

ESSENTIAL SERVICES FOR HEALTH IN ETHIOPIA
(A USAID funded project)

Annual Report
(2000 - 2001)

John Snow, Inc. (JSI)



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ACRONYMS

AAHPTI	Abt Associates Health Policy Training Institute
AIDS	Acquired Immunity Disease Syndrome
ARM	Annual Review Meeting
BASICS	Basic Support for Institutionalization Child Survival
CA	Collaborative Agency
CAFS	Center for African Family Studies
CHD	Community Health Development
CHW	Community Health Worker
COP	Chief of Party
COY1	Carry Over from Year 1
CR	Cost Recovery
CRDA	Christian Relief and Development Association
CSRP	Civil Service Reform Program
CWHCS	Common Wealth Health Community Secretariat
DSA	Decentralization Support Activity
EPI	Expanded Program of Immunization
ESC	Ethiopian Short-term Consultant
ESHE	Essential Services for Health in Ethiopia
ETWG	ESHE Technical Working Group
FHD	Family Health Department
FHI	Family Health International
FPLM	Family Planning and Logistics Management
FY	Fiscal Year
HCC	Host Country Contract
HCF	Health Care Finance
HEPU	Health and Economics Policy Unit
HF	Health Facility
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
HPN	Health, Population and Nutrition
HPTI	Health Professionals Training Institute
HRD	Human Resources Development

HSDP	Health Sector Development Program
HSR	Health Systems Research
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illness
IR	Intermediate Result
IRT	Integrated Refresher Training
JHU	John Hopkins University
JSI	John Snow, Incorporated
LOP	Life of Project
MCH	Maternal Child Health
MEDaC	Ministry of Economic Development and Cooperation
MOF	Ministry of Finance
MOH	Ministry of Health
MTR	Mid-term Review
NGO	Non Governmental Organization
NHA	National Health Accounts
NID	National Immunization Day
NOP	National Office of Population
NPA	Non-Project Assistance
OR	Operational Research
PEP	Public Expenditure Program
PHR	Partnership for Health Reform
PIP	Public Investment Program
PPD	Planning and Programming Department
PPHC	Preventive and Primary Health Care
PRSP	Poverty Reduction Strategy Paper
RCL	Regional Computer Laboratory
RDF	Revolving Drug Fund
RH	Reproductive Health
RHA	Regional Health Accounts
RHB	Regional Health Bureau
RTC/H	Regional Training Center for Health
R/Z/W	Regional/Zonal/Woreda
SA	South Africa

SNNPR	Southern Nations, Nationalities and Peoples' Region
So	Strategic Objective
SPP	Special Pharmacy Project
SR	Sub Result
STA	Short-term Technical Assistance
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TBD	To be Determined
TOR	Terms of Reference
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
W	Woreda
<i>WHO</i>	<i>World Health Organization</i>
WHO	Woreda Health Office
Z	Zone
ZHD	Zonal Health Department

EXECUTIVE SUMMARY

This Annual Report is for the period from October 1, 2000 to September 30, 2001, which is the second year of Phase I of the ESHE/JSI Project. Much of Year One was devoted to the start-up of the Project and the early stages of implementing program activities. Year Two, by contrast, was an intense period of implementing major activities by both the IR1 and IR4 teams. In general, it has been a very successful year – resulting in many accomplishments. The majority of the activities called for in the Year Two Workplan were either completed, or were initiated and will be on-going into the third year.

ESHE/JSI underwent two major changes during the year, which have impacted positively on the momentum of the Project. In January the Project headquarters were moved from the Bole Road location to the Kasanchis area. This re-location provided closer proximity to USAID/E and the MOH, as well as more efficient workspace for overall Project administration. In addition, a new Chief of Party assumed leadership of the Project in January.

In February, ESHE/JSI participated actively in the HSDP Mid-term Review (MTR) by providing three Project staff specialists as members of the Review team. The IR1 Team presented policy papers that articulated major issues in the core components of the HCF strategy (i.e. user fees, revolving drug fund, health insurance, and public/private collaboration). The Project team's participation in the MTR increased the focus on the Health Care Finance (HCF) component of the HSDP, as seen in the MTR report. Participation in the preparation of documents and presentations during the HSDP Annual Review Meeting (ARM) 2001, contributed to the increased future priority of HCF and therefore the inclusion of the HCF component in future monitoring.

In order to facilitate a closer working relationship and promote a sharing of Lessons Learned between the ESHE I Project implementing partners, ESHE/JSI initiated a quarterly series of technical presentations, which began in April. ESHE/JSI also initiated quarterly meetings in the SNNPR with the Regional Health Bureau, JHU, FHI and Pathfinder in order to facilitate a closer working relationship. Several areas for possible collaboration were identified and an action plan was developed. Areas for specific actions included IEC, Health Profiling, Training and related issues, Operations Research, and Community/NGO/Public sector collaboration. Following the Project's participation as facilitators at the WHO/UNICEF/USAID sponsored Regional EPI Review and Planning meeting in Yirgalem in July, ESHE/JSI invited representatives of WHO to join the SNNPR quarterly RHB/CA meetings. It is hoped that this partnering will facilitate participation in the NID campaigns and identify ways to improve routine immunization coverage.

Three Project consultants from JSI and from Abt conducted presentations at USAID for a wide audience of donor agencies, CA's, and Government officials:

- Dr. Jason Weisfeld: "A Case Study in Outbreak Investigation: Plague in Surat, 1994"
- Dr. Rene Salgado: "Integrated Community Based Nutrition Activities: Experience of Honduras"
- Dr. Alan Fairbank: "Principles and Experiences with Health Insurance and Prepayment Schemes"

Significant progress was made in both IR1 and IR4 activities. Highlights include:

- Three major in-country workshops (Health Insurance, Public-Private Sector Collaboration, and Cost Recovery) were conducted in March that led to the development of action plans for the core components of the HCF Strategy.
- HCF Strategy Dissemination regional workshops were conducted nationwide.
- Based on an assessment of special pharmacies and the information gathered, national model guidelines were developed and distributed to the regions for comment. The guidelines were finalized at a national workshop in August. The list of drugs for the initial procurement, for the 150 special pharmacies, was also prepared and recently finalized.
- The first issues of the Health Finance Newsletter were published and distributed in June and September.
- An Integrated Refresher Training (IRT) curriculum and Quick Reference materials were developed. Trainers from each of the focus zones were trained and supervised. IRT programs are now being organized and taught by zonal trainers. This demonstrates significant capacity building at the zonal level. To date, in excess of 600 frontline health workers have received the training.
- Woreda Profiles for each of the 5 focus zones have been completed, printed and distributed. The profiles are an HMIS tool for improving decision making for health care implementation at the zone, woreda and health facility level.
- A 4-week "Training Methodology" course was jointly sponsored by the RHB and ESHE/JSI for in-service trainers. The training focused on four major areas: Educational psychology, Methods of teaching and learning, Principles of curriculum development, and Measurement and evaluation.
- In focus Zone Health Departments (ZHDs), the Project has introduced improved data collection techniques and analysis procedures - both manual and computerized (matching the RHB software). The Project has also facilitated an improved feedback system from the ZHDs to the Woreda Health Offices (WHOs). This has been accomplished through supervisory contacts, as well as planning and progress review meetings.

In keeping with the mandate of the Project contract, a mid-term review was undertaken by an external review team (Management Systems International Inc.) in April. The Evaluation Report was submitted to USAID/E and a summary of the evaluation findings was presented to the ESHE Technical Working Group (ETWG) in early May. One outcome of the Evaluation was USAID's decision to extend the ESHE/JSI Project for an additional two (2) years, until September 2003. The Evaluation Report made several recommendations to JSI and USAID for Phase II of the Project. Actions to address the recommendations were developed collaboratively with USAID, and will be monitored over the life of the Project (LOP).

Phase II of the Project will continue to support and/or monitor the activities initiated in Phase I, but will place increasing emphasis on trying to demonstrate how these efforts have had an effect on improving quality and access to PPHC. Implementation of activities initiated under both IR1 and IR4 should contribute toward support of these goals. During Phase II, IR1 will have an increased focus on the budgeting process and improved budget utilization, as well as greater public/ private sector cooperation, and increasing the regions' capacity for implementing the HCF strategy. IR4 will have a greater emphasis on child survival and community interventions, as well as supportive supervision and follow-up on other quality improvement initiatives.

SUMMARY TABLE OF STATUS FOR YEAR 2 ACTIVITIES

INTERMEDIATE RESULT (IR) 1: INCREASED RESOURCES DEDICATED TO THE HEALTH SECTOR, PARTICULARLY PPHC

Sub-Result 1.1 Increased Government Budgetary Allocations to Health Care, Particularly PPHC

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
<i>a. Improved budgetary process under HSDP (COYI 1.1.a)</i>	<i>Increase in the share of the recurrent budget of the total health budget</i> <i>Increase in the share of the non salary recurrent budget of the total health recurrent budget</i>			
	1. Support in country seminar to address recommendations of ARM and develop plan for implementation.			X
	2. Conduct participatory workshop with key MOH personnel and conducting training (focusing on MOH/PPD) to address the weaknesses in the existing budgetary process identified in light of the Civil Service Reform Program (CSRP).			X
	3. With the MOH, plan and conduct a workshop on Budgeting and Resource Allocation for the HSDP: how to incorporate HSDP in the PIP/PEP and follow the recommendations of the CSRP for annual budgeting (budget reform). Assist PPD in linking activities of HSDP with budget and budget sources: donor mapping.		X.	
<i>b. HSDP monitoring program implemented (COYI 1.1.b)</i>	1. Determine actions taken to implement the findings of the February 2000 HSDP review. Assist PPD in developing an action plan for implementation of monitoring for HSDP 2001, to link budgetary process and public expenditures to the HSDP.			X
<i>c. Assist the MOH and SNNPR/RHB, together with the ESHE Technical Working Group (ETWG), to meet the NPA conditionalities and institutionalize the budgetary reforms emerging from NPA conditionalities</i>				X
<i>d. Assist in formulating new conditionalities for Tranche VI under the Program Grant Agreement together with the ETWG</i>				X

Sub-Result 1.2 Increased Share of Public Health Expenditures Covered Through Cost Recovery and Retention Within Sector

