

Final Report

PROGRESS

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December 2013 to March 2017

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Acronyms

COE	Center of Excellence
DQA	Data Quality Assessments
FHI 360	Family Health International
FMOH	Federal Ministry of Health
FP	Family Planning
HMIS	Health Monitoring Information Systems
ICFP	International Conference on Family Planning
M&E	Monitoring and Evaluation
PM	Permanent Methods
PROGRESS	Program Research for Strengthening Services
RHB	Regional Health Bureau
SBCC	Strategic Behavior Communication and Change
SNNP	Southern Nations Nationalities People
USAID	United States Agency for International Development
WOHO	Woreda Health Office
ZHD	Zonal Health Department

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Executive Summary

From December 2013 to March 2017, the PROGRESS project provided support to the Federal Ministry of Health (FMOH) to enhance family planning (FP) monitoring and evaluation (M&E) in data collection and data utilization for decision making. The project successfully supported 41 centers of excellence (COE) in selected woredas of Amhara, Benishangul Gumuz, Gambella, Oromia, Southern Nations Nationalities People (SNNP), Somalia, and Tigray regions. Due to the success of the COE model the FMOH will continue and expand the model under their support to new woredas. This expansion will include other technical areas at the health facilities and not just FP M&E.

Building M&E capacity of woreda and health facility staff was an outcome of the project. FHI 360 invested considerable time and resources to build their technical capacity of monitoring family planning services. This included providing material support to the facilities and woreda health offices (WOHO), training seminars, mentoring, supportive supervision and data quality audits (DQA).

The project also successfully carried out various assessments and research projects for the FMOH to help them improve family planning services in the country. In addition the study *A mixed-method study on factors associated with Implanon removal in Ethiopia* will be presented at the international Implanon task force (led by the Gates Foundation and JPIEGO) in April, 2017 in Washington DC to help other countries who are facing similar problems with Implanon removal.

Lastly from the beginning of the project FHI 360 always collaborated with the Ethiopia government in all its programming. The project supported the development of FP policies, guidelines and tools and was viewed as a trusted technical partner.

Background

PROGRESS was a 3+ year Cooperative Agreement funded by USAID to FHI 360. The main objective of PROGRESS was to enhance the FP M&E capacity of the FMOH, not only in data collection, but also data utilization for decision making to improve programs and enable the Ethiopian government to meet their family planning goals. The PROGRESS project focused specifically on six key areas:

- 1) Enhancing the monitoring component of the COEs
- 2) Expanding the geographical reach of the COEs
- 3) Continued and expanded technical assistance to the FMOH based on expressed priorities
- 4) Roll out and M&E implementation of lesson learnt from FP symposium supported
- 5) Expanding M&E support to include permanent FP methods (PM)
- 6) Providing M&E support to the FMOH m-Health initiative

PROGRESS's technical assistance strategy was focused on building capacity of the FMOH staff at federal, regional, zonal and woreda levels. PROGRESS provided trainings on M&E; extraction and analysis of family planning service delivery data to support the decision-making process; and supported FP M&E COE in selected woredas of Amhara, Benishangul Gumuz, Gambella, Oromia, SNNP, Somali and Tigray regions. In addition, PROGRESS in collaboration with the FMOH, conducted independent evaluations of the trainings of health professionals and health extension workers led by FMOH and development partners.

This is the final report for the PROGRESS project.

Project Results and Accomplishments

Result 1: Enhancing the Monitoring Component of the Centers of Excellence Refresher Trainings, Training of new M&E staff, DQA

M&E skills-building training: The M&E training provided information on different M&E skills, including how to design a performance monitoring plan, explication of health monitoring information system (HMIS) indicators and their relationship to program results, data entry and management, basic analysis and reporting of results and data quality assurance. After the training, FHI 360 worked with the trainees to develop individualized action plans detailing specific M&E activities that will be undertaken following the training to improve M&E within their worksite. Refresher M&E training was also given throughout the project. In total, 637 people (health care and M&E staff) were trained on M&E through the life of the project. The training provided staff with advance knowledge of M&E and helped them to use the available data to make important decisions for their health facilities and woreda and the quality of data being reported to the FMOH was also improved.

