

## Draft - Final

### **REPORT ON FIELD MONITORING OF THE GLOBAL FUND PERFORMANCE**

#### **1. By Team Two**

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#### **2. Sites Visited:-**

2.1 Oromiya National Regional State Health Bureau

2.2 Dire Dawa City Administration,

- Health Bureau
- Tesfa Besrat Mesiker – PLHIV, Network Dire Dawa
- HAPCO, Dire Dawa
- Dil Chora Hospital
- Orphan Center, Dire Dawa

2.3 Harari National Regional State

- Heath Bureau
- HAPCO, Harari National Regional Office
- Tesfa Goah – PLHIV Netowrk, Harari
- Health Post – Newly Contructed

2.4 East Hararghe Zonal Health Department

2.5 Western Hararghe Zonal Health Department

- Beddessa – Woreda Health Office
- Beddessa Health Center and Renovated VCT Center
- Kuni Woreda/Bakanissa Health Post-newly constructed
- Beza Lewogen, PLHIV Association

## **I. BACKGROUND INFORMATION**

### **Decision of CCM/E:-**

- 1.1 One of the agenda items discussed at the extraordinary meeting of the CCM/E on 18/08/05 has been field assessment/monitoring of Global Fund performance by CCM/E members. The issue was discussed in depth with reference to strength, weaknesses and opportunities to minimize shortcomings related to timely reporting and processes of fund disbursement at National and Regional levels.
- 1.2 Accordingly, six monthly monitoring was recommended at the 32<sup>nd</sup> regular meeting of CCM/E on 14 April 2006 with three teams formed.
- 1.3 Team two is one of them, composed of seven persons and is mandated to monitor Gambella, Harari, Somali and Oromiya National Regional States and Dire Dawa City Administration.

### **1.4 Objectives**

- To physically observe and review performance/progress as per the plan of actions;
- To discuss the current status of Global Fund performance with those concerned government authorities, stakeholders and other sub-recipients to find out the situation on the ground;
- To review managerial and technical capacities of public sector and partners at different levels, and identify strengths and weaknesses;
- To find out awareness and commitment of decision makers/ implementers, civil societies at regional and woreda levels in practice, with additional resources mobilized/input including effective coordination, participation and involvement;
- Recommend/take actions based on the findings of the monitoring.

## **II. METHODS/APPROACHES**

Approaches used were as follows:-

- Meetings conducted and discussed with those involved in GF operation and utilization of funds
- Reviewed reports and others as made available; and
- Relevant sites were visited and observation made with pictures taken as a means of illustration.

### **III. FINDINGS**

#### **3.1 Oromiya National Regional State Health Bureau**

A meeting and discussions were held with Oromiya Health Bureau technical and financial officers on 09/11/06. The meeting was arranged by the Head, Department of Planning and Programming service who was acting for the Regional Health Bureau Head who was on another mission at the time.

Major points raised and discussed were the following:-

- Pointed out that they are not familiar with CCM/E activities although, some of them have heard the name;
- There are responsible persons for HIV/AIDS, tuberculosis and malaria but an overall focal person responsible for the Global Fund has not been assigned;
- Each component focal point is responsible for the implementation of the Global Fund.
- There is no direct transfer of Global Fund to the Regional Health Bureau for HIV/AIDS but only through Regional HAPCO;
- Regarding funds received and supplies, no problems have been encountered for malaria and tuberculosis although, funds made available for TB has been inadequate.

#### **Problems/Challenges**

- Process to obtain allocated budget takes long time from Federal HAPCO and Regional HAPCO and then to the implementers in the Regional Health Bureau.
- No flexibility in budget utilization as the budget is strictly allocated for each activity at Federal HAPCO level.
- Liquidation of received funds is delayed due to late in receipt of reports from woreda levels.
- The Board needs to improve working procedures and decisions made at the regional level;
- Coartem shelf life is so short (two years) requiring close follow up, although currently no shortage has been experienced.