Outputs	Activities	Status		
		Completed	On-going	Postponed/Modified
<i>a. Macro constraints and opportunities presented with recommendations on "the Strategy"</i>	<i>Indicator: To produce policy papers under each component of "the Strategy".</i>	X		
	1. Estimate of the macro revenue opportunities of user fees	X		
	2. Estimates of macro limits to cost recovery for drugs	X		
	3. Estimates of macro limits of health insurance coverage	X		
	4. Review of needed legal backing for the HCF Strategy	X		
	5. Undertake study tours to appropriate countries implementing relevant CR programs. (COY1 1.2.e.1).	X		
	6. Preparation of recommendations for the HCF Strategy (The results of the preceding activities).	X		
<i>b. Proposal for user fee structure</i>	<i>Indicator: Revised user fee structure delivered.</i>			X
	1. Enter input data from cost studies (cost survey by HCFS in year 1).	X		
	2. Enter input data from willingness-to-pay study of year 1. (COY1)	X		
	3. Preparation of paper on critical issues and experience from other countries. (Peer reading from STA)	X		
	4. Case study tours (regions)	X		
	5. Preliminary pre-pilot proposal for user fee structure prepared			X
	6. Prepare final proposal			X
<i>c. Proposal for retention guidelines</i>	<i>Indicators: Development of retention guidelines</i>			
	1. Needs for legal backing defined (Special legal review study as of activity above).	X		
	2. Analysis of existing retention rules and experience in various regions.	X		
	3. Analysis of the preconditions for retention at facility level: management and effectiveness ("management study" of facilities where 50% or higher retention levels have been applied by ESC).	X		
	4. Analysis of the requirements and investments needs in terms of improved quality at facility level. ("quality of service study" of facilities where 50% or higher retention levels has been applied by ESC).	X		

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
	5. Guideline proposals for retention levels at various facilities and the resulting needs for management, investment and legal backing. (Results of preceding activities).		X	
<i>d. Proposal for waiver and exemption rules</i>	<i>Indicator: Proposal for waiver and exemption rules.</i>			
	1. Assessment review of existing rules and their application (case studies from various regions).	X		
	2. Preparation of proposal to MOH		X	
<i>e. Proposal for RDF guidelines</i>	<i>Indicator: Proposal for RDF guidelines produced.</i>			
	1. Case studies of existing RDF management	X		
	2. Study of drug use in Ethiopia		X	
	3. Assessment of general financial autonomy option	X		
	4. Prepare recommendations of alternative options to finance effective pharmacies.	X		
	5. Study on the impact of drug availability on health service quality.		X	
<i>f. Recommendations for health insurance options.</i>	<i>Indicator: Option paper for health insurance.</i>			
	1. Identify and meet stakeholders	X		
	2. Health insurance advocacy workshop (National)	X		
	3. Off-shore study tour	X		
	4. Prepare paper on alternative options for health insurance. (STA above includes support to this activity).	X		
	5. If appropriate identify possible target groups and pilot areas	X		
<i>g. Improved awareness among policy makers on health systems finance needs</i>	1. Implement training activities for HCF members to include (COY1 1.2.b.3): ▪ in-country and ▪ off-shore training	X in-country	X off-shore	
	2. Assist the secretariat to conduct series of national workshops on HCF to legitimize the secretariat, plan the HCF strategy, discuss implementation issues, and health insurance (COY1 1.2.c.2).	X		
	3. Assist Secretariat conduct national experience sharing workshop on HCF. Disseminate strategy guidelines for RDF/special pharmacies (COY1 1.2.d.1)..	X		
	4. Prepare advocacy strategy and design information material adapted to context	X		
	5. HCF advocacy among public policy makers (information material, design, printing, diffusion).	X	X	

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
	6. HCF advocacy among regional public policy makers (Visits to all regions, partly part of the other activities: pilot, monitoring etc., cf. above).	X	X	
<i>h. Initial proposal for HCF Strategy component in HSDP</i>	1. Prepare assessment paper of HCF and HSDP so far	X		
	2. Prepare proposal for HCF Strategy in HSDP	X		

Sub-Result 1.3 Increased Government Capacity at Central and Regional Levels for Resource Management (limited to sectoral planning and budget development)

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
<i>a. Health and Economics Policy Unit (HEPU) at MOH</i>	<i>Indicators: Unit established, staffed, equipped and trained</i>			
	1. Terms of reference of unit and organizational design within MOH	X		
	2. Merger of HCF Sec, NHA team, ESHE IRI Team			X
	3. Staffing (Cost of staff contracts by USAID support)		X	
	4. Procurement (office equipment)		X	
	5. Off-shore and in country training for HEPU staff		X	
<i>b. NHA institutionalized</i>	<i>Indicator: NHA institutionalized</i>			
	1. Include NHA team experience in HEPU		X	
	2. Establish data generation on a regional basis (cf. RHA below)		X	
	3. In-country training of RHBs in RHA			X
	4. Advocacy workshop for regional policy makers	X		
	5. Conduct first round of RHA from pilot regions <ul style="list-style-type: none"> ▪ ESC ▪ Costs for regional surveys (enumerators etc) 			X
<i>c. Future finance gap estimated by NHA projection model</i>	1. Applying the PHR developed NHA projection model in a study of the future –five year horizon - health sector finance			X
	2. Initiate Region Health Accounts based on test in year 1 (Work visits to five regions)			X
<i>d. Planning and budgeting process of MOH improved</i>	1. In-country training in the context of the new process according to civil service reform			X

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
	2. (COY1 1.3.a.1 reformulated); <ul style="list-style-type: none"> ▪ Assist in the assessment of training needs and plan for capacity building of the RHBs with PPD; ▪ off-shore short term training for regional officers; and ▪ in-country seminars. 			X
	3. Conduct a National Workshop on the budgeting mechanism linked to the civil service reform process. (COY1 1.3.a.2).	X		
<i>e. Increased utilization of government budget</i>	<i>Indicator: Percentage of government budget used.</i>			
	1. Continued analysis of the existing planning/budgeting process in MOH and incorporate issues by the expenditure management component of the CSRP.		X	
	2. Continued analysis of the planning/budgeting process in 4 selected RHBs as cases of central/regional budget relations	X		
	3. Clarification of the on-going CSRP civil service reform process and changes to be expected in government planning/budgeting process	X		
	4. Report on the analysis of the planning/budgeting process to MOH	X		
	5. Recommendations for improvement of processes, equipment, skills. (Workshop with MOH)			X
	6. Support to the implementation of agreed recommendations <ul style="list-style-type: none"> ▪ In-country training cost as appropriate based on findings ▪ Procurement of equipment as appropriate based on findings 			X
<i>f. Increased utilization of external aid</i>	<i>Indicator: Percentage of external aid used.</i>			
	1. Analysis of the constraints in MOH for aid utilization	X		
	2. Analysis of case studies of constraints on the donor side (World Bank, USAID, Sida and WHO)			X
	3. Review of the "harmonization work" done for HSDP and analysis of its strength and weaknesses, as well as the aid management activities under the CSRP.			X
	4. Produce a paper summarizing the findings and recommendations; report to MOH	X		

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
	5. In-country training as appropriate based on findings: budgeting and planning of external aid			X
	6. Workshop with MOH and donors on findings and recommendations			X

Sub-Result 1.4 Increased Private Sector Investments in Health Care Delivery

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
<i>a. Trained MOH staff (HSTD)</i>	1. Short term off shore training		X	
<i>b. Policy proposal on sector public-private delineation</i>	1. Reception of delineation study results conducted in year 1.	X		
	2. Workshop with stakeholders to present study recommendations	X		
	3. Prepare conclusions from workshop (in proceeding).	X		
	4. Assist in the development of an action plan to implement public/private sector cooperation (COY1 1.4.b.1).	X		
	5. Workshop including relevant MOH staff, private providers, and other private sector reps to discuss options for government support for private health care delivery, and opportunities for partnership with the private sector, leading to decisions re. a strategy for working with the private sector. (COY1 1.4.b.2).	X		
	6. Continued consultations and deliberations with stakeholders		X	
	7. Off-shore study tour to gain experience	X		
	8. Preparation of final policy proposal		X	
<i>c. Contract models proposed to MOH for public-private agreements</i>	1. Provide for offshore study tours to countries having successful public/private sector collaboration. Provide in-country training as appropriate. (COY1 1.4.a.2).	X		
	2. Arrange for follow up seminar of study tour findings. (COY1 1.4.a.3).	X		
	3. Summary of experience from other countries	X		
	4. Prepare a set of contract models adapted to the country context		X	
<i>d. Proposal for regulatory, licensing and supervision procedures agreements</i>	1. Continue the work from previous MOH. (MOH proposal and the results of the workshop in year 1).	X		

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
	2. Development of guidelines for standards of private providers	X		
	3. Deliberations with private stakeholders	X		
	4. Review of relevant experience from similar country context	X		
<i>e. Assist the MOH and SNNPR/RHB to meet the NPA conditionalities and institutionalize the budgetary reforms emerging from NPA conditionalities</i>				X
<i>f. Assist in formulating new conditionalities for Tranche VI under the Program Grant Agreement</i>				X
CROSS CUTTING				
<i>a. Improved capacity at finance and administration department of the Ministry</i>	<i>1. Financial management training for Finance and Administration Department of the Ministry (COY1). Familiarization with the different activities (budget reform, accounts, audit, procurement, aid management, etc) under the expenditure management component of the CSRP.</i>		X	
<i>b. Impact assessment and measuring indicators</i>	<i>Indicators revised with USAID in November 2000</i>	X		

INTERMEDIATE RESULT (IR) 2: INCREASED ACCESS AND DEMAND FOR MODERN CONTRACEPTIVE SERVICES IN FOCUS AREAS

SUB RESULT 2.4: Increase Government's Capacity to Deliver Modern Family Planning Services

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
<i>a. Train the MOH, NOP and related regional staff in order to better manage Reproductive Health/ Family Planning services.</i>	Off-shore and/or in-country training in planning and management of services undertaken for at least two people		X	
<i>b. Procure limited commodities such as vehicles, medical equipment and supplies where appropriate.</i>	Requested equipment procured		X	

