ESSENTIAL SERVICES FOR HEALTH IN ETHIOPIA PROJECT

JSI

Quarterly Progress Report # 3

COUNTRY ETHIOPIA

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3RD QUARTER SUMMARY REPORT

INTERMEDIATE RESULT 1: Increased Resources Dedicated to the Health Sector, Particularly Preventive and Primary Health Care

IR 1 Work plan #	Summary Description (see main report for full details)	On-going	Complete	Postpone
1.1.a.1	Analysis of budgetary processes to identify strengths and weaknesses.			x
1.1.a.2	Develop a program of TA and training to address weaknesses in budgetary processes identified above.			x
1.1.a.3	Conduct workshop on Budgeting & Resource Allocation for HSDP. Assist PPD linking HSDP activities with budget/budget sources donor mapping.	x		
1.1.b.1	Assist PPD develop an action plan for implementation of monitoring HSDP 2000, link budgetary process & public expenditures to HSDP	x		
1.1.b.2	Support NHA Committee and Data for Decision Making Project as appropriate	x		
1.2.a.1	Identify appropriate commodities to support HCF secretariat under Host Country Contract		x	
1.2.b.1	Develop implementation and monitoring plans for HCF programs	x		
1.2.b.2	Identify on-going TA and training needs for mgt., implementation and monitoring	x		
1.2.c.1	Undertake HCF studies. Implement/pilot different elements of HCF Strategy. Develop guidelines to include revolving funds, health insurance, cost recovery, budgeting, user fees,.	x		
1.2.c.2	Conduct series of national workshops on HCF to legitimize the secretariat, plan the HCF strategy, discuss implementation issues, etc			x
1.2.d.1	Conduct national experience sharing workshop on HCF. Disseminate strategy guidelines for monitoring and the development of regional action plans.			x
1.2.d.2	Explore options to develop local capacity for training in health care financing	x		
1.2.d.1	Undertake study tours to appropriate countries implementing relevant CR programs	x		
1.2.d.2	Assist NCC select regions and identify zones for pilot testing.	x	x	
1.2.d.3	Assist in developing a cost recovery pilot test proposal and monitoring strategy.	x		
1.3.a.1	Assess training needs and develop a plan for capacity building of the RHBs with PPD			x
1.3.a.2	National Workshop on the budgeting mechanism linked to the civil service reform process			x
1.4.a.1	Define the role and improve the quality and quantity of private health sector activities.	x		
1.4.a.2	Offshore study tours to countries having successful public/private sector collaboration.	x		
1.4.b.1	Develop an action plan to implement public/private sector collaboration	x		
1.4.b.2	Workshop on options for government support for private health care delivery, opportunities for partnership with private sector, leading to strategy for working with the private sector.			x

INTERMEDIATE RESULT (IR) 2: ***Increased use and demand for modern contraceptives in focus areas***

IR 2 Work plan #	Summary Description (see main report for full details)	On-going	Complete	Postpone
2.1.a.1	Undertake off-shore training for two participants			x
2.1.b.1	Procure and assist in distribution of commodities	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***

IR 3 Work plan #	Summary Description (see main report for full details)	On-going	Complete	Postpone
3.1.a.1	In collaboration with MOH another partners assess and determine training and capacity needs for better management of STI/HIV/AIDS prevention and mitigation services.		x	
3.1.a.2	Undertake offshore training for two participant in year one and initiate appropriate follow up activities.			x
3.1.a.3	Support national in-country workshop for regional AIDS control task forces			x
3.1.a.4	Conduct TOT training activities for regional staff in STD management, counseling, IEC and AIDS case management, etc.			x
3.1.b.1	Produce guideline material for previously developed STD case management and laboratory HIV testing.			x
3.1.b.2	Integrate adopted protocols in STD/HIV/AIDS to SNNPR training activities	x		

INTERMEDIATE RESULT (IR) 4: ***Improved Delivery of Primary and Preventive Health Care Services in the SNNPR Quarter***

