

GFATM CCM-Ethiopia

Group II Oversight Committee Routine Field Visit Report

23 August – 05 September 2015

INTRODUCTION:

GFATM CCM – Ethiopia group II oversight committee has conducted a field visit in four regional states and one city administration from August 23rd to September 5th 2015. The regions visited were Gambella, Oromia, Somali, Harar and the Dire Dawa city administration.

Objectives of the oversight visit:

1. To oversee the financial, procurement/management and programmatic implementation status of HIV, TB and Malaria GF grants in the regions;
2. To investigate/understand issues or bottlenecks regarding the GF grant implementation and forward recommendations to CCM-E to make appropriate decisions;
3. To provide on-site feedbacks to the GFATM Principal Recipients in improving program performance and grant management.

Team Members:

S. No.	Team members	Organization	Regions visited	Visit dates
1	Mr. Guda Alemayehu	USAID	Gambella	23 – 29 August 2015
2	Dr. Seblewongel Abate	WHO	Oromia	
3	Mrs. Hiwot Mengistu	EPHA	Somali	30 Aug. – 5 Sept. 2015
4	Dr. Mizan Kiros	FMoH	Harar	
5	Mr. Endalkachew Fekadu	Volunteer Health Services	Dire Dawa	

Travel schedule:

S.N	Region	Date	Site Visited
1	Gambella	23 – 25 August 2015	RHB, RHAPCO, Gambella Hospital, Gambella Health Center, Jewi Health Post and Households
2	Oromia	26 – 29 August 2015	RHB, NOP+, West Arsi Zone Health Department, Kuyera Hospital, Alelu Iluu Health Post, Mekdem PLHIV Association – Shashemene Branch
3	Somali	30 Aug. – 01 Sept. 2015	RHB, Karamara Hospital, Jigjiga Health Center
4	Harari	02 - 03 September 2015	RHB, Jegula Hospital, Amir Nur Health Center
5	Dire Dawa	04 - 05 September 2015	RHB, Dele Chora Hospital, MDR Treating Center, NEP+ Dire Dawa Regional Office

Oversight visit findings:

I. Gambella Region:

1. Finance:

- The RHAPCO and RHB have are receiving GF grants for HIV, TB and Malaria programs. The fund is activity linked (earmarked) and the implementation is progressing well.
- During the visit, it was reported that the region has an outstanding balance of ETB 362,000 including the ETB 100,000 VAT receivable. Close to ETB 100,000 was paid to staffs per diem which was not settled timely and is being reimbursed through monthly deduction modality from individuals' salary. The remaining balance was taken away by the previous finance officer who is currently out of the country.

2. Procurement/Management:

- There were sufficient stocks of ARVs, TB and Malaria drugs in the region. Though intermittent HIV test kits stock-out was reported in the past one year, sufficient HIV test kits were available during visiting the health facilities. The malaria drug (Coartum) in the hospital was observed to be near to expire (September 2015). The working relationship with PFSA branches (Gambella & Jimma) is reported to be better from time to time and was reported that facilities are getting medicines and commodities timely.
- The Gambella town health center has new CD4 count machine, however it is not functional for over a year. Installation and training of lab personnel took so long time and facilities are still forced to send CD4 samples to the hospital.
- Regular coordination and monitoring activities are being done among SRs & SSRs and GF supported activities' performance report is submitted quarterly to FMOH and FHAPCO.
- All GF supported HR positions were reported to be filled except the RHB Grant Manager (already on ad) and program officer of the regional laboratory.

3. Programmatic:

- The HIV, TB and Malaria services in the region is being implemented according to the up-to-date national guidelines.
- Based on the Gambella regional state synthesis of the HIV epidemic and response, the region has prioritized high prevalent woredas for intensified HIV response. Low pediatrics HIV care/ART, poor treatment adherence and lost to follow-up were indicated as challenges for the HIV care and treatment service. The region is using Jimma regional laboratory for viral load determination and DNA PCR for EID and it was reported that the result turnover time is quite longer.
- Capacity building trainings were provided to health care providers and program managers on the area of TB (including MDR TB) and Malaria. During our visit, it was observed that the MDR TB ward is under construction using the GF grant. There is one GeneXpert for the whole region and it was requested for additional one.
- In recent months, it was reported that malaria cases are increasing in the region. Gambella hospital was reporting on average 5 severe malaria cases per week. The LLINs was not distributed as the RHB didn't receive the bed nets yet. IRS operations were not conducted and it was planned for early September 2015.
- The Gambella town health center which is under the Gambella town municipality was not functioning on its full capacity. It was observed that the laboratory was working at its lowest efficiency including microscopic diagnosis of TB cases. Being functioning under the town municipality was indicated as one of the major problems. Staffs were demotivated due to poor management/coordination and it was recommended its function under the RHBs where regular supportive supervision and closed follow-up is realized.
- Challenges including high GFATM supported staff turnover, weak coordination/joint planning between RHB and RHAPCO, increasing refugee migration to the region were mentioned in hampering the implementation of HIV, TB and malaria activities.
- As the RHBs were not part of the GFATM grant planning exercise, it was indicated that RHBs just received what is allocated by FMoH/FHAPCO without considering the regions context and priorities.