Onsite Supportive Supervision: As part of the support, the project provided supportive supervision to the COEs in collaboration with the WOHO and regional health bureau (RHB). During supportive supervision, the team would observe if the centers were functioning as expected and all material/equipment were available (computers, printers, file cabinet, tables and chairs). The team reviewed documents such as FP register and tally sheets, monthly reports, performance monitoring team minute books, and relevant wall charts and graphs to ensure they were updated. Discussions were held with the health center and woreda heads as well as HMIS officers on areas that needed to improve. In addition, action plans were developed and followed up on RHB staff. As staff turnover was always a key challenge found during supportive supervision the teams would spend time to orient new employees on M&E and mentoring them to overcome any problems related to M&E. In addition, FHI 360 staff would follow up with the health facility staff to help them work through any issues.

Data Quality Assessment: DQAs were conducted to determine the accuracy of data, identify specific root causes of inaccurate data, assess the functionality of performance management teams, build capacity of HMIS focal persons/M&E focal persons and COE site staff, ensure new HMIS formats are being used and ensure the six dimensions of data quality are maintained (accuracy, completeness, integrity, precision, reliability, and timeliness). The DQAs performed over the life of project showed that there were improvements in most of the COE sites. Some COEs did not show as much improvement as anticipated due to staff turnover, these sites were given more mentoring as needed. In addition, discrepancies that were found during the DQAs were discussed with the health centers and HMIS focal persons and action plans were developed to continue to improve the data quality.

The role of RHB, zonal health department (ZHD), WOHO, during DQAs was to help facilitate the process, participate and follow up with the sites on any issue. Part of the PROGRESS approach was not only to build the capacity of the health facility but also the capacity at the different government levels through participation. During DQAs there was always one HMIS focal person from the RHB, ZHD and WOHO. A total of 44 DQA's were carried out during the project.

Skill Transfer Visit: During the skill transfer visits the COE health centers shared their best practices in data management and use for non-COE centers. It was a great platform for participants to discuss best practices and data quality. By the end of each event non-COE sites developed detailed action plans to improve their sites. The ZHD and respective WOHO were responsible to follow up with the action plans. The participants commented that it was helpful to see how the COE sites function and how functional performance management teams ensures the success of the site. Some of the specific things that were observed during the visits were that non-COE sites have problems tracking new, repeat and referral clients, verifying data and keeping proper records.

Table 1: Skill transfer visit in six regions

Region	CoE Woreda	HC under CoE woreda	Non-CoE woreda	Date of Event	# participants
Oromia	Chelia	Babich Gedo Aleseyoma	Tokie Medakegn Illugalan	November, 2016	39
	Becho	Tulu Bolo and Awash Bunie	Tole Woreda Kersa Malima Wolisso (ZHD) South west Shoa	July, 2015	32
SNNP	Wolayita Sodo	Shella Berkoshe Tome Gerera Amacho Kodo Warza Lasho	Damoto Sore Humbo Offa	April, 2016	30
	Meskan Woreda	Dobi Meseret Wegram Ensenu Hamus Gebeya	Mareko woreda Kebena Woreda Gedebano woreda	March, 2017	43
Amhara	Habru Woreda	Mersa Wurgesa Sirinka Girana	Guba Lafto Raya Kobo Weldiya Town Kobo Town	February, 2016	33
	Dera Woreda	Anbessamie Hamusit	Este Libo Kemekem Fogera	October, 2015	30
Tigray	Enderta	Mereb Meti Maymekdan Aragura Romanat	Hintalu Wajirat Sehartie Semera Degwa Tenbene	March, 2016	36

Region	CoE Woreda	HC under CoE woreda	Non-CoE woreda	Date of Event	# participants
Benishangul Gumuz	Bambasi	Bambasi Mender 46	Homosha, Menge Kurmuk Asosa	April 2016	56
Gambella	Godere	Metti	Mengesh	February, 2016	13