IR 4 Work plan #	Summary Description (see main report for full details)	On-going	Complete	Postpone
4.1.1.b.3	Conduct training activities in HMIS to 4-targeted zones.	x	2 zones	
4.1.1b.4	Provide concentrated TA and regional supervision for 4 approved zones	x	1 trainee	
4.1.1.d.3	Implement action plans.	x		
4.1.1.e.1	Assist RHB Mgt. Team in HSDP review and subsequent year plan and utilization of HMIS against resource availability and other constraints		x	
4.1.1.e.2	Assist in revision of regional HSDP based upon financial allocation			x/1
4.1.1.f.2	Promote Amharic translation and reproduction of all relevant manuals			x/2
4.1.1.g.3	Procure additional short-wave radios	x		
4.1.2.a.1	Assist in the development of a regional training strategy	x		
4.1.2.a.2	Provide off-shore training on innovative training approaches for one participant		4 trainees	
4.1.2.b.1	Assess current capacity of RTCs and HPTIs. Provide TA and training opportunities as appropriate	x		
4.1.2.c.1	Assist SNNPR to define the objectives of AVMPC in light of pre and in-service training requirements		x	
4.1.2.c.2	Assess training requirements for AVMPC		x	
4.1.2.d.1	Identify and secure AVMPC equipment and supplies.	x		
4.1.3.b.1	Assess the current state of budgeting, planning, financial management in region	X/3		
4.1.3.c.1	HCF meeting between MOH and SNNPR to determine the introduction, time frames and location of HCF programs to be piloted		x	
4.1.4.b.1	Strategy for training based on assessment		x	
4.1.4.b.2	Implement integrated refresher training	x		
4.1.4.c.1	Supportive supervision initiatives	x	x	
4.1.4.g.1	Implement community outreach programs and an IEC behavior change strategy	x/4		
4.1.4.i.1	Identify strategies for improving, implementing and supervising quality-of-care		x	
4.1.5.a. 2	Implement logistics training plan activities	x		
4.1.5.c.3	Obtain USAID approval for procurement and order commodities.	x		
4.2.a.1	Review current community-based programs in region	x/4		
4.2.b.1	Develop models for community-based programs.	x/4		
4.2.b.2	Develop strategies and target locations for community training	x/4		

Some activities have been pushed back or postponed because of "new thinking" on the part of the region and the ESHE Project. This includes:

- x\1 Revision of HSDP based on financial realities – the region has not determined that it is necessary to revise the HSDP based on financial allocations from government.
- x\2 Amharic translation of management manuals – the existing management manuals require substantial revision prior to translation. The planning section and the ESHE Project are jointly working on the revisions.
- x\3 Conduct financial management training – the region has suggested that an assessment of financial management needs be conducted prior to establishing a training program. This assessment should be conducted in the 4th quarter.
- x\4 The region believes that a Regional Community Health Strategy should first be implemented before specific community related activities are undertaken. A draft proposal for establishing a task force to accomplish this goal has been forwarded by the ESHE Project to the region.

INTERMEDIATE RESULT (IR) 1

Increased Resources Dedicated to the Health Sector, Particularly Preventive and Primary Health Care (PPHC)

WORKPLAN SUB-RESULTS (SR) AND ACTIVITIES	PROGRESS TO-DATE
1.1 Increased government budgetary allocations to health care, particularly PPHC	
a. Assist MOH and RHBs to strengthen their annual budgetary processes under the HSDP	
1 Assist MOH and SNNPR/RHB to perform analysis of budgetary processes (drawing on previous reviews) to identify strengths and weaknesses.	All activities related to in country trainings, workshops and seminars have been dormant because of funding mechanism and per diem problems. Now these problems have been solved and the delayed activities will be rescheduled and implemented in this last quarter.
2 Conduct participatory workshop with key MOH personnel to develop a program of TA and training to address weaknesses in budgetary processes identified above.	See above
3 With MOH, plan & conduct workshop on Budgeting & Resource Allocation for HSDP. Assist PPD linking HSDP activities with budget/budget sources donor mapping.	Discussion started with PPD and agreed to design a TOR.
b. Assist the PPD in implementing the HSDP monitoring program	
1 Determine actions taken to implement findings of 1999 HSDP review. Assist PPD develop an action plan for implementation of monitoring HSDP 2000, take activities to link budgetary process & public expenditures to HSDP	Discussion started with PPD and agreed to design a TOR.
2 Support NHA Committee and Data for Decision Making Project as appropriate	2 day national workshop supported by 2 Abt advisors conducted to disseminate report of NHA team and to discuss next steps. Initial findings of Private Health Expenditure Review Study were presented.
1.2 Increased share of public health expenditures covered through cost recovery	
a. Assist in the establishment of the HCF Secretariat and provide commodities to support the Secretariat	
1. Assist Secretariat to identify appropriate commodities by MOH under Host Country Contract (HCC)	The PIL has been signed and procurement is underway in MOH.
b. Assist and train HCF Secretariat on issues related to heath care financing programs using short-term in country, offshore training, and TA.	
1. Assist Secretariat to develop implementation and monitoring plans for HCF programs	These activities have started and are on going.
2. Assist Secretariat identify on-going TA and training needs for mgt., implementation and monitoring	As above
c. Work with the HCF Secretariat to develop guidelines on implementing new HCF Strategy	
1. Review existing study reports (e.g. unit cost studies, etc.), identify remaining gaps and undertake additional studies as appropriate. Assist Secretariat to implement and pilot different elements of the HCF Strategy, as appropriate Develop guidelines to include revolving funds, health insurance, cost recovery, budgeting, user fees, etc. – as appropriate	IR1 team is now working on user fee empirical survey. Work has also started to convene insurance advocacy workshop and to produce national guideline for Revolving Drug Funds. The study review report in 1.2.c.1 has been delivered. The MOH has agreed to undertake the studies. 3 studies (Private health expenditure review, Health sector delineation and Willingness to pay for health care services) have been started. Preliminary findings of the Private expenditure review study were presented at the NHA dissemination workshop. A half-day discussion meeting on the inception report of the WTP study has been conducted. Following the expanded scope of the study due to additional fund from Abt/Pathfinder, an additional consultant has been identified to join the study team.