INTERMEDIATE RESULT (IR) 3. ENHANCED CAPACITY OF ETHIOPIAN SOCIETY TO EXPAND ACCESS TO AND USE OF STI/HIV/AIDS SERVICES IN RESPONSE TO THE EPIDEMIC

SUB RESULT 3.2: Increased Capacity of the Public and Private Sectors to Effectively Manage and Deliver STI/HIV/AIDS Services in Focal Areas

Outputs	Activities	Status		
		Completed	On-going	Postponed/Modified
a. Train health personnel in planning and management of quality STI/HIV/AIDS activities, through short-term offshore training and/or in-country training.	Training in planning and management of services for at least 2 people offshore and dissemination of information to other managers			X
b. Assist the MOH and SNNPR/RHB to develop guidelines and conduct workshops in piloting integrated RH/MCH/STI/HIV/AIDS activities into PPHC services in focus areas.	Develop and conduct Integrated Refresher Training (IRT) that includes RH/MCH/STI/HIV/AIDS for health workers in focus areas. (See IR4.1.4) (Note: Guidelines were developed by the MOH)		X	
c. Work with the SNNPR/RHB to implement a system of supportive supervision	Develop a supportive supervisory system in the SNNPR/RHB (See IR4.1.4)		X	

INTERMEDIATE RESULT (IR) 4. IMPROVED DELIVERY OF PRIMARY AND PREVENTIVE HEALTH CARE SERVICES IN THE SNNPR

SUB RESULT 4.1.1: Health Planning and Management Improvement

Outputs	Activities	Status		
		Completed	On-going	Postponed/Modified
a. Assist the SNNPR/RHB to complete health profiles	Modification of woreda profile and development of HF profile	X		
	Training of woreda/HF staff on profiles	X		
	On-going TA to woredas/HFs	X		
	Zone Profile Report distributed	X		
	Introduction of profiles to Gurage Zone			X
b. Support the implementation of the HMIS	<u>REGIONAL COMPUTER LAB</u> On-going assistance to Planning Section counterparts + other RHB Departments	X		
	Modified routine report is developed and distributed	X		
	Software adaptations are made to modified report	X		
	Completion of regional mapping and training of RCL staff, etc.		X	

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
	Assistance to RCL in work with USAID consultant on inventory systems		X	X
	TA to Planning Section on monthly, quarterly HMIS reports	X		
	Upgrade of Hardware to meet computer needs of RCL (USAID/HCC)	X		
	<u>HMIS SUPPORT TO ZONES</u> HMIS training is provided to health workers	X		
	Support for computerization of health status in target zones	X		
	Establishment of HMIS review teams in Z/W/HF	X		
	Assistance to ZHDs in providing on-going TA to w/HFs	X		
	End-of-year workshops to review HMIS		X	
<i>c. Support the RHB in the integration of pilot HMIS for monitoring/evaluating regional HSDP</i>	TA support to RHB and 4 target zones	X		
<i>d. Train and assist RHB to complete its data base, analyze and utilize data for better planning & decision making</i>	See b above	X		
<i>e. Assist the RHB in the development of annual workplan</i>	Integration of FY 94 ESHE/P Project workplan into Regional HSDP	X		
<i>f. Assist RHB revise, adapt and distribute management manuals to zones and health facilities</i>	Determination on future use and form for "Management Manuals"	X		
	Assist RHB Planning Section in training for Zone Planning Staffs in target zones	X		
<i>g. Procure and install short-wave radios in order to improve communications</i>	Installation of FY 92 procured short-wave radios (12)	X		
	Procure and install short-wave radios in remote rural locations (USAID/HCC)		X	

SUB RESULT 4.1.2: Increased Regional Training Capacity

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
<i>a. Work with the RHB to update its human resource training strategy, including identification of needed reference materials</i>	Development of new, formal Human Resource Development (HRD) strategy for region			X

Outputs	Activities	Status		
		Completed	On-going	Postponed/Modified
<i>b. Assist RTC and HPTIs to develop and pilot innovative training and educational strategies to improve instructional materials, methods development, monitoring and evaluation</i>	Seek active RTC participation in the development of curriculum for ESHE Project training activities: IRT, Operational Research, Financial Management, etc	X		
	Off-shore training opportunities in 4 subject areas (TBD)	X		
	Reports and post-training plans from off-shore participants	X		
<i>c. Assist RTC conduct seminars and workshops on curriculum development in selected areas</i>	See b above	X		
<i>d. Training RTC/H staff on use of ESHE procured audio visual materials</i>	Ability of RTC/H staff to operate procured audio-visual equipment	X		

SUB RESULT 4.1.3: Increased Resources and Improved Utilization

Outputs	Activities	Status		
		Completed	On-going	Postponed/Modified
<i>a. Work with SNNPR/RHB to develop and implement pilot HCF programs (IR 1)</i>	National training in financial management (IR1/TBD)	X		
	National training in HCF (IR1/TBD)	X		
<i>b. Assist and train SNNPR/RHB to improve budgetary planning, management, disbursement of funds and cost recovery through training and TA (IR 1)</i>	Assessment of existing Revolving Drug Fund (RDF) programs.	X		
	Regional RDF guidelines are updated (as appropriate) - IR 1		X	
	TA in the implementation of nationally sponsored Special Pharmacy Initiative in SNNPR- IR1		X	
<i>c. Assist and train the RHB and zone based staff in financial management, accounting, budgeting, tracking expenditures, etc. (IR 1 assists RHB, Z/W by IR 4)</i>	RHB training to be provided by IR 1	X		
	Assessment of financial control issues and training needs in 4 target zones	X		
	Training program to meet assessment findings	X		
	Training for target zones financial staff/administrators		X	
	Revised financial guidelines for HF's (as appropriate)	X		

SUB RESULT 4.1.4: Improved Availability and Quality of PPHC Services in Health Centers

Outputs	Activities	Status		
		Completed	On-going	Postponed/Modified
<i>a. Work with the SNNPR to identify constraints to the delivery of PPHC services and develop strategies to address them</i>	Assessment of Junior Health Worker Training and support programs			X
	At least two PPHC review meetings annually in 3 of the 4 target zones (Sidama excepted)	X		

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
	Peer reviews to promote innovative approaches to health care delivery (following workshop above)	X		
<i>b. Train 2400 (LOP) health care providers to properly diagnose, treat and counsel clients in all primary disease control areas.</i>	Development of curriculum for a comprehensive Integrated Refresher Training (IRT) program	X		
	IRT for health workers from the 4 target zones	X		
	TA that supports IRT post training follow-up and W/Z monitoring		X	
<i>c. Assist the SNNPR/RHB to implement and improve a system of "supportive" supervision</i>	Establishment of formal schedules on transportation use and "ride sharing" in target zones	X		
	Promotion of integrated zone approaches to supervision	X		
	Development of self-appraisal program for HF staff		X	
	Development of an IRT training follow-up program for zone supervisors	X		
	Development of a zone-based employee awards programs		X	
	Establish a "competition" program among woredas in target zones to enhance morale and identify achievement		X	
<i>d. Work with the SNNPR/RHB to analyze and revise pharmaceutical and medical equipment logistical and inventory management systems</i>	See 4.1.1, b See 4.1.5, a, b	X		
<i>e. Work with SNNPR/RHB to design and implement malaria and TB control programs</i>	Malaria and TB activities will be included in See 4.1.4, b. Malaria specific interventions will be coordinated with RHB Malaria Dept. and with ZHDs		X	
<i>f. Assist SNNPR/RHB design and implement innovative approaches to promotive and preventive health services</i>	Some activities will be included in See 4.1.4, b but other interventions will be deferred to next year		X	
<i>g. Operational Research (OR) and problem solving skills provided to Zone and health facility managers in target zones</i>	Basic OR training conducted in 4 target zones	X		
	Establishment of zone OR review panels to coordinate OR activities and awarding of grants	X		
	TA assistance to zone OR panels	X		
	Zone systems developed to disseminate OR	X		

SUB RESULT 4.1.5: Logistics Improved

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
a. In coordination with the training activities of other donors, train H/R/Z personnel in inventory control and stock keeping procedures	Drug management training for pharmacy and warehouse staff (initially scheduled for FY 92)	X		
	Determine SNNPR interest in FPLM or related training in inventory controls and stock keeping procedures	X		
b. Assist the SNNPR/RHB to develop and/or up-date corresponding manuals and guidelines as appropriate	Establish drug monitoring program through modified HMIS report	X		
	Conduct on-going field review of drug management training principles using RHB developed check lists		X	
c. Procure commodities as approved by the SNNPR/RHB and USAID/E	IR2 and IR3 activity	-	-	-

SUB RESULT 4.2: Community Services Revitalized

Outputs	Activities	Status		
		Completed	On-going	Postponed/ Modified
a. Assist RHB and ZHDs to develop and implement innovative approaches for effective community outreach and community based activities in all major disease control areas	Establishment of a RHB task force to develop a Community Health Development Strategy		X	
	NGO coordination meeting to validate strategy		X	
b. Assist SNNPR/RHB to design and implement strategies to establish and/or sustain community based activities	Training of zone and field managers on the CHD strategy		X	
	Development of zone action plans		X	
c. Assist SNNPR/RHB to develop strategies to link community based activities with the appropriate local governments	See a above		X	
d. Work with the SNNPR to identify tools and training materials for community based health agents	See a and b above		X	

Sharing of Lessons Learned

Outputs	Indicator	Status		
		Completed	On-going	Postponed/ Modified
<i>Assist the MOH and SNNPR to conduct workshops and share experiences, knowledge and lessons learned to include appropriate personnel from other regions and central level</i>	Progress reports shared with other collaborating agencies, quarterly.	X		
	Annual review in SNNPR to share lessons learned with zones, other regions and central MOH.		X	
<i>Where appropriate assist the MOH, SNNPR to organize study tours to observe effective activities and programs as well as impart valuable experiences and lessons learned (in-country and/or third country)</i>	Identify appropriate areas for study tours with MOH and RHB (see IR 1 and 4)	X		
<i>Where appropriate and under USAID/E guidance participate in HSDP annual reviews and follow up meetings to incorporate lessons learned into regional HSDP</i>	Assist RHB to prepare presentations for HSDP and other meetings as appropriate	X		
	Attend and participate in national HSDP review. (IR 1)	X		
	Attend and participate in regional HSDP review. (IR 1 / 4)	X		

DISCUSSION OF OUTPUTS BY SUB-RESULT (SR)

INTERMEDIATE RESULT (IR) 1: INCREASED RESOURCES DEDICATED TO THE HEALTH SECTOR, PARTICULARLY PPHC

Sub-Result 1.1: Increased government budgetary allocations to health care, particularly PPHC

Goal (LOP):	To achieve at least 7% share of the national budget to be allocated to health, and of that 7%, over 55% of it allocated to PPHC.
Indicator:	a. Increase in the share of the recurrent budget out of total health budget b. Increased share of non- salary part of the recurrent budget
Target for 2001: Target refers to Ethiopian Fiscal Year of 1994.	a. Greater than 65 % b. Greater than 25%
Status:	As NPA is on hold, the project has been working towards outputs, whose links to budget allocations are less direct as they are more directly linked to improved financing for HSDP implementation. The outputs under 1.1.a and 1.1.b have contributed to improved HSDP planning and budgeting, which will be part of the process of increased budgetary allocations to health, as well as an increasing share for PPHC. The indicator b above has been reformulated as the agreed indicator matrix has a mistaken formula for this indicator.

