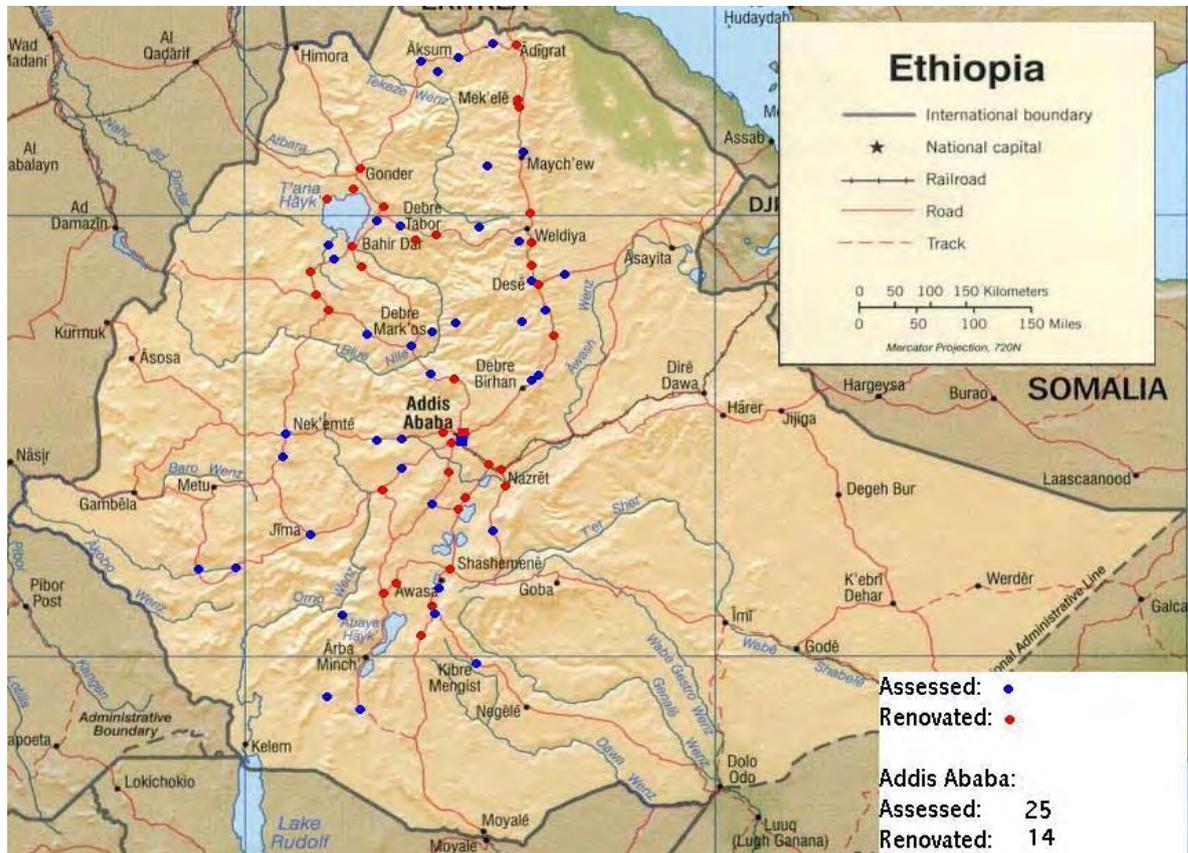


EXECUTIVE MINUTES

Second National Health Center Renovation Coordination Meeting (September 17, 2008)



**Federal Ministry of Health
Planning and Program Department**

**with assistance of the
Health Center Renovation Project
Crown Agents-USA**



EXECUTIVE MINUTES

Second National Health Center Renovation Coordination Meeting

The meeting was held on September 17, 2008 at the Addis Hilton Hotel. It was chaired (in absentia) by the State Minister of Health, Dr Kebede Worku, with the Health Center Renovation (HCR) Project serving in the capacity of Secretariat. Fifty-three senior level staff, who represent a wide mix of USG and non-USG agencies and organizations, CDC, HAPCO, USAID, bi- and multilateral donors and other stakeholders involved in strengthening healthcare infrastructure, were sent email invitations with follow-up written invitations (see Invitation List, *Appendix A*). Subsequently, 28 staff from the above organizations registered and attended this one-day meeting (see Agenda, *Appendix B*.)