WORKPLAN SUB-RESULTS (SR) AND ACTIVITIES	PROGRESS TO-DATE
2. Assist the secretariat to conduct series of national workshops on HCF (to include NTF, RHBs, MOH, USAID, other donors) to legitimise the secretariat, plan the HCF strategy, discuss implementation issues, etc	See 1.1.a.1 above
c. *Assist and train HCF secretariat in the implementation, management and monitoring of health care financing programs at the central and SNNPR levels*	
1. Assist Secretariat conduct national experience sharing workshop on HCF. Disseminate strategy guidelines for monitoring and the development of regional action plans.	See 1.1.a.1 above. National guideline for RDF in the process.
2. Explore options to develop local capacity for training in health care financing	Local consultant identified, TOR prepared and the consultancy agreement contract to be processed.
d. *Assist the National Coordinating Committee (NCC) to identify regions and design pilot facility and community cost-recovery programs and the design of programs.*	
1. Undertake study tours to appropriate countries implementing relevant CR programs	In the process of identifying countries to be visited.
2. Assist NCC select regions (to include SNNPR) and identify zones for pilot testing. Develop objective criteria for site selection.	The secretariat and the IR1 team have visited four regions (Amhara, Oromyia, SNNPR, and Harari) and two administration councils (Dire Dawa and Addis Ababa) to discuss HCF issues and identify pilot zones. The recommended zones were also visited including facilities. Tigray and Benshangul-Gumuz regions will be visited in the next quarter.
3. Assist in developing a cost recovery pilot test proposal and monitoring strategy. Draw on BASICS designs, studies and workshop (see 1.2.c & d)	This is an ongoing activity requiring caution. It is proposed that CR could be initiated on a small scale. A possibility is the expansion of Special Pharmacies. The reasons are: a) there is sufficient experience by regions, b) it is less expensive, c) it will be a good test for the larger agenda of financial autonomy of health facilities. The IR1 team together with the secretariat has submitted a proposal for the projectized NPA fund. At the same time working on a national guideline for Special Pharmacies/RDF.
1.3 Increased government capacity at central and regional levels for resource management (limited to sectoral planning and budget development).	
a. *Provide short-term, offshore and in-country training and TA as it relates to sectoral planning and budget development for senior central and selected regional managers in resource management.*	
1 Assist in the assessment of training needs and develop a plan for capacity building of the RHBs with PPD (this may include off-shore study tours for facilitators, in-country seminars supported by an appropriately qualified university lecturer	This activity will be a priority for next quarter in accordance with the proceeding of ARM.
2 Conduct a National Workshop on the budgeting mechanism linked to the civil service reform process	See 1.1.a.1 above.
1.4 Increased private sector investment in health care delivery	This activity is generally being implemented by a major study to produce policy guidelines on the private-public delineation of the health sector. The output is expected in September 2000.
a. *Train and assist the MOH staff (Health Services and Training Depts.) in developing policy reforms to foster private health care delivery through short-term offshore and in country training and TA.*	