#### **Participants of the RHB recommended that:-**

- The need to have focal person to be contacted directly at HAPCO by the Regional Health Bureau.
- Funds for HIV/AIDS be transferred directly to the Regional Health Bureau.

- Communication is made easier between HAPCO and the Regional Health Bureau.
- Organize workshops to discuss problems.
- Debriefing requested following the monitoring of the Zonal Health Department of East and West Hararghe.

### **3.2 Dire Dawa City Administration**

The team departed from Addis Ababa on 12/11/06 and arrived at Dire Dawa the same day with activities commenced on 13/11/06.

#### **3.2.1 City Administration Health Bureau and HAPCO Office**

As the two offices are located in the same building a meeting and discussions were held jointly with Health Bureau and HAPCO team members. (See Figure 3.2.1). The Health Bureau Head was on a mission at the time of the visit.

*Fig. 3.2.1: Meeting and discussion at Dire Dawa City Health Bureau*



The following were major issues raised and discussed:-

### **HAPCO**

- Operational costs for the last two years have been received.
- Closely works with PLHIV network and health office.
- Funds made available from the Global Fund are mainly used for social mobilization.
- 900 social mobilizers have been trained.
- Global Fund is also used for support to orphans
- Payment of remuneration to four employees with two of them, in Health Bureau.
- Currently those on ART are 1094.
- Recently one private hospital has been included in ART.
- There is a need to clearly indicate the structural relationship between Health Bureau and HAPCO.
- Board meets as often as needed chaired by the Deputy Mayor of the City Administration and the secretary being HAPCO.
- No much involvement of private sectors.

### **TB/Health Bureau**

- Participated in the provision of information for the development of Round Six Proposal.
- During the year there was no any fund received for TB from the Global Fund.
- 77% of health facilities are involved in TB treatment.
- Case detection is 67%.
- Treatment level currently stands at 76% and is expected to reach 88% by the end of the fiscal year.
- TB/HIV collaborative clinic is operational at Dil Chora Hospital.
- One clinician is responsible and all nurses involved have been trained.

### **Malaria/Health Bureau**

- Reported that Global Fund support is highly appreciated since 2004.
- From Global Fund – source 65,000 ITNs have been distributed.
- Focal point/contact has been assigned for Dire Dawa City Administration, Harari and Somali National Regional States providing substantial support.
- Residual spray has covered all the 30% of rural areas.
- ITNs – coverage is almost 100%
- Both microscopic and rapid diagnostic tests are used.
- Coartem is the first line drug in use and there is no problem observed.

- Utilization of ITNs has been surveyed in 103 villages. The status report is as follows:-
  - 76% of ITNs used by all household members
  - 29% by under five children
  - 48% observed hanging
  - 52% not hanged but reported that will be done during evening and night

### **Challenges/Problems**

#### **HAPCO**

- Unresolved issues of VAT on Global Fund related procurement locally by Health Bureau – need to write an official letter to the authorities concerned.
- Funding shortage – to run activities smoothly.
- Objectives and specially the activities fixed by Federal HAPCO – created problem.
- Communication problem.
- Difficultly in liquidation.

#### **Tuberculoses/HIV**

- Shortage of budget resulted in:-
  - Lack of training to overcome high staff turn over and DOTS expansion.
  - Weak monitoring and evaluation.
  - Absence of operational research.
  - Shortage of transportation facilities such as motor cycles.
  - Shortage of rooms for collaborative activities of TB/HIV.

#### **3.2.2 Yetesfa Bisrat Mesiker Association**

This is an association of those living with HIV established June 2002 with 08 members and the current members are 560, and 503 orphaned children. The team met at the office with four management team members in attendance and noted major activities as follows. (See Figure 3.2.2).