Background

The first national meeting dealing with health facility renovation coordination was held on August 2, 2007. Dr. Nejmudin Kedir, head of the FMOH/PPD, chaired the meeting and gave the keynote address. In his address, he emphasized that while the FMOH's stated policy was construction of new health centers (HC)s in order to increase access to health services countrywide, refurbishing (or renovation) of existing facilities was much needed as well. He encouraged the project to work at various levels to the MOH to coordinate this process. It was his address that ultimately led to the project being involved in capacity building (i.e., assisting in creating the new project management unit [PMU] within the FMOH/PPD through the short-term technical assistance [STTA] program) over the next year and to developing guidelines and other materials for regularizing and streamlining the HC assessment, renovation and expansion processes.

Morning Session

The meeting was opened by James Browder, USAID/Ethiopia CTO for the HCR project. Jamie spoke at some length about the history and evolution of the project as well as some of its achievements. He pointed out the need for USAID/Ethiopia initially (in 2006) to have a better understanding of the physical condition of HCs from an engineering perspective. Ultimately, however, as the project developed he noted that it became important to address the functional aspects of how HCs operated as well (e.g., better space use, improved patient and staff flow patterns, and environmental health control). In his presentation, he congratulated the project team for many of the extra activities, beyond the deliverables, that the project had accomplished (e.g., working with the RHB/PPDs on HC design and engineering issues, especially in Oromia and Addis). In closing, Jamie said that with assistance of the USAID/DC TDY engineers now in country, he anticipated that USAID/Ethiopia would be able to finalize plans with the FGOE on the next phase of renovation and capacity building activities in the near future.

Following the opening address, Noel McIntosh, Chief of Party, briefly discussed the purpose of the meeting and how it would be organized. He also gave a brief overview of project achievements and listed the lessons learned within each of the three HCR

Contract results (*Appendix C*).¹ (This “preview” of lessons learned was presented because some participants could only attend the morning session.)

During the remainder of the morning session, three technical presentations lasting approximately 30-45 minutes each were given by HCR project staff. The presentations were presented in an informal, interactive manner such that questions raised by the participants were accommodated during the presentation, or in the subsequent Q&A periods. The content of each presentation is summarized in the following sections for both the morning and afternoon sessions.

1. *Review of Health Center Assessment and Renovation Findings and Recommendations (Noel McIntosh, COP) (Appendix D)*

This presentation is based on: a) a review of FMOH healthcare standards and PEPFAR guidelines produced since 2005, and b) the findings from assessment of 100 HCs located throughout Ethiopia (the four most populous regions and Addis Ababa), and renovation of 47 during past two years. Key findings included: a) the overall poor condition of HCs, with major problems related to lack of basic functions (e.g. access to safe water, waste water disposal and sanitation), b) limited and unsafe electrical systems, c) inefficient and inappropriate space use within the HC compound, and d) lack of any routine maintenance or easily accessible funds for preventive maintenance. Taken together these conditions severely compromise the care and safety of both patients and staff.

Recommendations discussed focused on the minimum HC renovation package and estimated cost required to provide quality and safe delivery of the mandated promotive, preventive and curative health services, including HIV/AIDS and chronic disease care and treatment, at HCs in Ethiopia.² In conclusion, the speaker pointed out that without a readily available budget for preventive maintenance, and HC staff training, mentoring and monitoring in maintenance management, any improvements would soon be lost. Moreover, this situation applies to new construction as well.

2. *Development of the Guidelines for Health Center Renovation and Expansion and Health Center Assessment Handbook (Paul Wolstenholme, Senior Consultant Engineer) (Appendix E)*

A key requirement of the HCR project was to assist the FMOH/PPD develop a ‘road map’ or model for regularizing and streamlining the HC assessment and renovation processes (practices and procedures). To accomplish this, it was collectively decided that a guidelines manual, HC assessment handbook and associated resources materials should be developed. In addition, based on subsequent discussions with the FMOH/PPD staff, it was recommended that the guidelines manual should include a section on HC expansion (new construction) and preventive maintenance of HCs (both new and old). In this presentation, the process of developing these materials over the past 18 months was described. Working in conjunction with available RHB/PPD, woreda and HC staff, during 2007 the project technical team developed and field-tested an extensive array of resource materials for use in:

¹ An MS PowerPoint graphic set for each presentations is appended (*Appendices C-J*).

