

PN-ABZ-275

TRIP REPORT

 **BASICS**

PJ-ABZ-275

**ZONAL PRIMARY HEALTH CARE
PLANNING MEETINGS
BASICS/ESHE/USAID**

Awassa, SNNPR

May 18 to June 6, 1996

Rose Macauley, MD., MPH

BASICS Technical Directive No: 000 ET 02 005
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TABLE OF CONTENTS

	Page
ACRONYMS	
EXECUTIVE SUMMARY	1
I. INTRODUCTION	2
II. PURPOSE OF TRIP	2
III. ACTIVITIES	3
IV. CONDUCT OF THE MEETINGS	3
V. DISCUSSION AND CONCLUSIONS	4
VI. RECOMMENDATIONS	7
VII. NEXT STEPS	7
APPENDICES	
Appendix A	Map of the SNNPR with Focus Zones and Selected Woredas
Appendix B	Key Persons Contacted
Appendix C	Meeting Agenda
Appendix D	Meeting Objectives
Appendix E	List of Participants and Facilitators
Appendix F	Criteria for the Selection of Focus Woredas
Appendix G1	Terms of Reference for Zonal/Woreda Project Implementation Committee
Appendix G2	Terms of Reference for Regional Project Steering Committee
Appendix H	Estimated Population to Benefit from Community Activities per Zone

LIST OF ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival (Project)
CHA	Community Health Agent
DCOP	Deputy Chief of Party
EPI	Expanded Programme on Immunization
ESHE	Essential Services for Health in Ethiopia
GOE	Government of Ethiopia
HC	Health Center
HP	Health Post
HPN	Health, Population, and Nutrition
HS	Health Station
MCH	Maternal and Child Health
MOH	Ministry of Health
PHC	Primary Health Care
RHB	Regional Health Bureau
SNNPR	Southern Nations and Nationalities Peoples Region
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USAID/E	United States Agency for International Development/Ethiopia

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EXECUTIVE SUMMARY

A BASICS Technical Officer was in Ethiopia from 18 May to 6 June 1996 to facilitate the Zonal Primary Health Care (PHC) planning meetings for the BASICS/ESHE project in the Southern Nations and Nationalities Peoples Region (SNNPR). Four planning meetings, one in each focus zone (Sidama, Hadiya, North Omo and KAT), were conducted between 24 May and 5 June 1996. Each zonal meeting was held in the zonal capital and the duration of the meetings ranged from three to four hours. The meetings were follow-up activities to the regional planning workshop held in April 1996, and were designed to assist the zonal officials to select a focus woreda depending on the zonal priorities for the implementation of the BASICS/ESHE project. A sample of the meeting agenda is found in Appendix C.

While the overall objectives of the meetings were to review proposed activities for the BASICS/ESHE project in view of zonal health priorities and to agree on a focus woreda for project implementation, there were a number of specific objectives which are in Appendix D.

Participating in each meeting were a representative from the Regional Health Bureau(RHB), members of the Zonal Council, and members of the Zonal Planning and Health Bureaus. The RHB representative and the BASICS team served as facilitators. See Appendix E for a list of participants and facilitators.

The meetings were characterized by very interactive and participatory discussions and by the end of each meeting participants had identified a focus woreda as well as one or two alternatives. The participants also selected representative members of the zone to serve on a BASICS/ESHE project implementation Committee. The focus woredas selected for each zone are as follows:

Sidama Zone	Dale
North Omo Zone	Uba Zala
Hadiya Zone	Konteb
Kembata Alaba Tenbaro (KAT) Zone	Alaba

I. INTRODUCTION

The Essential Services for Health in Ethiopia (ESHE) Project is a bilateral agreement between the Government of the United States of America, through USAID/Ethiopia (USAID/E), and the Government of Ethiopia (GOE). The project is being implemented by the BASICS project in collaboration with the Ethiopian Ministry of Health (MOH). The project focuses in the Southern Nations and Nationalities Peoples Region (SNNPR). Please see Appendix A for a map of the SNNPR. The purpose of the ESHE project is to improve the health status of Ethiopian women and children less than five years of age through increased utilization of preventive and curative services and family planning.

