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BASICS **TRIP REPORT**

BASICS Support for Essential Services for Health in Ethiopia

***BASICS is a USAID-Financed Project Administered by The
Partnership for Child Health Care, Inc.:***

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**BASICS Support
for
ESSENTIAL SERVICES FOR HEALTH IN ETHIOPIA**

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ACRONYMS

AIDSCAP	AIDS Control and Prevention Project
BASICS	Basic Support for Institutionalizing Child Survival
BESO	USAID Education Project
CA	Cooperating Agency
CHA	Community Health Agent
COP	Chief-of-Party
CS	Child Survival
CTO	Cognitive Technical Officer
DHS	Demographic and Health Survey
DO	Delivery Order
ESHE	Essential Services for Health in Ethiopia
FHI	Family Health International
FPLM	Family Planning Logistics Management Project
GIS	Geographic Information System
HCF	Health Care Finance(ing)
HE	Health Education
HIS	Health Information System
HQ	Headquarters Office
IPC	Inter-Personal Communication
MIS	Management Information System
MOF	Ministry of Finance
MOP	Ministry of Planning
NGO	Non-governmental Organization
NPA	Non-project Assistance
PCS	Population Communication Services
PHC	Primary Health Care
PPHC	Primary and Preventive Health Care
PSI	Population Services International
RTC	Regional Training Center
R/Z/W (RZW)	Region Zone Woreda
SEPR	Southern Ethiopia Peoples's Region
STTA	Short-term Technical Assistance
TA	Technical Assistance
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development
WIBS	Woreda Integrated Basic Services (UNICEF project)
WOREDA	Administrative District

EXECUTIVE SUMMARY

A four person team plus the BASICS/Washington CTO visited Ethiopia from Sept 17-Oct 8 to develop a proposal for BASICS involvement in the Essential Services for Health in Ethiopia Project (ESHE). The team met with USAID Ethiopia staff, representatives of donor and PVO organizations, MOH officials at central and regional level and visited health facilities and health offices in the Southern Ethiopia Peoples Region. The team also attended meetings of Donor and NGO representatives.

In consultation with Ethiopian officials, USAID, and other donors:

- 1) The team developed the potential role of the BASICS project in ESHE at the national level and within the focus region, SEPR, in the following areas:
 - health policy and health care finance reform
 - regional planning/programming
 - management, including financial management
 - MIS/HIS
 - training and non-training approaches to improving health worker performance
 - IEC and social mobilization
 - community service delivery
 - logistics and commodity supply
 - operational research, project monitoring, and internal evaluationA budget for these activities over the seven-year LOP was drafted.
- 2) The team detailed means of support for BASICS' involvement, including local grants administration, BASICS headquarters support, and donor coordination.
- 3) Draft scopes of work were prepared for all proposed expatriate and local hire personnel.
- 4) Team members made important contacts and introductions, establishing a good foundation for BASICS involvement from the beginning of its first delivery order under the ESHE project.

I. INTRODUCTION/BACKGROUND

A four person team (Ken Heise, Paul J. Freund, Bob Pond and Robert Steinglass) plus the BASICS/W CTO Alfred Bartlett visited Ethiopia from Sept 17-Oct 8 to develop a proposal for BASICS involvement in the Essential Services for Health in Ethiopia project (ESHE). The team met with USAID Ethiopia staff, representatives of donor and PVO organizations, MOH officials at central and regional level and visited health facilities and health offices in the Southern Ethiopia Peoples Region (see Appendix A). The team also attended meetings of Donor and NGO representatives (see Appendix E).

This visit came at the start of a twelve-month project development and support delivery order for BASICS services, whose main purpose is to provide the USAID mission and Government of Ethiopia with critical information and analysis required for the design and implementation of the ESHE program. The delivery order includes technical assistance with baseline data collection and a community demand study, technical assistance to the MOH including the organization of a national workshop for the preparation of operational guidelines for effective and efficient health service delivery, and support for short term international training and study tours for key Ethiopian personnel. The delivery order components will be coordinated by a six-month resident technical advisor and local hire personnel.

The activities carried out under the delivery order are intended to serve as a springboard to a long-term commitment by the USAID mission and BASICS. Therefore, the first visit of the BASICS team served as an opportunity to meet the key players, to develop a detailed proposal for BASICS activities for the long-term and to gain an general orientation to the Ethiopian situation. The visit also served as an introduction of the proposed six month resident advisor to the regional health bureau staff.

II. METHOD OF WORK

The BASICS team had participated in a one day planning meeting prior to leaving for Ethiopia that helped define specific areas of responsibility for each team member. While each team member had some special interests, the nature of the work required that a large portion of the time be devoted to brainstorming to obtain maximum input for the BASICS proposal. The team adopted a "card technique" similar to that used for the team planning exercise in which ideas were recorded on cards and arranged on a white board by category (i.e. planning and management, IEC, training, etc.). The method proved to be useful and enabled the team to organize the proposed strategies and interventions and to order them sequentially over the life of the proposed seven year project.

The team also met with representatives of donor organizations, NGOs, and PVOs both individually and during meetings organized by USAID. The team spent one week in the Southern Peoples Region, several days were spent in the regional capital Awassa and four days outside of Awassa visiting various health centers, health stations and district health offices. The team also had the opportunity to talk with a rural drug vendor and to a community health agent in a community setting.

III. OVERVIEW OF THE ESHE PROJECT

The overall goal of the ESHE project is to improve health status in Ethiopia and begin to reduce population growth. The principal purpose of the project is to increase the use of an essential package of HPN services in order to reduce infant, child and maternal mortality, as well as selected STDs, by 5 percent in focus geographical areas. ESHE will work towards improving

and, in some cases, creating the financial and legislative environment to enable service delivery expansion -- through reforms in health care financing, legislation on family planning, and legitimization of the role of the private sector.

While attempts will be made to improve the overall policy environment at national level through non-project assistance (NPA), and at all levels with specialized TA, efforts will be concentrated at the community level in focus regions, particularly within the Southern Ethiopia People's Region (SEPR), towards improving the sustainable delivery and utilization of a package of essential primary and preventive HPN services of high quality. In addition, family planning and HIV/AIDS efforts will be targeted to urban and periurban areas of the country.

Over the course of the project, ESHE will achieve:

- implementation of a strategy for reform of national health care financing
- increased availability and demand for modern contraceptive services
- expanded HIV/AIDS prevention and control
- increased availability and effectiveness of essential services in focus regions; and
- increased involvement of both the commercial and non-profit private sector in health, population and nutrition service delivery.

As part of its strategy to reform health care financing, ESHE will aim to increase significantly the public sector allocation and expenditure of resources in the Health, Population and Nutrition (HPN) sector. A rational cost recovery scheme that permits generation and retention of revenue within the HPN sector will be promoted. Both the central and focus region health/population budgets will be re-allocated so that the proportion for primary/preventive health care and non-wage expenditures is increased. While all of these policy efforts will be directed at the national level, ESHE will implement efforts to introduce these policy reforms in its focus regions, particularly within the SEPR.

In order to increase availability and demand for modern contraceptive services, ESHE will work to create a policy framework and national legislation to enable promotion, distribution and use of family planning services within and outside the formal health services.

As part of its effort to strengthen the prevention and control of HIV/AIDS, ESHE will expand mission-supported work from four to eight focus areas. Condoms will be made widely available by commercial vendors through a social marketing program, and the support services to promote their use (such as logistics and IEC) will be provided.

In order to increase the availability and effectiveness of essential health services in focus regions, ESHE will increase the accessibility, utilization and quality of sustainable HPN services at the

community level and within health facilities. The necessary technical and commodity support will be provided in areas of planning, management, HIS, logistics and supply, IEC and social mobilization, health care financing, training, monitoring and evaluation, etc.

As part of its mandate to increase the involvement of both the commercial and non-profit private sector in HPN service delivery, ESHE will promote enabling legislation on licensing, quality control, importation and distribution of public health commodities, etc. The SEPR will serve as a test region in which expansion by commercial enterprises and NGOs in the HPN field will be encouraged.

IV. RATIONALE FOR BASICS SUPPORT

The BASICS project is uniquely positioned to provide assistance to USAID/Ethiopia through its broad mandate, which addresses four main operational areas, namely: disease related technical support, health service delivery support, communications/marketing and behavior change, and policy and planning. Comprising a partnership of three well-established companies with a proven track record in the public health field (John Snow Inc., Academy for Educational Development, and Management Sciences for Health), BASICS is able to draw upon a diverse array of technical expertise and is in a position to provide both long-term resident advisors and short-term technical expertise in all of the areas of the ESHE project. The BASICS companies have strong operational capacity with excellent field experience in the management of large-scale projects. BASICS is also able to draw upon additional technical resources through its subcontractors: PATH, Clark Atlanta and Emory Universities, Porter Novelli, Johns Hopkins and the Kingsbury Group. Finally, BASICS was specifically designed to address impact through focused interventions in the areas of sustainability and health systems strengthening -- both key to the success of the ESHE project.

V. BASICS ROLE AT NATIONAL LEVEL

BASICS will provide a resident team in Addis Ababa whose principal function will be the provision of technical assistance and support for key elements of the health system restructuring and reform process. This team will include a resident senior policy advisor who will also function as deputy chief-of-party; a health care financing advisor; and an operations/administrative officer (see below). The Addis Ababa team will be responsible for coordination of BASICS national level inputs with those of other CAs working under ESHE, and for taking the lead in coordinating the activities of other donors and international organizations. The national level team will work with a regional team based in the focus region (SEPR) to inject the on-the-ground implementation experience developed at the regional level into national policy thinking, and will share with the regional team and with BASICS headquarters responsibility for documentation and dissemination of experiences and lessons learned under ESHE.

The chief-of-party for BASICS activities in Ethiopia will head a regional program team based in Awassa (SEPR), that will also include an expatriate primary health care advisor. The BASICS Addis Ababa team, particularly an operations officer, will provide logistic and administrative support to the resident team in the focus region. Local staff in Addis Ababa and Awassa will include PHC and NGO coordinators, administrative assistants, secretaries, financial analysts/comptroller, logistician/expeditor, statistician, and other support staff. (See Appendix for scopes of work.)

VI. POLICY REFORM

ESHE efforts to reform policy at the national level will be concentrated during the first three years of the project; introduction, implementation and further refinement of enabling policies within the SEPR will be a continuous effort. ESHE will include two full-time expatriate staff and local support staff based in Addis Ababa during the first three years of the project to effect these policy reforms, monitor compliance with the conditionalities pre-determined in the project agreement, and advise the mission on the release of NPA funds. ESHE will attempt to test national policy reforms and new strategies within focus regions; successful reforms will then be proposed for wider adoption at the national level.

Under ESHE, BASICS will be responsible for assisting the national government in the further definition and implementation of policy reform in health and nutrition, and in coordinating their policy reform with policies for population and other areas (such as women, private sector, NGO's, foreign exchange, etc). BASICS will also assist the USAID/Ethiopia mission in monitoring the implementation of the project's policy reform conditionality, identifying additional conditionality as needed, and drafting annual implementation agreements with the government based on these conditionalities. At the Government of Ethiopia's request, specific assistance will also be provided to the national Health Care Financing Secretariat. BASICS will coordinate policy reform inputs with those of other donors and international agencies, and will establish a tight linkage between central activities in key policy areas (such as health systems design, budgeting, health care financing, essential drugs) and the realities being encountered by regional and more peripheral operational levels, especially those in which the ESHE project is working.

a. Health Policy Advisor

Long term technical assistance will serve as the principal mechanism for carrying out the policy reform function of ESHE. It is expected that BASICS will provide a resident senior policy advisor during at least the first three years of the project (see Appendix B for Scopes of Work), after which additional technical assistance may be provided by the continued presence of a resident advisor or by intermittent external technical assistance. The resident policy advisor will work directly with counterparts in the Ministry of Health and in other ministries and government entities (Ministry of Finance, Ministry of Planning and Economic Development, Ministry of External Economic Cooperation, Prime Minister's Office, etc.) to identify and resolve policy issues arising in the implementation of the government's stated policy of developing sustainable

health and population services that increase access, use, and effectiveness of basic essential health and family planning services.

To assure linkage between operational realities and national policy activities, it is anticipated that the national policy advisor will spend about 25 percent of her/his time working with the Awassa-based resident team and Ethiopian officials involved in policy development and implementation in the ESHE focus region.