Result 2: Geographic coverage of COEs increased

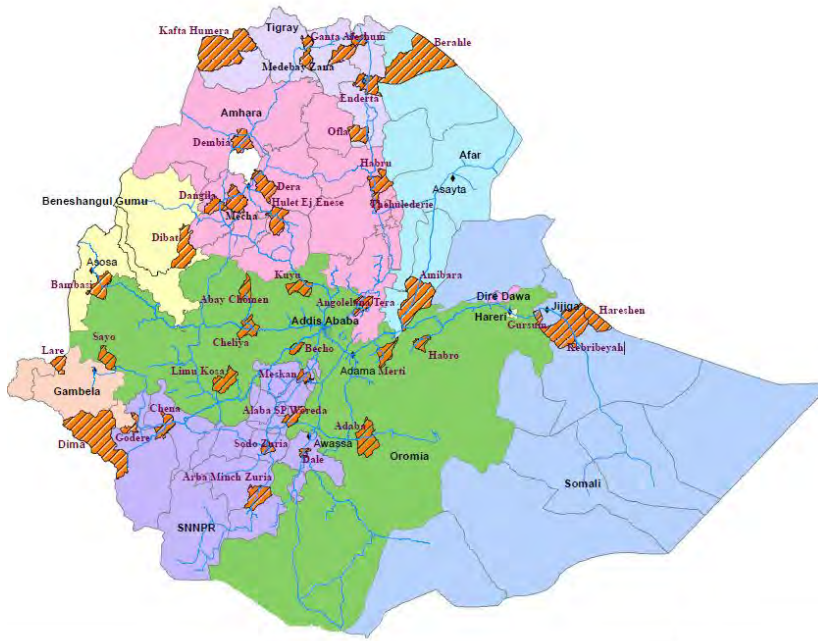
During the project, PROGRESS established 14 new COE sites during the project for a total of 41 COE sites. Before establishment of COE sites baseline assessments were conducted of the WHO and selected health centers to assess the M&E activities implementation status. Essential basic equipment and supplies for the successful implementation of M&E activities in the COEs were provided, such as IT materials (computers), office electronics (fax machine, printers), and furniture (office desks, swivel chairs and shelves).

Table 2: New COE sites during PROGRESS Project

Region	Woreda	Health Centers	Start date
Gambella	Dima	Dima	Sept /Oct 2014
	Goderae	Meti	
	Lare	Keurgng	
Oromia	Sayo	Duli, Aleku Dorgome, Matta and Ano	Oct 2014
	Abay Chomen	Fincha, Gaga laga, Homi and Mazoria	
Somali	Gursu	Bombasi and Fafen	Dec 2014
	Harshin	Harshin and Lankerta	
	Kebribeya	Kebribeya, Hartshake and Werebajiru	
Amhara	Angolela Tera	Tsigereda, Tengego, Kotu and Chacha	Oct 2014
	Dembia	Kola deba, Chuheight, Gerargae and Ayabma	
Benshangul Gumuz	Debati	Debati and Barbera	Nov 2015
	Sedal	Sedal	
	Kemashi	Kemashi	
SNNP	Wenago	Mekonisa, Wenago, Hase Haro and Rassa	Feb 2015
	Soro	Gimbichu, Kosaha, Humara and Jacho	

In total 41 COE sites were supported during the project. Below is a map of the different COE sites throughout Ethiopia.

COE Woredas in Ethiopia



Result 3: Technical assistance to the FMOH continued and improved

FHI 360 worked with regional, woreda and health center officials in Amhara, Benishangul Gumuz, Gambella, Oromia, SNNP, Somali and Tigray Regions to build their capacity on monitoring and evaluation through trainings, supportive supervisions and DQAs. In addition, FHI 360's PROGRESS staff actively participated in technical working group meetings for FP and reproductive health as well as the national steering committee for strategic behavior change and communication (SBCC) summit. Project staff regularly provided technical assistance to the FMOH to revise important national documents such as the National FP Strategy and National SBCC Guidelines.