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WORKPLAN SUB-RESULTS (SR) AND ACTIVITIES	PROGRESS TO-DATE
1. Work with MOH, private providers and target audiences to define the role and improve the quality and quantity of private health sector activities.	Discussion started with the Health Service Team of HSTD.
2. Provide for offshore study tours to countries having successful public/private sector collaboration. (see 1.3 above). Provide in-country training as appropriate.	In the process of identifying countries to be visited.
b. *Work with the MOH and private sector to develop interventions to promote government support of private health care delivery.*	
1. Assist in the development of an action plan to implement public/private sector collaboration	The Health Sector Delineation study is expected to provide inputs for the development of an action plan.
2. Conduct a participatory workshop including relevant MOH staff, private providers, and other private sector representatives 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.	See 1.1.a.1 above. A major input for the participatory workshop, however, is the finalization of the 'revision of private clinics guideline'. The necessary arrangements are made facilitate the revision.
Capacity Building[1]	The draft capacity assessment report has been discussed and commented by Finance and Budget Division of MOH. It will be communicated to Finance and Administration Department before moving to action.

SUMMARY OF OUTPUTS

- Support the NHA National Dissemination workshop.
- Preliminary findings of the Private Health Expenditure Review Study.
- Discussion on the inception report of WTP study with different groups.
- Identification of a consultant to explore options to develop local capacity for training in health care financing.
- TOR for the training capacity assessment.
- Identify zones for pilot testing.
- Proposal for drug fund to expand Special Pharmacies.
- Draft work-plan of the intermediate result for year two.

POTENTIALS AND SUGGESTED PRIORITIES FOR NEXT QUARTER

- Activities not performed in the previous quarters will be high priority for this quarter following the recent agreed arrangement in relation to HCC.
- Finalize the two studies (Private health expenditure review and Health sector delineation).
- Prepare the off shore study tours for cost recovery and public-private collaboration.
- Facilitate the off shore training in health care financing.
- Assessing training needs and develop a plan for capacity building in implementing the HSDP.
- Refine the draft work-plan of the intermediate result for year two.
- Produce draft national guideline for Special Pharmacies /RDF.

[1] This is one of the six cross-cutting interventions (sustainability, quality of service delivery, NGOs and community participation, gender equity, ultimate and intermediate customers, and HSDP) for the ESHE project. Capacity building, more specifically, training staffs of MOH and RHBs on financial management of USAID resources will be undertaken under IR1.

INTERMEDIATE RESULT (IR) 2

INCREASED USE AND DEMAND FOR MODERN CONTRACEPTIVES IN FOCUS AREAS – YEAR ONE

WORKPLAN SUB-RESULTS (SR) AND ACTIVITIES	PROGRESS TO-DATE
2.4 Increased capacity of government to deliver modern family planning services	
a. *Train the MOH, National Office of Population (NOP) and related regional office staff in order to better manage reproductive health/family planning services*	
1 Undertake offshore training for two participants and initiate appropriate follow up activities. - Management of RH/FP Services training for one person - Adolescent Reproductive Health training for one person	Options for offshore training are currently being explored.
b. *Procure limited commodities such as vehicles, medical equipment and supplies where appropriate.*	
1 Procure and assist in distribution of commodities - Vehicle for NOP in support of JHU/PCS – IEC activities - OHP attachment to computer for advocacy for NOP x 2 - Other medical equipment and supplies	The FHD and NOP have submitted their equipment needs. Initial costing is underway. The total costs for equipment for FHD will cover FY 92 and 93.

POTENTIALS AND SUGGESTED PRIORITIES FOR NEXT QUARTER

- Agree and arrange appropriate courses for offshore training for FY 92 and plan for courses for FY 93.
- Complete procurement process.