² Based on the cost estimates and the current rate of inflation (about 10-12%), in 2008 it would cost USD 50,000 on average to bring an existing HC up to a minimum standard consistent with the safe delivery of health services for patients and staff. This figure does not include an additional USD 30-40,000 for dedicated stores depending on the usable space required (100 to 200 m2).

- standardizing the stages (steps) in conducting HC assessments,
- analyzing the data collected and prioritizing it,
- developing tenders and awarding works contracts, and
- supervising renovation works.

Subsequently, these materials were incorporated into a draft guidelines manual and HC assessment handbook, both of which were then: a) reviewed by a group of external technical professionals (engineers, architects, health managers and medical experts); b) extensively revised, and ultimately c) finalized. In addition, each of the reviewers was asked to complete a questionnaire in which each section of the Guidelines manual and the HC assessment handbook was rated as to whether the:

- objectives were met,
- content was sufficient,
- content was accurate, and
- content was relevant.

As shown in **Table 1**, the responses from this sample of reviewers were overwhelmingly positive with no reviewer rating any section of the Guidelines manual, Handbook or CD as “not well met” or “difficult to use”. Similarly, all but one reviewer rated the content and presentation of the materials in the CD as “useful” and “able to open the folders and files”.

Table 1. Evaluation Questionnaire: Summary of Results (N = 16/27 = 59%)*

Guidelines Manual	Strongly Agree (Percent)	Agree (Percent)	Not Agree (Percent)
SECTION ONE Introduction	70	30	
SECTION TWO Health Center Assessment Process	94	6	
SECTION THREE Renovation Guidelines and Practices	80	20	
SECTION FOUR			
Expansion of Health Centers	75	25	
HC ASSESSMENT HANDBOOK			
Text and Attachments	79	21	
	Yes (Percent)	No (Percent)	
COMPACT DISC			
Forms, Checklists, Tenders & Contracts, etc.	94	6	

* Of the 27 reviewers, 16 (59%) completed the review process and questionnaire.

3. *Guidelines Manual – Purpose and Objectives of Each Section (Sallehunae Merahi, Senior Project Officer/Senior Architect) (Appendix F)*

In this presentation, the purpose and objectives of each of the four sections of the Guidelines manual was described; these include:

- Introduction
- Health Center Assessment Process
- Health Center Renovation Guidelines and Practices
- Expansion of HCs³

Illustrative examples of the objectives of the HC assessment process section and the renovation guidelines and expansion of HCs section highlighted this presentation. In particular considerable discussion centered on the proposed modifications needed to the 1998 FMOH HC standard and the 2006 “nucleus” HC designs to accommodate current (2008) PHC, maternity and HIV/AIDS services (e.g., addition of 482 m² of useable space to the 1998 FMOH HC design because it only has 536 m² of useable space and no dedicated general stores).

Q & A Period

During the lengthy Q&A period, the USAID/DC TDY engineers raised several questions regarding space need and use for the future, especially as it relates to the FMOH plan to build over 1,500 of the 2006 “nucleus” HC design that has only 306 m² of useable space. Their questions were addressed not only to the speaker, but also to participants from GTZ-IS and FMOH/PPD. It was recommended that additional information be provided to the USAID TDY engineers regarding exactly how GTZ-IS, PPD and the HCR project each determined the space requirements for general stores. This was because the estimated need ranged from 20 m² to over 100. Subsequently, Sallehu Merahi presented a table showing that at least 114 m² would need to be added to the “nucleus” design to make it minimally functional (**Table 2**). In addition, another 132 m² would be needed for dedicated stores.