In addition to long-term technical assistance, BASICS will also provide targeted short-term technical assistance for the development and implementation of policy reform. Such short-term assistance will be coordinated in Addis Ababa by the resident senior policy advisor.

b. Health Care Financing Advisor and Support to the Health Care Secretariat

Recognizing the necessity of innovative reform in health care financing in order to meet the country's health needs and to implement its new sectoral policies, the Government of Ethiopia has formed a national Health Care Financing Secretariat. USAID/Ethiopia, REDSO/ESA, and the BASICS project have already collaborated to provide initial technical assistance and support to key MOH officials in the area of health care finance reform.

USAID has now been requested to provide continuing support in this area including the provision of a resident long-term advisor to the Secretariat. Under ESHE, BASICS will provide such a resident advisor (see Appendix B for Scope of Work), who will be part of the BASICS Addis Ababa team, but who will work directly with and share offices with the Secretariat. It is anticipated that technical assistance to the Secretariat will be provided by this long-term resident advisor during at least the first three years of the project; subsequent technical assistance may be provided either by continuing the long-term advisor mechanism or through intermittent external consultants.

Because health care financing reform will also be an important part of policy implementation at the level of the ESHE focus region, and because the actual Region/Zone/Woreda (R/Z/W) experience in implementing finance reform will represent an important input to national experience, it is expected that the resident HCF advisor will spend approximately 30 percent of her/his time working with regional and other local authorities, principally in the ESHE focus region. In the focus region, the HCF advisor will provide assistance to RZW authorities in development and implementation of financing policy.

The HCF advisor will maintain close contact with the health policy advisor to ensure consistency between health financing and other health policy and planning activities. She/he will also monitor health care budget development and expenditures at the national and focus zone levels, and assist the Secretariat and other authorities in analyses of the implications and impact of budget and spending decisions on health and family planning service delivery.

The HCF advisor will work with the policy advisor in monitoring the HCF-related conditionalities of ESHE and in assisting USAID to develop additional conditionalities and implementation agreements, as appropriate.

Additional assistance to the development and implementation of health care financing reform will be provided through short-term consultants, study tours, and short- and medium-term training of key professionals. These activities will be coordinated by the BASICS advisor to the Secretariat, in consultation with national and regional authorities, USAID, and the BASICS senior policy advisor and chief-of-party.

VII. ESHE ACTIVITIES IN SOUTHERN ETHIOPIAN PEOPLES REGION (SEPR)

Policies developed at the national level will be implemented in SEPR. Within SEPR, some commodities and technical assistance will be provided to benefit the region as a whole. However, given the size and ethnic diversity of SEPR, ESHE will focus technical inputs in a few selected zones and woredas, which will be chosen by the regional health bureau and USAID/Ethiopia.

a. Planning/Programming

ESHE will provide technical support for re-designing, planning and implementing the health system at national level and in focus areas, particularly SEPR. As a continuation of pre-ESHE work begun by BASICS to help in health system design at the national level, ESHE will organize and conduct RZW workshops within SEPR to develop and introduce a new regional system. As SEPR is a new administrative creation, consisting of both new and old zones and woredas, the relationships among administrative units and respective roles, responsibilities, and authority will require definition with ESHE assistance.

However, because the formal health system, with its insufficient number and distribution of facilities, is limited in its ability to reach communities and influence health seeking behaviors by caretakers and because many of the determinants of poor health have cultural components which require community mediation, ESHE will foster a willingness within and outside the formal system at national and RZW levels to try innovative methods of reaching into communities to influence behavior change. ESHE will work to improve sustainable delivery and create demand within communities.

ESHE will work with national and RZW authorities within social, technical, operational and programmatic realities to plan a cost-conscious, sustainable system of essential HPN services which can be offered at the community level. In this effort, ESHE resident staff will be supplemented by technical expertise from within and outside Ethiopia.

ESHE will provide technical expertise to strengthen planning capacity at national level and within SEPR. The 1994 national census and the 1995 DHS survey will provide an invaluable

opportunity for planning for HPN services and development. ESHE will train management teams at RZW levels to use bottom-up, rather than the traditional top-down, planning approaches. Annual micro-planning exercises at each administrative level within SEPR will be conducted to review progress against plans, strategize on methods of improving delivery of HPN services in communities, and prepare detailed implementation plans. Monthly and quarterly reviews of plans, progress and problems will be organized at the various levels. Training in planning will be expanded from the initial focus zones and woredas in the fourth year of the project.

ESHE will provide specialized technical assistance for programming in the component aspects of integrated child survival services: EPI, CDD and ARI. Despite considerable donor support for commodities, there has been a relative dearth of technical assistance on child survival programs provided by donors to Ethiopia. Policies, strategies and practices in EPI, CDD and ARI will be reviewed and any needed modifications implemented.

ESHE will undertake a region-wide manpower planning exercise within SEPR. This will include creation of an inventory of existing staff that can be continually updated, forecasts and costing of additional staff requirements, human resources development plans, and strategies to cover the needs for staff at each level.

ESHE will establish contacts with both health/family planning and non-health sectors, as well as with indigenous associations, NGOs, schools, the commercial sector, and other donors. At national and SEPR levels, ESHE will organize regular sessions with these groups to exchange information and experiences, and to coordinate HPN approaches and activities.

b. Management

ESHE will assess and strengthen management within the re-structured health system at national level and within focus areas. Current management procedures will be reviewed to determine how management needs relate to system goals. Improvements will be introduced, monitored, and refined by visiting specialists and resident technical advisors.

ESHE will strengthen management skills and capacity at all levels through on-the-job training, field visits and workshops to solve practical problems. ESHE will identify and develop well-functioning health facilities and zonal/woreda health offices which can then serve as regular "cross-fertilization" sites for staff from throughout the area to see and learn by doing. A management course for pre- and in-service training, which relies on relevant case studies and practical problem-solving, will be introduced into the Regional Training Center (RTC) in SEPR. A limited number of key local staff will be given the opportunity to acquire new management skills at short courses conducted within Ethiopia and abroad. Study tours for staff from the focus areas to observe well-managed facilities and health offices will be organized. Staff from outside the focus area will also be sponsored to visit the SEPR to observe effective management methods in selected sites within the region.

c. Financial Management

The project's resident HCF specialist in Addis Ababa will work with other resident project staff and short-term TA to assist RZW officials in the development and implementation of improved policies and practices for budgetary planning, management and disbursement of funds, cost recovery (including fee retention) and accounting.

ESHE will review and improve systems of financial management, including budgeting, tracking of expenditures, comptrolling, and resource mobilization at all levels to help those with new authority for such functions at the RZW levels. Such assistance will also be offered to MOF and MOP at RZW levels to increase their capacity to handle responsibilities under decentralization.

BASICS will provide technical assistance for systematic analyses of the cost of health services in order to promote more realistic budgetary planning. Technical assistance will also help to identify bottlenecks and ways to promote efficient and timely disbursement of funds needed for the delivery of priority services. National consultants will work with resident project staff to assess household health expenditures and the elasticity of demand for key health services.

Project-funded workshops at RZW levels will promote increased spending for preventive, promotive health care (PPHC) services and develop capacity for budgeting, financial management and accounting. The project will also provide key regional officials with additional training and experience in financial management through out-of-country short courses and in-country study tours.

d. MIS/HIS

Government health officials at all levels acknowledge that the MIS/HIS for the health system needs to be extensively re-designed and that considerable assistance is required to train health staff in reporting and analysis of health data and operational activities. Current reporting is incomplete, inaccurate, and not timely, and the reporting forms fail to capture key data such as information on outreach activities. In addition to the routine reporting of morbidity and mortality statistics, health workers are asked to complete a multitude of forms for various departments and programs: EPI, CDD, malaria, family planning, epidemic disease, growth monitoring, etc. Even when completed and submitted, many of these forms are never compiled, much less analyzed or reported upon. Thus, health workers are given little encouragement to complete the forms.

On the positive side, it appears that Ethiopian health professionals are willing to devote considerable energy to record-keeping and analysis. The walls of most health offices are covered with charts and graphs where recent health data and information about operations are proudly displayed. The energy now devoted to the MIS/HIS needs to be re-channeled for more productive purposes.

BASICS assistance with re-design of the MIS/HIS will begin under the recently signed delivery order. As part of the situation analysis/data collection to be conducted under this delivery order,

BASICS consultants will work with RZW officials to assess the current MIS/HIS and the RZW capacity to manage a re-designed information system.

ESHE project resident advisors and short-term TA will work with regional health officials to establish an MIS/HIS review committee. After consulting with various departments and decision-makers who now receive reports, the MIS/HIS review committee will consolidate and revise the record-keeping forms to reduce the number of forms and increase the relevance of the information collected. Project TA will also assist regional health officials to develop the procedures for forwarding, compilation, analysis and reporting on the information at woreda, zonal and regional levels. A leading objective of the re-designed MIS/HIS must be to capture, forward and analyze information about outreach and other aspects of community-level service delivery. Finally, and most importantly, project advisors will work with local officials to ensure that information obtained is utilized in the planning process to improve service delivery.

The re-designed MIS/HIS must also meet the needs for logistics management, financial management and for monitoring the disbursement of funds to support key PPHC activities. BASICS will collaborate with FPLM and Pathfinder to ensure that the re-designed information system can adequately monitor and assist with logistics and general management of the regions' family planning activities.

Project TA will assist with the development of an MIS/HIS training program for health workers at institutional, woreda, zonal and regional levels. Project-funded workshops will train health staff at each of these levels in the recording, compilation, analysis and reporting of health and operational information. At the level of the health institution, the project will promote the development and implementation of a system of self-monitoring whereby teams of health workers can track their achievements with such basic indicators as immunization coverage, the childhood immunization dropout rate (number of infants immunized against measles compared to the number of infants given the first dose of DPT vaccine), percentage of the population in the catchment area living in communities visited in the last three months by outreach workers, number of contraceptive acceptors, number of sick children treated, etc. Supervisors at each level will be trained to monitor such indicators to identify problems and to encourage improved performance.

The project will provide training, equipment and software to the regional health bureau to permit the timely compilation, analysis and reporting on health events and activities. The project will also develop the capacity of the regional health bureau to use Geographic Information System (GIS) software to prepare maps for decision-makers at each level. By illustrating the spatial relationships among communities, outreach sites and health institutions, such maps will aid with planning of health activities and promote an awareness of the needs of the catchment area.

e. Training

The project will support various training activities to develop capacity at each level of the health system, from the communities to the regional health bureau. Project TA will assist with

development of curricula and training materials for both pre-service training of community health workers and health assistants and in-service training of community health agents, health assistants, nurses and doctors.

Project-supported training will develop capacity in various aspects of management including planning, supervision, financial management, MIS/HIS, logistics, organization of health facilities, and organization of outreach activities. In addition, the project will train various cadres of health workers in clinical and technical areas including integrated management of childhood illness, immunization practice and family planning. The training in integrated management of childhood illness will build upon the efforts of the "sick child initiative" to pull together in a single training package the diagnosis and treatment of childhood ARI, diarrhea, malaria, and malnutrition and the promotion of breastfeeding and improved childhood feeding practices. Training for health workers will also aim to develop their skills in interpersonal communications and community mobilization.

For health workers at health stations and health centers the combined management/clinical/communications curriculum will require an *initial* 8 or more weeks of in-service training. This in-service training will take place in several separate courses spread out over two to four years of the project. An initial training for all primary health professionals in the initial 12 focus woredas would require 96 or more one-week courses, if each course were attended by all of the primary health professionals in a woreda. This does not take into account the need for refresher training, training needed because of staff turnover, annual planning workshops at RZW level, or the training needs of additional woredas to which the project expands its assistance during later years.

Given the large number of courses required, most training will be decentralized. The majority of workshops and courses will be organized and facilitated by specially-trained staff in each zone. Training in integrated case management should take place in a health facility, where participants will have an opportunity to practice treating a sufficient number of sick children. Thus, it may not be possible to locate training in each woreda, nor even in each zone. In the case of such decentralized training and workshops, direct project support will be limited to funding for allowances and training materials.

Resident staff of the ESHE project and/or short-term TA (international and Ethiopian) will help organize or teach training of trainers courses and courses/workshops for key regional and zonal health officials. The project will develop the regional training center (RTC) as a resource for central training activities. The project will provide funds for equipment and refurbishment/extension of the buildings. Project TA will assist with development of curricula and training materials for the RTC.