II. Oromia Region

1. Finance:

Oromia Regional Health Bureau

- Oromia RHB is receiving GFATM grant for HIV, TB and Malaria programs and implementation is progressing well according to the planned activities (ear marked).
- Delay in liquidation of GTATM grant was mentioned as a challenge and this is mainly due to poor back reporting mechanism particularly at the woreda level. All outstanding GFATM grant was liquidated (in a campaign manner) by June 2015 except the ETB 23 million which is allocated for store construction – this amount of money reported to be carried-over to the NFM.
- The RHB acknowledges the good financial liquidation practice of PEPFAR/CDC fund and are planning to replicate the same practice to GFATM grants.

Oromia – Network of Oromia PLHIV Associations (NOP+)

- As one of the sub-recipient of NEP+, NOP+ is receiving GF grant on HIV treatment adherence interventions through home-to-home visit and adherence support group.
- It was reported that there was no major challenge in liquidation of GF grants and healthy closure of GF Round 7 is being finalized by September 2015.
- It was noted that NOP+ has already got funds through NFM for continuation of HIV treatment adherence interventions.

2. Procurement/Management:

Oromia Regional Health Bureau

- ARVs stock out particularly second line ART drugs and intermittent HIV test kit shortage were reported. No problem was stated on TB and Malaria drugs.
- Lack of coordination between FMOH, PFSA and RHB was indicated on LLINs distribution in the region. In many cases, distribution of LLINs was made without prior notification to the RHB so that the bureau didn't have time for preparation of storage (temporary) for the LLINs. Due to this fact, net distribution was made to Jimma zone which were kept in an open space and exposed to rain and light.
- Regular quarter GFATM supported performance progress report is submitted to FMOH and FHAPCO.

- Few GFATM HR posts are still vacant and the contract of 18 zonal GF finance officers was reported to be discontinued and this anticipated more delay in liquidation process.
- The low GFATM DSA (per diem) rate was reported to affect the timely implementation of the planned activities. For this reason, staffs tend to implement other partner's activities which have higher DSA rate.
- The salary assessment in the context of the country's inflation situation is being done only for the federal level and doesn't consider the region and below. The salary increment for GF supported staff doesn't correlate with the government and other development partners' staff. It was indicated that GF staff is earning less than the government staff. GF supported staffs do not have either provident fund (PF) or pension contribution. All these attributed for the demotivation and high staff attrition.

Network of Oromia PLHIV Associations (NOP+)

- Merging of RHB and HAPCO in Oromia region was reported to affect the partnership in multi-sectoral HIV response in the region which was perceived to be stronger before. It was also indicated that the RHB is now more focusing on the health sector HIV response.
- The national CSO regulation was mentioned as a challenge or limitation in resource mobilization activities.

3. Programmatic:

Oromia Regional Health Bureau

- The implementation of HIV, TB and Malaria programs in the region is progressing well. The RHB is harmonizing the GFATM, PEPFAR/CDC, PMI and other development partners' fund in strengthening the response to these disease programs. It was reported that laboratory capacity building interventions for HIV, TB including MDR/TB and Malaria is also scaled up.
- The RHB acknowledges the good practice of the community HIV counselors in HTC services, case managers and HIV treatment adherence supporters (including mother-to-mother groups). Currently the bureau is looking for any opportunities for the continuity these function in the region.
- In regard to fee-based VCT services, the RHB was awaiting FMOH implementation guidance so that those who need for this service can access the service accordingly.

- Malaria micro-planning and quantification exercise which is supported by USAID/PMI was appreciated as efficient tool. This is being done together with the woreda offices.
- It was reported that 90% of the 2015 targeted IRS woredas were sprayed and about 50% of LLIN distribution was done based on the regional distribution plan. IEC/BCC materials were provided along with LLINs distribution to increase the consistent utilization of LLINs. The LLIN distribution was delayed awaiting the registration format from the FMOH. Nevertheless the distribution process was started using the RHB own registration format.

West Arsi Zonal Health Office (Shashemene)

- The zone office has received GFATM grant and implementing based on the planned activities. Monitoring of implementation is usually done integrating TB and HIV including PMTCT which needs to be encouraged.
- Major HIV, TB and Malaria drugs were observed to be available both in Shashemene health center and Kuyera hospital. Shortage of 2nd line ARVs, pediatrics ARV formulas and intermittent HIV test kits was reported in the hospital. There was no shelf to keep TB/MDR drugs for DOT patients and the drugs were simply put on the floor. There was no trained staff on TB/MDR-TB in the hospital and the service was being provided by non-trained staff.
- The zone health office received letter from FMOH on the allocation and quantities of the LLINs for the zone. They have got fund for logistic (distribution) and LLINs partially (through PFSA) and these were distributed to the town/urban areas. However, they are still waiting for additional LLINs from UNICEF which is planned to be distributed to the rural areas.
- There is a very good practice on the appropriate utilization of the HIV fund that is being collected from each government staff's salary (2%). The zone is using the fund for interventions including OVC support (schooling, clothing), nutritional support and IGA. It was underlined that it is encouraging in ensuring the ownership and sustainability of HIV/AIDS care and support interventions.
- It was indicated that the zone is recognized by the RHB on timely liquidation of the GFATM grants. The zone has ETB 2.8 million un-liquidated money out of the total amount of ETB 4 million which was allocated for the store which is under construction

for malaria program. It was noted that through GFATM grant, 18 health centers were constructed and became functional.