The BASICS/ESHE project recently conducted a three-day regional planning workshop, in April 1996, to develop an implementation plan in collaboration with regional and zonal officials and to discuss proposed activities at the various levels. The zonal meetings are a continuation of the planning process started during the regional meeting in April. The meetings were also intended to provide a forum for zonal officials to consider criteria for the selection of focus woredas. The expected outcome of the meetings was the selection of focus woredas and the formation of zonal project implementation committees.

II. PURPOSE OF TRIP

While the primary purpose of the trip was for the consultant to assist the BASICS/Awassa team in facilitating the four zonal planning meetings, the following tasks were also included in the scope of work:

- In Addis, the consultant will meet with USAID/E HPN staff and MOH officials including the planning department, to discuss issues raised during the Awassa meeting and the proposed zonal and woreda planning activity
- The consultant will meet with Regional Health Bureau (RHB) officials to discuss technical issues and proposed strategies vis-a-vis the time frame for project implementation.
- Begin discussions with RHB department staff on key elements of the "essential package" of clinical care and support package in order to reach general agreement on the package.
- The consultant will accompany the BASICS/Awassa team to each of the four zones to participate in zonal planning meetings to discuss priorities for selection of focus woredas, project intervention strategies, possible community sites, and mechanisms for ongoing monitoring of project activities at zonal and woreda level. These meetings will also provide an opportunity to outline the time frame for project activities and the definition of the roles and responsibilities of zonal and woreda staff.

- The consultant will, along with the BASICS Deputy Chief of Party (DCOP), organize and facilitate the zonal meetings.
- The consultant will work with the DCOP in collaboration with RHB staff to further develop and reach a consensus on key indicators for monitoring project impact.

III. ACTIVITIES

Following a briefing session in Addis Ababa with USAID/E staff and Dr. Estafanos Biru, Head of the Regional Health Bureau, the consultant traveled with the BASICS/ESHE Deputy Chief of Party to Awassa. In Awassa, the consultant spent a couple of days meeting with regional government officials and regional UNICEF staff. The consultant also worked with the BASICS/Awassa staff to prepare for the zonal planning meetings. The next eight days of the trip were spent facilitating the zonal planning meetings.

In collaboration with the DCOP, the consultant developed proposed terms of reference for the zonal/woreda-BASICS/ESHE implementation committee and drafted an organizational chart for the project. In addition, the BASICS team at the request of the RHB developed draft terms of reference for the BASICS/ESHE Regional Steering Committee which had been established in December 1995. Terms of reference for both committees are in Appendices G1 and G2.

Upon completion of the meetings, the consultant debriefed with the RHB and USAID/E. Key contacts are listed in Appendix B.

IV. CONDUCT OF THE MEETINGS

Prior to the arrival of the consultant, the BASICS/Awassa team in collaboration with the RHB sent out letters to zonal officials informing them of the date and objectives of the meetings. The BASICS team spent two days in Awassa finalizing preparations for the meeting while awaiting the arrival of the RHB designee from Addis. During this period, the BASICS team also contacted the head of each Zonal Health Division by telephone to confirm the team's arrival and to request the zonal officials to begin discussions on the selection of a focus woreda. Arrangements for the meetings were finalized by May 23, 1996.

The Sidama Zone meeting, which was the first of the series, was held on May 24, 1996 in Awassa, the capital of the SNNPR as well as the zonal capital for Sidama Zone. The meeting was attended by representatives from the RHB, the Zonal Council, Zonal Planning Division and the Zonal Health Division. The meeting agenda items included introduction of participants, presentation and discussion of BASICS activity plans and objectives and time frame for project activities. Appendix C contains a generic agenda for the meetings. Also included were presentation and finalization of proposed criteria for selection of the focus woredas and the selection of a focus woreda.