In addition to workshops at local levels and courses at the RTC, the project will support study tours and temporary posting to model work sites. By the second or third year of the project, it will be possible to identify well-functioning health facilities, health management offices and entire woredas that can be used as practical training sites for management, clinical and

communications/community mobilization training. The project will provide per diem and travel expenses so that staff from other sites can rotate through and work at these model sites for a few weeks. Such practical hands-on training will be especially useful to develop skills in management and community mobilization.

The project will cover the expenses for key staff of the regional health bureau to attend short courses outside of Ethiopia.

f. Non-Training Approaches to Improving Health Worker Performance

Training alone will have limited impact on health worker performance. On-site supervision is frequently promoted as essential to ensure that new skills and practices are implemented and maintained. Yet, in Ethiopia, where some health facilities can only be reached by walking for several hours and where the money allocated for travel per diems has been severely limited, supervision that depends upon site visitation will be highly inadequate.

The situation analysis conducted by BASICS under the pre-project Delivery Order will investigate the factors detracting from health worker performance and motivation. It will assess the likely impact and feasibility of alternatives to on-site supervision such as the following interventions to improve health worker performance:

- Use of the MIS/HIS to monitor key practices and progress towards key objectives. "What gets measured gets done". Even self-monitoring may help with job satisfaction and thus improve performance;
- supervision/refresher training when health workers come to collect their pay;
- Refurbishment of health facilities to improve the working environment;
- Activities to improve rapport with the community;
- Promotion of supervision by the community and by "the consumer";
- Amendment of current policies and practices for awarding housing benefits, loans, and per diem to health workers in order to reward improved performance;
- Development of promotion and career structure policies and practices that will permit health workers who focus on community service delivery to advance professionally.

g. Information, Education, and Communications (IEC)

The UNICEF Situation Analysis report (1993) notes that "the use of mass media in Ethiopia has been generally under-utilized and ineffective." The previous government frequently used

centrally-planned, top-down mobilization for its propaganda, campaigns and directives, with health messages often difficult to separate from a political agenda. Thus the success of any new strategies for social mobilization to enhance health care by households, communities and caretakers will depend on encouraging dialogue and interaction, using creative and innovative approaches which fully involve communities and local leaders. Moreover, the success of community health service delivery will depend on a dynamic relationship between the public health service providers and the communities they serve. Clearly, expected outcomes of this dynamic process are improved service delivery and the building of commitment and confidence by communities and caretakers to better care for their own health: increased awareness of health problems and enhanced preventive and promotive health behaviors can only be achieved through effective health education and social mobilization.

Therefore, strategies should focus on building from the strong cultural, social base that already exists in Ethiopian communities. All activities should strive to build a societal consensus and social commitment for action.

A necessary pre-condition for effective strategies for social mobilization and IEC is to conduct a strategic analysis of communities to determine possible cultural factors (positive and negative) that could affect health education efforts. The assessment will also enable the targeting of messages more effectively.

The project will also undertake an assessment of the current IEC situation, particularly in the SEPR, and identify potential strategies and potential channels for communication.

The key elements of the proposed ESHE IEC strategy include:

- coordination of health education and social mobilization activities with PCS and UNFPA.
- improvements in communications skills and social mobilization techniques to enhance the capacity of IEC personnel at the RZW level to transmit information. The project will support short-term TA for curricula development and TOT courses for the RTC trainers who will lead short communications courses and workshops for RZW personnel. Short-term TA will also be used to design interpersonal communication training strategies for health workers at different levels.
- using existing modules like "Talking with Mothers" (Pritech 1993) wherever possible, to improve face to face communications skills of health workers and the overall quality of health education.
- strengthening the capacity of the central and regional health education units to support IEC efforts of RZW health personnel through training, materials development and commodity support. The project will provide short-term TA to

the health education unit at central and regional level in areas of strategy formulation, formative research, materials design, pretesting, and impact evaluation.

- provision of commodity support for production of health education materials and AV equipment.
- support for activities related to broad-based, multi-media approaches and use of innovative channels such as schools, markets, popular theater, radio, local newspapers, songs, story tellers, and traditional healers.
- use of NGO small grant mechanism for exploring and expanding innovative community health education methods (e.g., popular theater).
- advocacy for child survival through opinion leaders, artists, politicians, policy makers (e.g., through workshops).
- support for operations research to test ideas for effective health education strategies at the community level.
- expanding and supporting the inclusion of health education components in functional literacy programs.
- support for health education in schools and linkages with AIDS education programs (e.g., PSI, BESO).
- support for increasing health education skills of CHAs and TBAs through curricula revision and training.

h. Community Service Delivery

The purpose of the ESHE project is to provide essential health services focusing on reaching the community level. The strategies for achieving this goal in a sustainable way are to strengthen health systems that can manage and support community level services and the development of a demand for and means of delivering services that meet the needs of people.

It is essential that the strategies developed recognize the lessons of the past and focus on creative and practical ways to enhance community participation and to deliver quality health services that are effectively supported. The steps in this process will include the following:

- Reviving the dormant PHC system (CHA/TBAs) is crucial to the success of any attempt to improve community service delivery. The process must reflect the lessons of the past. Successful community mobilization and involvement must be approached by utilizing existing traditional community structures and leaders.

Moreover, gender issues and differing social organizations must be taken into account. In essence, given the current resource constraints, there is no alternative that could reach the majority of Ethiopians and provide improved health care. In the focus zones/woredas, the project will utilize full-time community mobilizers and animators in order to engage communities in the process of reviving community level support for CHAs and TBAs. This process will be coordinated by the resident PHC advisor and PHC coordinators to be hired by the project.

- It is vital that the health delivery system be capable of supporting CHAs and TBAs; therefore, a pre-condition to reviving CHAs and increasing community demand for services is that the health facility level be strengthened (by providing a continuous supply of drugs, offering training, improving outreach capacity). The project will pay particular attention to expanding outreach activities and develop ways to make them more efficient and effective.
- Reviving CHAs and improving community service delivery will be a challenging task requiring innovative methods. The project will garner ideas and lessons learned from previous approaches both from within Ethiopia and from other countries. The NGO small grant mechanism will also be used to explore methods and ideas to improve service delivery, community mobilization and participation.
- The project will also support studies and STTA on such issues as remuneration for CHAs, incentives such as revolving drug funds, community investment and ownership of community services, and performance indicators for CHAs and TBAs.
- Improved quality of services provided by CHAs and TBAs will be achieved through training, curriculum development and an improved supervisory system.
- The project will link with the UNICEF WIBS project through the resident BASICS/Awassa staff and STTA.
- Finally, throughout the life of the project, testing of approaches, application of lessons learned and the development of practical solutions will be a dynamic process that should lead to the achievement of the project goal of improved delivery of essential services at the community level.

i. Logistics and Commodity Supply

The shortage of drugs and supplies in MOH facilities has shattered public confidence in the health system, demoralized health workers, thwarted community-based delivery, and limited the potential of preventive programs. Delivery of drugs and other supplies to regions is erratic, often due to inadequate planning. Furthermore, a disproportionate share is directed to urban-based and curative services. By the end of the project, there will be a functioning, responsive logistics and

supply system meeting the needs of PPHC, with local management at the RZW and institutional level capable of sustaining the system.

Without essential curative and preventive drugs and commodities, efforts to reduce child mortality and population growth will stall. At the national level, ESHE will closely monitor government drug policies and regulations in order to encourage liberalization of the supply system and encourage private sector involvement. BASICS resident policy and HCF advisors in Addis Ababa and short-term TA, if required to catalyze action, will seek to determine ways in which ESHE can influence the process and speed of reform (e.g., by means of conditionalities), so that adequate and appropriate drugs and commodities reach communities within SEPR.

Within SEPR, most of the TA for logistics and commodity supply will be concentrated in the initial years of the project. Assessment activities early in the project will determine the strengths and weaknesses of the current logistics and supply system at all levels. Skill levels of MOH staff will be determined. Calculations of requirements for drugs and commodities will be determined based on needs at each level of the health services, including the community. Short-term TA will be provided for these purposes and will work with the project's full-time local logistics officer based in Awassa.

In support of the master plan of the Essential Drugs Program, training will be provided for clinicians in rational drug use based on actual needs. This training can mostly be incorporated into the ongoing training activities described above.

Training will be provided to a cadre of supply and logistics officers at RZW levels on stock control, management, handling and distribution, and storage so that drugs and commodities are "pulled" by need from lower levels rather than "pushed" from the top down. Short-term TA will be provided, as required, for special logistics and supply issues related to EPI, CDD and ARI. (For example, a plan to ensure that a single sterile syringe and needle are used for each injection may need to be developed and introduced to correct current inappropriate practices.) Training curricula and materials appropriate to the local situation will be designed and introduced at RZW levels.

The project will develop a capacity at suitable levels of the system to manage a repair and maintenance system for equipment. This will include inventories of equipment and spare parts, systems of notification and action in response to malfunction, preventive maintenance and routine repairs, and well equipped shops to perform major repairs. Short-term specialized TA and training will be provided for these purposes.

ESHE will provide support for refurbishing and in some cases constructing warehouses for drugs and commodities at different levels. Short-term TA and local experts within Ethiopia with experience in this area will be provided to determine the size, location, and lay-out of any such warehouses. The small grants program to NGOs may be used to manage the construction process. ESHE will supply vehicles for regional and selected zonal levels, including, possibly,

vehicles for larger health institutions. These vehicles will be suitable to strengthen the distribution of essential drugs and commodities.

The project will review any existing government transport policies to determine whether TA is required to address major policy and practical deficiencies. For example, the government and donors may need to come to an agreement permitting the sale of old or irreparable vehicles that were imported into the country duty-free. The sale of such idle equipment could conceivably generate considerable local currency, which could be used by the regional health bureaus for local operating expenses.

The private sector presents an alternative channel for directing drugs and commodities to meet community needs. The project will explore alternate and innovative models of supply and distribution in a few communities within focus zones and woredas. Small grants to NGOs for operations research to solve the problems of supply and distribution, with solutions that can be sustained by the public and private sectors, will be considered (e.g., by investigating how incentives based on cost recovery can be built into the system). The HCF advisor based in Addis Ababa will provide technical guidance on this and other related SEPR efforts.

As FPLM will be involved in designing a family planning logistics system at the national level, BASICS will coordinate closely with those efforts to ensure that a harmonious approach is taken within SEPR. Similarly, BASICS will coordinate within SEPR with PSI on the effort to make condoms available (and possibly contraceptive pills later) through a network of commercial vendors.

i. Operational Research

The operational research component of the project will include support for health research carried out by students at Addis Ababa University, the public health school, Department of Community Health and other relevant training institutions in Ethiopia. A committee will review candidates' research proposals and recommend small grants to support operational costs of the research and costs incurred for the supervision of the research by the students' supervisors. Criteria for selection will be developed by the review committee. Possible criteria may include research which addresses operational issues related to health delivery systems and community-based service delivery in SEPR.

j. Project Monitoring and Internal Evaluation

Monitoring of ESHE project activities in the focus region will be built around the information provided by the re-designed MIS/HIS for the regional health system. Project staff in Awassa and Addis Ababa will monitor, analyze and report on this information and on data on project expenditures and project staff activities. In particular, project staff will monitor progress towards satisfying, in the focus region, the conditionalities stipulated for the NPA.

External evaluation of the project will be conducted by independent reviewers. BASICS will conduct a mid-term and final internal project evaluation focusing on information collected through the routine regional health system MIS and project MIS, as well as the results of special surveys. One or more household surveys and one or more health facility surveys will be conducted during the first (baseline) year and repeated during the final year to document the outcome of the project on caretaker and health worker knowledge, attitudes and practices and health system management.

The impact of the project on such indicators as the infant mortality rate, child mortality rate, prevalence of childhood wasting and stunting and contraceptive prevalence rate will be measured during demographic and health surveys (DHS) to be carried out by Macro in 1995 and 2000.

VIII. GRANTS TO NON-GOVERNMENTAL ORGANIZATIONS

Many NGOs are active in SEPR, providing health, agriculture, education, and integrated community development services. These NGOs include small indigenous groups with limited means, NGOs with a religious orientation, as well as large international NGOs with significant resources. These NGOs have in common a deep knowledge and understanding of the region, a proven ability to work effectively at the community level over a long period of time, and a reputation for offering innovative, high quality services. For ESHE, the NGOs represent a group with which collaborative partnerships could be formed to help extend high quality basic health services to the community level. Under ESHE, BASICS will develop and manage a program of small grants to NGOs in order to promote these partnerships and extend the range of services that ESHE can provide.

