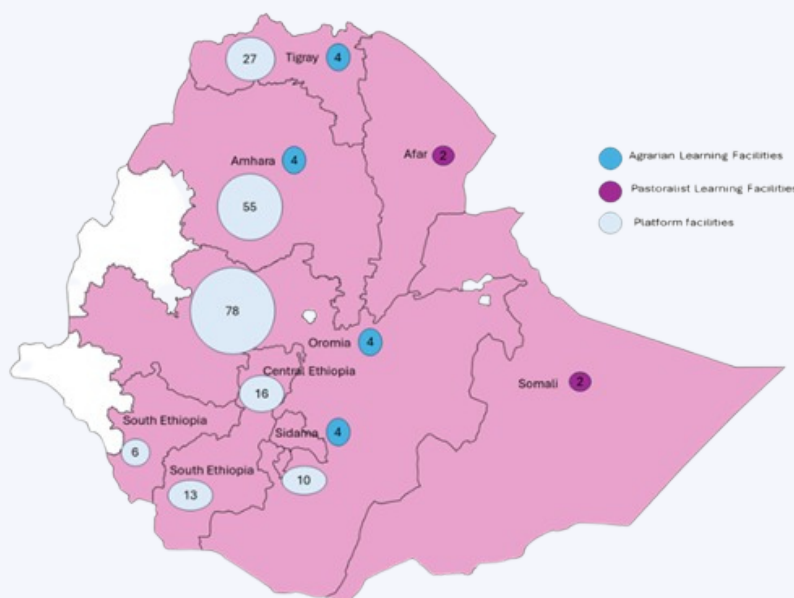
Device Handover at Olenchiti



Desktop Handover to MOH

Key Achievements

- Expanded the full SLL360 package to 18 learning hospitals and a streamlined package to 80 platform hospitals, with further scale-up planned for 2026.
- Achieved substantial improvements in clinical skills and quality-of-care scores through structured mentorship and QI interventions.
- Improved coverage of key newborn interventions, including CPAP, KMC, and phototherapy, while identifying persistent gaps in blood culture diagnostics and hypothermia prevention.
- Strengthened infection prevention and control through QI collaboratives, reducing hospital-acquired neonatal infections and markedly improving IPC scores in participating hospitals.
- Enabled data-driven decision-making through high uptake of NEST-IT dashboards and implementation of the IMNID system.
- Built sustainable capacity for neonatal equipment use, maintenance, and standardized training across facilities.
- Advanced national and cross-country learning, accelerated iKMC adoption, and developed a costed national SSNC scale-up and investment plan positioning SLL360 as a core platform for nationwide newborn care improvement.



SLL360 Supported Facilities in Ethiopia



Nest360 Education Teams Country Visit

Estimating Routine Vaccination Coverage in Inaccessible Areas Using Multiple Survey Methods (ESTIMATE)

The ESTIMATE Project is an implementation research initiative led by the Center for Implementation Science (CIS) with the University of Geneva to improve estimation of routine vaccination coverage in conflict-affected areas of Ethiopia. It compares innovative survey methods with a gold-standard household survey to assess coverage of key childhood vaccines. Phase 1 was conducted in Meskan Woreda in late 2025, and Phase 2 will apply the best-performing methods in conflict-affected areas of the Amhara Region where standard surveys are not feasible.

Key Activities

- Implemented a sequential mixed-methods cross-sectional design, starting with a household survey, followed by NSUM and RDS, then Embedded Enumeration, and concluding with a qualitative study on feasibility and acceptability.
- Conducted four rounds of training for enumerators, supervisors, community-based embedded enumerators, and qualitative interviewers.
- Held community leaders' meetings to support recruitment of RDS seeds and identification of embedded enumerators.