Outputs/status:

1.1.a Improved budgetary process under HSDP

The Project supplied experts to the Mid Term Review (MTR) (two project advisors, and one Ethiopian independent) of the HSDP. In this exercise weaknesses in the planning and budgeting process were identified as well as in the links between planning and budgeting, which became part of the recommendation of the Review. The team provided technical support to the HSDP secretariat in preparing Annual Review Meeting (ARM) 2001, which was a follow-up to the MTR. The team also presented an action plan for the implementation of the HCF Strategy, which inter alia identified actions to strengthen the links between the budgeting process and the financing of HSDP.

1.1.b HSDP monitoring program implemented

The Project team's participation in the MTR increased the focus on Health Care Finance (HCF) component of the HSDP, as seen in the MTR report. Our participation in the preparation of documents and presentations during the ARM 2001, contributed to the increased future priority of HCF and therefore the inclusion of the HCF component in future monitoring. The monitoring

to come after the ARM, i.e. for the next fiscal year will be supported by the Project through Technical Assistance to the Regional HCF Committees and to the Ministry of Health concerning the drug supply system.

1.1.c Assist the MOH and SNNPR/RHB, together with the ESHE Technical Working Group (ETWG), to meet the NPA conditionalities and institutionalize the budgetary reforms emerging from NPA conditionalities

There has been no need for this activity since NPA is on hold.

1.1.d Assist in formulating new conditionalities for Tranche VI under the Program Grant Agreement together with the ETWG

There has been no need for this activity since NPA is on hold.

Sub-Result 1.2: Increased Share of Public Health Expenditure Covered Through Cost Recovery

Goal (LOP): To obtain 20% of non-salary public expenditure covered by fee-for-services and 75% of hospitals fees, as well as 50% of other service fees will be retained at facility level.

Indicators:

- a. Percentage of health facility revenue retained at the facility level. (Facility revenue refers to user fees collected in health facilities)
- b. Manual for the Implementation of HCFS adopted.
- c. Guidelines for fee retention formulated and applied
- d. Guidelines for Revolving Drug Fund revised
- e. Development of waivers and exemption guideline

Target for 2001: a. Retention guidelines adopted (i.e. Institutionalized and implemented at the facility level)
The targets refer to Ethiopian b. The manual adopted
Fiscal Year 1994 c. The guidelines adopted
d. Plan of Action developed, approved and implemented
e. The guidelines developed

Status:

- a. Facility retention is presently not permitted by the country's financial regulation. The Project has prepared proposals for increased retention at Special Pharmacies of public facilities and for a special Health Fund institutionalizing retention at facility level.
- b. The implementation of the Health Care Financing Strategy is at the core of the Project's support to the Health Care Financing Secretariat. At the Annual Review Meeting 2001 a Plan of Action was proposed. It is now ready for endorsement by the National HCF Task Force.
- c. The guidelines for fee retention have been replaced by the proposal for a proclamation of a Health Fund at federal and regional level. The proposal has been developed and is ready for the Ministry's decision before passing through the House of Representatives.
- d. The guidelines for revolving drug funds have taken the form of a specific project, the Special Pharmacy Project (SPP). This project includes detailed guidelines for the Special Pharmacies. The guidelines are developed, approved and are now being implemented through the SPP.
- e. The guidelines for waivers and exemptions are being prepared. In accordance with the Action Plan proposed at the Annual Review Meeting, the guidelines must be coordinated with the development of a minimum basic package of services to be provided without fees. This is also an ongoing process in the MOH. The Project is now initiating a study on the waiver and exemptions rules, as well as studies of the minimum package in the focus regions.

Outputs/status:

1.2.a Macro constraints and opportunities presented with recommendations on "the Strategy"

The main constraints have been found to be the overall under financing of the health sector. The opportunities for increased revenue arise from reduced exemption rates and from tapping into

the out-of-pocket expenditures, like through the SPP initiative. Future donor support through the PRSP process is expected, while the main domestic sources are the Health Fund and the SPP.

1.2.b Proposal for user fee structure

A revision of the user fee structure was a priority of the MOH when the Project started. Simulations, based on data generated from studies produced by the Project, have demonstrated that even huge increases of fees would not generate an impressive amount, everything else being equal, while reduced exemption rates and retention at facility levels could lead to substantial increases of operational budgets. The proposed action plan is therefore advising **not** to raise any fees until quality improvements have been achieved through the SPP and other interventions as discussed at the ARM.

1.2.c Proposal for retention guidelines

A Draft Proclamation of the Health Fund has been prepared. The overall solution to the creation of the Health Facility Revenue, as proposed in the HCF strategy, is the proposed establishment of a Health Fund, as worked out by the MOH with support from legal expertise and the project.

1.2.d Proposal for waiver and exemption rules

The effort to formulate a comprehensive proposal for waivers and exemptions is ongoing. Various ideas on how to approach the issue of exemption are found in different regions and have not been incorporated into a national proposal. The working group of the MOH has not yet produced a proposal. The Project will now study what is going on in the field and coordinate the waiver and exemption rules with the development of a national minimum package of services.

1.2.e Proposal for Revolving Drug Fund (RDF) guidelines

The RDF guidelines have been finalized as part of the preparation and implementation of the Special Pharmacy Project (SPP) by the regions and the MOH, supported by the Project. Value added has been created to the Project, as USAID has committed to finance the initiative.

1.2.f Recommendations for health insurance options

The Health Insurance Options paper has been finalized and discussed in a national workshop. The options for Ethiopia in the near future are restricted to piloting of Pre-Payment Schemes in rural areas with cash crop revenues. The Project will support such piloting in SNNPR and Oromia.

1.2.g Improved awareness among policy makers on health systems finance need

The Project team, together with the focal person of the HCF Secretariat, has visited major regions and had one national workshop. On all these occasions the HCF Secretariat was legitimized, implementation was discussed, etc. The result was the report on the status of Health

Care Financing in Ethiopia. This report has been a main document for a series of workshops in the regions, starting in December 2000. The regional workshops have been conducted in all regions. The total number of participants has been more than one thousand. Four agendas presented and discussed in these workshops:

- Health Service in Ethiopia – to give a general background to participants on the policy, constraints and prospects of the health service delivery system in Ethiopia,
- Health Care Financing Strategy – to discuss the contents of the Strategy,
- HCF Implementation Manual – to discuss how the Strategy implementation was envisaged and the recommended organizational structure, and
- Ethiopia's HCF Experience – to give some reflection on the status of health care financing in the country based on the assessment made in seven regions.

In all these regional workshops, there were active discussion and interest from participants and respective regional officials. The focus of discussions had similarity revolving around:

- Free patients - calling for revision of the presently functioning exemption and waiver system,
- Retention at facility level – emphasizing the need for harmonization with existing financial law,
- Special Pharmacies – the need for more seed money and regulations,
- Capacity building – proper implementation of the Strategy requires huge capacity building, including systemic.

1.2.h Initial proposal for HCF Strategy component in HSDP

A full proposal was presented at the ARM 2001. It needs to be endorsed by the National HCF Task Force, which is expected to meet before the end of 2001.

Sub-Result 1.3: Increased Government Capacity at the Central and Regional Levels for Resource Management

Goal (LOP):	Increased Government Capacity at Central and Regional Levels for Resource Management (limited to sectoral planning and budget development)
Indicators:	Percentage of budget allocations expended (Utilization as a percentage of total budget)
Status:	The ongoing work to build capacity has no doubt improved capacity at federal and regional level. The budget utilization levels have been strongly influenced by external factors during Ethiopian fiscal years of 1992-93, and the Project will establish baseline data based on the budget of 1994.

Outputs/status:

1.3.a Health and Economics Policy Unit (HEPU) at MOH

The establishment of the HEPU is on-going. Its actual implementation has been started through the recruitment of technical support staff and the procurement of some equipment. It is expected that the Ministry leadership will formalize the necessary organizational changes in the context of the overall review of the Ministry organization during the fall of 2001.

1.3.b National Health Accounts (NHA) institutionalized

The work to institutionalize the NHA in Ethiopia is on-going. The Project has been supporting capacity building of the MOH and started to discuss regional health accounts piloting with the administration of SNNPR. An agreement has been reached with the Regional authorities and the RHB has appointed a team for the RHA exercise. Terms of Reference (TOR) for the team and consultants for surveys have been developed. Further participation of Ethiopians in regional conferences is planned, as well as training. A proposal for institutionalizing NHA has been developed by the team and has been shared with relevant officials. The formal institutionalization of the NHA is again expected to need decisions from the Minister. A second round of NHA is being planned and prepared for 2002.

The Project has sponsored the participation of three Ethiopian experts in the 'Senior Executives' Workshop on NHA' held in Mombassa (September 17-21, 2001) and organized by the Common Wealth Health Community Secretariat (CWHCS). The CWHCS invited Ethiopia to become a member.

1.3.c Future finance gap estimated by NHA projection model

In light of the new five year plan, the new definition of the minimum services packages and other on-going changes, the data base for a NHA projection from the first round of NHA (data

from 1995-96) is obsolete. The projection of the future finance gap will therefore be done when the second round of NHA has been carried out.