The BASICS team in Awassa will develop a small grants program during the first year of the seven year project. BASICS will develop guidelines for grant proposals, criteria for award, and the administrative and financial procedures necessary for effective implementation. USAID/Ethiopia will be consulted as the proposed program is developed. Once approved, the program will be presented to the NGO community and proposals will be solicited for review. The BASICS advisors may provide limited assistance to interested NGOs in the development of proposals, since proposal development skill is not necessarily resident within all the NGOs.

Applications for small grants will be reviewed by a panel convened by the BASICS team in Awassa. The selected applications, along with justification for the award, will be presented to USAID/Ethiopia for review and approval.

While most of the grants will be to improve and/or extend essential health services in areas served by the NGOs, BASICS will also explore using the grants mechanism to renovate or refurbish small health facilities, or to add room to an existing facility, in order to improve the physical infrastructure and provide services more effectively.

The ESHE/BASICS team in Awassa will monitor the implementation of grant-funded activities and provide technical assistance in implementation and evaluation, as needed. Grantees will be asked to provide quarterly progress reports to the Awassa team. If an NGO implements a novel approach to delivery of child survival services, the ESHE/BASICS team will assist the NGO in writing up a report or other document for wider dissemination.

The NGOs receiving grants will be required to provide quarterly financial reports to the ESHE/BASICS team according to a format agreed upon mutually at the time of the grant award. ESHE/BASICS will financially monitor the grant program to ensure compliance with the provisions of the grant agreement.

IX. BASICS HEADQUARTERS MANAGEMENT SUPPORT FOR THE ESHE PROJECT

The ESHE project is a complex undertaking that will require significant management inputs both in the field and in the headquarters office of BASICS. From the perspective of BASICS HQ, the following mechanisms will help ensure effective support and management of the BASICS component of ESHE.

1. **Annual workplans:** The field staff will develop draft annual workplans for submission to BASICS and USAID. These will be reviewed and discussed at HQ, with clarifications sought from the field as necessary. The workplans will be costed and submitted to the BASICS CTO for approval as part of the overall BASICS annual workplan submission.

The workplans are reviewed quarterly at BASICS HQ as well as intermittently during staff visits to the project site and when field staff visit Washington.

2. **Country Clusters:** Every long-term project for BASICS is supported by a cluster. Clusters are formed to provide technical input, support, and program assistance to the country programs. They are a structured means for dialogue between the field and BASICS HQ, and offer the country program a method of accessing the wider resources of the BASICS project. Clusters meet at least monthly, more frequently if required by issues emerging from the country program. The meetings follow an agenda developed with input from the field, and the minutes from the cluster meeting are sent back to the field, thus providing a written record of the meeting.

Members of the Technical, Operations, and Finance Divisions of BASICS participate in the country clusters. Each cluster is chaired by an operations officer, while a member of the technical division takes the technical lead. The Ethiopia cluster will include BASICS staff familiar with the ESHE project, particularly individuals with broad-based MCH, Child Survival, HIS/MIS, and policy expertise.

3. **Country Program Reviews:** Several times each year, country program reviews are held at BASICS HQ for each emphasis country. The reviews provide an opportunity for BASICS senior management to hear in detail about the country program from the cluster members (and field staff if present) and to provide structured feedback to the program.
4. **Effective Backstopping:** In addition to the technical and program guidance provided through the cluster and country program reviews, the ESHE project will benefit from operational support from a team within the BASICS Operations Division. An operations officer, coordinator, and assistant will be responsible for regular communication with the field staff and USAID/Ethiopia; managing all aspects of short-term technical assistance; arranging US-sourced procurement for the project; facilitating placement of short-term trainees in the US and regional programs; responding to requests for information; liaison with other CAs involved in ESHE; facilitating the administrative and financial management of the field offices; and other support required to ensure smooth implementation of the ESHE project. A schedule of supervisory visits will be proposed by BASICS during the workplan development phase.
5. **BASICS interaction with USAID/W working groups:** BASICS will actively participate in inter-agency and/or inter-bureau committees which provide support to the Ethiopia program. These meetings will be chaired by USAID and probably take place on an ad hoc basis.

X. TECHNICAL LINKAGES AND COORDINATION

USAID and the BASICS project teams in Addis Ababa and in the focus region will assure maximum coordination of activities and policy development with other cooperating agencies under ESHE and under other USAID/Ethiopia projects, and with other institutions working in the HPN sector (including HIV/AIDS control).

a. Other ESHE Cooperating Agencies

At the national level, BASICS will actively participate in and lead coordination of the various CAs working under ESHE. The BASICS deputy chief-of-party (senior policy advisor) will convene and chair quarterly Program Implementation Coordinating Committee meetings in which all CAs as well as USAID representatives will participate. Cooperating agencies will coordinate planning of activities for which interaction with other project activities will enhance effectiveness and integration. Areas of special interest for close coordination include those in which national capacity and/or policy will be developed that have cross-cutting implications for the sector, such as communications, private sector, NGO's, financing and cost recovery, logistics and drug/commodity supply and distribution, curriculum development and training of primary and community-level health workers.

This coordination in Ethiopia will be supported by coordination among USAID/W offices and their CA staffs. A "cluster" of project managers and country backstop officers has already been formed by the Offices of Population and Health and Nutrition and will meet periodically to review and coordinate plans and activities. As indicated, meetings of this cluster may on some occasions be expanded to include CA involved in ESHE project activities.

b. Other USAID Projects and Activities

The BASICS Addis Ababa technical assistance team will be responsible for dialogue with CAs of other USAID projects, especially the BESO project and the planned agriculture project, to identify and take advantage of opportunities for linkages between policy development and implementation in areas of health, family planning, nutrition, education, and food production and distribution. Opportunities for appropriate linkages will also be sought with other activities such as Food for Peace, PVO Child Survival, and any other USAID-supported NGO activities.

c. Donor Coordination

In coordination with USAID/Ethiopia, the BASICS team in Addis Ababa will encourage and actively engage in donor coordination activities. Such activities will include participation in periodic and ad hoc meetings of donors and other organizations, and consultation and coordination with other donors in policy dialogue with national authorities and in planning. Such coordination among donors is likely to be especially important in broad fundamental areas such as health financing policy, essential drugs, and development of community-based health and family planning service delivery.

XI. DISSEMINATION OF EXPERIENCES AND LESSONS LEARNED

The BASICS Addis Ababa team, working closely with USAID and with the BASICS team in the focus region, will support the dissemination of experiences and lessons learned from ESHE project activities to support improved health and family planning service delivery at the national level and in other regions. This will include identifying key elements and activities for systematic documentation, planning the most effective approach, and supporting the documentation and dissemination process. Information experts, including those from BASICS headquarters, may be called upon to assist in this documentation and dissemination process.

To share key elements of the ESHE experience with other USAID missions and bureaus and with the development community outside of Ethiopia, BASICS may also undertake additional documentation and dissemination activities in coordination with USAID/Ethiopia. It is expected that such additional activities would be supported partly or wholly by Global Bureau core resources.

APPENDICES

APPENDIX A

APPENDIX A**LIST OF PERSONS CONTACTED****USAID**

Dr Marge Bonner Mission Director
Dr. Victor Barbiero HPN officer
Dr. Carmela Abate Senior Technical Adviser
Mr. Douglas Arbuckle Executive officer

MOH Addis Ababa

Dr. Azeb Minister of Health
Ato Bekekadu Senior Expert, Training and Services Dept.
Dr. Meseret Shiferaw Head of Training and Services Dept.
Dr. Woredawork Senior Expert, Family Health Dept.
Dr. Tezerra Head of Planning Dept.

REGIONAL HEALTH BUREAU

Dr. Lamiso Director, RHB, Awassa
Dr. Petros Olango Head, Planning and RTC coordinator
Dr. Zelike Gobe Head of Health Services and Training
Mr. Demoze Firde EPI officer, RHB, Awassa
Dr. Salemariam Head of Disease Control and Prevention
Mr. Eyasu Dalle Administration and Finance

NGOS/PVOS/DONORS

Dr. Weston Mwambazi WHO Representative
Mr. Willet Weeks Regional Director, Save the Children (US)
Dr. Charles Teller Director, Peace Corps
Ms. Dorothy Culjat Programming, Peace Corps, Washington, D.C.
Dr. Jama Gulaird Child Survival Unit, UNICEF, NY
Mr. David Williams Chief Water and Environmental Sanitation, UNICEF
Kebede Tiku UNICEF, Addis
Gezahegn Mengiste Regional Program Officer, UNICEF
Revelians R.N. Tuluhungwa, UNICEF
Mr. John Bayles Save the Children (UK)
Ms. Liz Stone Oxfam, Addis
Ms. Marlyn MacDonagn Health Adviser, Save the Children, (UK)
Dr. Sally Stansfield McGill University, Ethiopia Community Health Project
Mr. Rienk W. Wiersma First Secretary, Royal Netherlands Embassy
Dr. Wilbert Bannenberg Public Health Consultant, Netherlands

Dr. Mariette Wiebenga Public Health Consultant, Netherlands
Dr. Anders Jepsson MCH Adviser, Sida
Dr. Vincent Abero Essential Drugs Program, WHO, Geneva

(Representatives from Concern, Africare, World Vision and Red Cross)

OTHER ORGANIZATIONS/AGENCIES

Dr. Dennis Carlson Training Specialist (formerly with Save the Children US)
Atu Lemma Administrative Assistant
Mr. Gary Couto GIS Program Manager, Thunder Associates, Nairobi

FIELD STAFF

Sr. Tewabeck Tesfaleza Family Guidance Association of Ethiopia, Sodo
Dana Safa Head of Hygiene and Environmental Sanitation, Awassa

Health Workers in Wollaita, Durami and Sodo districts (health centers and health stations)

HEALTH CARE FINANCE TEAM

Mr. Gebre Madebo
Mrs. Beletu Woldesenbet
Mr. Mohammed Abadir

APPENDIX B

APPENDIX B

ESHE BASICS LONG TERM TEAM SCOPES OF WORK

Resident expatriate team, Addis Ababa:

Deputy Chief-of-Party: head of Addis Ababa Office, principally with policy role.

Reports to BASICS chief-of-party. Five year position;

Overall responsibilities:

The health policy advisor/deputy chief of party will have primary responsibility for monitoring the achievement of established benchmark by the GOE. The HPA will play a key role in child survival policy advocacy, policy analysis and formulation in collaboration with the MOH. The health policy advisor will work closely with the other resident advisors to ensure that the policy analysis and formulation incorporates available information from research and technical input. Coordination and liaison with other international donor agencies and NGOs working in Ethiopia will also be an important role.

Specific duties will include, but be limited to, the following;

- Responsibility for a draft of central-level annual implementation plan and budget.
- Identify additional policy issues and conditionalities for health care reform.
- Identify requirements for technical assistance and develop SOW; work with short-term consultants to maximize benefit and follow-up of ST assignments.
- Assist mission in implementation and administration of policy reform agenda (write PILs for mission).
- Convene and coordinate the Program Implementation Coordinating Committee meeting on regular (quarterly) basis:
- Coordinate BASICS interaction with other ESHE national partners, participate in quarterly meetings with other ESHE CAs relative to BASICS project implementation;
- Assist regional management team (MOH) in implementation of national policy agenda in SEPR; draw on regional implementation experience to inform national policy dialogue.
- Liaise with donors on national policy reform agenda as well as other government ministries and policy bodies on the health care reform agenda;
- Identify and promote key policy-related issues relative to USAID strategic priorities (private sector, gender issues, decentralization, provision of essential drugs) and ensure responsiveness of project activities.

- **Provide oversight of administrative functions at central level.**

Qualifications:

Minimum of Masters in Public Health, Policy, Planning, or related field.

Ten years experience in LDCs, Africa experience preferred

Previous work experience with USAID and NPA, demonstrable familiarity with major donor programs and priorities.

Strong interpersonal skills and writing skills.

Demonstrated ability to work effectively in a developing country environment particularly in a situation where it is essential to develop harmonious and effective working partnerships with counterparts.