Afternoon Session

4. *Hospital and Regional Laboratory Assessment Findings and Recommendations (Alton King, Facilities Project Specialist, CDC) (Appendix G)*

In this presentation, Alton King confirmed that the problems and constraints encountered in hospitals being renovated with CDC/Ethiopia assistance were qualitatively similar to those seen in HCs by the HCR project, but quantitatively of even greater magnitude. As a consequence, rectifying these problems was difficult and very expensive. He also noted additional problems specific to hospitals because of their complexity. These included:

- no fire protections systems in place,
- limited or no room for expansion,

³ For an overview of the content of each section, organization of the material and use of the Guidelines manual, see *Appendix K*.

- no equipment repair capability, and
- large amounts of useable equipment stockpiled.

Table 2. Additional space required to bring the "nucleus" health center to a minimum functional level

Description of Room	Number of Rooms	Room Area (m2)	Total area (m2)	Remarks	Essential Functions
1. Administration					
Public health team & HC Head	1	24	24.00	4 to 6 tables per room	
Accountant	1	12	12.00	2 tables per room	
2. Clinical Rooms					
TB and Co-Infections (exam/treatment)	1	16	16.00	Patient waiting area included	Cross ventilation and handwash basin
Injections	1	9	9.00	Infection prevention requirements	Cross ventilation and handwash basin
3. Waste Disposal					
Incinerator	1	4	4.00	Area for budget calculation only	As per MOH standard
Ash pit	1	1	1.00	Area for budget calculation only	As per MOH standard
Placenta pit	1	4	4.00	Area for budget calculation only	As per HCR project guidelines
4. Support Facilities					
Maintenance workshop (vehicles and tools)	1	24	24.00	Partitioned	
Generator house, space for housekeeping cleaners	2	8	16.00	Necessary for facility management	As per MOH standard
Guard post	1	4.2	4.20		As per MOH standard
Subtotal			114.20		
5. Stores Space					
Medical supplies, cold chain & consumables	3	40	120.00	3 separate rooms to include unpacking and storekeeper	As per JSI recommendations
Pharmacy dispensary	1	12	12.00	With space for night duty staff	Handwash basin
Subtotal			132.00		
Total space useable space required (1-5) in m2			246.20		

The situation with regional laboratories is, however, quite different. Here available laboratory space, power and water supply are totally inadequate for the demands of providing full service HIV/AIDS services as well as other curative services. As such, CDC is constructing entirely new, much larger, and better designed and equipped laboratories at several sites. A major concern in doing this is that without adequate facility maintenance, and equipment service contracts, these laboratories may become nonfunctional in a short time.

In closing he suggested the following general recommendations if improvements to hospitals and the new regional laboratories were to be successful and sustainable:

- Construction and renovation practices and procedures should be standardized across all donors and the FMOH
- Maintenance must be incorporated into all building activities and equipment purchases through training, on site mentoring and monitoring
- Detailed water and energy assessment must be conducted and viable solutions sought and implemented
- A national and regional waste management (solid, medical, toxic, and radioactive) plan should be developed and implemented (this is critical for infection prevention and sanitation)
- The FMOH/PP must maintain up-to-date AS-BUILT blueprints of every new facility built or existing structures renovated.

Q & A Period

The comments and discussion stimulated by Alton's presentation centered on the how these quite sophisticated regional stores would be maintained, especially the expensive equipment needed for PCR tests for infants. Also, questions were raised regarding how a continuous supply of electricity at sufficient voltage could be assured. Answers to both these issues were not debated, but no firm conclusion(s) were reached.

5. *Health Center Assessment Handbook – Purpose and Function (Efrem Getaneh, Chief Engineer, HCR Project) (Appendix H)*

The handbook is designed to provide architects and engineers with a systematized set of instructions for effectively and efficiently performing HC assessment. In this presentation, the purpose, objectives and specific tasks involved in conducting HC assessments, which consists of both engineering and health components, was described in detail. In addition, the process of conducting the assessments (i.e., six stages or steps) to ensure a consistent and complete collection of data during each HC assessment site visit was presented. (The speaker emphasized that because of the distance and difficulty reaching some HCs, it was critical to obtain all the needed data and information during the initial assessment.) Finally, how to analyze, prioritize and efficiently convert the data into a complete report, which then can readily converted to a BOQ, was discussed. In concluding, the speaker stated that when the handbook is correctly used:

- the required information is obtained,
- major problems and deficiencies will be identified, and
- a prioritized set of renovation (or expansion) works recommendations can be developed for tendering.