1.3.d Planning and budgeting process of MOH improved

For the achievements of this output, see output 1.1.a. Further work is going on with the overall objective of introduction the PIP/PEP (as proposed by the Civil Service Reform Program) in the health sector in the Ethiopian fiscal year 1995. The development proposal for the Finance and Administration Division of MOH is part of this process, but is supported by similar work at the regional and zonal levels of SNNPR.

1.3.e Increased utilization of government budget

During the first two years of Project implementation, the nation's budgetary priorities went through some major changes, making comparisons of utilization over time without sense. It is expected that the coming fiscal year will bring budget figures back to original levels again. The main policy advocated by the Project to increase operational funds of facilities, is the retention of fees through the creation of a Health Fund at federal and local levels. The increased funding would in such a case not be directly reflected in increased utilization of government budgets, as the fees would not appear in the budget.

1.3.f Increased utilization of external aid

The work under this output was modified during the MTR, as USAID advised the Project not to get involved with the flow of other donor's funds. The improved utilization of USAID funds has been partly achieved during year two by the Project's financial management of the Host Country Contract (HCC) fund, which has considerably increased utilization. The Project is now preparing training in USAID regulations and procedures for fund use and procurement, which is expected to further improve the utilization of USAID funds.

Sub-Result 1.4: Increased Private Sector Investment in Health Care Delivery

Indicators:	Guidelines to license private clinics and other health facilities revised and adopted by MOH
Target for 2001:	The guideline developed, approved and implemented
Target refers to Calendar Year 2001	
Status:	The guidelines have been developed and discussed with regions and private sector participants. It is ready for the Minister's approval.

Outputs/status:

1.4.a Trained MOH staff (HSTD)

The project has supported training of MOH staff, both Health Services & Training Department (HSTD) and Planning & Programming Department (PPD), in areas relating to HCF and private sector expansion. Twelve staff members of the MOH have been trained in the country and off-shore, through workshops, formal training or off-shore study tours.

- One person from the MOH has participated in a World Bank and Sida sponsored training course on Reproductive Health and Health Reform.
- The focal person of the HCF Secretariat and the deputy head of PPD of MOH participate in a course on "Health Economics and Financing for Developing countries".
- A major in-country training effort was made in February-March 2001, when representatives from all the country's regions were trained in Health Care Financing and Management. Foreign experts from Abt and Ethiopian experts from Addis Ababa University were used in the training.
- A group of six people from the HCF Secretariat and RHB heads of HSTD has participated in 'building skills for health system strengthening' course organized by AAHPTI from Sep. 10 – 28, 2001. The course covered three major areas: technical management of health system reform, application of costing tools to health system reform, and resource planning methods to support health system reform.

A very successful study tour to Zambia was conducted in November 2000. Four regional health bureau heads participated, along with two representatives from the MOH. The study report has been disseminated at a national workshop during the first quarter of 2001. The report identifies and assigns priorities for Ethiopian cost recovery measures.

In July 2001 a delegation of five people drawn from MOH, central hospitals and RHB visited Bangladesh and Thailand to get experience in the area of general health finance reform. Particularly on:

- Government – NGO collaboration in the health sector,
- Private providers involvement in the health sector,
- Health insurance schemes, and
- Quality assurance mechanisms.

To disseminate and discuss the findings of the study tour, a one-day meeting is scheduled in mid December 2001.

A study tour on Public-Private Partnership to South Africa was conducted with representatives from the HCF Secretariat and the regions. The report from the study tour was disseminated at the national workshop and priority areas for application in Ethiopia were identified.

1.4.b Policy proposal on sector public-private delineation

The action plan in relation to the public-private collaboration is part of the general action plan as proposed at the ARM 2001.

1.4.c Contract models proposed to MOH for public-private agreements

The contract models are going to be provided after the *WHO* sponsored international and national conference on contracting in Addis Ababa, November 2001. The first activity towards this end is a Case Study on Contracting in Ethiopia, to be presented in November at two forums: an international conference organized by *WHO* where 10 Anglophone countries from the region will participate and then at a national workshop. Follow-on activities will be developed after these meetings.

1.4.d Proposal for regulatory, licensing and supervision procedures agreements

The preparation of the final guidelines by the MOH and the regional authorities has been supported by the project. The guidelines are finalized and ready to be issued by MOH.

1.4.e Assist the MOH and SNNPR/RHB to meet the NPA conditionalities and institutionalize the budgetary reforms emerging from NPA conditionalities

These activities were not needed after the hold on the NPA.

1.4.f Assist in formulating new conditionalities for Tranche VI under the Program Grant Agreement

These activities were not needed after the hold on the NPA

CROSS-CUTTING

1.4.a Improved capacity at finance and administration department of the Ministry

The capacity assessment report of the Finance and Budget Division has been completed and it will be complemented by the selective regional assessments. Among the recommendations of the assessment report - accounting, software design/ development and networking have been identified as priority areas. This will be complemented by training on USAID (if possible other major donors) financial and procurement procedures. Meanwhile, the Project and the MOH are

studying to what extent various donor proposals in this field are duplications or overlapping efforts, before implementing the changes.

1.4.b Impact assessment and measuring indicators

The indicators of the project were revised last year and new monitoring indicators are being established for ESHE II.

Collaboration

Project cooperating partners are found not only the federal MOH, but the RHB's of all regions, as well as other public institutions in the field of education and research.

The project has established continuous cooperation with professional associations such as the Ethiopian Public Health Association and the Ethiopian Economic Association. This cooperation has taken the form of participation in workshops and special events, as well as joint publications of relevant material.

In the private and NGO sector, the Project is working to improve the environment for private-public cooperation. In the process, the Project has established cooperation with the private providers of medical and pharmaceutical services, the Addis Abeba Chamber of Commerce and the CRDA for the work with the health sector NGO group.

Challenges

The main challenge for future Project implementation is to clarify the governance system. Improved governance is required to improve government ownership and thereby implementation. This applies not only to the funds managed by the contractor, but even more so for the Host Country Contract funds.

RECOMMENDATION: the Government and USAID should jointly review the present governance structure of the Project and identify opportunities for improvement.

Similarly, for the health care finance component, a related challenge is the actual staffing of the HCF Secretariat of the MOH. After two years of implementation, the Secretariat still does not have any full time staff assigned to it. Compared to the staffing stipulated by the Health Care Financing Strategy, the present Secretariat only has a "focal person", while the professional staff is made available on an ad hoc basis. Closely related to the matter of the HCF Secretariat is the need for clarification of the role of the HSDP Secretariat vis-à-vis health finance reforms; particularly as these relate to government funding and budget reforms

RECOMMENDATION: the Government should review the situation and allocate the necessary resources to implement the Health Care Financing Strategy.

Future direction

The next major step for the health care finance policy development in the country is expected to be the assembling of the National HCF Task Force, under the chairmanship of the Vice Minister of Health. The National HCF Task Force has not met for some time. The project has suggested

to the MOH that the Task Force should be called to meet. The Project has carefully prepared for its next meeting by supporting the creation of the Regional HCF Committees, who are responsible for the implementation of the National HCF policies at regional and lower levels of administration.

The National HCF Task Force will discuss and consider the proposed HCF Action Plan. Among the major initiatives in the Action Plan is the Special Pharmacy Project, funded by USAID and expected to provide around 150 public facilities nation-wide with pharmacies; as well as the proposal for a proclamation on the Health Fund, a federal and decentralized management tool for the retention and effective use of fees at facility level.

The Action Plan also includes the Health and Economics Policy Unit, part of the improved policy research and formulation capacity of the MOH, as well as support to the implementation and monitoring of the HSDP.

INTERMEDIATE RESULT (IR) 2: INCREASED ACCESS AND DEMAND FOR MODERN CONTRACEPTIVE SERVICES IN FOCUS AREAS

Sub-Result 2.4: Increase Government's Capacity to Deliver Modern Family Planning Services

Outputs/status:

2.4.a Train the MOH, NOP and related regional staff in order to better manage Reproductive Health/Family Planning services.

Sixteen trainees were provided with off-shore training opportunities, in support of IR2. Twelve trainees were from the National Office of Population (NOP) and four were from MOH. The training courses were:

- "Population, Reproductive Health and Health Sector Reform" (World Bank, USA)
- "Managing Reproductive Health Programs" (CAFS, Kenya)
- "Monitoring and Evaluation of Sexual/ Reproductive Health Programs" (Margaret Sanger Center, SA)
- "Introduction to Advocacy" (CAFS, Kenya)
- "Operationalizing Cairo and Beijing: A WHO Initiative in Gender and Reproductive Health" (CAFS, Kenya)

The trainees were mostly selected from administrative levels, and the purpose of the trainings was to increase the capacity of the NOP and the FHD/MOH to manage Reproductive Health/ Family Planning Programs. The NOP placed special emphasis on capacity building in the areas of monitoring/ evaluation and gender. A conference will be held during the second quarter of Year 3 to determine the outcome of the training programs and share lessons learned.

2.4.b Procure limited commodities such as vehicles, medical equipment and supplies where appropriate.

Commodities, equipment and supplies were procured in response to requests from the NOP and the FHD/MOH.

On behalf of NOP:

- 4WD Vehicle
- Photocopiers
- Color printers

On behalf of FHD/MOH:

- Motorcycles and helmets
- PC and Laptop computers, and misc. computer accessories
- Examination beds
- Syringes
- Television/VCR's
- Printers

INTERMEDIATE RESULT (IR) 3: ENHANCED CAPACITY OF ETHIOPIAN SOCIETY TO EXPAND ACCESS TO AND USE OF STI/HIV/AIDS SERVICES IN RESPONSE TO THE EPIDEMIC

Sub-Result 3.2: Increased Capacity of the Public and Private Sectors to Effectively Manage and Deliver STI/HIV/AIDS Services in Focal Areas

Outputs/status:

3.2.a Train health personnel in planning and management of quality STI/HIV/AIDS activities, through short-term off-shore training and/or in-country training.