Computer skills for word processing, budgeting, spreadsheets and graphics.

APPENDIX B (cont)

Operations/Administrative Officer: Reports to deputy chief-of-party.
Considered a seven year position;

Overall responsibilities: The operations/administrative officer will be responsible for providing general administrative support to regional BASICS team;

Specific duties will include, but not be limited to the following:

- **Preparation of workplan and regular reports;**
- **Provide support to mission in development of PIRs and annual API exercise;**
- **Coordinate activities to achievement of logframe matrix;**
- **Supervision of local hire staff (financial manager/accountant, logistics, administrative officer, secretary, drivers);**
- **Develop and implement procurement plan for BASICS;**
- **Liaise with mission training officer to support short term training and study tours;**
- **Liaise with Addis Ababa HQ offices of NGOs active in SEPR;**
- **Arrange for national participation in regional training activities;**
- **Establish and maintain regular communications with BASICS HQ on administrative and operational issues;**
- **Provide oversight of financial management for project;**

QUALIFICATIONS:

Masters degree in public health, management, business administration or other related field;

Experience with USAID project implementation, to include planning, monitoring and evaluation, budgeting, financial management, and office management;

Demonstrable supervisory skills, particularly with host country nationals;

Seven or more years overseas experience, preferably in Africa, in management of complex projects;

Strong computer skills, particularly spreadsheets and graphics;

Good writing and organizational skills.

APPENDIX B (cont)

Health Care Financing Advisor to HCF Secretariat

Will have office in new HCF Secretariat, liaise regularly with other BASICS/ESHE staff and USAID. Maximum of four year position;

Overall responsibilities: The health care financing advisor will assist with implementation with national health care finance policy;

Specific duties will include, but not be limited to, the following;

- **Advise RMT on implementation of national policy;**
- **Development and revision of HCF policy;**
- **Provide technical input to HCF secretariat;**
- **Maintain close contact with Health Policy advisor to ensure consistency between health financing and other health policy and planning activities;**
- **Regular travel to SEPR to assist with implementation of health finance reforms;**
- **Monitor health care budget development, expenditures;**
- **Work with policy advisor to monitor HCF conditionalities;**
- **Organize workshops and seminars on health care finance reform;**

QUALIFICATIONS

Reports to deputy chief-of-party;

Minimum Masters degree in Public Health, plus graduate training in health care economics and financing preferred;

Strong interpersonal and writing skills;

Strong analytic capabilities;

Minimum five years experience in health care financing in developing countries;

At least eight years experience working in developing countries;

Strong computer skills.

APPENDIX B (cont)

Chief-of-Party: Seven year position, reports to deputy director for Operations at BASICS and the USAID HPN officer

Overall Responsibilities:

The chief-of-party, will lead a four person resident team and be the primary contact between BASICS, USAID/Ethiopia and the Ministry of Health. As chief-of-party, s/he will coordinate project planning with MOH counterparts and other collaborators, including the development of annual workplans and budgets which will trigger the allocation of USAID funds for project activities. S/he will supervise the local administrative staff and oversee the management of all resources passing through the BASICS contract to ensure compliance with USAID regulations and BASICS internal policies and procedures. With assistance from BASICS headquarters staff, the chief-of-party will initiate procurement of goods and services required for the ESHE project. Together with the other resident advisors, the COP will supervise all short-term technical assistance that may be provided to the project. An important function of the COP will be coordination and liaison with other international donor agencies and NGOs working in the SEPR.

Specific duties will include, but not be limited to, the following:

- Development and implementation of regional policy and plans;
- Maintain close liaison with USAID/Ethiopia HPN office and BASICS HQ office.
- Liaise with and advise SEPR R/Z/W, health, other bureaus (finance, planning, etc.) and other council representatives on policy implementation and general health and population activities under ESHE.
- Coordination: liaise and ensure coordination with donor and NGOs in SEPR;
- Provide oversight and assistance for BASICS, short-term technical inputs;
- Provide oversight for the development and management of the competitive NGO grants program.
- Oversee regional training workshops, seminars and other events;
- Provide oversight of technical assistance, to include coordination of inputs, development of scopes of work for short-term TA to the region, technical orientation and direction, debriefing, and appropriate follow-up;
- Coordinate and manage the technical and other project inputs in collaboration with other advisors.

- **Participant training-Work with the MOH and other resident advisors to organize and manage training programs; monitor preparations by candidates and coordinate their travel and payment with headquarters, follow up with trainees once training is complete; and, prepare periodic reports to headquarters and the MOH on the results of training.**
- **Oversee ESHE/BASICS involvement with the development of the regional training center and the proposed school of public health.**
- **Financial management; Supervise routine receipt and disbursement of project funds, assuring that all necessary paperwork is complete and conditions met prior to disbursement, review and approve monthly financial reports and backup documentation prior to submission to headquarters.**
- **Reporting: Prepare monthly letters and quarterly and annual reports detailing progress towards completion of workplan activities and objectives, problems encountered in implementation, issues and requests for assistance from headquarters.**
- **Evaluation: Prepare country presentation for annual project review and mid-term project evaluation and coordinate field visits.**

QUALIFICATIONS:

Masters degree or higher in Public Health or related field;

Ten years experience in implementing health projects, preferably in Africa, with previous experience implementing USAID projects highly desirable;

Five or more years resident experience in field implementation of health/child survival activities;

Previous experience as chief-of-party or equivalent of a major health or child survival project of activity;

Demonstrable organizational, management, planning, and supervisory skills;

Demonstrable technical skills in program planning, policy dialogue, implementation and monitoring and evaluation;

Excellent presentation and writing skills;

A demonstrated ability to work effectively in a developing country environment particularly in a situation where it is essential to develop harmonious and effective working partnerships with counterparts;

Standard array of computer skills to include, wordprocessing, spreadsheets and graphics.

APPENDIX B (cont)

Primary Health Care Advisor: seven year position, reporting to the chief-of-party

Overall Responsibilities:

The primary health care advisor will be responsible for much of the implementation of project activities in the SEPR. The PHC advisor will be at the forefront of improving health service delivery at the community level which is the main focus of the project. The PHC advisor will work in close collaboration with the regional health bureau officers as well as health staff at the zonal and district level to test and implement more effective service delivery strategies. The PHC advisor will coordinate and liaise with other international donor agencies and NGOs working in the SEPR as well as with other USAID support projects such as the education and agricultural projects. The advisor will be based in Awassa but will spend approximately 40 percent in the zones and woredas.

Specific duties will include, but not be limited to, the following;

- Provide technical guidance to R/Z/W on content and delivery of essential primary and preventive services, including logistics, provision of care, MIS, training, management and supervision.
- Oversee the implementation of specific policy reforms at the zonal and woreda level;
- Identify strategies and mechanisms for improving the efficiency and utilization of rural health services delivery.
- In collaboration with the COP, identify need and develop scopes of work for TA in the region.
- Identify needs for operations research and provide over-sight for specific OR activities.
- Chair the review process for NGO grants and monitor grants implementation. Follow up on results of projects implemented through the grants mechanism.
- Coordinate activities with NGOs in support of improved community level service delivery. Participate in regular coordination meetings with representatives of NGOs.
- Identify successful community-based activities and arrange for study tours or other mechanisms to share these experiences with the SEPR. Develop and apply linkages to health system.
- Collaborate with HCF advisor in Addis Ababa to assist in developing and implementing the HCF strategy in the SEPR.

- **Office:** Establish the BASICS office in Awassa; negotiate space and other support needs of technical advisors with MOH, identify and assist in training of local administrative and technical staff.
- **Provide reports in the form of monthly letters, quarterly annual reports detailing progress towards completion of workplan activities and objectives, problems encountered in implementation.**
- **Assist COP to organize and coordinate training workshops, seminars and other activities in the SEPR.**
- **Provide input to the development of the BASICS country activity plan and annual workplans and budgets.**

QUALIFICATIONS:

A Masters in Public Health or related degree

Ten years experience in implementing primary health care programs in developing countries, Africa experience preferable

Demonstrable experience working at community level with leaders, health providers, and residents

A demonstrated ability to work effectively in a developing country environment; particularly, in a situation where it is essential to develop harmonious and effective working partnerships with counterparts

Excellent presentation and writing skills

Standard array of computer skills to include wordprocessing, spreadsheets and graphics

APPENDIX C

APPENDIX C SOW LOCAL HIRE PERSONNEL, ADDIS ABABA

EXECUTIVE ADMINISTRATIVE SECRETARY/OFFICE MANAGER

- **The primary role of the executive administrative secretary and office manager is to ensure the smooth functioning of the BASICS/ESHE office in Addis Ababa.**

The specific duties are:

- **To provide secretarial support for the long-term resident BASICS staff in Addis. The duties include typing, filing, reception of visitors, making appointments, answering the telephone and other day to day responsibilities normally associated with a busy office.**
- **To assist the BASICS resident staff in interaction and correspondence with the Awassa regional office.**
- **Assist with in-country administrative arrangements for short-term technical consultants.**
- **Assist with administrative arrangements associated with training courses, workshops, seminars organized by the BASICS/ESHE project.**
- **Assist with administrative details associated with study tours and regional and out of country courses supported under the project.**

The executive administrative secretary will report to the health policy advisor and operations/administrative officer.

QUALIFICATIONS: a minimum of ten years experience as a secretary, fluency in english, good interpersonal skills, strong writing skills, computer skills-word processing. Previous experience working for international organization, NGO or PVO desirable.

APPENDIX C (cont)

COMPTROLLER/FINANCIAL ANALYST

The comptroller/financial analyst will be responsible for overall tracking and monitoring of financial records for the BASICS/ESHE project. The comptroller will oversee the reporting of financial information by both the Addis Ababa and regional offices. The comptroller will ensure that proper financial systems are in place and that the methods used conform to the system established by F/A BASICS/WASH.

Specifically the comptroller and financial analyst will:

- Track expenses and provide data pertaining to finances available and rate of expenditure.
- Provide input for quarterly/annual project management reports.
- Ensure that the project maintains accurate financial records.

The comptroller/financial analyst will report to the resident project advisors and administrative office.

QUALIFICATIONS: Degree in accounting and/or business administration, minimum of five years experience in similar position, computer skills in lotus, accounting and financial management software packages.

APPENDIX C (cont)

ACCOUNTANT

The accountant based in the Addis Ababa office will be responsible for maintaining the financial records for the BASICS/ESHE project and provide accurate monthly recording of expenditures to BASICS/WASH using the procedures established by BASICS F/A division. The accountant will:

- Ensure the proper recording and tracking of all invoices, receipts related to office operation and project-related expenses for the Addis Ababa office.
- Work with accountant based in regional office Awassa to ensure continuity of procedures for tracking and monitoring of project expenses.
- Provide timely and accurate information on financial data to enable proper audits.
- Provide data and summary financial reports for compilation of quarterly and annual project management reports.

The accountant will report to the administrative officer and resident project advisors.

QUALIFICATIONS: Degree in accounting, certification in accountancy, minimum of 5 years experience as accountant, computer skills in lotus, Dbase and familiarity with accounts and financial management software packages.

APPENDIX C (cont)

SECRETARY (ADDIS ABABA AND AWASSA)

The duties of the secretary (Addis Ababa and Awassa offices) will include typing, filing, answering the telephone, receiving visitors and other responsibilities normally associated with an office. The secretary will be supervised by the executive administrative secretary and reports to the resident BASICS/ESHE project officers.

The duties will also include:

- Assisting in the administrative secretary in arrangement for the conduct of national level seminars, workshops, study tours and short courses supported by the project.
- Compose correspondence and organize flow of clerical processes.
- Plan, arrange and maintain preparation of information for budget reports for the comptroller and accounts.
- Maintain calendar, make travel and conference arrangements for resident project staff.
- Design and maintain filing system.
- Perform typing, word processing, stenographic and transcribing duties.
- Receive and control incoming correspondence and other communications.
- Requisition of office supplies.
- Provide telephone and receptionist duties.
- Assist in arrangements for short-term TA (hotel reservations, booking appointments and other details).
- Typing of reports, letters and other documents as required by the project.

QUALIFICATIONS: Fluency in both written and spoken English, good interpersonal skills, computer skills including word processing and familiarity with lotus, data entry and graphics software programs. Previous experience working with an NGO, PVO or international organization desirable.

