

Family Health International 360 (FHI 360)

Third Quarter Activity Report

PROGRESS Follow-on Program (PROGRESS II)

April 1, 2014 – June 30, 2014

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General Information

Program/Project title	PROGRESS Follow-on Program
Prime partner	USAID/Ethiopia
Cooperative agreement(contract) number	LWA# GPO-A-00-08-00001-00, AID-663-LA-14-00001
Program/project start date	December 12, 2013
Program/Project end date	December 11, 2017
Life of Project budget	\$4,200,000
Reporting period	April 1, 2014 - June 30, 2014

Background/Introduction

PROGRESS II, begun in December 2013 and funded by USAID/Ethiopia, is a follow-on to the USAID-funded Program Research for Strengthening Services (PROGRESS). Under PROGRESS, FHI 360 worked with the Federal Ministry of Health (FMOH) to address a Development Objective included in the agreement between USAID and the Government of Ethiopia (GoE): Increased utilization of Quality Health Services. USAID/E supported PROGRESS (2009 – 2013) to build the capacity of the Ethiopian Federal Ministry of Health (FMOH) to monitor and evaluate (M&E) the expansion of family planning (FP) programs.

Beginning in December 2013, programming under PROGRESS II focuses on building capacity not only to collect data, but also the utilization of data for decision making to improve programs and enable the GoE to meet the goals outlined in the Health Sector Development Program IV (HSDP IV) and the upcoming Health Sector Transformation Plan (HSTP). The PROGRESS II program focuses on six key areas:

- 1) Enhancing the monitoring component of the Centers of Excellence
- 2) Expanding the geographical reach of the Centers of Excellence
- 3) Continued and expanded technical assistance to the FMOH based on expressed priorities
- 4) Support the FMOH to monitor the roll out of the FP Symposium recommendations
- 5) Expanding M&E support to include permanent FP methods
- 6) Providing M&E support to the FMOH mHealth initiative

FHI 360's technical assistance strategy is focused on building capacity of the Ministry of Health staff at Federal, Regional, Zonal and Woreda levels. Technical assistance and collaboration focus on monitoring and evaluating the results of the Implanon[®] and IUCD interventions. This assistance will extend to permanent FP methods, once launched. FHI 360 will provide trainings on M&E; extraction and analysis of family planning service delivery data to support the decision making process; and establishing additional FP M&E centers of excellence in selected Woredas of Amhara, Oromia, SNNPR, Tigray, Gambella, Somalia, Benishangul Gumuz, and Afar, while continuing to support the 26 established under PROGRESS. In addition, FHI 360 is mandated by the FMOH to conduct independent evaluations of the trainings of health professionals and health extension workers led by FMOH and development partners.

This report provides the performance results of the PROGRESS II program during the third quarter of the FY14 implementation period.

Summary of key accomplishments and successes

In quarter III of FY 2014, the PROGRESS II team focused on conducting supportive supervision of existing Centers of Excellence (CoEs) in four regions and establishing new CoEs in five regions, including three pastoralist regions added as part of PROGRESS II. These two activities are key to initiating other planned activities, including data quality audits, new and refresher M&E trainings, and skill transfer visits.

The team successfully conducted supportive supervision in 11 woredas and 31 health centers in SNNP, Amhara, Oromia and Benishangul Gumuz regions. The supervision was conducted by FHI 360 staff accompanied by Regional, Zonal and Woreda Health officials. During these visits the readiness of the M&E team at the woreda and health center level to use the HMIS, including data management, and reporting

practices is assessed. The functionality of Information Technology (IT) equipment and office furniture provided to the CoEs under the PROGRESS project to support CoE M & E related activities was also reviewed. After each visit, the team debriefed the respective Zonal Health Departments (ZHD) and Regional Health Bureau (RHB) Heads on the findings of the visit, including the support provided to the CoEs.

The PROGRESS II team also held discussions and drafted memoranda of understanding (MOUs) with Somali, Gambella and Afar regions to establish new CoEs. The MOU with Gambella has been executed, the MOU with Somalia will be signed early next quarter, and discussions continue with the Afar RHB. Twelve new CoE woredas have been identified and are in different stages of establishment.

Lastly, a successful dissemination event highlighting key achievements under PROGRESS I was organized and conducted in Addis Ababa in collaboration with the FMOH and the Amhara RHB. Results from four family planning studies conducted under PROGRESS I were presented. The dissemination event was in part a PROGRESS I closeout event.

Detailed description of achievements by results

Result 1: Enhancing the Monitoring Component of the Centers of Excellence

Refresher Trainings, Training of new M&E staff, Data Quality Audits (DQAs): Due to delayed obligation of funds to PROGRESS II, multiple planned activities, including trainings, were delayed. As a result, no trainings or DQAs were conducted during this quarter. However, previously postponed activities that must be completed prior to trainings and DQAs were conducted. These include establishment of new CoEs (including signing of MOUs, conducting baseline assessment), and the conducting of supportive supervision. These two activities have been the main focus of quarter III while trainings, refresher trainings, DQA, skill transfer visits, and data extraction will be the focus of the last quarter of FY 2014.

