

**Essential Services for Health in Ethiopia Project  
(ESHE)**

**Second Quarter Report  
January - March 2004**

**COUNTRY: ETHIOPIA**

**USAID Contract Number: 663-C-00-04-00403-00**

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## **Highlights of Activities Performed in the Second Quarter**

**January – March, 2004**

### **1. Year One work Plan and Monitoring & Evaluation Plan**

Year One ESHE Project work plan was finalized and submitted to USAID. The plan was prepared taking into consideration the future need to make changes following the finalization of the USAID revised strategy, presently in the process of development. The overall Monitoring and Evaluation Plan was also submitted in this quarter. Annual benchmarks and Life of Project results will be defined in each of the three focus regions in collaboration with Regional Health Bureau counterparts during ESHE Project Planning workshops. ESHE will work closely with USAID in the finalization of indicators that relate to child health in its new Results Framework.

### **2. Mapping Exercise for Evidence-based Woreda Selection**

Under its contract with USAID, the ESHE Project will focus in four zones of each of the three regions (Amhara, Oromia, SNNPR). In each of the four zones, five woreda (districts) will be selected for project interventions. In order to use an evidence-base to assist in woreda selection, the project developed a database to map various health indicators, health sector partners, and resources. ESHE Project primary selection criteria were to achieve maximum impact in reducing child illness and deaths from easily preventable or treatable causes. Selection of high population woredas is a guiding principle in making the greatest impact.

USAID invited ESHE Project to present its mapping results to the senior management team and all departments of USAID. As part of USAID's new Integrated Strategic Plan, there is increased interest in developing geographic synergy of their programs across sectors. This synergy is predicted to achieve increased development results as well as increased resiliency to upcoming droughts. This ESHE mapping database provided a framework to include other sectors' partners and geographic focus. ESHE Project was requested to not finalize woreda selection until other sectors could contribute their priorities for geographic focus.

In coordination with USAID and SNNP Regional Health Bureau, ESHE Project finalized selection of 24 woredas during this quarter. The SNNP Regional Council gave their approval of the selected woredas. In next quarter, when USAID provides their selection criteria for Amhara and Oromia regions, the remaining 40 woredas from these regions will be finalized.

### **3. ESHE Project Introduction**

The USAID/HPN Office Chief and the project CTO kindly led the ESHE Project management team during the introductory visits to Oromiya and Amhara Regional Health Bureaus. The main areas of project strategies and activities were introduced. Criteria for the selection of zones and woreda clusters were discussed. The participation of the USAID high officials in the start-up discussions with the Regions was extremely useful in facilitating the consensus reached in the selection of the woreda clusters.

#### **4. National Child Survival Conference**

Dr. Anne Peterson, Assistant Administrator, Bureau for Global Health - USAID Washington led a senior delegation representing the global Child Survival Partnership to Ethiopia in December 2003. A common understanding was reached with the Ethiopian Government to work together to identify opportunities for formal engagement. Agreement was reached to jointly sponsor a National Child Survival Conference. The ESHE Project actively supported the planning of the December consultation and supported the SNNPR to host field visits for the delegates to community sites. Following on this initial involvement, the ESHE Project was fully engaged in the preparations for the conference planned for April 2004. The ESHE Chief of Party and Deputy Chief of Party for Child Survival are serving as members of the Technical Working Group to plan and prepare the conference. The Deputy Chief of Party for Health Sector Reform is working with the World Bank team to prepare *the Marginal Budgeting for Bottlenecks* presentation for the conference.

#### **5. Strategic Planning & Management (SPM) Workshop**

ESHE Project supported the local consultant who facilitated a workshop on strategic planning and management organized by the Federal Ministry of Health (FMoH). The workshop is part of the capacity building process in the civil service reform program of Ethiopia. Following the seven day session provided to the FMoH staff, a three day special session was organized for the HPN Donor Group members. ESHE Project Chief of Party, two Deputy Chief of Party, and the SNNPR Team Leader attended the workshop. Participants were briefed on the process that the FMoH adopted in trying to institutionalize the principles of strategic planning and management. A number of comments and suggestions were provided to the FMoH by the participants concerning some of the bottlenecks in the implementation of health strategies and plans to date. One significant oversight in the SPM process is that the FMoH created their strategic plan without consultation or consideration of the available regional strategic plans.