APPENDIX C (cont)

ADMINISTRATIVE ASSISTANT (AWASSA)

The administrative assistant based in the Awassa regional office will be responsible for providing support to the resident project staff. The administrative assistant will;

- Work with logistics manager/expeditor to ensure that project commodities and equipment are delivered in a timely manner and properly documented.
- Provide assistance to project staff for office operations and to resident staff for establishing residences in Awassa.
- Work with NGO coordinator and provide administrative assistance for the effective implementation of the NGO small grants program in the region.
- Provide support for visiting short-term technical consultants (e.g. logistics, appointments).

The administrative assistant will report to the chief-of-party and project logistics officer.

QUALIFICATIONS: Minimum of 5 years experience in similar position, previous experience working for an NGO, international organization or business is desirable.

APPENDIX C (cont)

LOGISTICS MANAGER/EXPEDITOR

The logistics manager will be responsible for ensuring that equipment and commodities required for the project are cleared in a timely manner and arrive safely in Awassa. Specifically the duties will be:

- **Deal with all documents and administrative arrangements necessary to facilitate the clearing and shipping of vehicles, equipment, office materials and commodities to the regional office.**
- **To ensure the proper documentation, safe storage upon arrival and necessary tracking of equipment/supplies in collaboration with administrative officer.**
- **The logistics manager will track the clearing and shipping of vehicles, equipment, office materials and commodities to the regional office.**
- **Ensure the proper documentation, safe storage upon arrival and necessary tracking of equipment/supplies in collaboration with administrative officer.**
- **The logistics manager will also assist in the procurement and expediting of office supplies purchased in Addis Ababa and Awassa.**

QUALIFICATIONS: Minimum of 5 years of experience as procurement officer/expeditor or similar position, good administrative skills fluency in english, experience with USAID projects and procedures highly desirable.

APPENDIX C (cont)

PUBLIC HEALTH COORDINATORS (2) AWASSA

The public health coordinators will provide long-term technical support for the regional office with emphasis on improving service delivery of essential rural health services.

- Assist PHC specialist advisor to assess and design interventions to improve service delivery in the Region and focus zones.
- Work with regional health officials to develop ideas and practical interventions focusing on rural communities.
- To assist the BASICS resident staff in interaction and correspondence with the Awassa regional office.
- Work with NGOs, PVOs and religious organizations supporting clinics and CHAs/TBAs.
- Coordinate and work with public health school and students carrying out health related projects in the region; provide technical assistance.

It is suggested that one PHC coordinator concentrate on preventive and promotive health activities at the health facility level while the other coordinator focuses on CHAs, community animators and community level activities.

APPENDIX C (cont)

ADMINISTRATOR/COMPTROLLER (AWASSA)

The administrator/comptroller will be responsible for the overall management of the Awassa regional office as well as to oversee financial monitoring, tracking and reporting. The administrator/comptroller will:

- Establish linkages with regional council as well as relevant officials in focus zones and woredas to ensure smooth functioning of project related activities.
- Oversee activities of accountant, NGO coordinators and administrative assistant and secretaries.
- Ensure that financial reports are produced in an accurate timely manner.
- Produce input along with accountant information for project management reports.

Reports to chief-of-party

QUALIFICATIONS: Degree in Business Administration, minimum of 5 years experience in office management, administration. Previous experience working with NGO, PVO or International organization desirable.

APPENDIX C (cont)

STATISTICIAN (AWASSA)

The statistician will be involved with project activities related to data collection and analysis, operational research, and MIS. The statistician will:

- Provide technical assistance to project staff and regional health staff on data collection and data analysis.
- Provide technical assistance for the design of protocols sampling frameworks for data collection and operational research to be conducted by project staff and other researchers.
- Develop appropriate data entry and programs for input of various health record forms at the regional, zonal and woreda levels.
- To assist the BASICS resident staff in interaction and correspondence with the Awassa regional office.
- Work with visiting consultants to develop an appropriate MIS.
- Provide technical advice related to data collection, reporting and M/E to various NGO small grant projects in the region.
- Provide technical advice to school of public health students conducting health related research in the project area.

QUALIFICATIONS: Degree in statistics and/or computer science, 5 years experience in data analysis preferably health data, previous experience with epidemiological data analysis, computer skills in statistical analysis programs (SPSS, EPI INFO), Lotus, DBASE and data entry software packages.

APPENDIX C (cont)

NGO COORDINATOR (AWASSA)

The primary role of the NGO coordinator will be to interface with NGOS working in the SEPR particularly those involved in community health service delivery. The NGO coordinator will:

- **Oversee the conduct of the NGO small grant program and monitor activities carried out by those NGOs receiving such grants.**
- **Coordinate with NGOs, PVOs and other agencies working in the SEPR with a view toward developing strategies for improved communication and collaboration in areas of shared interest.**
- **Provide information and critical assessments of efforts of NGOs involved in community service delivery which could be usefully applied to ESHE project activities.**
- **Establish links and working relationships with other USAID projects in the SEPR.**

QUALIFICATIONS: Five years experience in similar position working for NGOs, PVOs or CAs preferably those involved with health and emphasizing community participation and community service delivery.

APPENDIX C (cont)

GUARDS (2)

Guards will be responsible for providing security for Addis Ababa and Awassa offices. Guards will be obtained from a local security services company on a contractual basis. The guards will report to the administrative assistant and to the chief-of-party.

DRIVERS (2)

The driver (s) employed by the project will be supervised by the administrative officer. and will perform the following tasks:

- Operate a motor vehicle to transport passengers within Addis, Awassa and the surrounding areas as well as field trips within Ethiopia.
- Make pick-ups and deliveries of cargo or documents.
- Maintain the daily vehicle log by recording all trip times, mileage and destinations.
- Provide for the security of the assigned vehicle while on official business and ensure that the vehicle is parked in a safe, properly designated parking space.
- Keep the assigned vehicle clean and in good operating condition and perform minor preventive maintenance.
- Regularly inspect the assigned vehicle and notify the administrative officer of any defects.

QUALIFICATIONS:

English fluency, certified drivers license, proven record of safe driving and performance, good mechanical knowledge.

APPENDIX D

**SCOPE OF WORK
BASIC SUPPORT FOR INSTITUTIONALIZING CHILD SURVIVAL
(BASICS PROJECT)
FOR USAID/ETHIOPIA
ESSENTIAL SERVICES FOR HEALTH IN ETHIOPIA (ESHE)**

I. BACKGROUND

Ethiopia is primarily an agricultural country, with 85% of the population living in the rural areas. It's population size and growth rate are among the highest on the continent. The population is estimated at over 51.5 million, making it the second most populous African country after Nigeria. With an annual growth rate estimated just below 3%, Ethiopia's population will approach 110 million before the year 2020. The total fertility rate (TFR) is estimated at 7.0 children per woman; overall contraceptive prevalence rate (CPR) is estimated at 4% with an urban prevalence of 14% against an estimated rural prevalence of less than 2%. Modern CPRs are estimated to be 2%, 8% and 1% respectively. The indices of the health and nutrition situation of the Ethiopian population are also poor. Life expectancy is estimated to be 53 years. The principal contributor to low life expectancy is high infant and child mortality with rates estimated at between 110-133 and 187-220 per thousand live births respectively. Principal causes of these high mortality rates are diarrheal disease, acute respiratory tract infection, vaccine-preventable diseases, malaria and malnutrition. Maternal mortality in Ethiopia has been estimated to be between 500-2000 maternal deaths per 100,000 live births, comprehensive data do not exist.

The ability of the Ethiopian health sector to provide adequate health services has been in decline for decades. It is currently estimated that the health service coverage reaches between 20-40% of the population. War, drought, lack of resources and poor economic policies of the previous government have combined simultaneously to increase the level of health care needs while reducing the capacity of the sector. The consequence of this decline is extremely low health status in Ethiopia. Improvements in health status will be critical to increasing the development potential of Ethiopia. At the same time, strengthening health services delivery will depend on many of the economic and political changes now underway as well as the strengthening of the development environment of the country as a whole. The health system faces many challenges in addressing the vast health care needs of this multi-ethnic, low-literacy, largely rural society where the existing infrastructure cannot meet even the most basic needs.

USAID/Ethiopia is developing an assistance program in the Health/Population/Nutrition (HPN) sector entitled: Essential Services for Health in Ethiopia (ESHE). ESHE's purpose is to: Increase the Use of Essential Health, Population and Nutrition Services in Ethiopia. Essential services, for the purposes of ESHE, include family planning, pre- and post-natal care and delivery, adequate management of the sick child (ORT, ARI management, malaria treatment), immunizations, and STD/HIV prevention and control. Also included are IEC

strategy to promote appropriate breast feeding practices and to dissuade traditional practices that adversely affect the health and nutritional status of the population. ESHE's approach ESHE puts emphasis on: policy reforms that are expected to positively benefit all regions; the provision of family planning and HIV/AIDS prevention programs in urban and peri-urban areas nationally; and, the delivery of integrated HPN services in the Southern Ethiopia Peoples' Region (SEPR).

In this environment, where the health system is weak and in need of strengthening, the BASICS Project is an appropriate mechanism to provide technical assistance in Ethiopia. The BASICS project is designed to address impact through focused interventions aimed at sustainability, health systems strengthening, behavior change, and improved policy and planning. BASICS has the resources and the mandate to provide assistance in four operational areas. These are:

Disease Related Technical Support - to build on and expand USAID's success in applying programmatic interventions that target health problems accounting for up to three quarters of infant and young child deaths and diseases;

Health Service Delivery Support - to build sustainable capabilities through strengthening of training, supervision, logistics and drug supply, management of primary health care, health and management information systems strengthening; and health care financing;

Communication, Marketing, and Behavior Change - to develop demand for child health services, including IEC, community participation and mobilization, and innovative consumer marketing; and,

Policy and Planning - to provide assistance and support for systematic improvement of country-level policy and planning, evaluation, organizational development, and development of strategies for public and private sector collaboration.

Considering the above BASICS mandates, the G/H/HSD BASICS Project is extremely well-suited to carry out this SOW.

II. TIMEFRAME

The total timeframe of this activity will span 12 months, the limit of PD+S assistance. However, this effort represents a springboard to a much longer term commitment by the Mission, by the G/H bureau and the BASICS project. Co-financing with G/H and AFR/ARTS (via G/H/BASICS core and AFR/ARTS dedicated core respectively) may expand the timeframe of activities beyond the estimated 12 month period. It is anticipated that work on the regional baseline data collection and community demand efforts will begin within one month of the execution of this delivery order.

III. ANTICIPATED LEVEL OF EFFORT

It is estimated that over 36.5 person months of local and expatriate TA will be provided under this buy-in (in addition to TA provided from BASICS core resources). Supplies, equipment and other operating costs are estimated to comprise approximately 25% of the effort. An estimated breakdown of the level of effort of personnel directly employed by BASICS is presented below.

Contract Personnel

Resident Technical Advisor (RTA) 6 person-months

Short-term International TA

- **Regional Data/Demand Effort** 12 person-weeks
- **National Guidelines & Workshop** 6 person-weeks

Local Hire Personnel

- **Local Professional TA** 26 person months

IV. OBJECTIVE

The BASICS Project will provide technical assistance to USAID/Ethiopia, the SEPR and to the Ministry of Health to contribute to the successful design and initial implementation of the ESHE program/project.

V. PURPOSE

The purpose of this Project Development and Support (PD+S) activity is to provide USAID/E and the TGE critical information and analysis needed for the design and implementation of the ESHE program. It will also provide technical assistance to carry out policy and strategy development activities such as health care financing and baseline data collection which are essential to establishing a solid foundation for effective health and family planning service delivery.

VI. GENERAL TASKS

1. Provide technical assistance and operational support to the SEPR for the development of a consolidated data and information base inclusive of epidemiology, demographic profiles, service delivery capabilities, and community demand aspects of health and family planning services;
2. Organize and support out-of-country training and study tours for Ministry of Health and other TGE counterparts; and,
3. Provide technical assistance to the MOH in systems design and support for a workshop for regional and central health officials to review and amend proposed guidelines for health service delivery structure and functions.

VI. SPECIFIC TASKS¹

1. Regional Baseline Data Collection and Demand Study

A. Description of activity

The establishment of a coherent and consolidated picture of the health, family planning and service delivery situation in the SEPR is an essential step in defining the package of essential family planning and primary and preventive (FP/PPHC) services that the ESHE project will support in the region and the approaches related to the delivery of those services. At the same time, the design of specific approaches must take into account community demand for and perceptions of services, needs and priorities, and relevant experience in delivery of FP/PPHC services to the community in the focus region.