*Fig. 3.2.2: Partial view of the office and members at the meeting, 13 November 2006*





Major activities reported are as follows:-

- Carries out IEC in rural villages to create awareness and increase knowledge of the community on HIV/AIDS.
- Educate public on PMTCT services.
- Educate urban residents through program tea-coffee session in an effort to change behavior towards HIV.
- Social mobilization for children orphaned by HIV/AIDS.
- With the support of Government has established VCT center which was also site visited by the monitoring team on 13/11/06-13/11/06.
- Regular meeting organized every two weeks for members to discuss positively living with HIV and use of drugs without interruption.
- With the support of Dire Dawa HAPCO the office/premise is well equipped and operational.
- Although, not familiar with the CCM/E and its activities, funds have been received from the Global Fund through HAPCO since 1996 Ethiopian Calendar and amounted to Birr 341,398.00.

### 3.2.3 Yetesfa Bisrat Mesiker Association VCT Center

- Staff members include a nurse counselor and a laboratory technician
- Out of 733 individual tested so far 210 (28.6%) turned positive for HIV.

*Fig. 3.2.3 (a) VCT Center, Yetesfa Bisrat Mesiker Association*





- VCT – Center is also used to distribute condoms to youths and as well as dependants on commercial sex.
- Premise/work space is found to be very small.
- In general, the Association has been awarded with certificate of good appreciation by the UN/Ethiopian Government.

***Fig. 3.2.3 (b) Partial view of VCT Center and members at the meeting***



### **Major Challenges/Problems**

- In-availability of CD4 equipment at the VCT center.
- Lack of IEC materials and communication equipment like TV and others to educate those attending the VCT and other meetings.
- Shortage of transport facilities for outreach.
- Shortage of budget to reach the community in rural areas of the City Administration and those bordering it.
- Lack of donor support for enhancing income generation activities (IGA) to support members as a source of funding so far is from HAPCO and UNAIDS only.
- Those members trained in different skills – are unable to engage in such activities (IGA) due to lack of fund.
- Lack of exchange of knowledge and experience through seminar and working visit to other countries.

### 3.2.4 Orphan Center

The center is located on the sub-urban of Dire Dawa town and is housed in the compound of a school.

- The team members observed a hall for meals and dormitories for the children.
- Most of the children are in school.
- Water supply is available.
- Sanitary conditions were found to be poor and the management was advised to take action.
- Team members have also met with the children and the manager of the center.
- Some of the dormitories have bed nets, shared by two or three.  
(See Figure 3.2.4).

***Fig. 3.2.4: Partial view of orphan/children and residence.***



### 3.2.5 Dil- Chora Hospital

The team visited the hospital to observe the current status and activities related to the management of TB/HIV and malaria.

- There is counseling section for VCT, ART, HIV/TB clinic activities.
- Rooms for counseling and treatment services for ART and TB exist, but very narrow to carry out operations as reported and observed. (See Figure 3.2.5).
- There are no bed nets for maternity and pediatric wards.
- Advised to use bed nets for these wards as a matter of urgency to prevent mosquito bits and/or transmission of malaria to the new borne, pregnant women and mothers after delivery.
- Reported that there has not been a case of malaria in the hospital.

*Fig. 3.2.5: ART/TB Clinic, Dil-Chora Hospital*



### 3.2.6 Harari National Regional State Health Bureau

The team departed from Dire Dawa on 14/11/06 and met with the Regional Health Bureau team members the same day. (See Figure 3.2.6).

*Fig. 3.2.6: Meeting at the office of the Regional Health Bureau with the team members*



Discussions and major points raised were as follows:-

#### **Malaria Related:**

- Mainly funded by Global Fund through FMoH.
- To date 40,000 ITNs have been received and fully distributed with 100% coverage of households in malarious areas – 2 nets per household.
- Thirty nine (39) health workers have been trained in malaria prevention and control.
- Thirty six (36) health workers were trained in malaria diagnosis.
- Currently malaria related morbidity has been reduced by 29% compared to 1997 Ethiopian Calendar.
- There is no shortage of coartem so far and is monitored according to expiry date.