Off-shore and in-country training was not called for in the workplan until the last quarter of this project year. A meeting was held with the USAID IR3 Team Leader, during the second quarter, to discuss how to proceed with moving the training activities forward. The USAID IR3 Team Leader was planning to meet with counterparts in MOH and advise on the next steps. Subsequently, the IR3 Team Leader left USAID and meetings with the MOH were postponed. In September, the COP met with the POLICY Project to discuss ways to collaborate in interfacing with the AIDS Control Unit/MOH, and identify appropriate training needs and approaches that would maximize resources available through the ESHE/JSI Project. Joint meetings will be held in the first quarter of Year 3.

3.2.b Assist the MOH and SNNPR/RHB to develop guidelines and conduct workshops in piloting integrated RH/MCH/STI/HIV/AIDS activities into PPHC services in focus areas.

The guidelines, referred to in the IR3.2 outputs, were developed by the MOH. These guidelines have been included in the Integrated Refresher Training (IRT) program and trainings are on-going under IR4 in the SNNPR (See IR4.1.4).

3.2.c *Work with the SNNPR/RHB to implement a system of supportive supervision.*

The ESHE/JSI IR4 team is assisting the SNNPR to develop and implement a Supportive Supervisory System. This includes developing an integrated supervisory checklist (including STI/HIV/AIDS components), promoting ride sharing to maximize resource utilization and opportunities for supervision, introducing supervisory registers at all health facilities, and developing a Supportive Supervision Training curriculum and training program for supervisors. (See IR4.1.4)

INTERMEDIATE RESULT (IR) 4: IMPROVED DELIVERY OF PRIMARY AND PREVENTIVE HEALTH CARE SERVICES IN THE SNNPR

Sub-Result 4.1.1: Health Planning and Management Improvement

Goal (LOP):	Increase the % of the population having access to PPHC services by facilitating an expansion of the service delivery network
Indicator:	The number and proportion of woreda health offices (WHO), which utilize data from HMIS, profiles, surveys, etc for decision-making
Target for 2001: Target refers to Project years (10/00 – 9/01)	40 Woreda Health Offices (WHO's); 52% (of 77 woredas)
Status:	Target achieved. All 40 WHO's have completed and are utilizing HMIS in routine decision-making

Outputs/status:

4.1.1.a Assist the SNNPR/RHB to complete Health Profiles

This activity has been completed for the 5 target zones of the Project. The standards, data to be collected and formatting of the profiles were developed in collaboration with the Regional Health Bureau (RHB). However, the data collection phase of this activity was directly coordinated with the zones and woredas - the locations where the profiles will have the greatest impact. During the past year, *Woreda Profiles* were printed and distributed in each of the target zones.

Additionally, JSI zone-based staff has assisted the woredas and health facilities in using the *profiles* to augment their HMIS analysis for improved decision-making regarding necessary health interventions. The profiles also have a utilitarian value at the zone and RHB levels because they provide, in one document, an easy to read analysis of each woreda. This information is used in report writing and as a public relations tool for visiting dignitaries and potential donors.

One activity identified in the Year 2 Workplan was postponed: "The introduction of profiles in the Gurage Zone" (a non-focus zone for the Project). It is anticipated that this zone will be

identified by the RHB for inclusion in the JSI Project for year 3. At this time, the region will introduce the profiles and JSI will provide technical assistance.

4.1.1.b Support the implementation of the HMIS

This is an on-going activity that includes JSI technical assistance to the RHB, Zone Health Departments (ZHDs), Woreda Health Offices (WHOs) and health facilities.

At the regional level, JSI has helped introduce a number of positive changes and innovations in the management of HMIS: 1) Facilitation of a RHB task force to oversee computerization; 2) Development of a long-range plan for computerization in the region; 3) TA to the Regional Computer Laboratory (RCL); 4) Making operational and improving HMIS software programs for health statistics, personnel data base, mapping; 5) Diversifying and sharing HMIS responsibility to all major departments of the RHB; 6) Providing training on basic HMIS computer applications; 7) Preparing RHB departments for using mapping as a tool in data analysis.

In target ZHDs, JSI has introduced improved data collection techniques and analysis procedures - both manual and computerized (matching the RHB software). JSI has also helped facilitate an improved feedback system from the ZHDs to the WHOs. This has been accomplished through supervisory contacts, as well as planning and progress review meetings.

HMIS training workshops were held in each of the target zones (during Project Year 1) for woreda and health facility personnel. These training sessions reinforced the importance of HMIS utilization at the field level, established standard charts and graphs to be maintained by the health workers, and introduced the concept of monthly HMIS Review Team meetings. During the past year, JSI and ZHD/WHO supervisors have reinforced the training with on-site visitations to ensure the implementation of HMIS monitoring and resulting decision-making. This will be an on-going activity for the remainder of the Project.

One activity identified in the Year 2 Workplan was postponed: "Assistance to RCL to work with USAID Consultant on inventory systems". USAID was unable to secure the Dutch consultant, who had started (but not completed) the development of an inventory system with an earlier Project. However, JSI and the RHB are jointly committed to work together in Year 3 to develop a simple inventory system using local consultants.

4.1.1.c Support the integration of HMIS for monitoring/evaluating Regional HSDP

All the foregoing activities have supported improved use of HMIS in the Region. The Regional HSDP currently has HMIS indicators for monitoring HSDP activities. Therefore, JSI supported initiatives for an improved HMIS have had a direct relationship on the ability of the Region to effectively utilize data to monitor and evaluate the Regional HSDP.

4.1.1.d Train and assist the RHB to complete its database, and to analyze and utilize data for better planning and decision-making

The first step taken to address this output was to operationalize the existing database systems (software) for capturing data. This was accomplished for health statistics and personnel data. Training of RHB staff, to include technical officers and data input clerks, was also successfully

accomplished. The Regional Computer Laboratory in the SNNPR is considered by many to be a model for the country.

The second, and much harder step was to establish a viable system for data input from the field. The SNNPR has over 100 Woreda Health Offices and over 1500 health facilities, of which many are in remote locations without communication systems. Getting timely data on a routine basis is a significant and difficult problem to overcome. JSI has worked closely with field locations, in the target zones, to reinforce the need to provide timely and accurate data for local and higher level organization use (described in 4.1.1 b). This is an on-going area, requiring priority attention from the region and Project.

4.1.1.e assist the RHB in the development of an annual Workplan

The Region routinely completes an annual Workplan (HSDP). JSI contributes to this effort by adapting the Project IR4 Workplan (including budget) into the HSDP format. In addition, JSI shares its Workplan with each of the focus zones.

JSI has attempted to facilitate improved Regional planning by sponsoring RHB and zonal review meetings, that examine progress in meeting current HSDP indicators and develop HSDP workplans for future years.

4.1.1.f Assist RHB to institute and revise the use of existing Management Manuals by zonal/woreda health facility staff.

Draft "Management Manuals" were developed by an earlier Project. However, they were never finalized or adopted by any level of the region. The four *management manuals* included a wide variety of checklists, inventory systems and problem-solving mechanisms.

JSI has worked directly with the RHB and zones to revise and institutionalize several systems, based on priority and need. These systems have been introduced as "stand-alone" programs or activities, rather than a bulky single/ combined system. JSI believes it is much more likely to achieve acceptance and adoption in the programs/activities if they are introduced in a staged, need-based manner. Examples of systems that have been introduced include: integrated supervisory checklists; health facility supervisory registration books; HMIS review guidelines; personnel data forms; operational research training and grant provision guidelines; and IEC "Reminders" for health facility departments.

4.1.1.g Procure and install short-wave radios in order to improve communications

The installation of 12 short-wave radios and the companion training of health facility staff was accomplished. The radios will greatly enhance referral capability, provide for timely reporting of critical health data, and lead to improved opportunities for oversight and supervision. JSI is assisting the RHB to request an additional 90 short-wave radios for isolated rural locations using (previously approved) USAID HCC funds.

Sub-Result 4.1.2: Increased Regional Training Capacity

Goal (LOP):	Improve the overall training capacity of the SNNPR/RHB; assist the region to meet its training targets with emphasis on quality of care given by health providers; sustain performance by supervision, monitoring and evaluation
Indicator:	Number and percentage of health care providers receiving refresher training in integrated PPHC in the past 12 months
Target for 2001:	1500 providers; 40%
Target refers to Project years (10/00 – 9/01)	
Status:	Note that targets for this indicator are cumulative, rather than for 12 month period. In addition, 1,000 providers would be 40% of the approximately 2,500 health providers in the Region. As of September 2001, 606 providers (25%) have had IRT. Of the 1,039 providers in the 5 focus zones, 58% have been trained. The IRT was launched in April 2001.

Outputs/Status:

4.1.2.a Work with the RHB to up-date its human resource training strategy, including identification of needed reference materials

JSI has worked closely with the region regarding human resource training requirements. This has included work with the Regional Training Center (RTC) and assistance to the four pre-service Health Professions Training Institutes (HPTI) in the region:

- Over 60 zone-based trainers have been trained in the Integrated Refresher Training (IRT) curriculum and trainer methodology. The trainers are topic-specific (IEC, HIV/AIDS, EPI, etc.) and have been used in a wide variety of training areas beyond IRT to meet local needs. In some instances the trainers have been used to assist in vertical training programs and have also been used by local NGOs to assist in their training activities. Having local trainers provides: 1) improved credibility and knowledge of local conditions; 2) a more a more cost effective approach; and 3) greater likelihood of sustainability by the zones/Region.
- JSI assisted the RTC in conducting a Training Methodology course for HPTI (pre-service) trainers. The region considered this program, to be very successful in upgrading the skills of these trainers.
- JSI procured training aids and audio-visual equipment (TV, video and overhead projectors) for the focus zones. The audio-visual materials are stored at the RTC and HPTIs and are used for a multitude of training activities. This equipment enhances Regional training capability.
- JSI has procured reference materials for the RTC Library. At the request of the RHB, Quick Reference Materials are being supplied to each health facility to be used as reference documents.
- Eleven zone-based senior managers were provided with offshore training opportunities in Kenya and the U.S. on the subjects of Advocacy, Reproductive Health, and Information Systems Management. Participants attended post-training meetings where

individualized action plans were developed and discussed. A 6-month follow-up by the RHB and JSI is projected.

One activity identified in the Year 2 Workplan was postponed: "Development of a new, formal Human Resource Development (HRD) strategy". Because a HRD strategy is being developed at the national level as part of the Civil Service Reform, the RHB decided to defer this activity.