Community Leaders Meeting for RDS



Phase 1 ESTIMATE project Launching

Key Achievements

- Successfully implemented all four estimation methods with high participation and minimal refusals across household, RDS, NSUM, and Embedded Enumeration surveys.
- Reached large samples through each method, including over 6,000 households in the HH survey and more than 1,000 interviews via RDS and NSUM approaches.
- Completed qualitative data collection through IDIs and FGDs to assess acceptability and feasibility of the methods.
- Finalized quantitative data cleaning and analysis, with preliminary findings shared with the research team.
- Found strong overall alignment between alternative methods and the gold-standard household survey, with NSUM showing the closest estimates, EE producing consistent results, and RDS showing greater variability.
- Completed qualitative analysis and advanced manuscript preparation to document study findings and inform Phase 2 implementation.



Household Survey training



Human Papillomavirus Vaccine Integrated Service Implementation (HPV-VISION), 2025

Pause and Reflect Workshop

The HPV-VISION Research Project is an implementation research initiative led by the Center for Implementation Sciences (CIS), Addis Ababa University, in collaboration with the Ministry of Health (MoH) and PSI-Ethiopia. The project evaluates the effectiveness, acceptability, and scalability of integrating HPV vaccination into Very Young Adolescent (VYA) services in Oromia Region, Sidama Region, and Somali Region targeting girls aged 9–14 years.

Key Activities

- Conducted project kick-off meetings in Sokoru, Gomma, and Awbare woredas
- Prepared, translated, and finalized qualitative and quantitative data collection tools (Amharic, Afan Oromo, Somali, Sidama)
- Trained data collectors and supervisors on exit interviews and Implemented exit interviews with girls and caregivers
- Trained research assistants and conducted qualitative data collection (KIIs, IDIs, FGDs)
- Transcribed, coded, and analysed qualitative data; developed codebooks
- Conducted cost assessment training and implemented cost data collection
- Organized a two-day Pause-and-Reflect workshop to present findings and prepare for Model 2
- Conducted community-level co-design workshops in Hawella, Sokoru, and Gomma
- Drafted and submitted program lessons and gender formative assessment manuscripts to local and global partners

Key Achievements

- Quantitative component: Exit interviews conducted with 539 caregivers and 621 girls, 24 Key Informant Interviews (KIIs), 42 In-Depth Interviews (IDIs), 10 Focus Group Discussions (FGDs) with girls, mothers, fathers, and caregivers
- Completed and shared a gender lens formative assessment report
- Completed and submitted a cost assessment data collection report
- Generated evidence to inform integrated, gender-responsive HPV vaccination models
- Manuscript writing and dissemination of findings continued through December 2025



Training of Data collectors



ACS_Basic obstetric ultrasound scanning training



ACS_Birth weight standardization training



ACS_Equipment Provision



ESTIMATE Household Survey training



SLL360 Device Handover to MOH



IKMC_Co-redesign workshop with health care providers and parents



IKMC_Town Hall Meeting



IKMC_Pause and Reflect



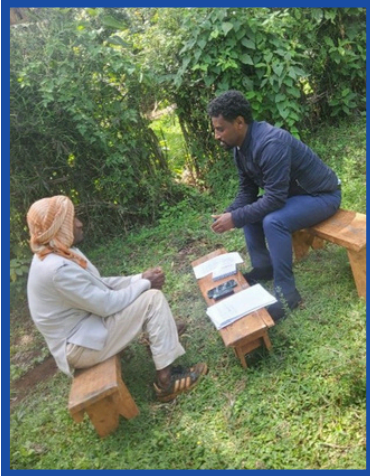
ACS_Mentorship Training



SLS_Mentorship Training



ACS_Outreach Ultrasound Service



HPV_Pause and Reflect Workshop



SLS_Mentorship Training



ESTIMATE_Community Leaders Meeting for RDS



SLL360_Experience sharing visit Malawi, Nigeria, Tanzania, Kenya



SLS_Mentorship



HPV_Pause and Reflect Workshop



ESTIMATE_Phase 1 ESTIMATE project Launching



HPV_Training of Data collectors



SLL360_Facility Visit at Adama



Scale-Up Surveys




Our Partners

Gates Foundation



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