Participants in each zone unanimously approved the criteria for selection of the focus woreda. (See Appendix F—selection criteria). The actual selection of a focus woreda often generated lively and lengthy discussions. The prolonged discussions were apparently due to the fact that participants were very apprehensive about selecting a single woreda for project implementation. They were concerned that all project activities would be implemented only in the focus woreda. The BASICS team explained that a number of activities (including training, provision of limited essential medical equipment) would be implemented across all woredas in the focus zone. The participants then requested that the BASICS team leave the meeting room to allow for the regional and zonal officials to have private discussions. It took an average of one to two hours for the regional and zonal officials to reach a consensus on a focus woreda. It was also obvious in each meeting that representatives from the zones who participated in the Regional Planning Workshop a month earlier had not debriefed or shared information about the project with their colleagues. To avoid similar occurrences in the future, participants suggested that the steering/implementation committee meet regularly as a way of improving the flow of information between the project and concerned local officials as well as among various sectors at the different levels.

The conduct of meetings for the other three zones (North Omo, Hadiya and KAT) was very similar in organization to that of Sidama and all meeting participants expressed similar reservations about selecting a focus woreda until they were convinced that some project activities would be implemented in all woredas in the focus zones. Despite the earlier confusion, all zones succeeded in selecting a focus woreda. A summary of discussions is presented in the next section of this report.

V. DISCUSSION AND CONCLUSIONS

The primary purpose of the zonal planning process is to maximize input from key local officials at every level to ensure that communication is improved among departments within the health bureau and other sectors. Secondly, the process is intended to ensure that those project activities are implemented smoothly.

In his presentation of the major categories of BASICS activities, objectives and time frame, the BASICS/ESHE DCOP emphasized the desire of the project staff to inform regional, zonal and woreda officials of the types of project support available and of the importance of the full participation of officials at every level in the implementation, monitoring and evaluation of project activities.

Sidama Zone

In the Sidama Zone meeting, participants expressed great satisfaction over the process of involving officials at every level in the planning of project activities. However, the representative from the zonal council expressed concern about BASICS' desire to focus project

activities in a single woreda in the already narrowly selected focus zones. Other participants then became concerned and told facilitators that they did not feel that they had the mandate to select a single focus woreda and that they needed to solicit advice from their respective government sectors (including the zonal council). Therefore, the meeting adjourned to resume two hours later. When the meeting resumed, the officials were ready to present their choice for a focus woreda. The spokesman for the team indicated that after a thorough consideration of the criteria, they selected the following woredas: Dale as first choice, Awassa as a second, and Shebedino as third.

After the presentation and discussion of the proposed terms of reference for the zonal project implementation committee, the participants agreed on the following representation:

Zonal Health Division	2 persons
Zonal Planning Division	1 person
Zonal Council	1 person
Zonal Finance	1 person
BASICS/ESHE	1 person

The Zonal Health Division will chair the committee. Participants also suggested that the committee meet on June 13 to finalize the terms of reference and identify next steps.

North Omo Zone

This meeting was held on May 27, 1996, in Arba Minch, bringing together seven zonal officials. Participants in the North Omo Zone meeting requested that the project consider selecting two focus woredas as opposed to one. Their reason for the request was that the Zone is the largest in size, with 22 woredas, and the most populated. While awaiting a response from project and regional officials, the zonal staff presented the following choices of woredas based on the selection criteria: Uba Zala as first, Kemba as second, Konke as third, and Boloso Sore as fourth. Although the selected woredas are far from Awassa, they are close to the zonal capital, Arba Minch.

Participants decided that the Zonal Project Implementation Committee would be composed of the following departments/sections:

Environmental Health	1 person
Epidemiology	1 person
Health Services and Training	1 person
Planning	1 person
Finance	1 person
Council	1 person
BASICS/ESHE staff	1 person

The chairmanship of the committee will be decided by the members during their first meeting.

Hadiya Zone

The Hadiya Zone meeting was held in Hossana (Waachamo), the zonal capital, on May 29, 1996. The meeting followed the same pattern as described for the other zones except that participants selected one focus woreda (Konteb Woreda) with no alternatives. Zonal official assured the BASICS team that the selected woreda was accessible by road all year round. However, our attempt to visit the only health center (Konteb), proved futile as the road became impassable following heavy rains the previous night. The team returned to Hossana and visited a health station (Mushitu), where health workers were conducting antenatal and immunization sessions.