## **HIV/AIDS/TB**

- A fund from the Global Fund has been received through HAPCO.
- There is no clear relationship between HAPCO and the Regional Health Bureau, although the Regional Health Bureau Head is a chair of the Board and HAPCO is the secretary (Head of Health Bureau on a mission)
- Global Fund contribution is considered substantial for the construction and renovation of five Health Posts, two in rural areas; and
- Two counseling, VCT and ART centers.
- TB/HIV collaboration has started operation.
- Presence of national laboratory has contributed a lot for quality control.
- Regarding the CCM/E, some heard about it but not clearly informed of its activities.

## **Problems encountered on Global Funded related activities:-**

- Shortage of budget.
- Communication gap between the Regional Health Bureau and HAPCO.
- Lack of incentive for some staff working in program areas.
- Global fund is not involved in IRS (indoor residual spraying), and recommended that:- at least should allocate budget for operational cost for spraying of DDT, because the necessary insecticide will be purchased by the Government, but there is still a critical shortage of budget for operational cost.
- From the Global Fund incentive / Top up is given for some programs e.g. HIV/AIDS and TB & Leprosy coordinator but not for malaria coordinator. So Global Fund programs should consider and allocate similar top up or incentive for effective and efficient utilization of human health resources
- It was also recommended that the Global Fund construction budget be allocated directly to the Harari Regional Health Bureau with account number of 2736 to shorten financial delivery to the owner of the project as soon as possible.

### **3.2.7 HAPCO – Harari Office**

Main issues raised and noted at the meeting were as follows:-

- Global Fund – availability to the Regional Office started operation two years ago and to date Birr 5,000,000 has been received and released.
- The major beneficiaries are Tesfa Goah Association of PLHIV, Regional Health Bureau and Family Guidance Association.
- The highest amount is for the Regional Health Bureau (35%) and Tesfa Goah (30%).
- The rest is used for OVC and nine IGA centers.
- AIDS Resource Center has been established recently.
- There is no problem of relationship between HAPCO and Regional Health Bureau.
- Currently, there are 08 VCT centers including one private health facility.
- The current prevalence of HIV is 73% in town and 0.6% in rural settings.
- The main focus currently is enhancing/strengthening of IGAs.

#### **Problems/Challenges**

- Delay in fund release from Federal HAPCO and as a result remuneration to those beneficiaries not made available on time.
- Delay in response to planned projects from Federal HAPCO.
- Problems in liquidation of funds made available; currently out of Birr 5,000,000 only Birr 4.4 million have been liquidated while the remaining is allocated for remuneration.
- Insufficient fund for payment of remuneration of the staff.

### **3.2.8 Tesfa Goah Association – PLHIV Network, Harari**

The Association is operating using funds made available from the Global Fund through HAPCO.

The following major points were presented and discussed at the meeting held on 14/11/06 at the office of the manager. (See Figure 3.2.8).



*Fig. 3.2.8: A minute silence in memory of the late president of the association and meeting with the staff members*





- Educational material support and uniforms are provided to the orphaned children.
- By 1997 Ethiopian Calendar, associates/volunteers were established with close to 1500 members, represented by general assembly members of 91.
- Has constitution/guiding principles drawn up by members.
- The president of the Harari National Regional State is the chair, while Tesfa Goah is the secretary of the Association.
- Income for members is also obtained/provided through IGA.
- There is healthy relationship between the Association, HAPCO and the National Regional State.
- In general support is provided exclusively by HAPCO.

### **Challenges/Problems**

- Limited capacity of the Association to support all those in need, particularly by strengthening IGA, only 270 are supported.
- ART services expansion to avoid waiting for a long time.
- Food and nutrition support is one of the high priorities.
- Restriction of activities beyond the National Regional State due to budget allocation needs to be considered seriously as East Hararge in Oromiya uses also the same facilities. Hence, budget to the Association need to be allocated by HAPCO Regional Office of Oromiya.

