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# ACRONYMS AND ABBREVIATIONS

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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AAMSP</td>
<td>Addis Ababa Mortality Surveillance Program</td>
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<td>AAU</td>
<td>Addis Ababa University</td>
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<td>AAU/SPH</td>
<td>Addis Ababa University/School of Public Health</td>
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<td>AC</td>
<td>Advisory Council</td>
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<td>AFENET</td>
<td>African Field Epidemiology Network</td>
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<td>AFPHA</td>
<td>Africa Federation of Public Health Association</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>AIGHD</td>
<td>Amsterdam Institute for Global Health and Development</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>APHA</td>
<td>American Public Health Association</td>
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<td>APR</td>
<td>Annual Program Results</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>ARV</td>
<td>Antiretroviral (Drug)</td>
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<td>ASLM</td>
<td>African Society for Laboratory Medicine</td>
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<td>ATCA</td>
<td>African Tobacco Control Alliance</td>
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<td>AUCC</td>
<td>African Union Conference Center</td>
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<td>CC</td>
<td>Community Conversation</td>
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<td>CCRDA</td>
<td>Consortium of Christian Relief and Development Associations</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>COP</td>
<td>Country Operational Plan</td>
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<td>CP</td>
<td>Combination Prevention</td>
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<td>CSOs</td>
<td>Civil Society Organizations</td>
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<td>CSW</td>
<td>Commercial Sex Worker</td>
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<td>CTFK</td>
<td>Campaign for Tobacco-Free Kids</td>
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<td>D&amp;L Packard</td>
<td>David and Lucile Packard Foundation</td>
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<td>DDs</td>
<td>Distance Drivers</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DSS</td>
<td>Demographic Surveillance System</td>
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<td>EB</td>
<td>Executive Board</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>EFETP</td>
<td>Ethiopian Field Epidemiology Training Program</td>
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<td>EHNRI</td>
<td>Ethiopian Health and Nutrition Research Institute</td>
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<td>EPHA</td>
<td>Ethiopian Public Health Association</td>
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<td>EPHLA</td>
<td>Ethiopian Public Health Laboratory Association</td>
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<td>FCA</td>
<td>Framework Convention Alliance</td>
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<td>FCTC</td>
<td>Framework Convention on Tobacco Control</td>
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<td>FHAPCO</td>
<td>Federal HIV/AIDS Prevention and Control Office Ethiopia</td>
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<td>FMHACA</td>
<td>Food, Medicine and Health Care Administration and Control Authority</td>
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<td>FMoH</td>
<td>Federal Ministry of Health</td>
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<td>FSWs</td>
<td>Female Sex Workers</td>
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<td>FY</td>
<td>Fiscal Year</td>
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<td>GA</td>
<td>General Assembly</td>
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<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>GFDRE</td>
<td>Government of the Federal Democratic Republic of Ethiopia</td>
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<td>GoE/GOE</td>
<td>Government of Ethiopia</td>
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<td>HAPCO</td>
<td>HIV/AIDS Prevention and Control Office</td>
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<td>HCT</td>
<td>HIV Testing and Counseling</td>
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<td>HDSS</td>
<td>Demographic and Health Surveillance System Sites</td>
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<td>HHS</td>
<td>Health and Human Services</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome</td>
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<td>HIVDR</td>
<td>HIV drug resistance</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HSDP</td>
<td>Health Sector Development Program</td>
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<td>ICD</td>
<td>International Classification of Diseases</td>
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<td>ICDR</td>
<td>Institute for Curriculum Development and Research</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<td>ILC</td>
<td>International Legal Consortium</td>
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<td>IR</td>
<td>Immediate Result</td>
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<td>IRB</td>
<td>Institutional Review Board</td>
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<td>IRD</td>
<td>International Relief Development</td>
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MESSAGE FROM THE EXECUTIVE DIRECTOR

Presently, the Ethiopian Public Health Association (EPHA) is closely working with several organizations mainly with the Federal Ministry of Health (FMoH), FHAPCO, Ministry of Science and Technology (MoST), regional health bureaus (RHBs), national and international universities, CDC, the David and Lucille Packard Foundation, USAID, MSH, PSI and WHO. The Association also collaborates with local health professional associations and international professional associations. EPHA endeavors in carrying out various projects and programs using its strong and good working relationships with partner organizations and collaborators.