#### **6. New ESHE Project Office**

A new Office for the ESHE Project is established on the *Al Paulo* building 3rd floor, Debre Zeit road. The new office location was a strategic decision to house seven USAID funded health projects in one building: Linkages, Injection Safety, Deliver, Health Communications Partnership (HCP), Netmark, MOST, and Essential Services for Health in Ethiopia (ESHE). It is anticipated that this geographic proximity will increase coordination, collaboration, and communication between projects, resulting in synergies, increased effectiveness and cost reductions through sharing of some resources.

#### **7. Recruitment of Staff**

Recruitment of staff for the central office, SNNP and Oromiya Region has progressed well. With the recent finalization of 24 woredas in SNNPR, advertising and recruitment for zonal/woreda cluster staff is now possible. It has been difficult, however, to identify appropriate professionals for the Amhara Region. Only two

technical positions have been filled in Amhara Region, requiring us to repeat the advertisements.

## **8. ESHE Project Baseline Surveys and Assessments**

The necessary plans and preparations were undertaken during this quarter for the surveys and assessments planned to be carried out before the end of this year. Four baseline instruments are being used: *IMCI Health Facility Survey*, *Household Survey*, *Performance Improvement Assessment*, and *Needs Assessment on Health Care Financing, Decentralized Planning and Budgeting*. These four instruments will be used in each of the three regions in a phased manner. The results of assessments will permit ESHE Project to:

- establish project baseline
- set annual targets and Life of Project indicators with regional, zonal and woreda partners during regional strategic planning exercises
- share with health workers and managers to get their engagement to identify priorities for improving performance

*Health Facility Survey in SNNPR*: Two international consultants assisted Regional Health Bureau and ESHE Project staff to plan, prepare and begin the survey in this quarter. Supervisor and surveyor training started on 29 March 2004.

Three thirty cluster *Household Surveys* were conducted across SNNPR at the close of the first phase of ESHE Project. Based on the 24 woredas now selected, these clusters can be reconstructed to complete a household baseline for this phase. The *Performance Improvement Assessment and Needs Assessment on Health Care Financing, Decentralized Planning and Budgeting* in SNNPR are planned for May 2004.

## **9. Community Health Promotion Initiative Training Manual**

A training manual for the Community Health Promotion Initiative (CHPI) was drafted and circulated among project staff. Messages developed by the Linkages/Ethiopia program together with messages from the Health Communication Partnership's (HCP) Message Harmonization Workshops will be incorporated into the manual once these messages are finalized following field testing in May.

## **10. Child Survival Message Harmonization Workshop and Message Field Testing**

The ESHE Project participated in the Child Survival Message Harmonization Workshop organized by the Health Communication Partnership (HCP) March 3-5, 2004. The central focus of the workshop was to develop a set of child survival messages for testing that emphasize a move from knowledge-based to action-based messages.

The specific child survival messages discussed in the workshop are currently being field tested by various organizations in Ethiopia. In collaboration with the SNNP Regional Health Bureau, ESHE Project conducted a workshop for field-testing of the following health themes using pilot Health Extension Package Workers: EPI,

respiratory illness, breastfeeding, young child nutrition, diarrhea, hygiene and sanitation.

## **11. Health Management Information System (HMIS) Regional Workshop**

International consultants are identified and the necessary preparations are underway to host a *Regional Experience Sharing Workshop on HMIS* in early May. Five regions will participate in the workshop: Amhara, Oromiya, SNNPR, Tigray and Addis Ababa. Some of these five largest regions have made substantial progress on HMIS independently. The overall goal of the workshop is to develop a consistent national approach to institutionalizing action-oriented, evidence-based decision-making using the routine HMIS.

## **12. Special Pharmacy Project**

Drug distribution to the 150 Special Pharmacies hosting facilities was completed by the FMOH. The first phase follow-up visit was undertaken in the 16 facilities in Amhara and 2 facilities in Oromia regions. The purpose of the follow-up visit was to observe their operational status and identify operational problems. Based on the findings of the visit, a discussion was held with the Amhara Regional Health Bureau on next steps to be taken to alleviate problems observed. Second phase of visits will soon commence to cover a sample of facilities in the remaining regions.