### **3.2.9 Renovated/Constructed Health Post**

Using funds allocated from the Global Fund, one of the health posts in Harar town has been constructed and became operational. The health post is staffed by a nurse and is assisted by health extension workers. (See Figure 3.2.9).

***Fig. 3.2.9: Site visit health post by team.***



- The health post has a store for drugs and supplies including examination room.
- The main problem relates to in-availability of water supply requiring immediate attention – possible to think of rain water harvest.

### **3.2.10 East Hararghe Zonal Health Department**

The meeting was held with the acting head, who also represents HAPCO as both. The Zonal Health Department Head and the HAPCO – manager were on a mission at the time of the field monitoring.

Team leaders for malaria, HIV/AIDS and TB were present and shared the following:-

The Global Fund supports the operation of malaria, HIV/AIDS and TB.

#### **Malaria**

- Out of the total population of 2,585,534 close to 1,858,876 are in malarious areas.
- Out of a total of 551 kebeles peasant associations, 381 are in malarious areas of which 133 (62,393 households) have been sprayed with residual chemicals.
- Total ITNs received from the Global Fund – 228,400 of which 93,900 re-treatable while the rest ones are long lasting
- A total of Birr 1,349,600 has been received for operational cost.
- ITNs are provided based on the guidelines: 2-5 household members one, and 5-8 household members two and no provision for pregnant and children < 5 years.
- UNICEF also donated 7000 ITNs.
- Indoor residual spray in all 18 woredas has been conducted twice a year in selected sites.
- No epidemic of malaria has been observed for the last two years, possibly due to residual spray and/or use of ITNs.
- Farmers have already realized the advantage of ITNs observing dead mosquitoes around the net.
- For the identification of cases Rapid Diagnostic Test (RDT) is used in all clinics to avoid misuse of drugs.
- Coartem has been distributed to the grass root/health extension level.

#### **HIV/AIDS + TB**

- Forty four (44) motor cycles to be used for all activities have been provided with the support of the Global Fund.
- HAPCO is responsible for social mobilization.
- VCT being conducted in 13 sites (11 health centers and two hospitals)
- All the 13 sites have laboratory technicians and RDT is used.
- CCM/E is not known to the team.
- The need to utilize/use nearest Regional Laboratory with Harari Regional Laboratory be strengthened jointly by both health offices.
- Income generation activities for PLHIV is highly encouraged.

### **Challenges/Problems**

- Weak coordinations among various stakeholders even between Regions.
- ITNs shortage and strict guidelines – from Regional Health Bureau, although more are required to cover pregnant women and children.
- Farmers demand for ITNs un-met, as a result mother with children move to highland areas while a husband takes bed net with him to farm sites as per the advise of their wives.
- Shortage of transport facilities.
- There is a need to strengthen communication between HAPCO Zonal Health Offices from Central to Regional and Zonal Health Departments.

#### **3.2.11 West Hararghe Zonal Health Department**

Monitoring of the Zonal Health Department and others in West Hararghe was carried out on 15/11/06.

The first contact undertook at the office of the Zonal Health Office with team members from HIV/AIDS, Tuberculosis and Malaria present. (See Figure 3.2.11).

***Fig. 3.2.11: Partial view of members at the meeting, West Hararghe Zonal Health Department***



**Major issues raised were:**

- Team members are not familiar with the CCM/E.
- Using Global Fund – several health posts have been constructed – equipped and staffed by Health Extension Workers.
- VCT centers were also renovated.
- Seven health centers and a hospital provide VCT services.
- Relationship with HAPCO is not strong as expected and HAPCO is mainly dealing with social mobilization.
- Long lasting ITNs received ranges from 140,000 – 160,000 and almost all have been distributed through campaign using funds made available.
- All funds received for malaria prevention and control have been liquidated.
- Distribution of ITNs are given priority to resettlement/relocation areas.
- An NGO, Goal was the one to introduce bed nets and sensitization of the community.
- Two ITNs per household and more if there is a pregnant woman and/or lactating mother is given in addition to the two ITNs, which is found to be a best practice.
- No epidemic of malaria observed for the last two years.
- ART – started operating in three health centers and the two hospitals.