Participants agreed on the following composition of the Project Implementation Committee:

Council (Social Sector)	1 person
Health Dept.	2 persons
Planning Dept.	1 person
Finance Dept.	1 person
DPP	1 person
BASICS/ESHE	1 person

The Zonal Council representative will chair the committee while a representative of the Health Department will serve as vice-chair and the Planning representative will serve as the secretary.

KAT Zone

The KAT Zone meeting was held on May 31, 1996 in Durame, the zonal capital. Although this zone had only five woredas to select from, zonal officials spent the longest time deciding on a focus woreda. One reason for the difficulty was the fact that KAT Zone comprises three major ethnic groups concentrated in each of the woredas and participants felt that choosing one woreda over another could have political repercussions in the zonal council. Eventually, participants agreed on Alaba as the focus woreda and Kedida Gamela as the alternative.

Participants agreed on the following composition of the Project Implementation Committee:

Council (Social Sector)	1 person
Health Dept.	2 persons
Planning Dept.	1 person
Finance Dept.	1 person
DPP	1 person
BASICS/ESHE	1 person

The Zonal Health Department representative will chair the committee while a representative of the Zonal Council will serve as vice-chair and the Planning representative will serve as the secretary.

Generally, the meetings went very well and the BASICS team received excellent cooperation from both regional and zonal staff. Despite the earlier difficulties expressed by zonal officials in selecting a focus woreda, each zonal team succeeded in selecting a focus woreda. With the exception of North Omo, the population of each focus woreda was more than 15 percent of the total zonal population (see Appendix H) and facilitators were assured that the selected woredas are accessible by road all year round.

During discussions with zonal officials, it was clear that the zonal council representatives, particularly the heads of the social sector, play a key role in decision making on health activities. They think that their role as part of the zonal health management team is going to increase with time. Therefore, they would like to participate in management training along with the head of the health division.

The team is confident that planning and working with zonal and woreda project implementation committees will facilitate PHC implementation at the community level.

VI. RECOMMENDATIONS

1. Although zonal officials were confident that all selected woredas are accessible throughout the year, the author recommends that a team of project and zonal staff attempt to visit some communities in the selected woredas during the rainy season as accessibility will be crucial for effective implementation and monitoring of community level activities.
2. Because of the low population in each of the 22 woredas in North Omo Zone, the author recommends that the project consider Uba Zala and Boloso Sore as focus woredas. A combination of these two woredas increases the beneficiary population to 15 percent of the total zonal population.
3. Because of the potential role of the council representatives in health management, they should participate in the management training.

VII. NEXT STEPS

Participants and BASICS project staff identified the following as next steps for the coming months:

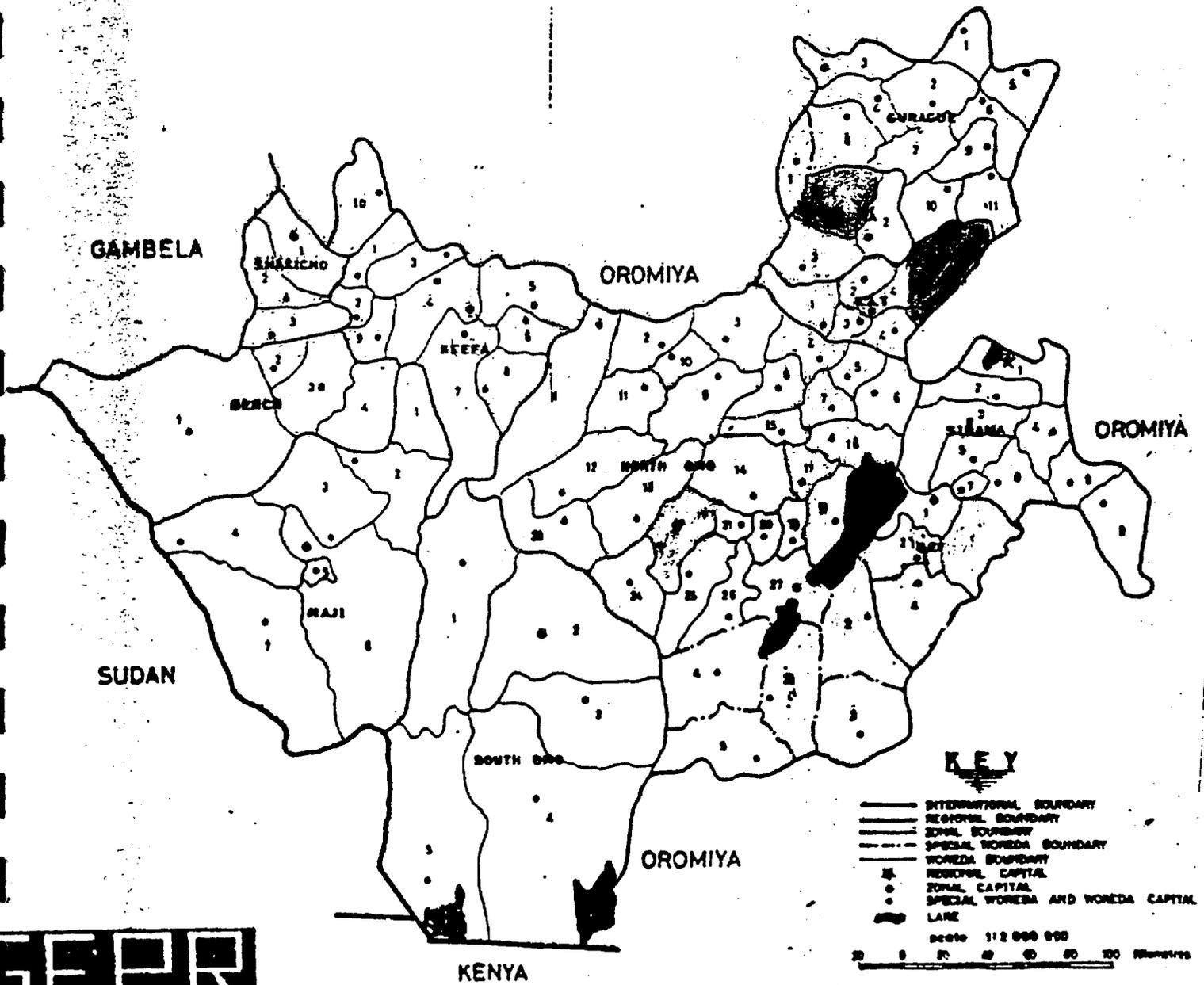
1. Visit selected focus woredas (and alternates if necessary) to discuss with woreda and other officials BASICS/ESHE project strategies, objectives and time frame for proposed activities vis-a-vis woreda priorities.
2. Select a woreda BASICS/ESHE project monitoring and implementation team.

3. Select focus communities in each focus woreda.
4. Visit communities and evaluate appropriateness as focus community in collaboration with local leaders.
5. Conduct community orientation meetings in focus communities and select a community BASICS/ESHE project monitoring and an implementation team.
6. Conduct community baseline studies and other assessments.
7. Initiate community activities.

APPENDICES

APPENDIX A

SOUTHERN ETHIOPIA PEOPLES' REGIONAL ADMINISTRATIVE MAP



GEPR
ANNING AND ECONOMIC DEVELOPMENT BUREAU
PHYSICAL PLANNING UNIT

CAUTION - The delineation of the Region, Zones, Special woredas and woredas boundaries on this map must not be considered authoritative.