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 – YEAR ONE

WORKPLAN SUB-RESULTS (SR) AND ACTIVITIES	PROGRESS TO-DATE
3.2 **Increased capacity of the public and private sectors to effectively manage and deliver STI/HIV/AIDS prevention and mitigation services in focus areas**	
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*	
1 In collaboration with MOH another partners assess and determine training and capacity needs for better management of STI/HIV/AIDS prevention and mitigation services. Develop action plans as appropriate	The training plan has been prepared. Training will take place in FY 93 (see below).
2 Undertake offshore training for two participant in year one and initiate appropriate follow up activities.	This had not been included in the MOH FY 92 plan, but has been added to the FY 93 plan which is awaiting approval.
3 Support national in-country workshop for regional AIDS control task forces	These will take place after the national workshops which have been delayed.
4 Conduct TOT training activities for regional staff in STD management, counselling, IEC and AIDS case management, etc..	Counselling training has already taken place for this year using other funds but will be an ongoing exercise. AIDS case management training will be postponed until FY 93, after the management guidelines have been finalised.
b. *Assist the MOH and SNNPR to develop guidelines and conduct workshops in piloting integrated RH/MCH/STI/HIV/AIDS activities in PPHC services in focus areas.*	
1 Produce guideline material for previously developed STD case management and laboratory HIV testing.	A sensitivity study is planned prior to preparing new guidelines and so this activity has been postponed.
2 Integrate adopted protocols in STD/HIV/AIDS to SNNPR training activities (see 4.1.4, b)	As above
c. *Work with SNNPR to implement a system of supportive supervision (see 4.1.4, c)*	

POTENTIALS AND SUGGESTED PRIORITIES FOR NEXT QUARTER

- Identify appropriate courses for the two candidates for offshore training and make arrangements for these.
- Explore the possibilities of collaboration with other agencies to undertake in country training using external and internal expertise for FY 93.

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INTERMEDIATE RESULT (IR) 4

IMPROVED DELIVERY OF PRIMARY AND PREVENTIVE HEALTH CARE SERVICES IN THE SNNPR – THIRD QUARTER

Workplan sub-results (SR) and activities	
4.1.1 Health Planning and Management Improvement	
b. Support the implementation of HMIS	
3. Conduct training activities on agreed standards and formats for HMIS to 4 targeted zones. (going to scale)	HMIS training given to 120 people in Hadiya and North Omo zones. Instruction for training provided by RHB, zone & the ESHE Project staff members. Sidama & KAT will receive HMIS training in August 2000.
4. Provide concentrated TA and regional supervision for 4 approved zones within SNNPR	See comments above. Additionally, intensive TA to support HMIS activities will be conducted by zone and the ESHE Project staff members assigned to the 4 zones. This is an on-going activity. One trainee from a zone is to go for offshore training in HMIS in July.
d. Train and assist the SNNPR/RHB staff to complete its database, analyse and utilize data for better planning and decision making	
3. Implement action plans.	The ESHE Project has assisted RHB in reviewing FY 92 HSDP. Health statistic indicators are a measurable part of the HSDP. Timely HMIS data is generally not available at regional level to monitor HSDP progress. The ESHE Project is working with RHB to introduce a "modified" health statistics report intended for monthly tabulation. This should assist in providing necessary data to monitor HSDP progress.
e. Work with SNNPR/RHB to update regional HSDP annually	
1. Assist RHB Mgt. Team in the annual HSDP review and subsequent year plan including retrieval, analysis and utilization of HMIS against resource availability and other constraints	The ESHE Project assistance to the RHB includes FY 92, FY 93 and 5-year HSDP planning
2. Assist in revision of regional HSDP based upon financial allocation authorized by the Regional Bureau of Finance and RHB	To date, this action has not been a priority of the region.
f. Assist the SNNPR/RHB to institute the use of existing management and health facility manuals by all staff members and develop new manuals as appropriate	
2. Promote Amharic translation and reproduction of all relevant manuals based upon need, budgetary constraints and time factors in agreement with RHB Mgt. Team	Temporarily postponed because: a) management manuals, developed by previous project, were only in a draft stage; b) MOH has proposed the revision of a number of management systems identified in draft manual; c) The ESHE Project and RHB have decided to revise a number of components in the manual (checklists, problem solving methodologies, modified health statistics report, et c.). Once the management manual components are finalized, Amharic translation will be undertaken.
g. Procure and install short wave radios in identified sites in order to improve communication among health bureaus within the SNNPR region	
3. Procure additional short-wave radios in consultation with RHB Mgt. Team	The proposed radio is no longer available. Alternative models are currently being sought.
4.1.2 Increased Regional Training Capacity	
a. Work with SNNPR/RHB to update its human resource training strategy including identification of needed reference materials as being necessary (see 4.1.4 below)	
1. Assist the SNNPR develop a rational training strategy within the HSDP that includes needs, capacity, IEC support materials, logistics and budget. Facilitate an integrated relationship between the RTC and HPTIs for improved training.	Training is an important concern of the region. Recently trained health workers are perceived as not possessing minimum standards. The region has requested the ESHE Project to assist in an in-depth assessment of training. The assessment will form basis of a regional training strategy and could include interviews with graduates, HPTIs, curriculum review, quality of practical training, supervision and support for graduates. This will be conducted in early FY 93.
2. Provide off-shore training on innovative training approaches for one participant (RTC or HPTI)	The ESHE Project was to support 3 SNNPR employees for short-term offshore training in FY 92. However, 7 positions have been secured utilizing Kenyan and US based training. (see 4.1.1.b.4