PROGRESS also participated and presented at two international conferences, the American Public Health Association in Chicago where an abstract was presented on the "IUCD Revitalization Study in Ethiopia" and the 4th Annual International Conference on Family Planning (ICFP) in Bali, Indonesia where an abstract on "Measuring the Success of the IUCD Family Planning Method Initiative in Ethiopia" was presented. In addition, PROGRESS supported participation of FMOH staff member to attend the ICFP.

PROGRESS, in collaboration with the FMOH, conducted a research study on *A Mixed-methods study on factors associated with IMPLANON removal in Ethiopia* in Amhara, Tigray, Oromia and SNNP regions. A total of 1,861 clients were surveyed. The major finding from the study was that 17 percent of the women reported having removed their Implanon before the recommended three year post insertion removal date, 61 percent removed it on time (i.e. three years' post-insertion), and 21 percent kept it longer than prescribed (17 percent longer than 36

months and 4 percent still had it inserted at the time of the survey). Other findings from the study can be found in the study report located at www.fhi360.org.

In addition, FHI 360 conducted assessments and evaluations for the FMOH on permanent family planning method services in selected health facilities in Ethiopia, FP needs of people living with disabilities and training evaluations on health workers and health extension workers for government and non-government organization partners.

Lastly, PROGRESS supported the FMOH on mapping of health activities in the country. This was in collaboration with other partners and has been used by the FMOH to address health service gaps in the regions.

Result 4: Roll out and M&E implementation of lesson learnt from FP symposium supported.

PROGRESS staff participated in the costed implementation plan carried out by Futures Group, no other support was requested during the project for this activity.

Result 5: M&E of the PMs Expansion supported

PROGRESS participated in the PM technical working group as well as carried at the evaluation of permanent family planning method services in selected health facilities in Ethiopia for the FMOH.

Result 6: Implementation of the FMOH m-health initiative supported

PROGRESS participated in the technical working group for m-health. No other support was requested during the project for this activity.

Partnership and Coordination

Partnership with Federal Ministry of Health

FHI 360 worked closely with the Policy Planning Directorate and the Maternal Newborn and Child Health Directorate to establish the COEs, and to provide M&E training and FP training evaluations. FHI 360 also participated in the FP and HMIS technical working groups of the FMOH and attended FP compliance and maternal neonatal child health workshops. The FMOH viewed FHI 360 as a trusted technical partner that always followed through with their support.

Partnership with Regional Health Bureaus

FHI 360 worked closely with the RHBs of Amhara, Benishangul Gumuz, Gambella, Oromia, SNNP, Somali and Tigray in the selection of COE sites, COE baseline assessments and distribution of COE material. FHI 360 also participated in the joint supportive supervision

activities of the RHBs as per their request. This partnership was always appreciated by the RHB officials as it gave them an opportunity improve their technical skills.

Challenges and Lessons Learned

- At the beginning of the project we faced a challenge in getting the project approved from FMOH due to change in staff at the FMOH. The PROGRESS team worked closely with USAID and the different directorates and state ministry to clarify the role of the PROGRESS project and the contribution to the federal, regional and woreda levels to get their approval. Some initial activities were delayed at the beginning of the project due to this approval process.
- All activities required participation with the RHB, ZHD, and WOHO which was another challenge due to their availability. They were often not available to participate in DQAs, supportive supervision, graduations and skill transfer visits. We had to delay some of our DQA and supportive supervision visits to find a time when they were available.
- Due to the political unrest in Amhara and Oromia region as in 2016 many activities were delayed including refresher training, DQA, supportive supervision and skill transfer visits. We were able to make up most activities in the last four months of the project however five supportive supervision visits were cancelled due to the situation.
- High turnover of staff at COE sites was a continuous challenge faced at the sites. Mentoring during DQA and supportive supervision was provided to give onsite support to new staff that had not attended training. When possible new staff were invited to refresher trainings.
- The greatest lesson learned from the project was the success and the sustainability of the project was due to government participation at all levels. Although it was always a challenge to secure their participation for some activities it proved beneficial when implementing and handing over the activities. They have committed to continue the COE model with their support.

Environmental Compliance

FHI 360 ensured that all environmental consequences of the project have been identified and considered. There were no environmental compliance issues to report in the life of the project.