6. *Use of Health Center Renovation and Health Services Tracking (Paul Wolstenhome, Senior Consultant Engineer, HCR Project) (Appendix I)*

The speaker introduced the topic by stating that the tracking system is a knowledge management tool designed to promote efficient and effective use of HC funding for renovation and to monitor health services that enables:

- RHBs, zonal and woreda health office staff to analyze data, and
- USG partners, donors and other decision-making stakeholders to review the status of renovation activities and health services at HCs.

As currently developed, the tracking system only includes data obtained from USG partners working in the four most populous regions of Ethiopia and Addis Ababa and is limited to tracking HC renovation. The speaker noted, however, that the tracking system could be expanded to include non-USG organizations, all types of health facilities and cover all regions.

During the presentation, the list of variables being monitored, a User's Guide summarizing the tracking system's data collection and reporting methodology, and the overall content of the system were presented. Finally, sample outputs and anticipated uses of the tracking system were illustrated using tables and graphs summarizing HC activities in the four regions and Addis Ababa (e.g., the number of interventions per activity, service coverage prevalence by PEPFAR sites, overall service coverage, and comparisons by region). A key feature of the tracking system is its simplicity and user friendly design (Excel spreadsheet and data base of less than 1 MB).

Until June 2008, the raw data on HC renovation and health services activities at 740 sites in the four most populous regions and Addis Ababa were being obtained quarterly on a voluntary basis from all USG partners. Because the current project is ending in September, and the neither FMOH/PPD, HAPCO or the PEPFAR M&E unit is able to take on managing this USAID/Ethiopia supported knowledge management tool, data collection has been discontinued.

Q & A Period

Following the presentation and demonstration, a number of comments were raised regarding the potential usefulness of the tracking system as a planning and management tool, especially at the regional and zonal levels. The consensus of the group was, however, that managing the database and outputs should be the responsibility of a department or division of the FGOE, not of an NGO.

7. Lessons Learned and Recommendations for the Future (Noel McIntosh) (Appendix J)

During the past two years, project staff members have learned a great deal about: a) the condition and functional status of HCs in Ethiopia, b) essential needs and costs to renovate them in order to provide safe and quality services for patients and staff, c) projected increase in usable space needed to accommodate current health services plus HIV/AIDS and associated chronic diseases services as well as dedicated stores space, and d) requirements for maintenance of any improvements. In this presentation, the specific lessons learned were presented and briefly discussed in terms of the way forward for improving healthcare in Ethiopia.

Key lessons learned for each of the three HCR Project results included:

Result 1: Assist in coordination, harmonization and standardization of HC renovation

- Adding HIV/AIDS and associated chronic diseases services to HCs crowds out other PHC services, including maternal health.

- Other than USAID and CDC, no other international donor or foundation was identified that was interested in supporting HC renovation.
- The FMOH policy is construction of new HCs or upgrading health stations to HCs – not renovation.

Result 2: Provide assistance (capacity building) to RHB, Woreda and HC technical staff

- Limited technical staff at the RHB and woreda levels prevented significant capacity building activities.
- HCs are the “grave yard” of broken, non-repairable or unusable equipment and instruments. (Confirmed by the EGAT team in 2008.)
- There is no FMOH routine HC maintenance plan or readily available maintenance management budget.
- There is no FGOE preventive maintenance plan or budget for health facilities of any type in Ethiopia.

Result 3: Provide Direct Support of HC Renovation

- Bundling 3 or more HCs into a single contract was cost-effective, minimized on-site problems and enabled higher quality contractors to be selected.
- Regular supervision of renovations minimized “project creep” and facilitated work being completed on schedule.
- No HCs assessed had dedicated stores space nor is any included in the 1998 or 2006 HC standard designs.