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Workplan sub-results (SR) and activities	
	&.4.1.4.b.1). Training will commence in July of this year.
b. Assist the Regional Training Center (RTC) and Health Professional Training Institutes (HPTIs) to develop and pilot innovative training in educational strategies (e.g. distance learning and competency based training) to improve instructional materials, methods development and M&E	
1. Assess current capacity and instructional approaches of RTCs and HPTIs. Clarify goals, objectives, needs, resources, interests and capacity for developing improved approaches. Provide TA and training opportunities as appropriate	A number of innovative training initiatives are built into the training program established for integrated refresher training. RTC/H has been part of this development and systems will be adapted there. The HPTIs are different. There is general opinion at the RHB and zones that the quality of junior health worker capacity is lacking. The ESHE Project will pursue this issue with the RHB (see 4.1.2 a-1 above).
c. Train SNNPR staff to manage the audio visual and material production center (AVMPC) through short term in country training and technical assistance	
1. Assist SNNPR to define the objectives of AVMPC in light of pre and in-service training requirements (see 4.1.2 a.2 above)	This has been accomplished jointly with the RTC/H
2. Assess training requirements for AVMPC	This has been accomplished jointly with the RTC/H. Upon receipt of the ESHE Project procured AVMPC equipment, the ESHE Project will contact with local consultants to provide necessary training to AVMPC staff.
d. Provide equipment the audio visual and material production center to produce IEC materials as necessary	
1. Identify and secure (with USAID) necessary equipment and supplies.	Procurement process is on going. A number of items are currently awaiting clearance.
4.1.3 Increased Resources and Improved Utilization	
b. Work with the SNNPR/RHB to develop and implement pilot HCF programs within the region. (See 1.2, d)	
1. Assess the current state of budgeting, planning and financial management in region – to develop plan for training to fill gaps	A recent baseline assessment of zones indicates limited financial management capacity. EMI was previously contracted to undertake financial management training but additional training is required. The first step will be to conduct an assessment of financial training needs of field managers and staff. The ESHE Project will assist RHB administration and finance section in this. Following the assessment, a comprehensive training program will be developed which will be based at the zone level.
c. Assist and train the SNNPR/RHB on financial management, accounting, budgeting and tracking expenditures, mobilizing resources within HSDP and HCF	
1. Conduct a decision-making meeting between MOH and SNNPR to determine the introduction, time frames and location of HCF programs to be piloted (budget reforms, cost recovery, private-sector initiatives, etc.)	This was accomplished during the quarter through joint meetings between RHB representatives and members of IR1. Based on these discussions, the primary HCF focus in the SNNPR will involve the introduction of revolving drug funds and cost retention at hospital locations.
4.1.4 Improved Availability and quality of PPHC services in health facilities	
b. Train 3,000 health care providers (during life of project) to properly diagnose, treat and counsel clients in RH/FP, STI/HIV/AIDS, TB, malaria, case management of childhood illness (IMCI) and PPHC services through in country training.	
1. Based upon assessment findings and review of existing research documentation, establish responsibilities and action	An assessment of the 4 target zones was completed in late May. Based on the assessment, the ESHE Project has developed a training strategy with RHB and zonal officials. Two trainees are booked