### **Challenges/Problems**

- Delay in the liquidation of the Global Fund has been reported.
- Need to strengthen relationship between HAPCO and Zonal Health Department.

#### **3.2.12 Renovated VCT Center, Beddessa Health Center, Kuni Woreda**

The team visited one of the health centers in Kuni Woreda located in the woreda town of Beddessa, where the Woreda Health Office is also found.

- The health center is recently constructed with the community support and the VCT – center renovated using the Global Fund.
- There is a laboratory technician for VCT and ARV drugs have been recently sent to the Woreda Health Office for the treatment of HIV/AIDS cases.
- Team members have observed the health center and the VCT site recently renovated. (See Figure 3.2.12).

***Fig. 3.2.12 (a): Partial view of the Woreda Health Office and a Health Center with renovated VCT Center.***



- The Health Center currently accommodates 30 health extension workers on practical training.
- The trainees are paid Birr 135.00/month.
- Team members discussed with the group of Health Extension Workers, who said that they are on practical training and are recruited from all parts of Oromiya National Regional State.
- All of them are females.

***Fig. 3.2.12 (b): Health Extension Workers on practical training at Beddessa Health Center.***



3.2.13 New



- The health post is among the newly constructed ones and has been reported to be staffed by two Health Extension Workers. (See Figure 3.2.13).

***Fig. 3.2.13: Bakannissa, 15 November 2006.***



- At the time of the visit, late in the afternoon, it was closed.
- There is no water supply in the health post and needs urgent attention.

#### **3.2.14 Zonal HAPCO and Beza Lewogen PLHIV Association**

- Has heard about the CCM/E but not sure about its activities.
- HAPCO – supports mainly the Zonal Health Department for the construction and renovation of health facilities.
- Received from the Global Fund only Birr 23,000 for operational cost and Birr 1,400,00 for the construction of Health Posts.
- Beza Lewogen was established in 1996 Ethiopian Calendar and currently has 24 members and supporting 51 PLHIV.
- Beza Lewogen has not received support from the Global Fund but only supported by Action Aid and Ethiopian Orthodox Church.
- Determined to enhance income generation activities and avoid dependency if supported financially.

#### **Challenges/Problems**



- Delay in fund release from Regional HAPCO to the Zonal HAPCO Office.

### **3.3 General/Overall Findings**

- Implementation of the Global Fund related activities at the Regional, Zonal and other levels are commendable according to the findings of the team.
- Support to various Associations of PLHIV Networks, particularly cross boarder and other innovative interventions are encouraging. Their engagements in expanding IGAs – are highly appreciated.
- Almost all those discussed with lack information about the CCM/E.
- Coordination among government sectors and other stakeholders is found to be weak.
- Lack of clarity of relationship among HAPCO and Regional Health Bureaus including Zonal Health Departments is a cause for concern.
- The health extension workers on practical training complained about the inadequacy of the remuneration during the training (Birr 135.00). As a result, the monitoring team shared with the trainees what has been discussed and concluded about the trainees and their assignment at the annual review of HSDP 2006 in Awassa.

## **IV. RECOMMENDATIONS**

- 4.1 Sustainable support to various PLWHA Associations is highly recommended particularly in the area of IGA expansion, education materials etc.
- 4.2 Budget from the Global Fund be allocated for cross boarder operation based on submission of proposals. For example – Harari Tesfa Goah Association can be used to operate in East Hararghe, while Dire Dawa Yetesfa Bisrat Misker Association can expand its services to parts of Oromiya and Somali National Regional States
- 4.3 Efforts are needed to strengthen coordination among all those involved in activities related to HIV/AIDS, TB and Malaria.
- 4.4 The absence of malaria epidemic and even cases is highly encouraging and there is a need for in-depth assessment of the

factors contributing to such outcome to further strengthen the interventions.