Support M&E trainees to develop individualized action plans: This activity is conducted during training/refresher training. As described above, this activity will be carried out in quarter IV of FY 2014.

Onsite Supportive Supervision: Supportive supervision was provided in SNNP, Amhara, Oromia, and Benishangul Gumuz regions. The supportive supervision was conducted in five woredas in SNNP, three woredas in Amhara region, two woredas in Oromia, and one woreda in Benishangul Gumuz.

Thirty-one health centers were visited and provided with M&E and HMIS support (See Table 1 for details). Each visit included an FHI 360 staff accompanied by one individual from the Woreda Health Office (WoHO), one from the Zonal Health Department (ZHD) and one from the Regional Health Bureau (RHB). Thus, in addition to FHI 360 staff members, 32 individuals from the WoHO, ZHD and RHB were involved in the 11 CoE visits.

Table 1: Quarter II Supportive supervision by region, woreda and health center

Region	Woreda	Health Centers	Month
SNNPR	Meskan	Hamus Gebeya Dobae Insano Meseret Wegera	May - June, 2014
	Halaba	Halaba Tuka Beshano Guba	
	Dalae	Megeera Dagia Shoyae Bera Tedacha Mesenkela	
	Sodo Zuria	Shela Berkoshae Tomae Gerera Amacho Kodo Waraza Lasho	
	Arbaminch Zuria	Shelae Lantae Zigiti Bakolae	
Amhara	Mechae	Merawi Wetet Abay	May, 2014
	Dangla	Abadra Gumdri	
	Dera	Hamusit Anbesani	
Oromia	Adaba	Adaba Lajo Gadido Hako	June, 2014
	Merti	Abomsa	
Benishangul Gumuz	Bambasi	Bambasi	May, 2014

Participation in joint supportive supervision (JSS) visits: PROGRESS II staff members participate in government-led joint supportive supervision at the specific request of the regions. During this quarter, at the request of the Oromia Regional Health Bureau, PROGRESS II staff participated in joint supportive supervision of a woreda-based planning held in Dembidolo town in Oromia's Kelem Wolega zone.

Assist with the development of FP quality of care indicators and assessment tools: A USAID/E intern is currently drafting a FP quality of care assessment tool that will be refined and finalized in collaboration with the FMOH.

Increased utilization of data for decision making and sharing of lessons learned: FHI 360 worked with the FMOH and the Amhara RHB to launch four study reports and two research briefs at a

dissemination workshop held on June 6, 2014, with presentations from FHI 360 staff as well as colleagues from the FMOH and Amhara RHB. The event was opened by Elizabeth Haytmanek of USAID Ethiopia and Dr. Teodros, Director of the Maternal and Child Health Directorate of the FMOH.

As part of the commitment to enhance data interpretation and presentation skills, FHI 360 staff worked closely with two representatives from the FMOH and Amhara RHB to analyze data and prepare presentations on two of the reports: a midterm evaluation of the IUCD initiative and a study of postpartum uptake of FP in Amhara Region.

To encourage data use for policy making, many representatives of the FMOH, the Amhara and SNNP Regional Health Bureaus, and other implementing partner organizations were invited and attended the event. The dissemination event also included a comparative look at the status of FP indicators in the past two years and found very encouraging trends.

Result 2: Geographic coverage of COEs increased

At the end of PROGRESS I, 26 CoEs had been established. Under PROGRESS II, plans include the establishment of 14 additional CoEs, extending the geographic coverage in regions where the project is already active, and expanding to new regions. In this quarter initial discussions were held with Regional Health Bureaus to facilitate the selection of new CoE woredas in five regions. Of the 14 new CoEs to be established during PROGRESS II, 12 new CoE woredas were identified this quarter. Baseline assessments in each of the 12 woredas and 29 health centers in the catchment areas were completed. Details are included in Table 2, below.