In keeping with the HC assessment and renovation findings, if USAID/Ethiopia is to continue supporting this type of activity in the future, the speaker recommended that:

- funds available for HC renovation should be increased to at least \$50,000 per HC,⁴
- funding (\$2,500 per HC) to replace worn out/non-repairable basic equipment and furnishings should be provided,³
- all HCs renovated and new HCs as well should have dedicated stores space (100 to 200 m²) with the size (volume) depending on the need,⁵
- a readily available preventive maintenance budget should be made available to each HC and the HC in-charge instructed in how to use it, and
- routine HC maintenance management training of selected HC staff, including on site mentoring and monitoring on an ongoing basis should be instituted at all HCs

Following this last presentation and a brief Q&A period, the meeting was adjourned at 4 PM – 15 minutes before the scheduled closing time!

⁴ This is subject to 10-15% increase per year due to inflation.

⁵ A model stores has been built at Modjo HC. The cost of the building, which is 120 m² and a modular design, cost USD 29,000.

APPENDIX A

Second National Health Center Renovation Coordination Meeting

Agenda

- 9:00 AM** *Registration and View Health Center Assessment and Renovation Manuals and Resource Materials*
- **Guidelines for Health Center Renovation and Expansion Manual**
 - **Health Center Assessment Handbook**
 - **Health Center Assessment and Renovation Resource Materials**
 - **Health Center Renovation and Health Services Tracking System Brochure**
- 9:30** *Welcome and Introductions*
James Browder, USAID/Ethiopia
- 10:00** *Opening Remarks*
Dr. Kebede Worku, State Minister, Federal Ministry of Health
- 10:15** *Overview of HCR Project and Review of Health Center Assessment and Renovation Findings and Recommendations*
Noel McIntosh, Chief of Party, HCR Project
- 11:00** **Break**
- 11:15** *Development of Guidelines for Health Center Renovation and Expansion Manual, Health Center Assessment Handbook and Resource Materials*
Paul Wolstenholme, Senior Consultant Engineer, HCR Project
- 11:45** *Guidelines Manual – Purpose and Objectives of Each Section*
Sallehunae Merahi, Senior Project Officer/Senior Architect, HCR Project
- 12:30 PM** *Questions and Answers*
- 12:45** **Lunch**
- 2:00** *Hospital and Regional Laboratory Assessment Findings and Recommendations*
Alton King, Facilities Project Specialist, CDC
- 2:30** *Health Center Assessment Handbook – Purpose and Function*
Efrem Getaneh, Chief Engineer, HCR Project
- 3:00** *Questions and Answers*
- 3:15** *Use of Health Center Renovation and Health Services Tracking System*
Paul Wolstenholme
- 3:45-4:15** *Lessons Learned and Recommendations for the Future*
Noel McIntosh