- 4.5 Delay in fund release is a cause for concern. HAPCO needs to review and regularly communicate to the Regional Health Bureaus on the current situation.

## **ANNEX 1**

### **FIELD MONITORING OF GLOBAL FUND PERFORMANCE**

#### **Persons Contacted by Location**

Region	Person/s Contacted	Addresses/Tel., E-mail, Fax	Date	Remark
ORHB	Asfaw Bekele	0911417775 <a href="mailto:asfawbb@yahoo.com">asfawbb@yahoo.com</a>	9/11/2006	
ORHB	Dr. Taye Tolera	0911347411 <a href="mailto:tayetolera@yahoo.com">tayetolera@yahoo.com</a>	9/11/2006	
OHB	Negalign	0911362657	9/11/2006	
OHB	Dawit Teshome	0911892758 <a href="mailto:dawiteshome@yahoo.com">dawiteshome@yahoo.com</a>	9/11/2006	
D.D RHB	Demelash Assefa	0915737883	12/11/2006	
D.D RHB	Teferi Mengesha	0915732645	12/11/2006	
D.D HAPCO	Lemlem Bezabih	0915734943 <a href="mailto:ddhivppcs@ethionet.et">ddhivppcs@ethionet.et</a>	12/11/2006	
D.D Tesfa Bisrat Miskir Association	Solomon Tamene	0251119610	13/11/2006	
D.D Tesfa Bisrat Miskir Association	Misrak Seyoum	0251119610	13/11/2006	
Tesfa Bisrat Manager	Getnet Mekonnen	0915739979 <a href="mailto:tbma.hiv@yahoo.com">tbma.hiv@yahoo.com</a> Fax 0251126992	13/11/2006	
ZCBCC	Meseret G/Egzabher		13/11/2006	
D.D	Tagesachew Wasihun	0911831316	13/11/2006	
D.D	Seretse Banjaw	0915738206	13/11/2006	
Harari RHB	Kemal Abdi	0256661733 Fax 0256662068 <a href="mailto:habukemal@yahoo.com">habukemal@yahoo.com</a>	14/11/2006	
Harari RHB	Seid Mohammed	0256661732 Fax 0256662068 <a href="mailto:seidhalu@yahoo.com">seidhalu@yahoo.com</a>	14/11/2006	
Harari RHB	Bogale Gidey		14/11/2006	
Harari RHB	Karimuden	0911608057	14/11/2006	
East Jararge	Ali Abdulahi	0256660231 Fax 0256665889	14/11/2006	
East Hararge	Tekola Workneh	“	14/11/2006	
Harari	Dr. Abdurheman Ahmed	0256665367 Fax 0256666417 <a href="mailto:abdulahmedsheire@yahoo.com">abdulahmedsheire@yahoo.com</a>	14/11/2006	

Region	Person/s Contacted	Tel., E-mail, Fax	Date	Remark
Harari Region	Mohammed Abdureheman	0915330023 Fax 0256666417	14/11/2006	

		marwamoh2@yahoo.com		
Harari D.O.H	Aweke Mebtu	0915740749	14/11/2006	
Harar DOH	Elsabet Getachew	0256665930 0915742199	14/11/2006	
Harar DOH	Alemayehu Adefris	0915757663	14/11/2006	
Harar DOH	Birhanu Daniel	0915746624	14/11/2006	
Harar DOH	Teshome Ayalew	0915757073	14/11/2006	
Harar DOH	Fantahun Hagos	0256666930	14/11/2006	
Harar DOH	Biniyam Teshome	0915746213	14/11/2006	
W/Hararge Zone	Abdi Beker	0911806142	15/11/2006	
W/Hararge Zone	Ahmed Reshid	0911381328	15/11/2006	
W/Hararge Zone	Gizachew Alemayehu	0911827117 gizachewalem@yahoo.com	15/11/2006	