4.1.2.b Assist RTC and HPTIs to develop and pilot innovative training and educational strategies (e.g. task based learning) to improve instructional materials, methods development, monitoring and evaluation.

This is an on-going activity that is incorporated into all ESHE/JSI Project training activities. To date, this has included: HMIS Training, Drug Management Training, Operational Research Training, and Integrated Refresher Training. Innovations have included peer group and on-site activity combined with classroom training; role playing and use of videos to augment the presentation; pre and post testing to monitor student progress; and the incorporation of follow-up mechanisms for training activities.

4.1.2.c Assist RTC to conduct seminars and workshops on curriculum development in selected areas

A seminar for HPTI instructors in curriculum development was jointly sponsored by JSI and the Regional Training Center. Additionally, curriculum development training was provided to RHB Department Heads, prior to their contribution in the development of IRT curriculum.

4.1.2.d Train RTC staff to manage the audio-visual and material production center

Audio-visual materials and equipment were purchased by the ESHE/JSI Project and are in place at the RTC. Training of RHB staff from the RTC and IEC sections was completed in Addis Ababa with the assistance of senior audio-visual officials of the MOH. The joint training is part of an overall RHB strategy to merge the RTC Audio-Visual Center into a combined training/IEC component.

4.1.2e Provide equipment to the audio-visual and material production center to produce IEC materials, as necessary, in collaboration with partners in the field of communications so IEC materials are standardized.

See 4.1.2 d. In year 3, collaboration with the Johns Hopkins University Project and World Vision will be sought to assist the RHB and the RTC to increase their IEC capability.

Sub-Result 4.1.3: Increased Resources and Improved Utilization

Goal (LOP): Increase regional budgetary allocation to health sector; ensure increased non-salary recurrent cost budget at health facility level; and improve utilization of resources

Indicators: Percentage of health facilities retaining 50% of revenues generated at the facility level

Target for 2001: 70% of hospitals and 35% of health centers

Target refers to
Project years
(10/00 – 9/01)

Status: Retention at the HF level is still prohibited by the country's financial regulation. The on-going experience in the SNNPR with 50% retention at hospitals has been the object of a special study of the Project. The preliminary results indicate that the guidelines for this experience were not understood at the zonal level. In practice, no retention was achieved. The project is working to improve this for next year. On the national level the Project has supported the proclamation of the health fund. The proclamation is ready for the Minister's approval before it passes on the Parliament for approval into law.

Outputs/status:

4.1.3.a Work with SNNPR/RHB to develop and implement pilot Health Care Finance (HCF) programs

See IR 1.

4.1.3.b Assist and train SNNPR/RHB to improve budgetary planning, management, disbursement of funds and cost recovery through training and technical assistance.

See IR 1.

4.1.3.c Assist and train the RHB and Zone based staff in financial management, accounting, budgeting, tracking expenditures, mobilizing resources, within the HSDP and HCF. (Note: IR 1 relates to RHB training, while zone and woreda training will be conducted under IR 4)

JSI and the RHB are collaborating in the upgrading of zone and financial staff. A first round of training for 40 cadres was undertaken using DSA developed curriculum. A second round of training is projected for Year 3. Improving the capability of financial personnel in the field will greatly assist the implementation of planned IR 1 actions regarding fee retention, fee exemptions and the Special Pharmacy Project.

Sub-Result 4.1.4: Improved Availability and Quality of PPHC Services in Health Facilities

Goal (LOP):	Increase the number of health facilities providing quality integrated PPHC services
Indicators:	Percentage of health facilities that receive at least one supervisory visit every 6 months
Target for 2001:	70%
Target refers to Project years (10/00 – 9/01)	
Status:	100 % of health facilities (health centers and health stations) are receiving a supervisory visit at least every 6 months. These visits are conducted by JSI zonal technical staff, and with a Zone Health Department (ZHD) staff person. The Project has initiated a ride share program and recently introduced the integrated supervisory checklist, in order to maximize supervisory opportunities and to promote more frequent supervisory visits initiated by the ZHD. The percentage of health facilities that receive supervisory visits without Project participation/ initiation is currently not known, although with the introduction of supervisory registers at the Health facilities, this information should be available in the future.

Outputs/status:

4.1.4.a Work with the SNNPR to identify constraints to the delivery of PPHC services and develop strategies to address them.

This has been accomplished through several mechanisms:

- Completion of a baseline survey of health facilities and outreach locations in the target zones to determine the availability and quality of client services (primarily related to child survival issues). It should be noted that a more thorough follow-up health facility assessment will be conducted with a JSI Child Survival Consultant in January 2002.
- Sponsorship of biannual zonal review meetings to discuss HSDP progress and impediments to health service delivery, review supervisory findings and develop action plans to correct identified deficiencies, etc.
- HMIS data review with ZHDs, WHOs and health facilities and the subsequent development of individualized approaches to address the identified problem areas.
- On-site WHO and health facility visits with zone and woreda supervisors.

4.1.4.b Train 2500 health care providers (LOP) to properly diagnose, treat and counsel clients in all primary disease control areas through in-country training.

In excess of 600 front-line health workers have received Integrated Refresher Training (IRT) in the SNNPR since April 2001. The IRT enables health center and health station employees to update and validate their skills in 6 major disease control related areas (IEC, malaria,

STI/HIV/AIDS, MCH, Family Planning, TB/Leprosy). The training closely follows the basic principles and algorithms contained in IMCI and national primary health care protocols. While the IRT does not go into the depth provided in vertical training programs, it places IRT graduates in a better position to further develop their knowledge and skills in these more in-depth (vertical) training courses.

4.1.4.c Assist the SNNPR/RHB to implement and improve a system of supportive supervision

JSI has actively pursued a number of supportive supervision initiatives with the RHB and ZHDs during the past year:

- Introduction of supervisory “ride sharing” at focus Zone Health Departments and the development of quarterly transport schedules.
- Distribution of supervisory registers to all health facilities in the target zones. The registers help to track supervisory visits and notate actions requiring health facility follow-up.
- Establishment of “Woreda Competitions”. This program is viewed by the Region as an important factor in improving employee/facility motivation and in analyzing strengths and weaknesses in health coverage. During the past year, the 5 focus zones nominated their “best woreda” and these woredas will compete against one another in competitions that will be held before the end of 2001. The competitions will culminate in a workshop to share experiences and to also recognize outstanding health programs and initiatives.
- An “Integrated Checklist” has been introduced for RHB, Zone and WHO supervisors. The primary purpose of the checklist is to provide zone and woreda supervisors with a standard, summarized tool that can be used for effective and quick assessment of a WHO or health facility. The integrated format ensures that infrequent supervision is maximized by collecting data on many key areas and that supervisors share and discuss their findings with other supervisors when they return to their respective organization levels.

4.1.4.d Work with the SNNPR/RHB to analyze and revise pharmaceutical and medical equipment logistical and inventory management systems

The RHB conducted two Pharmaceutical training programs under JSI sponsorship during the year. The program focused on stock keeping procedures, ordering of pharmaceuticals and procedures for disposing of excess and/or expired drugs.

The “modified health statistics report”, introduced under JSI, currently collects data on selected pharmaceutical drug outages from target zone health facilities. As previously mentioned under 4.1.1.b, JSI and the RHB are committed to work together in Year 3 to develop a simple property inventory system, using local consultants.

4.1.4.e Work with SNNPR/RHB to design and implement malaria and TB control programs

JSI has supported a number of malaria prevention activities in the region, which include supportive supervisory visits by the RHB Malaria Department to field locations, and training of zone and woreda supervisors on malaria spraying and community mobilization. Also, working with Zone Health Departments, JSI has assisted the target zones in developing community mobilization activities to combat malaria. This has included training of community oversight

committees, training of sprayers, and various other preventive activities. Malaria is the most prevalent health problem in the region- impacting in excess of 90% of the population.

JSI and the RHB are currently providing assistance to the Hadiya Zone to conduct operational research that focuses on the high rate of TB Defaulters. Upon completion of the research, the findings will be distributed throughout the region.

TB and malaria are two of the principle topics included in the IRT.

4.1.4.f Assist the SNNPR/RHB to design and implement innovative approaches to promotive and preventive health services.

During the first two years of the Project, primary emphasis has been placed on the IRT and the general review meetings, as a means of introducing innovative approaches to PPHC. Working together with the RHB Disease Control Dept. and IEC Section, the Project has also taken steps to address "lost opportunities" at health facilities. Accordingly, wall charts are being developed to remind health workers about key treatment or preventative procedures, for example: the need to refer mothers with < age 5 children to other departments in a health facility for growth monitoring, vaccinations, family planning, etc. The "Reminder" charts will be placed on the walls of health centers, in the focus zones, starting in November 2001.

4.1.4.g Operational Research and problem solving skills provided to zone and health facility managers in focus zones.

Significant work has been undertaken by the RHB, the World Health Organization and JSI to train zone and field staff in the basic principles of operational research. Additionally, the RHB and JSI have established guidelines for the establishment of Zone Research and Review Committees in 4 focus zones. These committees are currently overseeing four operational research projects: 1) Health Worker Attitudes Towards HIV/AIDS Patients; 2) Community Mobilization Difficulties In Malaria Prevention; 3) TB Defaulters; and 4) Low Routine Coverage Rates in EPI. The JSI sponsored operational research initiative enhances the ability of zone health professionals to analyze and solve their own problems, and to also share this information in a larger (regional) forum.

Sub-Result 4.1.5: Logistics Improved

Goals (LOP): An improved, well managed logistics and supply system to adequately support PPHC service

Indicator: Improved logistics control systems in place.

Status: JSI has supported pharmaceutical management training, and has updated the skills of vehicle and medical maintenance staff. Data on drug stocks, equipment, and transport has been included in the modified HMIS report, which is submitted monthly by health facilities and woredas in the 5 focus zones.

Outputs/status:

4.1.5.a In coordination with the training activities of other donors, train regional/zonal/woreda personnel in inventory control and stock keeping procedures.

See comments 4.1.1.b and 4.1.4.d.

4.1.5.b Assist the SNNPR/RHB to develop and/or up-date corresponding manuals and guidelines as appropriate.

See comments 4.1.4.d.