Data Sharing with Government of Ethiopia

All activities undertaken by FHI 360 and reported here were jointly undertaken with the FMOH. The data has also been reported to the FMOH and regions through regular reports and publications.

ANNEX 1: Project Sites

PROGRESS Sites						
Region	Zone	Woreda	HC1	HC2	HC3	HC4
Amhara	East Gojjam	Hulet eju enesie*	Kernewari	Sedie	Keraniyo	Aweja
	South Wollo	Tehuledarie*	Hayk	Hara	Sulula	Seglen
	West Gojjam	Mecha*	Merawi	Amarit	Wetet Abay	Rim
	Awi	Dangila	Chara	Gisa	Abadira	Gumdri
	South Gonder	Dara*	Hamusit	Ambesamie	Arb Gebeya	Gelawdios
	North Wollo	Habru*	Mersa	Wurgesa	Sirinka	Girana
	North Shoa/debrbrehan	Angolela WHO	Tangago HC	Kotu HC	Chacha HC	Tsigerada HC
	North Gonder	Dembia WHO	Kola Duba HC	Ayanba HC	Chuayet HC	Girarge HC
Oromia	South West Shoa	Becho*	Tulu Bolo	Awash Bunie		
	Arsi	Merti*	Aomsa	Golgota	Hela	Gora Silingo
	Noth Shoa	Kuyu*	Brity	Dero	Kerata	0
	West Shoa	Chelia*	Babich	Gedo	Alesoyoma	0
	Jimma	Limu kosa	Limu Genet	Ambuye	Chime	Babu
	West hararge	Habro*	Gelemso	Belbeleti	Wachu	0
	West Arsi	Adaba*	Adaba	Lajo	Gadido	Hako
	HoroGuduru Wollega	Abay Chomen WHO	Fincha HC	Homi HC	Mazoria HC	Gaba Laga HC
Kelem Wollega	Sayo WHO	Duli HC	Ano HC	Aleku Dorgome Hc	Mata HC	
SNNPR	Sidama	Dale*	Megera	Dagia Shoye	Bera Tedicha	Mesenkela
	Halaba	Halaba*	Halaba	Tuka	Besheno	Guba
	Gurage	Meskan	Hamus Gebeya	Dobe	Enseno	Meseret Wogeram
	Kefa	Chena*	Koda	Dimbira	Wacha	Shishinde
	Gamo Gofa	Arbaminich Zuria*	Shelle	Lante	Zigiti Bakole	
	Wolaita	Sodo Zuria*	Shela Berkoshe	Tome Gerera	Amacho Kodo	Waraza Lasho
	Hadiya	Soro WHO	Gimbichu	Kosha	Humara	Jacho

PROGRESS Sites						
Region	Zone	Woreda	HC1	HC2	HC3	HC4
	Gedeo	Wenago WHO	Wonago	Mokonisa	Hase haro	Rassa
Tigray	Central	Werileke*	Nebelet	May Kenetel	Edaga Arbi	BTS14786
	North Western	Medebay Eizana	Kulufereha	Selekelaka	Tikul	Zana
	Eastern	Ganta Hafeshom*	Bizat	Mugulat	Ady Ayenom	Dibla
	Southern	Offla	Zata	Fala	Hashenge	May Mado
	Western	Kafta Humera*	Adebay	Maykedra	Adigoshu	Adi Herdi
	South-East	Enderta*	Mereb Meti	Maymekdan	Aragura	Romanat
Gambella	Nuer	Lare WHO	Keurgng HC			
	Mejeng	Godare WHO	Meti HC			
	Anyuwahk	Dima WHO	Dima HC			
Somalia	Fafen	Gursum WHO	Bombasi HC	Fafen HC		
		Harshin WHO	Harshin HC	Lankerta HC		
		Kebribeyah WHO	Kebribeyah HC	Hartshek HC	Werabajiru HC	
Benishangul Gumuz	Kamashi	Kemashi WHO	Kemashi HC			
		Sedal WHO	Sedal HC			
	Assosa	Bambasi	Bambasi	Mender 46		
	Metekel	Debati	Debati	Barbera		