APPENDIX B

APPENDIX B: KEY CONTACTS

USAID

Mr. Walter North	Deputy Mission Director
Dr. Victor Barbiero	Chief, HPN
Dr. Carmela Abate	Health Advisor
Dr. Fiseha Haile Meskel	Technical Coordinator
Ms. Wuleta Betemariam	Michigan Population Fellow

UNICEF/Awassa

Mr. Gezahegn Mengiste	Zonal Programme Officer
Dr. Tadele Gebeyehun	Asst. Project Officer, Health

BASICS/ESHE

Dr. Paul J. Freund	BASICS/ESHE DCOP
Ato Wundimu Amde	Data Collection Manager

RHB/SNNPR

Dr. Estafanos Biru	Head, Regional Health Bureau
Dr. Zelleke Gobie Kumma	Deputy Head, Regional Health Bureau
Ato Mekonnen Batisso	Head, Regional Bureau IEC

Zonal Officials

Ato Derabe Tadesse	Health Dept, Hadiya Zone
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Hossana Hospital

Dr. Habtamu Petros	Medical Director
Dr. Tigist Ahimed	Medical Ward
Dr. Rachel Ewnetu	Pediatric Ward
Dr. Amezen Tadesse	Surgical/Obs/Gyn Wards
Dr. Yohannes W/Kidan	Pediatric O.P.D.

APPENDIX C

APPENDIX C: AGENDA FOR THE ZONAL PLANNING MEETING
BASICS/ESHE
AWASSA, SIDAMA ZONE
May 24, 1996

- 10:00-10:15 Registration
- 10:15-10:30 Welcome, introduction and objectives of the meeting
- 10:30-11:00 Outline of BASICS activity plans, objectives and time frame
- 11:00-11:15 Presentation of proposed criteria for selection of focus woredas and finalization of criteria.
- 11:15-11:30 **Tea Break**
- 11:30-12:30 Selection of focus woreda and selection of zonal BASICS/ESHE Project Implementation Committee.
- 12:30-1:30 **Lunch Break**
- 1:30-2:30 Discussion of outstanding issues including roles and responsibilities of Implementation Committee.

APPENDIX D

APPENDIX D: OBJECTIVES FOR THE ZONAL PLANNING MEETINGS

General Objective

To review proposed activities for the BASICS/ESHE Project in view of zonal health priorities and to agree on a focus woreda for project implementation.

Specific Objectives:

- To discuss BASICS/ESHE proposed project activities and time schedule including community-based activities.
- To discuss mechanisms to involve zonal and woreda health bureaus and communities in the planning process including monitoring and evaluation throughout the project cycle.
- To select zonal project implementation committees.
- To discuss and finalize the selection criteria for focus woredas.
- To select a focus woreda and an alternate.

APPENDIX E

APPENDIX E: LIST OF ZONAL MEETING PARTICIPANTS

Sidama Zone

- | | |
|----------------------------|------------------------------|
| 1. Dr. Zelleke Gobie Kumma | RHB, D/Head |
| 2. Dr. Amenu Bulbula | RHB, CDC |
| 3. Ato Mkonna Batisso | BOPED, Bureau Head |
| 4. Ato Ayele Tulu | Act. Head, Zonal Health Dept |
| 5. Ato Ashenafi Argota | Zonal Health Dept |
| 6. Ato Paulos Markos | Zonal Health Dept |
| 7. Ato Begashaw Dabena | Zonal Health Dept |
| 8. Elisas Kayessa | Zonal Council |

North Omo Zone

- | | |
|----------------------|--------------------------------------|
| 1. Ato Dossa Mada | Head, Zonal MOH |
| 2. Ato Endrias Oeto | Coordinator, Zonal Env. Health Dept. |
| 3. Ato Abdi Yessema | Zonal Planning and Programing Dept. |
| 4. Ato Kebede Angamo | Planning and Economics |
| 5. Wondemu Gezehesn | Zonal Council |
| 6. Feleke Fauta | Head, Finance and Administration |
| 7. Mitiku Ayele | Expert, Planning Dept. |