4.1.5.c Provide technical assistance for the identification and procurement of commodities as approved by the SNNPR/RHB and USAID/E

IR 4 procurement has been undertaken primarily for equipment such as audio-visual equipment, library books, computers and software, radios, etc. No drugs or family planning commodities have been procured. TA has been provided to assist the RHB to identify essential equipment for the RCL, which they have requested through HCC funds from USAID.

Sub-Result 4.2: Community Services Revitalized

Goal (LOP): Increase the proportion of communities in health service-related decisions; increase community awareness and adoption of positive health promotion and care seeking practices; strengthen linkages in the communities, local government and health system

Indicator: Percentage of health facilities offering essential outreach services

Target for 2001: 35%

Target refers to
Project years
(10/00 – 9/01)

Status: All health centers and health stations offer a limited scope of outreach services. Data is not currently available as to the type of services or frequency these services are offered. All participate in the NID and most report occasional EPI outreach activities. Government resources are limited for providing regular and more comprehensive outreach services. Increasing and improving outreach services will be a focus of the Community Development Strategy being developed by the Region, with assistance from JSI. Finalization of the Strategy and planning for implementation should begin before the end of 2001.

Outputs/status:

4.2.a Assist RHB and ZHDs to develop and implement innovative approaches for effective community outreach and community based activities in all major disease control areas.

Community health is a significant issue and problem in the SNNPR. It is estimated that less than 50% of the 12-15 million population of the region have access to a static health facility.

The RHB requested that JSI and the Region work together on a task force, to develop a cohesive approach for community health. The goal was to establish a Community Health Development Strategy that would serve as a single vision for the Region and its health partners. Such a Strategy would establish priorities and eliminate much of the ad hoc, and often duplicative, initiatives currently underway (by Government, donors and NGOs). Towards development of the strategy, the following activities occurred during the past year:

- The RHB Task Force conducted a community health survey in the region. The survey examined the level of community health services currently being offered, and the expressed health needs of community members.
- JSI sponsored a study tour for the RHB Task Force to the Amhara and Tigray Regions-locations that were reputed to have two of the better community health programs in the country. A number of positive findings resulted from the tour, including: 1) the need for establishing “Community Development Departments” at zone and woreda levels (Tigray); and 2) the allocation of funds to support routine EPI, outreach (Amhara and Tigray). As a result, these recommendations are being included in the Regional Strategy.
- In September 2001, the RHB Task Force completed a draft Strategy (currently under review). It is projected that a workshop will be held with all stakeholders (NGOs,

donors, zones, etc.) in November, to review and modify the tenants of the Strategy. Implementation is projected for early 2002.

4.2.b Assist SNNPR/RHB to design and implement strategies to establish and sustain community based activities.

See 4.2.a above.

4.2.c Assist SNNPR/RHB to develop strategies to link community based activities with the appropriate local government.

See 4.2.a above.

4.2.d Work with the SNNPR and other relevant partners to revise and update tools and training materials for Community Based Health Agents.

Community Health Agents were introduced by the Durg Regime more than 12 years ago. These volunteer health workers essentially no longer exist. It is now Government policy to assign paid Community Health Workers (CHWs) to health posts. CHWs serve as health liaisons within communities. They conduct health prevention and promotion activities, and refer more difficult health problems/clients to the health post or higher-level health facilities.

The BASICS Project developed training materials for Community Health Workers. Large quantities of these materials are available at the Regional Training Center. It is the intention of the Region to use these materials for training, once funds are available to recruit and hire CHWs, who will be assigned to health posts.

Collaboration

The JSI Project has an extremely close, collaborative relationship with the Region and the Zone Health Departments (ZHD). The Project is essentially seen as part of the overall Government health structure, rather than being separate or independent. There are several reasons for this positive relationship:

- The JSI office is co-located with the RHB. This provides a physical presence and opportunity for frequent interactions and dialogue.
- All JSI initiatives are both coordinated and developed with the RHB, before any implementation activities occur in the zones. RHB counterparts are actively invited to participate in all operational activities.
- The JSI staff meet regularly, both formally and informally, with the RHB Head and individual Department Heads.
- The JSI workplan and budget is made transparent. The workplan is developed in conjunction with Regional counterparts and the budget for workplan activities are clearly defined. Additionally, the JSI workplan is incorporated into the Regional HSDP.

- JSI technical officers are assigned directly to a ZHD. In this capacity they serve as a member of the ZHD and are therefore in an excellent position to promote and receive support for the objectives of the Project.
- With the exception of the JSI Advisor, the JSI Awassa Team is composed entirely of local nationals, who have extensive experience and credibility in the Region.

JSI has also collaborated with a number of health development partners in the SNNPR. This includes:

- Coordinating with the World Health Organization (*WHO*) for Health Systems Research (HSR) training and National Immunization Day (NID) planning and implementation;
- Providing IRT training for NGO's, and sharing IRT training materials and trainers with these organizations for specialized training programs;
- Coordinating with and utilizing DSA designed training materials, for the training of zone and woreda financial workers;
- Training NGO health workers in HMIS;
- Utilizing Pathfinder's expertise to provide advanced counseling training for IRT trainers.

Challenges/Recommendations

There are a number of challenges impacting both the Region and the Project.

- The RHB is significantly understaffed for the size and population of the region it serves. This understaffing seriously limits the ability of Regional personnel to monitor and direct field activities. Examples of understaffing include: The Regional Training Center- two staff members; IEC Section- 3 staff members; MCH Section- 1 staff member; EPI Section- 1 staff member.

The RHB and Regional Government should reexamine the organization structure of the RHB in order to determine adequate staffing levels to address regional health management priorities.

- The number of zones and woredas in the SNNPR are rapidly expanding. This impacts on coordination requirements for health care implementation, and increases the difficulty of developing and maintaining a standard approach. When the Project started in September 1999, there were 9 zones and 77 woredas. Today there are 13 zones, 104 woredas and 7 special woredas.

The reality of expanding organization structures makes it imperative that increased attention should be given to ensuring a standardized approach that provides for both quality and equity of health service delivery. Emphasis should be placed on improving analytical review meetings at the region and zonal levels (annual and bi-annual review meetings); placing increased attention on monitoring and evaluation; and providing mechanisms for improved supportive supervision.

- The recurrent budget for health in the SNNPR is proportionally less than that of other regions. Similarly, the operating budget for this year is less than last year. At the time of this writing, there was an absence of an operating budget for most health facilities in the focus zones.

Budgetary allocations for the SNNPR should be examined by region and national government structures. In addition current IR1 activities, e.g. fee retention, Special Pharmacy Project and piloting National Health Accounts should receive priority attention by Government. These initiatives have the potential to provide the drugs and operating funds necessary to promote and sustain the initiatives currently being implemented by ESHE/JSI and RHB in the SNNPR.

- More than 50% of the Region's population does not have access to a static health facility. Accordingly, outreach activities from static health facilities have significant importance. Unfortunately, outreach is relatively ineffective, i.e., scheduled visits are sporadic, outreach is usually limited to EPI, and there is often little coordination with local community health workers.

IR4 initiatives for Year 3 and 4 seek to expand and improve outreach services. This will be accomplished through the development and implementation of a comprehensive Community Health Development Strategy; improved collaboration between NGOs, CHWs, and government health facilities; expanding outreach services to include a wider delivery of health activities, etc.

- Drug availability is a serious problem in almost all health facilities. Lack of drugs reduces the capability of health workers to manage cases effectively, erodes client confidence in the system, and negatively impacts on client motivation to return to a health facility for care.

The Special Pharmacy Program has the potential to provide an improved level of essential drugs to hospitals and health centers. Additionally, USAID funded warehouse construction, and logistical support from the Deliver Project should enhance the distribution and management capacity of the region.

- Health worker turnover and transfers are very high in the SNNPR. This inhibits continuity of program initiatives and the development of team morale. Additionally, written job descriptions are not widely disseminated and/or reflective of the work performed by an employee. This uncertainty impacts work performance and an effective relationship between employee and supervisor.

Passing and implementing the Civil Service Reform will help to alleviate current problems relating to health employee retention, morale and transfers. Additionally, current ESHE/JSI initiatives in the SNNPR are attempting to rationalize job descriptions for health workers and improve supervisory guidelines and capacity.

- Organizational line authority is not clear between hospitals, Woreda Health Offices, health centers, health stations, health posts and community health workers. Recently promoted Government policy is at odds with current lines of authority being practiced in the Region.

Implementation of the National strategy to up-grade or downgrade health facilities will take several years to realize. In the interim, the region should develop clear lines of supervisory responsibility, accountability, and communication that will provide for effective health service delivery.

Future Directions

During Phase I of the Project, primary attention and effort were directed toward: 1) establishing an effective and collaborative working relationship with Regional and field counterparts; 2) ensuring that Project activities were clearly understood and in consonance with Regional priorities; 3) assessing existing capacity and effectiveness of systems that are essential for the delivery of PPHC services; and 4) improving a variety of systems (e.g. HMIS, logistics, communication, supervision, etc) and capacity building (e.g. training, computer skills, financial management, maintenance, etc), as well as providing health workers with the basic skills necessary for improving the delivery of PPHC.

During Year 3 of the Project it is reasonable to believe that the groundwork effort of the first two years will begin to show improvement in health service utilization and quality of care. The process of systems development/improvement and capacity building will continue, but increased emphasis will be placed on evaluating the impact of these interventions on improving the quality of PPHC. This will be accomplished through increased monitoring of child survival services in health facilities; supervisory follow-up of IRT; innovative IEC actions; increased support to routine EPI; and improved outreach and community services.

While JSI will continue to work principally in the 6 focus zones (which comprise approximately 60% of the Region's population), agreement has been reached with the RHB to introduce selected program initiatives in the remaining zones, during Years 3 and 4. This will include IRT, HMIS, Supportive Supervision, Financial Management training and capacity building. In the non-focus zones, the RHB will take the lead with JSI providing backup assistance and support.

Several activities and issues being addressed through IR 1 are key factors for improving PPHC. These include the Special Pharmacy Project, which is designed to improve the availability of drugs in hospitals and selected health centers, and securing national authority for user fee retention in health facilities. Clearly, improved drug availability, increased funding for health facilities, and improved budgeting and management capability are necessary prerequisites for sustaining and improving the quality of PPHC services.