*Graduated sites

ANNEX 2: PMP

Indicator	Indicator definitions	LOP Target	Target Achieved	Details
Result 1				
Number of individuals trained	Includes training in basic M&E skills, refresher M&E training, data use and presentation skills, research design. Target trainees include staff from FMOH, RHB, woreda, health center. Data will be disaggregated by type of training and employment location. Because the trainings are different, a person participating in more than one of these trainings will be counted separately.	500	637	FY15 = 280 FY16 = 357
Number of trained COEs staff implementing their M&E action plans	Refers to the number of trainee implementing the M&E action plans they developed during training. During supportive supervision, supervisors will assess whether those plans are being implemented.	500	509	FY15 = 280 FY16 =229
Number of COEs that received a supportive supervision visit	Refers to the number of COEs that received supervision visits during which coaching and mentoring is undertaken and M&E activities are reviewed This included joint supervision with the regions.	50	43	FY14 = 20 FY15 = 15 FY16 = 9
Number of COEs evaluated for data quality	This indicator measures the coverage of data quality evaluation for COEs established by FHI 360.	45	44	FY15= 19 FY16=14 FY17=11
Result 2				
Number of woredas with functional FP M&E Centers of Excellence	A functional COE is one which has received IT materials and furniture, M&E training, coaching and mentoring, manages data electronically and generate reports in a timely manner, uses their data for local-level decision-making, shares M&E results with	41	41	20 COE woredas graduated during FY16

	higher levels and whose data quality has improved.			
Result 3				
Number of COE-led M&E capacity building activities undertaken	These will include M&E activities such as meetings, learning visits and workshops spearheaded by the COEs with or without the support of FHI 360	11	10	FY 15 = 2 FY16 = 5 FY17 = 3
Number of presentations given at national/international conferences by the trained FMOH/ RHB/COE staff with support from FHI 360	May include presentations at the HSDP Annual Review Meetings, local conferences/workshops in which abstracts are called for and accepted or presentations at international forums. Presentations measured in this indicator are those that in which the PROGRESS II project provides technical and financial support for	3	3	
Number of FMOH or RHB led FP studies or assessments supported by FHI 360	Includes surveys and/or other rapid assessments in which FHI 360 provides technical and/or financial assistance for implementation of the study.	TBD	2	PM Assessment and IMPLANON removal study
Number of FP trainees evaluated during practical attachment, disaggregated by type	Refers to trainees who are observed and rated during field attachment when they deliver FP services to (Implanon, IUCD and PM) to actual clients, but under the supervision of a trainer.	TBD		
Result 4				
NFPCIP document completed by the FMOH with FHI 360's support	The NFPCIP document will be derived from the recommendations from the FP symposium. Completion of the document implies a final document accepted and approved by the FMOH leadership and disseminated.	NA		This indicator has changed, FHI360 will participate in TWG on costing initiative.
PMP for monitoring the NFPCIP completed	The NFPCIP PMP will outline indicators for measuring PROGRESS II and results. Completion implies the final PMP is accepted and approved by the FMOH leadership and is disseminated.	NA		This indicator has changed, FHI360 will participate in TWG on costing initiative.

Result 5				
Number of PM trainings given by other partners which are evaluated by FHI 360	Refers to PMs trainings conducted by other partners that are evaluated by FHI 360. Examples include IFHP, EPHA and the direct FP trainings conducted by the FMOH that FHI 360 evaluated. Evaluation of the trainings will be disaggregated by type of training (LAFP, Implanon, PMs, IUCD)	TBD		This activity is based on other USAID partners training schedule.
Result 6				
Number of mHealth TA assignments completed	Refers to technical assistance assignments requested by the FMOH and undertaken by FHI 360 related to the mHealth initiative.	TBD		This activity is based on the request of the FMOH
Number of mHealth technical meetings facilitated or other initiatives supported	Examples of meetings include the meetings of the TWG, mHealth conferences or workshops organized by the FMOH or technical review meetings on mHealth.	TBD		This activity is based on the request of the FMOH