KAT ZONE

- | | |
|-----------------------|---|
| 1. Dr. Sitota Abagare | Head, Zonal Health Dept. |
| 2. Desalegn Gullo | Zonal Head, Disease Prevention and Control Team |
| 3. Tessema Abose | Zonal Administration and Finance |
| 4. Yohannes Gestole | Zonal Council, Social Affairs |
| 5. Lambiso Wamisho | Zonal Health Dept., Training |
| 6. Worku G/Yohannes | Zonal Planning and Economic Development Dept. |
| 7. Matheweus Oushe | Zonal Health Dept. Planning Session |

HADIYA ZONE

- | | |
|------------------------|---|
| 1. Dr. Tosedeke Tuloro | Head, Zonal Health Dept. |
| 2. Alemu Foche | Zonal Council, Social Sector |
| 3. Firre Habe | Zonal DPCP |
| 4. Abayneh Kalu | Zonal Health Dept. |
| 5. Tsegaye Lankemo | Head, Zonal Planning and Economic Development |
| 6. Ermako Kaltamu | Zone Finance Dept. |

FACILITATORS

- | | | |
|----|--------------------|--------------------------|
| 1. | Dr. Paul J. Freund | BASICS/ESHE DCOP |
| 2. | Dr. Rose Macauley | BASICS Technical Officer |
| 3. | Ato Wondimu Amde | Data Collection Manager |
| 6. | Ato Mekonneh Fara | Head, Regional ICE |

APPENDIX F

APPENDIX F: CRITERIA FOR SELECTION OF FOCUS WOREDAS

- **The availability of functional health facilities:** Focus woredas should have reasonably functioning health post and a functioning health center.
- **Population size and density:** Woredas which have a higher population size and density may be preferred sites because the public health impact in these sites would be expected to be greater.
- **Patterns of disease morbidity and mortality:** Selected sites should have high disease incidence and prevalence rates of most important causes of mortality and morbidity in the region.
- **Accessibility:** Selected woredas should be reasonably accessible by road from Awassa.
- **Current involvement of NGOs:** Focus sites should not already have a lot of NGO activities.
- **Community participation:** Expressed willingness of the communities to construct community health post.
- **Managerial/administrative capacity:** The capacity of the woreda health officers to provide oversight for project and project related activities

APPENDIX G

**APPENDIX G1: PROPOSED TERMS OF REFERENCE FOR ZONAL/WOREDA
PROJECT IMPLEMENTATION COMMITTEES**

- Will act as liaison for project staff and local government officials and deal with problems as they arise.
- Will assist in planning and monitoring of project activities throughout project cycles.
- Will represent the priorities, interest and concerns of the communities and other sectors at zonal/woreda levels.
- Will act as liaison with NGOs, the private sector and other organizations working in health-related areas within the zone/woreda and ensure that project activities are sustainable.
- Will provide administrative and technical advice to project staff.

**APPENDIX G2: PROPOSED TERMS OF REFERENCE FOR THE BASICS/ESHE
REGIONAL STEERING COMMITTEE**

- Act as liaison for regional officials and central government (MOH, MEDAC) as well as USAID/E and deal with problems as they arise.
- Provide regular progress report to the concerned central level ministries and departments.
- Will assist in planning and monitoring of project activities throughout project cycles.
- Will act as liaison with NGOs, other bilaterals, and the private sector working in health-related projects to ensure sustainability of project activities.
- Will provide administrative and technical advice to project staff as needed.
- The committee will regularly meet on a quarterly basis or as often as necessary.
- The committee should, with project staff, ensure that all concerned parties are kept informed of project activities.

APPENDIX H

**APPENDIX H: POTENTIAL BENEFICIATE OF COMMUNITY ACTIVITIES
PER ZONE**

ZONE	ZONAL POP	FOCUS WOREDA	WOREDA POP	% POP
SIDAMA	3,537,500	Dale	320,567	15.16
NORTH OMO *	3,150,518	Uba Zala	13,3961	4.3
HADIYA	1,089,816	Konteb	320,567	29.5
KAT	835,813	Alaba	198,274	24

*Estimated proportion of population to benefit if two woredas were selected:

Uba Zala +Boloso Sore = 468,814 = 15%
 Uba Zala +Kemba = 256,460 = 8%
 Uba Zala + Bonke = 270,863 = 9%