Table 2: Status of New CoE sites by region, woreda, and health center

Region	Woreda	Health Centers	Baseline assessment conducted	MOU	Procurement
Gambella	Dima	Dima	May, 2014	Completed	Completed for woredas and health centers; zonal request pending
	Goderae	Meti			
	Lare	Keurgng			
Oromia	Sayo	Duli Ano Aleku Dorgome Matta	June, 2014	Regional MOU signed during PROGRESS I; Extension requested	Procurement procedures initiated
	Abay Chomen	Fincha Homi Gaga laga Mazoria			
Somali	Gursu	Bombasi Fafen	May, 2014	Pending signature	Completed for Gursu and Harshin woredas and health centers

Region	Woreda	Health Centers	Baseline assessment conducted	MOU	Procurement
	Harshin	Harshin			Kebribeya - procurement procedures initiated
	Kebribeya	Kebribeya Hartshake			
Afar	Dupti	Megenta	June, 2014	In development	Pending
	Hamibara	Andido Worer Awash Arba			
Amhara	Angolela Tera	Tsigereda Tengego Chacha Kotu	June, 2014	Regional MOU signed during PROGRESS I; Extension requested	Procurement procedures initiated
	Dembia	Kola deba Chuheight Gerargae Ayabma			

As part of the establishment and support of CoE's, the project provides essential basic equipment and supplies for the successful implementation of M&E activities in the CoEs. Procurement of IT materials (e.g., computers), office electronics (e.g., fax machine, printers), and furniture (e.g., office desks and shelves) was completed for five CoE woredas, and is near completion for two more. Equipment for these eight COEs will be delivered and installed during the next quarter.

Additionally several of the new CoEs were provided with CoE materials (e.g., IT materials as well as furniture) in this quarter. The sites included:

- Chelia woreda with one health center in Oromia region (a CoE established in quarter II of FY 2014)
- Dima woreda with one health center and one woreda health office in Gambella region

Result 3: Continued and improved Technical Assistance to the FMOH

Mentorship and coaching: At the national and regional level, technical assistance was provided to staff from FMOH and staff from Amhara Regional Health Bureau in analysis and presentation of research results. As a result of this TA and collaboration, a successful dissemination workshop was held on June 6, 2014 in Addis Ababa where studies from four studies were presented and the reports launched. The studies were:

'The Intra-Uterine Contraceptive Device Revitalization Initiative- Results and Lessons from the Initial Phase'

'Measuring the Results of the Implanon Scale-up Initiative in SNNP Region'

'Assessing the relationship between exposure to front line workers and postpartum family planning uptake in Amhara Region'

'Accelerated plan for scaling up prevention of Mother-to-Child transmission services in Ethiopia: Achievements, challenges and opportunities for implementation'

Results from two of the studies, the IUCD and Amhara postpartum FP uptake studies, were presented by FMOH and Amhara RHB representatives respectively.

Two hundred hard copies of each of the IUCD, Implanon and PMTCT reports, and post-partum FP and IUCD research briefs were delivered to the FMOH.

Work with the FMOH to identify and implement an electronic system to capture and disseminate results on new evidence to program managers: Discussions have been initiated with the FMOH on developing and implementing an electronic system to capture and disseminate results in a user-friendly manner to encourage data-driven policy and decision making. The initial discussion was held on June 4 with the director of the Information Technology (IT) Directorate.

Result 4: Roll-out and M&E of implementation of lessons learned from the FP symposium supported

Preparation of National Family Planning Costed Implementation Plan (NFPCIP) documents will be discussed with the FMOH in the coming quarter. The national FP symposium, which would be the basis for this plan was held in November 2012. The usefulness of this exercise or whether this activity should be replaced by another activity more in line with the current needs and plans of the Ministry will be discussed.

Result 5: Support the FMOH in Monitoring and Evaluating the Expansion of Permanent Family Planning Methods

Supporting the M&E of the permanent FP methods initiative, which has not yet been launched, will be discussed with the FMOH in the coming quarter in preparation for the launch.

Result 6: Support to the FMOH's mHealth Initiative

Initial discussions on providing TA to the mHealth initiative have been started. The initial discussion was held on June 4 with the Director of the IT Directorate. As a next step, a meeting will be scheduled with the IT, Maternal & Child Health, and Policy and Planning directorates for the next quarter.

Partnership and coordination

Partnership with Federal Ministry of Health

FHI 360 works very closely with the Health Promotion and Disease Prevention General Directorate, Policy, Planning and M&E Directorate, the Agrarian Health Promotion and Disease Prevention Directorate, and Pastoralist Directorate in CoE establishment, M&E training, FP training evaluations, as well as in developing and implementing study protocols, as requested. FHI 360 also participates in the FP and RH/MCH technical working groups of the FMOH.

Partnership with other Implementing Partner organizations

Our major partner for the PROGRESS II project continues to be the Integrated Family Health Program (IFHP) implemented by JSI and Pathfinder. Among the FP trainings conducted by IFHP, FHI 360 evaluates comprehensive long acting family planning methods training. IFHP shares their quarterly plans and invites FHI 360's technical officers to participate in their planning and review meetings. This established relationship will be used in the last quarter of FY 2014 to conduct FP training evaluations. During this quarter, FHI 360 has established working relationships with the Ethiopian Public Health Association (EPHA) and the Ethiopian Midwives Association (EMA) to enable us to evaluate FP trainings they provide.