APPENDIX B

INVITEES TO THE SECOND NATIONAL HEALTH CENTER RENOVATION COORDINATION MEETING

	ORGANIZATION	CONTACT PERSON	Position	E-MAIL	CELL PHONE
1	HIV/AIDS Prevention and Control Office (HAPCO)	Betru Tekle (MD, MPH)	Director General	betutekle@yahoo.com	0911-40-50-57
2	HAPCO	Yebeltal (MD)			
3	Addis Ababa HAPCO	Zelalem Demeke (MD)	Head of RHB HAPCO	fikirzele@yahoo.com	0911-67-00-62
4	Federal Ministry of Health	Kebede Worku (MD)	State Minister	fmoh.md@ethionet.et	0115-51-63-96
5	Federal Ministry of Health, Planning and Programming Department (PPD)	Nejmudin Kedir (MD)	Head of PPD	moh@ethionet.et	0911-38-89-45
6	PPD	Rik Nagelkerke	Project Manager ?	rik_nagelkerke@yahoo.com	011-553-5938
7	PPD	Getachew Abgesol	A&E Team Leader	gabgesol@yahoo.com	011-553-6306
8	PPD	Alemayehu Shewareg	Architect	ashewarega@yahoo.com	0911-24-03-66
9	Federal Ministry of Health, Health Services Department (HSD)	Hassen Mohammad (MD)	Head of the Department	hassmoh@yahoo.com	
10	Oromia Health Bureau, Planning and Programming Services	Asfaw Bekele	Head of the service	asfawbb@yahoo.com	091- 41-77-75
11	Addis Ababa City Administration Health Bureau	Samson Tekeste	Health Services team leader	aahb@ethionet.et	0911-65-33-85
12	SNNPR Health Bureau	Getahun Mekoya	RHB Engineering Head	Getamekoya@yahoo.com	0916-82-37-41
13	Tigray Regional Health Bureau	Hailu Belay	RHB Engineer	habem_2001@yahoo.com	0914-70-20-84
14	CDC	Alton J. King	Facilities Project Specialist	Kinga@et.cdc.gov	0911-50-83-22
15	Intrahealth	Yetnayet Demissie (MD)	Country Director	ydemissie@intrahealth.org	0911-21-24-71
16	GTZ-IS	Imma Frame	Architect	emma.frame@gtz.de	0911-36-98-67
17	MSH-HACSP	Muluken Melese	Technical Director	mmelese@hacsd.org	0911-60-90-80
18	MSH-HACSP	Asaminew Girma (MD MPH)	M&E and Quality Management Advisor	Agirma@hacsp.org	0911-40-57-79
19	RPM plus	Taye,Tibebe	Engineer	ttaye@msh.org	0911-22-12-73
20	Pathfinder International	Tilahun Giday	Country Representative	tgiday@pathfind.org	0911-21-17-61
21	SCMS	Mike Healy	Logistics Advisor	mhealy@f2s.com	0911-36-79-47
22	MMIS	Solomon Worku (MD)	Country Director	sworku@healtheth.org.et	0911-40-52-49

23	CU-ICAP	Zenebe Melaku (MD)	Country Director	zy2115@columbia.edu	0911-22-53-47
24	JHU-SEHAI	Solomon Zewdu(MD)	Country Director	solomonz@jhusehai	0911-43-56-50
25	UCSD	Diane Mattanovich	Country Director	dmattanovich@ucsd.edu	0911-11-25-81
26	UW-ITECH	Jack Jourden	Country Director	bonjack57@yahoo.com	0911-87-54-45
27	USAID	Melissa Jones		Mjones@usaid.gov	
28	USAID	Jamie Browder	CTO	Jbrowder@usaid.gov	
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31	USAID	Jacob Greenstien	TDY	jgreenstein@usaid.gov	
32	USAID	Brad Corner		bcorner@usaid.gov	
33	Clinton Foundation	Zeleka Yeraswork	Program Manager- Ethiopian Millennium Rural Initiation	zyeraswork@clintonfoundation.org	0911-96-97-57
34	Carter Foundation	Teshome Gebre	Country Representative	G2000@ethionet.et	0116-63-18-63
35	Crown Agents-USA	Kevin Atkinson	Country Manager	kevin.atkinson@crownagents.co.uk / caethiopia@googlemail.com	0911-17-55-52
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		Sanoy Baldwin	Deputy Head	s-baldwin@dfid.gov.uk	
37	EPOS	Stefano Ferrari		stefano.ferrari@epos.de	
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39	JICS	Masahiro Tanaka	Project Manager	tanaka_masahiro@jics.or.jp	
40	UNFPA			-	
41	UNICEF	Bjorn Ljunquist (Dr.)		bljunquist@unicef.org	0911-21-36-30
42	WHO	Olusegun Babaniyi (Dr.)		babaniyio@et.afro.who.int	0911-20-26-33
43	ADB			-	
44	WB			-	
45	International Consultant	Michel Populus	International Consultant	mpopulu@cote-dazur.com	033-(0)4 93 67 25 15
46	Llangwathan	John Theaker		jetheaker@aol.com	(44)-1497-821972
47	HCR II	Adera Bekele		-	0911-11-86-00
48	PPD/PMU	Abnet Gezaghen	Architect - PPD	mekas@telecom.net.et	0911-24-46-44
49	Peer Reviewer	Wubistet Jekale	Structural Engineer	jcmc@ethionet.et	011-416-5500
50	PPD/PMU	Damenaw Yohannis	Civil Engineer-PPD	dameyoha@yahoo.com	0911-21-54-15
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