Alelu Illu Health Post

- It was observed that the health post has adequate medicines and supplies and the health post is providing community DOT (TB) and ICCM services. Together with the health center, out-reach HTC service is organized every two weeks for pregnant mothers.
- The local kebele administration has established Community Care Coalition (CCC) which provides care and support interventions for PLHIV and HIV affected communities. Recently the services have expanded beyond HIV and include elders and widows with no or very little income. It was reported that it is quite encouraging in the context of sustainability and ownership.

Network of Oromia PLHIV Associations (NOP+) & Mekedem PLHIV Association – Shashemene Branch

- NOP+ has over 130 member associations in the region mainly at zonal and regional levels. With the GFATM grant, the association works on HIV treatment adherence through home-to-home visit & adherence supporters in health facilities, emergency care including funeral services, nutrition support (WFP) and capacity building activities.
- Mekedem PLHIV association – Shashemene branch has indicated that they started receiving GF grant since 2009 and the funding level is shrinking from year to year. The association had eight projects of which all except the GF supported HIV treatment adherence project have phased-out. Contrary, it was reported that the demand from PLHIV is increasing particularly on IGA.

III. Ethiopian Somali Region

- The implementation of HIV, TB and Malaria services in the region is being done according to the national guidelines (ART coverage – 54%; TB detection rate – 42% and IRS done in 60% of malarious areas).
- The HIV care/ART sites coverage is low particularly in the hard to reach areas and the RHB is planning to expand to HIV care/ART sites in 8 woredas accordingly. High turnover of trained HIV and TB personnel was reported. There is no MDR –TB treatment

initiating center and the postal service for sample transport of MDR-TB diagnosis is not initiated. MDR-TB suspected cases are referred to the neighboring region.

- No stock out of HIV, TB and malaria drugs was reported in the region though there were shortage of OI drugs (anti-fungal), HIV test kits and certain lab commodities (lancets) in the past one year. The TB drugs were observed to have short life span. Hospitals got drugs not based on the consumption report rather it is through “push” mechanism.
- GF supported HR posts in the RHB are filled however high staff turnover was reported.
- RHB is working on harmonization of GFATM and other development partners (ICAP-CU, PRPFAR/CDC and WFP) supported interventions at all levels.

IV. Harari Region

- The implementation of HIV, TB and Malaria services is progressing well (ART coverage – 45%, TB case detection – 90%, IRS – 95%, ITN – 90%). Up to date national guidelines are being used during implementation of the services.
- Shortage of malaria drugs, ARV (lamivudine) and HIV test kit was observed in Jegula hospital and Amir Nur health center. The TB drugs were near to expire and shortage of laboratory supplies like sputum caps and cartilages were reported. There are 4 GeneXpert in the region (2 in the hospital and 2 in the health center).
- RHB is working on harmonization and alignment of GFATM and other development partners (BOFED, NEP+, PSI, and WFP) supported interventions at all levels.

V. Dire Dawa Region

- The implementation of HIV, TB and Malaria services is progressing well. Inter-regional coordination and collaboration between Ethiopian Somali, Harari and Dire Dawa is initiated to reduce TB cases lost to follow up.
- No stock out was reported for HIV, TB and Malaria drugs while there was intermittent shortage of HIV test kit and OI drugs.
- There is MDR-TB treatment initiating center and is receiving MDR-TB referrals from Ethiopia Somali and Harari regions. There is shortage of basic diagnostic materials and supplies in the center.

- Dire Dawa NEP + branch is working on HIV treatment adherence project and has one GF seconded staff

VI. Conclusions and Recommendations

- Generally, the GFATM activities are progressing well in all regions though intermittent shortage of medicines and commodities needs to be improved.
- PFSA to strengthen the IPLS in Somali region and implement the consumption based drugs delivery mechanism to the health facilities.
- The establishment of a MDR treatment initiating center including diagnostics (Eg. GeneXpert) should be strongly considered.
- LLIN distribution as part of 2015 national universal coverage is lagging behind particularly in Gambella region where the LLIN distribution and IRS operations were not yet started. This needs especial emphasis as peak time for malaria is coming up. Coordination and communication among FMoH, PFSA and RHBs should be strengthened in facilitating and fast tracking the LLINs distribution.
- Timely liquidation of unsettled GFATM grant was identified as a major problem across the regions. Each RHB needs to design an improvement plan and this should be a standing agenda for the RHB's management team for close follow up as well as tracking the liquidation process.
- CCM – E needs to initiate discussion with the GFATM country team in revisiting and readjustment of the DSA (per diem) rate and the salary scale of GF supported staffs which is reported to be lower than the government.
- The misuse of GFATM grant by staff in Gambella region requires further investigation and HAPCO should come up with the reimbursement mechanism for the missing money.