Under this activity, BASICS will provide technical assistance and operational support to: 1) collect baseline epidemiologic and service delivery information in SEPR; 2) help the SEPR Regional and Zonal authorities begin to establish a functional HIS; and 3) provide initial input into deciding what is required to reach rural communities and promote sustainable use of the system over time.

Data collection and initial operational support shall be coordinated by a medium-term resident technical advisor (RTA) who will be expected to be present full-time in the capital of the SEPR (Awassa approximately 375km south of Addis Ababa) for at least a six month period. The RTA will oversee the establishment of the baseline data set and coordinate

Modifications of Anticipated Inputs (As Required) - It is understood that availability of personnel or needs of the described activities may require some modifications of the expected inputs identified in sections V.1 -V.3., within the budget of this delivery order. Such modifications may be made with approval of the COTR and the USAID/E HPN Office Director subject to pertinent regulations.

operational inputs with his/her RZW counterparts to initiate efforts to improve service delivery. He/She will be supported by a team consisting of local hire personnel, short term international consultants, and local expatriate technical assistance. Obviously, strong collaboration with appropriate regional/zonal/woreda (RZW) counterparts will be pursued. Specific activities to be carried out during this period are presented below.

- RZW data on epidemiology and demographic/FP data will be consolidated and analyzed via a review of available data at the Regional HQ, all 16 zones (11 zones + 5 special woredas), 100% of woredas (districts) in the focus zones, and a representative sample of woredas in "nonfocus" zones within the region.² At the Regional HQ level, data from the preceding year shall be reviewed and compiled. These data shall be verified and supplemented by visits to peripheral health facilities (health centers and stations) and to community health posts in SEPR focus zones. The team, in collaboration with health officials and with the technical assistance as required, shall review existing data collection procedures and methods of analysis. Options to improve the system will be derived via a collaborative dialogue with RZW officials and the foundation of a data-based decision-making system will be established.

- The team shall compile existing data, and may collect a modicum of new data to more accurately characterize the family planning, health, and nutrition status of the population. Specific operational parameters of the incipient HIS will include (but not be limited to):

- population size / intrinsic rate of growth (relative to coverage);
- estimated number of reproductive age women, number of infants and children;
- estimated annual number of births;
- estimated mortality rates;
- principal causes of death [disaggregated data on women, infants and children];
- nutritional status indicators (summary of wt/ht, ht/age data);
- number of reported AIDS and STD cases; etc..

This situation analysis shall also examine the delivery and utilization of services such as:

- number of facilities and personnel in relation to population;
- contraceptive use (by method);

² Focus zones will be identified in collaboration with the regional and zonal authorities and will be selected upon a mutually agreed upon set of criteria established by the region, USAID, and BASICS. Additional collaboration will be explored with the USAID/HID Office in order to explore potential synergies with the Mission's planned Education Program, BESO

- immunization coverage (including proportions achieved by outreach versus facility immunization);
- utilization of prenatal care;
- number of births attended by trained attendants;
- principal conditions treated at existing services.
- client attendance data (per day) relative to catchment and optimal client-load estimates.

This analytical process shall also include an assessment of service delivery capabilities in the SEPR. The team, in collaboration with RZW health authorities, shall gather and compile available information and indicators such as:

- condition and staffing of existing facilities;
- availability of equipment, commodities, contraceptives, drugs and vaccines in existing facilities;
- resources for outreach activities, frequency of outreach activities, and constraints on outreach other than resources;
- existence and function of community health services in the communities served by health facilities;
- existence of program and activity "targets" at various facility levels, and, the relation of these targets to projected need and to actual achievement;
- a comprehensive inventory of total facilities by level and operation, the distribution of NGO facilities, private vendors, pharmacies, clinics, etc.);
- the development of a GIS-based map for operational planning at the RZW level (if feasible).

These data will include non-governmental as well as government facilities and capabilities. Indeed, data will be collected in order to construct a valid comparison between NGO and public sector facilities, identify significant differences therein and verify the reasons for observed differences.

This information will be an important determinant of the package of essential FP/PPHC services and of the delivery approach to be developed, as well as serving as an initial data base and starting point for HIS/MIS development, data-based decision making and monitoring and evaluation activities in SEPR.

Concurrent with this general situational and service capability analysis, BASICS will support an assessment of community demand for health services and try to discern the types of services which are most preferred at the community level. This effort will require special expertise in community-based delivery, with particular knowledge of African situations. As all other activities, it will be overseen and coordinated by the RTA, with local hire personnel and international expertise.

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The community demand assessment will seek to identify important operational issues relative to the more effective delivery of services to communities in SEPR. Parameters might include:

- perceived needs of representative communities for health services;
- knowledge and attitudes regarding public health and primary and preventive health care;³
- attitude and experience related to the use of available (or previously available) community and health system services;
- opinions on how services might be offered to best meet community needs and concerns;
- value of community health agents (CHAs), issues concerning adequate incentives, problem with previous cadre of CHAs;
- role of women in health and provision of health care;
- FGM practices? nutrition practices?

This element of the SOW will be complemented by a retrospective analysis of previous approaches to community-based delivery of FP/PPHC services in Ethiopia. Determinants of success and failure (including community support and involvement, appropriate roles and functions of community health workers, training, support and problem solving, oversight, supply, and remuneration [of both community health workers and traditional birth attendants]) will be examined and compared to the prospective data in order to identify common themes and/or divergence from expected outcomes.

Baseline data on community demand and delivery priorities will comprise the second important source of input when deriving the package of essential services and the delivery approach to be developed.

It is anticipated that the above-mentioned activities will be carried out over a period of six months, beginning within thirty days of the execution of this delivery order.

B. Inputs Required

In the execution of these activities, it is anticipated that BASICS will provide the following inputs:

B1. Personnel

- Six months of medium term resident technical advisor (RTA)
- Short-term technical assistance (international consultants) (total 12 person-weeks, 4 visits);
- Ten person weeks of local expatriate technical assistance;

³ P/PHC defined as family planning, HIV/AIDS, immunization, common causes of childhood and maternal morbidity and mortality

- Twenty-six months of local hire professional expertise;
 - 2 MPH graduates (5 months each)
 - 2 social workers (5 months each)
 - 1 administrative/data entry assistant (6 months)

Office Equipment and Supplies

- Desktop photocopier;
- Laptop computer, printer, accessories, software for use by RTA and regional counterparts;
- five desktop computers, five printers, accessories (including UPS's), and software for RHB.

B3. Operating Costs

- Local operating costs including rent, communications, supplies, fuel for government vehicles, etc.;
- Vehicle purchase⁴
- Per diem for R/Z/W health staff to participate in the regional baseline data collection effort (200 days @ \$6.00 U.S. per day);

B4. SOW Medium-Term Resident Technical Advisor (RTA)

The medium-term expatriate resident technical advisor (RTA) will serve as the coordinator of regional activities and will reside in Awassa, the capital of SEPR. With BASICS HQ/W support, the RTA will oversee the design, planning, management, implementation, monitoring, and reporting related to all aspects of this activity. This will include technical, administrative, and management responsibility for this activity, in cooperation with the RHB Head. The RTA will work in close collaboration with relevant RZW health authorities. He/She will also collaborate with civil authorities and community representatives in this activity. Finally, the RTA will work closely with the USAID/E/HPN Office staff in order to discern elements of the baseline HIS which will be pertinent to Mission objectives over the LOP of the ESHE program/project.

The resident advisor is expected to have the following qualifications:

- Working experience (8-10 years) in public health programs in developing countries (preferably with substantial experience in Africa), with extensive experience in the field aspects of delivery of primary, child survival and other MCH services and, if possible, family planning services;

⁴ Since this funding source cannot support vehicle purchase, it is expected that a dedicated vehicle for team use will be provided from core funding sources

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- Demonstrated ability to work with technical, planning, programmatic, and management aspects of child survival and other health and family planning topics;
- Experience and demonstrated competence in public health data collection, management, and analysis;
- Demonstrable ability to work effectively with host country counterparts in the health sector and communities;
- Ability to administer and manage a field team, technical assistance, and a large scale field activity;
- Willingness to reside in the focus region (SEPR) of Ethiopia for a minimum of six months;
- Fluency in English;
- M.D. or Ph.D. is desired; a Masters degree with commensurate experience is acceptable.

2. Short Term Training and Observational Travel

A. Description of Activity

As part of its support for the development of essential capabilities in the PHN sector, USAID/Ethiopia recognizes the need to provide opportunities for key PHN personnel to increase their knowledge and skills in areas critical to effective delivery of health and family planning services. Important mechanisms for contributing to capacity development are short-term training at institutions outside of Ethiopia (U.S or regional institutions) and the support of observational travel (study tours) to locations where successful working models have been established in environments similar to the host country environment.

Under this activity, BASICS will carry out the planning, administration, and implementation of offshore training and observational travel to support the development of capabilities in critical areas related to the planning, management, and delivery of essential FP/PPHC services. Trainees and participants in observational travel will be nominated by their organization and approved by USAID/Ethiopia. For illustrative purposes, the following activities are anticipated:

- Short-term (2 week) training in U.S. courses for 2 professionals;
- Short-term (2 week) training at regional institutions for 4 professionals;

- Study tour(s) of 2 week duration (to 2 separate sites per tour) for 5 professionals.

3. Assistance and Support for National Service Delivery Guidelines Development

A. Description of Activity

The MOH, as part of its mandate to set guidelines and policy, and to provide technical input to health services in the various regions, has been charged with preparing guidelines for the structure and function of health services at various levels of the system. These guidelines will include comment on the organization of services, staffing, tasks and functions appropriate to each level of facility. They will also include estimates of the resources expected to be available to perform these tasks and functions. These development of these guidelines will be an important benchmark for the MOH and the TGE to express, in operational terms, their vision for the provision of effective and efficient health service delivery. The guidelines must be cast with attention to the present and future limitations of resources. Furthermore, they must emphasize a long-term commitment to the sustainable delivery of FP/PPHC services. BASICS will provide technical assistance to help develop these operational guidelines. Relatedly, BASICS TA will be made available to help streamline elements of the MOH budget planning, allocation and disbursement system, and to improve overall fiscal transparency, accountability and efficiency.

Prior to the initiation of this delivery order, it is anticipated that BASICS will have provided local and international technical assistance in the development of these guidelines via core funding and co-financed BASICS core from AFR/ARTS. As part of the process of guideline preparation and approval, the MOH plans to hold a workshop, that will include regional and national health authorities, to discuss the draft guidelines. This workshop will be organized by the MOH and is expected to last about three days. In this light, BASICS will also provide technical assistance in the form of international and local expertise to assist the MOH in the preparation, conduct of and follow-up to the national guidelines workshop. BASICS will also support the implementation costs of the workshop itself. Finally, BASICS will provide funds to cover the costs of local production and dissemination of the final guideline document.

B. Inputs Required

The following illustrative inputs are anticipated:

- Six (6) person-weeks of international consultant TA¹ (4 round-trip visits) for

¹ These consultants must be those who have been involved with the development of the guidelines and budget exercise. Thus, they will be able to contribute practical and relevant experience to the workshop.

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workshop preparation;⁶

- Eight (8) person-weeks of local expert TA for preparation of workshop materials and assistance in organization;
- Support for all local costs of the workshop (including venue rental, reception support and per diem and travel for an estimated 40 persons for three days); and,
- Support for the publication and dissemination of the guidelines (local contract estimated cost \$4,000 U.S.).

VII. REPORTS AND DELIVERABLES

1. Regional Baseline Data Collection and Demand Study.

A. Implementation plan. At the end of the first month of this activity, marked from the arrival of the medium term resident advisor, the contractor will prepare and provide to the COTR and to the PHN Officer, USAID/Ethiopia, a plan for implementation of the baseline data collection activity and the demand study.

B. Monthly reports. During the six-month period, the medium term resident advisor will provide brief monthly reports to the COTR and to the PHN Officer, USAID/Ethiopia. These reports will provide brief narrative description of activities and progress made during the month as well as any substantial problems or delays encountered in the implementation of both the baseline data collection exercise and the demand study.