Workplan sub-results (SR) and activities	
strategies for each identified area requiring improvement. This may include modification of existing training materials and/or procedure manuals (see IR 2 & 3 regarding integrated approaches and 4.1.4 d and e below)	to go for training in quality of care in October.
2. Implement training for initial target groups (nurses) in SNNPR. Conduct simultaneous activities to adapt training protocols for community based health workers (TBA, CHWs, etc.).	This activity is moving ahead nicely, but requires additional work. While the concept of refresher training is accepted as a critical training need, there are no off-the-shelf training packages available. The curriculum materials must be developed and departmental participation/acceptance is required. A task force has been established and departments are formulating their own materials for training. A workshop will be held in August and the developed curriculum will be reviewed and finalized. It is planned that the training will begin in the 4 target zones starting in September.
c. Assist SNNPR implement and improve a system of supportive supervision (see IR 3.2, c)	
1. Use findings from health facility baseline review (see 4.1.4, a above). Examine utility of supervisory checklist and other relevant management manuals and guidelines for supervision. Develop a plan of action, revise existing materials and provide on-the-job training to field supervisors as appropriate.	Supervision from zone and woredas to health facilities is limited. Few feedback mechanisms are in place. FY92 activities for supportive supervision are contained in the Integrated Refresher Training, providing guidelines for training follow-up. In FY93, several activities are planned: a) support of biannual review meetings with woredas; b) development of integrated supervisory checklists; c) self-appraisal instruments for health workers; d) introduction of monthly feedback on HMIS.
g. Assist SNNPR/RHB to design and implement innovative approaches to promotive and preventive health services using community outreach programs, media, IEC messages, etc..	
1. Using findings from baseline review (see 4.1.4, a above), develop and implement community outreach programs and an IEC behavior change strategy consistent with review and HSDP budget constraints, AVMPC initiatives, (see 4.1.2, b above and 4.2 below)	RHB wishes to develop a Community Strategy in defining directions for community health initiatives. A number of issues will be covered a) school (health) curriculum and health prevention; b) role of community health committees; c) coordination of EPI outreach d) coordination of community NGO activities/programs; f) linking TBA activities to health centres; g) development of IEC program for community health workers; h) developing working links with religious institutions/youth groups. The ESHE Project will work with the region to develop a strategy – probably in early FY 93.
i. Assist SNNPR/RHB in the development of quality of care strategies and M&E tools	
1. Based on the quality of care assessment conducted through the RHB, identify strategies for improving, implementing and supervising quality-of-care in health facilities (supervisory checklist)	See b-2, b-3 and c-1 above
4.1.5 Logistics Improved	
a. In coordination with training activities of other donors, train hospital storekeepers, regional and zonal personnel in inventory control and stock keeping procedures.	
2. Implement training plan activities to include training and the development of guidelines as appropriate. Medical maintenance unit, vehicle maintenance, stock management and pharmaceuticals.	The ESHE Project has worked with the Pharmaceutical Department Head to plan logistic support training for pharmaceutical workers. Additionally, the ESHE Project has provided technical assistance to the region in the development of activities supporting general stock keeping and vehicle maintenance initiatives.
c. Procure commodities approved by SNNPR/RHB and USAID	
3. Obtain USAID approval for procurement and order commodities. (see IR 2, 4.1.2, d)	IR4 procurements include AVMPC equipment, short-wave radios, and some computer supplies (under HCC). Orders for AVMPC have been placed by the ESHE Project, and the ESHE Project Computer Specialist and the RHB Planning Section are currently reviewing computer equipment needs.
4.2 Community Services Revitalized	
a. Assist R/Z/W develop & implement innovative approaches for	

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Workplan sub-results (SR) and activities	
community and outreach activities. This should include outreach, distribution of contraceptives, traditional healers, malaria and TB programs..	
1. Review current community-based programs in region- Including those targeting youth (see 4.14, g 1)	See comments above 4.1.4 g-1
b. Assist the SNNPR to design and implement strategies to sustain community based activities.	
1. Based on results of 4.1.4a develop a plan to maximize opportunities, minimize constraints and develop models for community-based programs. Examine existing materials and activities developed within Ethiopia by other organizations.	See comments above 4.1.4 g-1
2. Develop strategies and target locations for community training, and supervisory support. Ensure involvement of local Government in all activities.	See comments above (4.1.4 g-1). Additionally, it should be recognized that there are a number of issues related to community health (pre-service) training that had not been totally resolved by the region. This includes length of training, type and qualifications of cadre and funding.

SUMMARY OF OUTPUTS

- Significant action has been accomplished in most program areas. This includes activities relating to woreda and health facility profiles, HMIS training, integrated refresher training preparation, computer software development and strategies for improving supervision.

Outputs not indicated in work plan for 3rd quarter

- Assessment of the 4 target zones + report
- Formulation of integrated refresher training task force
- Development of computerized mapping program
- Computer software modifications for regional computer laboratory
- Development of profile data forms for woredas and health facilities
- Modification of (pilot) health statistics report
- Establishment of zone field offices in 4 target zones
- Operational research strategy developed for field personnel