## **13. SNNPR Based Activities**

Being in the second quarter of the first year of the new ESHE Project, the SNNPR office has been working in two main areas: start-up activities for the new phase and a multitude of follow-up activities from the previous project despite incomplete staffing.

### **13.1 Maintain EPI, HMIS, Supervision:**

#### *Supervisory Visits to Zones*

This activity was provided follow-up and continuity of activities in the Phase I ESHE Project areas of the region. RHB Family Health Unit and ESHE Project teams were formed and checklists developed to visit and assist Zonal Health Desks and selected special woredas in their efforts to strengthening EPI, HMIS and supportive supervision. Only one such visit could be performed, however, to South-Omo and Konso due to engagement of RHB team members in other activities.

#### *Solar fridge installation*

Fifty US Government donated solar refrigerators that were distributed to remote health facilities more than a year ago were installed and/or maintained. It is hoped making this number of fridges will boost EPI coverage in the region.

### **13.2 Review Pilot Community Health Promotion Initiative (CHPI)**

ESHE Project supported an extensive study to review the pilot implementation of the CHPI in four zones and one special woreda of SNNPR. The objective of the review was to learn about potential challenges and opportunities that the pilot initiative provides. Lessons learned will be used to guide the successful scale-up of CHPI implementation.

Based on the recommendations of a one-day regional workshop conducted to review the study and reflect on the way –forward, the regional CHPI task force is now working towards the development of a comprehensive CHPI training and implementation guide/manual.

Highlights of the review findings review were presented to the region-wide social mobilization conference in Yirgalem town to sensitize participants to take similar actions in their own communities.

### **13.3 Collaboration with MOST in Vitamin A Supplementation (VAS)**

A trial Vitamin A supplementation (VAS) campaign was carried out in December in 10 CHPI kebeles in collaboration with MOST, RHB and ESHE Project. This trial served as important input for formulating VAS strategy for SNNPR.

Owing partly to RHB and ESHE's successful collaboration in Phase 1, particularly in CHPI implementation, MOST selected SNNPR to start its national VAS program in 2004. ESHE provided assistance to the development and review of the SNNPR VAS strategy technically supervised by MOST. Our participation included attendance in successive consultative meetings of the regional Child Survival Task Force where UNICEF and other donor/ NGOs are represented.

### **13.4 Health Extension Package Pilot Experience Sharing Workshop**

The Health Extension Package (HEP) Pilot was initiated in the SNNPR one year ago. The focus of the HEP training is on preventative health care at the community and household level. The HEP provides an important opportunity for collaboration with CHPI promoters to extend the reach of existing health services. A one-day workshop was held with HEP pilot workers to share experiences and make recommendations as to further work with the community.

- Accomplishments of the first year's work were reviewed and strategies for working with the community compared.
- The HEP workshop highlighted the positive working relationship between pilot HEP agents and Community Health Promotion Initiative (CHPI) volunteers in selected kebeles. Communities having an overlap of the two programs demonstrated better results over the past year's activities relative to areas where HEP agents worked alone.
- In light of these findings, inclusion of HEP agents directly in CHPI program activities is crucial for optimal health promotion on key child survival themes.

### 13.5 Regional and zonal review meetings

ESHE Project staff actively participated in the region-wide *Social – Mobilization and Six-month Performance Review* organized by the RHB and financially sponsored by IRISH-AID.

The two most prominent themes of the conference were:

1. Assuring full involvement/ownership of health actions by the community
2. Setting and agreeing on performance standards and targets for each level of the health system.

The RHB introduced Performance Contracts in this meeting. Woredas signed agreements with the RHB on what they plan to achieve in six areas, based on their individual performance currently. The six areas include immunization (DPT3), family planning (CPR), number of Outpatient Visits, number of Health Posts constructed, number of first antenatal visits, and number of latrines.

ESHE Project participated in and financially sponsored the follow-up *Social Mobilization and Six-month Performance Reviews* in five of the six former ESHE focus zones. 426 participants attended, representing the Regional Health Bureau, Zonal Health Desks, Woreda Health Offices and Health Facilities. District hospitals, woreda and zone administrators and capacity building heads attended the zonal review meetings.