C. Quarterly report. At the completion of three months of this activity, the contractor will provide to the COTR and to the PHN Officer, USAID/Ethiopia, a more detailed report of progress in relation to the baseline data collection exercise and the demand study. This report will describe progress made to date in relation to the design and plan of these activities, lessons learned and recommendations for modification of the plans for these activities, and assessment of the contribution of these activities to RZW plans and strategies related to development of essential FP/PPHC services. This report will also summarize the financial and resource status of the activities. This quarterly report will substitute for the third monthly report.

D. Trip reports. After each technical assistance visit a trip report will be submitted to the COTR within two weeks of the completion of the assignment. The BASICS

Provision of TA for the workshop will entail one 10 day trip for technical experts in: health care financing; health systems management and administration, maternal-child health and primary health care; and, information/education/communication (emphasis in counselling by primary health workers and outreach health education)

contractor will send copies of these reports to the HPN Officer, USAID/Ethiopia, the MOH, and to the Regional Bureau of Health (Southern Ethiopia Peoples' Region).

E. Final report. At the conclusion of the six-month period, the contractor will prepare and submit to the COTR and to the PHN Officer, USAID/Ethiopia, a report providing a detailed summary of the accomplishments of both the baseline data collection exercise and the demand study. This report will include a presentation in summary form of the data collected under the baseline data collection exercise, and a discussion of conclusions of both components of this activity in relation to the delivery of essential FP/PPHC services in the SEPR. This discussion will also include the following aspects:

-A summary of the health and family planning situation and health service capability in the SEPR as identified by this study;

-An assessment of the implications of the baseline data collection exercise for design of the essential package of FP/PPHC services and for HIS/MIS design, and monitoring and evaluation activities in the region.

-A summary of the findings of the demand study and review of community health service delivery experience as related to the SEPR;

-An assessment of the implications of both the baseline data exercise and the demand study in regard to approaches for delivering essential FP/PPHC services to the population of the region.

-Recommendations for future activities and support to be provided to the SEPR in relation to FP/PPHC service delivery.

This report will also summarize the resource and financial status of the activity. This final report will substitute for the sixth monthly report.

2. Short Term Training and Observational Travel.

A. Reports of activities. The contractor will provide a report within two weeks of the completion of each training and observational travel activity. This report will identify the trainee(s) or participants involved, the objective of the training or travel, the actual activities carried out, and the financial and resource costs of the activity.

3. Assistance and Support for National Service Delivery Guidelines Workshop

A. Trip reports. Each technical assistance consultant participating in this activity will submit a trip report to the COTR within two weeks of the completion of the assignment. The contractor will send copies of these reports to the HPN Officer

USAID/Ethiopia, and to the MOH. In these reports the consultants will summarize the workshop and their observations and recommendations for further development of the content of the service delivery guidelines, both in regard to technical content and to their dissemination and application.

B. Service delivery guideline document. Assuming that the MOH completes the process of development of these service delivery guidelines and the production of a final draft document, the contractor will have the responsibility for the local production of a minimum of 2,000 copies of this document through a local subcontract. This subcontract will also cover the costs of distribution of the guideline document to the national and RZW health services.

VIII. PARTICIPATION

TGE representatives will be involved in all aspects of this SOW. Regional and central personnel will participate as appropriate in the planning and field activities. Counterparts from the MOH Planning Department and the SEPR Regional HQ will be identified from the outset. Thus far, the Mission has established firm working relationships with our TGE counterparts. We expect this activity to further cement this relationship and enhance the participatory aspects of our HPN Sector Assistance program.

IX. PARTNERSHIP AND RESPONSIBILITIES

Activities under this delivery order will be overseen and managed by the USAID/G/Health COTR for the BASICS Project. In the execution of these activities it is expected that USAID/Ethiopia will have substantial involvement in both technical and implementation aspects, and the BASICS COTR will maintain close communication and coordination with the USAID/Ethiopia PHN Officer (presently Dr. Victor Barbiero), whom the team will brief on a regular basis. This PHN Officer will provide technical input and represent USAID in official transactions with the TGE; draft reports should be submitted to the PHN Officer for comments and technical input.

All TDYs associated with activities under this delivery order will require formal Mission concurrence prior to their commencement. All TDY teams will report to the Mission on a regular basis during their tenure in Ethiopia. Frequency of TDYer reporting will be established jointly by the Mission, the COTR and the RTA.

X. ADMINISTRATIVE AND LOGISTICAL SUPPORT

All logistic requirements will be the responsibility of BASICS.

XI. INSPECTION AND ACCEPTANCE

Inspection and acceptance of services and deliverables will be performed by the BASICS COTR, who will coordinate with the USAID/E HPN Office Director in evaluating the quality, and acceptability of efforts and deliverables under this delivery order.

XII. FUNDING

This activity will be supported with USAID/E FY 1994 PD+S funds.

APPENDIX E

**AGENDA FOR PVOs/NGOs MEETING
SEPTEMBER 22, 1994**

- 10 - Welcome - Dr. Victor Barbiero, USAID/Ethiopia
- 10 - Description of USAID-ESHE Project,
Victor Barbiero, USAID/Ethiopia
- 60 - Sharing of Lessons Learned on:

**How to deliver an integrated package of health services,
including preventive and curative, to rural Ethiopia in a sustainable way?**
 - Role of and support for community health agents
 - Financing schemes: cost recovery and retention of fees;
 - Role of markets, schools, drug vendors.
 - What to integrate and at which level:
- 10 - NGO selection of focus areas;
 - What to look for?
- 10 - NGO experience interfacing with Government Authorities;
- 10 - Experience with implementation of decentralization;
- 10 - Needs for TA

Other Issues: Request documents, curricula, training materials, registers, tally cards, records, guidelines. Where in SEPR are NGOs active?

APPENDIX F

DRAFT AGENDA - AWASSA MEETING

MONDAY - SEPTEMBER 26, 1994

- 0900h-0910h Welcome - Dr. Lamiso, Ato Tesfaye, Dr. Barbiero
- 0910h-0930h Description of the USAID Program - Essential Services for Health in Ethiopia (ESHE) - with Special Reference to the SEPR - Dr. Barbiero
- 0930h-1010h Description of SEPR Health/Population Program and Expectations from USAID - Dr. Lamiso and Staff
Organization of the Regional Structure (roles and responsibilities of Region, Zonal, and Woreda Offices)
Brief Review of Annual Planning and Budget Process
Role of the Central Ministries
Expectations of USAID Support
- 1010h-1020h Priorities of the Regional Council in Health/Population - Ato Tesfaye
- 1020h-1030h General Discussion / Questions
- 1030h-1045h Coffee Break
- 1045h-1100h Description of the BASICS Project and How It Can Help - Dr. Alfred Bartlett - Mr. Ken Heise
- 1100h-1110h Review of Initial Six Month Activity - BASICS Team/Paul Freund
- 1110h-1140h Selection of Focus Zones - Criteria - SEPR Priorities - Dr. Barbiero (Discussion Leader)
- 1140h-1240h Roundtable Discussion of Program Issues - Drs. Lamiso & Barbiero
Program Sustainability - How will SEPR Sustain Inputs?
Health Care Financing - Problems? Advantages?
The Policy Agenda - Is the ESHE Policy Agenda Reasonable?
Incentives for Service Providers - At All Levels of the System
Potential Role of the Private Sector
How USAID Can Help

65

1240h-
1345h

LUNCH

1345h-
1445h

Rural Service Delivery

How Can Essential Primary and Preventive Services be Delivered to Rural Ethiopians?

How Do We Reach Communities?

What Defines an "Essential Package" of Services?

How Can Services Be Sustained?

1445h
1515h

Training Plan, The Regional Training Center, and the School of Public Health - Dr. Petros

What is the Long-Term SEPR Plan?

What Role is Envisioned for USAID Support?

1515h-
1530h

Role of NGOs in Service Delivery in SEPR - Dr. Barbiero & Dr. Lamiso

Proposed NGO Support Under ESHE

What Do NGOs Do Well?

What Do NGOs Do Poorly?

What Problems Does SEPR Foresee with NGOs?

1530h-
1545h

Closing Remarks - Group

Next Steps

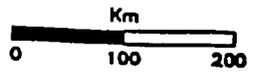
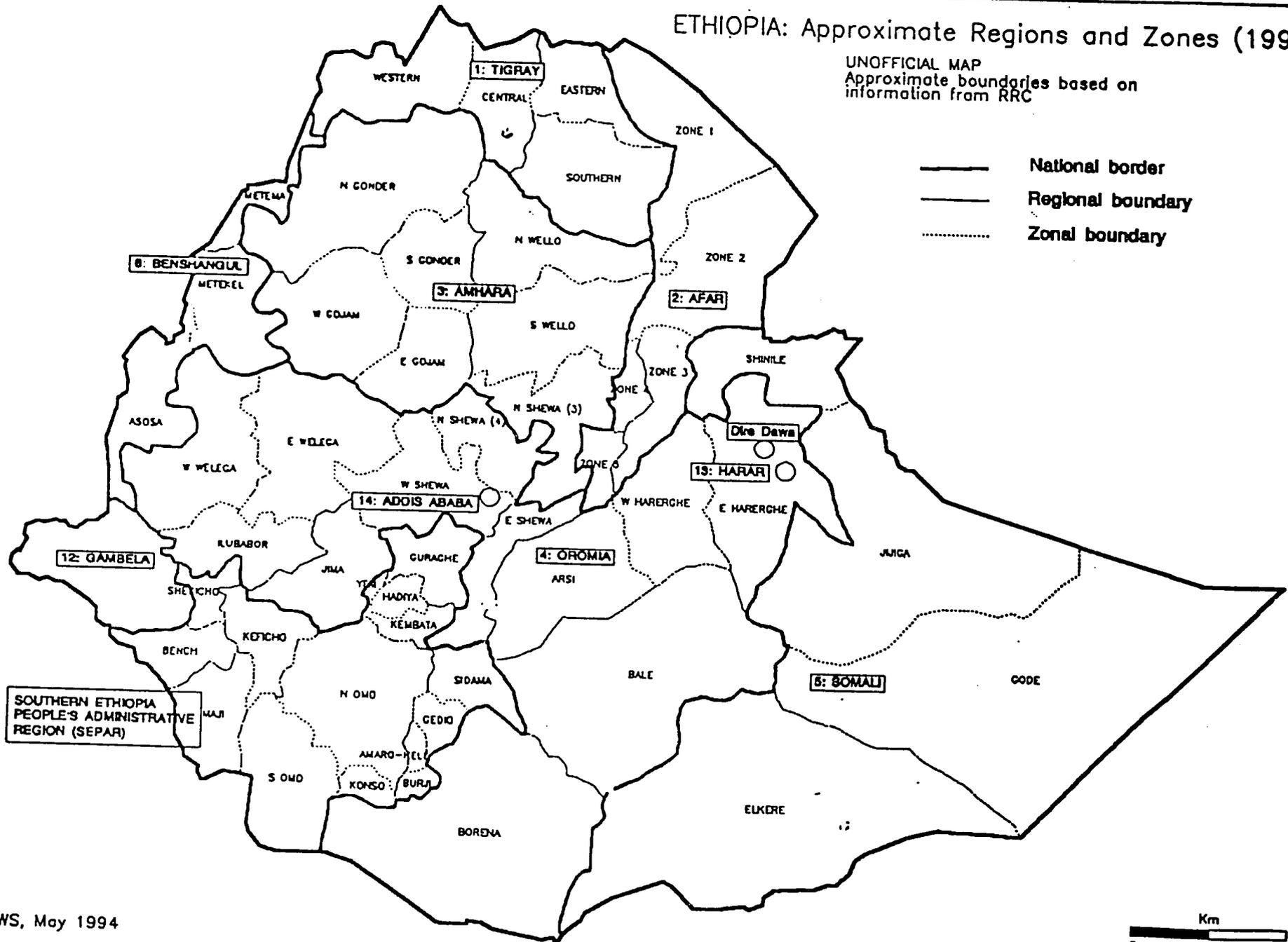
Field Trip - Logistic Details

6/16

APPENDIX G

ETHIOPIA: Approximate Regions and Zones (1994)

UNOFFICIAL MAP
Approximate boundaries based on
information from RRC



62,

**AGENDA FOR PVOs/NGOs MEETING
SEPTEMBER 22, 1994**

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ETHIOPIA: Approximate Regions and Zones (1994)

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