Partnership with Regional Health Bureaus

FHI 360 continues to work very closely with the Regional Health Bureaus of Amhara, Tigray, Oromia and SNNP in the selection of Center of Excellence woredas, baseline assessments of the selected sites, distribution of CoE materials, and conducting supportive supervisions of the CoEs. This relationship has now been extended to the Regional Health Bureaus of Gambella, Somalia, Benishangul Gumuz and Afar. FHI 360 also participates in the joint supportive supervision activities of the Regional Health Bureaus.

Coordination with other RH/FP Implementing Partners

In previous years, through the technical working groups and joint implementation of activities at the Federal and regional levels, FHI 360 coordinates with other implementing partners in core committee and planning meetings related to FP. These other Implementing Partners include Marie Stopes International Ethiopia, EngenderHealth and Ipas.

Technical assistance/STTA

Technical assistance used during this reporting period is described in the table below.

Source	TA provider	Period	Description
FHI 360 USA	Nancy Lamson	12 June-7 August	To provide overall leadership for the project as Acting Chief of Party

Meredith Maulsby, USAID Summer Intern assigned to PROGRESS II, reported to the FHI 360 office on June 18. Ms. Maulsby will work with the project team until mid-August.

Major constraints/challenges and actions to overcome them

Maintaining the project's implementation schedules was a challenge due to the multiple priorities and changes in the activities of the FMOH and the RHBs including several review and planning meetings that overlapped with this quarter (e.g., year-end annual review, the five year achievement review and development of the Health Sector Transformation Program).

In addition, early delays in obligations to PROGRESS II caused a slow-down of activities planned for the beginning of the project. With the receipt of full obligations, the full schedule of activities has resumed.

Major activities planned for next period

Result 1: M&E capacity of COEs enhanced

M&E trainings will be provided to an estimated 100 participants affiliated with the 10 newly established CoEs (two in Amhara, two in Oromia, three in Gambella, and three in Somalia). Selected staff will include the identified M&E focal staff and FP case team member from these 10 COE woredas. As part of this training, participants will be supported to develop site specific M&E action plans.

Refresher training will also be provided to staff in eight CoE sites established during PROGRESS I; four in Amhara and four in Oromia).

Four skill transfer visits will be conducted in Amhara and Oromia regions, involving an estimated 80 participants.

Supportive supervision begun during the last quarter in Oromia will be completed, and will also be conducted in Tigray region.

Data quality audits will be conducted in 15 randomly selected CoE woredas in Amhara, Oromia, SNNP and Tigray regions.

A joint supportive supervision visit will be conducted in SNNP region.

A FP quality of care assessment checklist is currently being developed by the USAID intern working with PROGRESS II. This tool will be finalized in collaboration with the FMOH in the next quarter.

Result 2: Geographic coverage of COEs increased

The 12 newly established CoEs (see Table 2) will be provided with materials including computers, office electronics (e.g., fax machine, printers) and office furniture in this quarter.

Two additional new CoE sites will be established in SNNP region. With the establishment of these additional CoEs in quarter IV, the project will have reached its target, and future efforts will focus on continued quality improvement of all established CoEs.

Result 3: TA to the FMOH in M&E of FP continued and improved

In collaboration with the FMOH, and with the support from FHI 360's TechLab, PROGRESS II staff will move forward with plans to design an electronic system to capture and disseminate results on new and existing evidence to program managers. During the next quarter, a planning meeting will be convened with key members of the MCH directorate, IT directorate, and PPD directorates and a baseline assessment of current results dissemination practices at the FMOH conducted. Based on results, development of a concept paper will be initiated in collaboration with TechLab and the FMOH.

Depending on the training schedules of IFHP, EPHA and EMA, we plan to evaluate five FP trainings in quarter IV.

Result 4: Roll-out and M&E of implementation of lessons learned from the symposium supported

Discussions with the FMOH and USAID/E will determine whether this is a useful exercise and plans will be developed accordingly.

Result 5: M&E of the Permanent FP Methods (PM) expansion supported

This will be part of the agenda with the FMOH but implementation will rely on the timeline of the permanent FP methods launch, which has not yet begun.

Result 6: Support to the FMOH's mHealth initiative

Representatives from PROGRESS II will participate in the mHealth Technical Working Group meetings at FMOH and, depending on the FMOH's interest, develop the PMP for the M&E of mHealth.

Environmental compliance

None.

Financial accomplishment

Life of project budget (a)	Obligated to date (b)	Expenditure to date (Accrual + Disbursement) (c)	Remaining balance (d)=(b)-(c)	Remark
4,200,000	1,571,192	339,956.35	1,231,235.65	

Issues requiring the attention of USAID management

None.

Data sharing with the host government

All activities undertaken by FHI 360 and reported here were jointly undertaken with the FMOH. These data have also been reported to the FMOH through regular reports and publications. All key publications are led by the FMOH with PROGRESS providing financial and technical assistance through a capacity building approach.