Among the various activities undertaken by the Association, the main activities performed during the reporting period of 2013 include:

- Different project components and programs with CDC for improving HIV/STI/TB related public health practices and service delivery in Ethiopia. The project being in phasing out stage, a new proposal was prepared and submitted to CDC for the coming five years.
- The David and Lucile Packard support of RH/FP.
- Capacity building through short and long-term training programs.
- Strengthening sister associations/partner organizations.
- Preparatory works for constructing own headquarter for the Association after winning the bid for 885 square meters of land through a lease from Addis Ababa City Administration; cornerstone is laid for the construction.
- Strengthening the African Federation of Public Health Association (AFPHA) and housing its office within the EPHA.

Finally, I would like to thank EPHA’s executive board member for the close monitoring the Association’s overall activities and providing the necessary strategic directions. In addition, I would like to express my heartfelt gratitude to technical and administrative staff members who have been actively involved in coordination and implementation of the various activities, and all active members and partners that have been supporting the Association in achieving its goal.

Hailegnaw Eshete (MSc MPH)
Executive Director, Ethiopian Public Health Association
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EXECUTIVE SUMMARY

The Ethiopian Public Health Association was established in 1989; thus has 25 years of experience in implementing national and continental projects/programs in which it enjoys good working relationships with governmental organizations, NGOs and universities within the country and abroad. It works for the attainment of an optimal standard of health for Ethiopians by promoting better health services for the public and upholding professional standards through advocacy, active involvement and networking.

Structurally, the Ethiopian Public Health Association (EPHA) is composed of a general assembly (GA), management of the GA, advisory council, an executive board, a secretariat and chapters. EPHA’s Secretariat consists of the office of the Executive Director (ED); Deputy ED; Members Affairs and Networking Department; Administration and Finance Department; Research, Training and Publications Department; Projects Management Department; a Communication and Information Unit; and the Planning, Monitoring and Evaluation Unit. Currently, EPHA has more than 80 staff members working in these departments, units, projects and with implementing partners.

As of December 31, 2013, EPHA’s members numbered 5053. It has also 24 chapters located in all the regions and administrative cities of the country. The chapters are based in government universities and regional health bureaus where public health professionals are available in relatively large numbers. Chapters are being clustered and restructured so that they will be of two types: chapters and focal persons when the new guideline is actually employed.

EPHA is implementing various projects and non-project based activities. For example, in the 2013 fiscal year, a total of 67 trainees of five cohorts were trained by the LSI training program with the US Center for Disease Control and Prevention (CDC) fund. EPHA also coordinates and supports a network of six universities: Addis Ababa, Mekelle, Jima, Gondar, Haramaya and Arba Minch universities that undertake health and demographic surveillances (HDSS) and monitors AIDS mortality and the population level impact of ART (AAMSP). The HDSS and AAMSP support is aimed at continuous vital registration, verbal autopsy (VA) interviews for deaths, assigning causes of death using ICD-10 and VA code and burial surveillances.

EPHA is working closely with the School of Public Health (AAU), the Federal Ministry of Health and the CDC to produce professionals in field epidemiology that are capable of handling emergencies
management including epidemic investigations, responses and surveillances. Since its start in 2009, 69 trainees of four cohorts were admitted to the program; and 48 graduated from the three cohorts. Sixteen residents of the 4\textsuperscript{th} cohort are doing their residencies in their respective field bases.

The other project is national MARPs survey. Its goal is to establish a surveillance system to monitor HIV prevalence and related risk behaviors among key populations to better inform national HIV prevention and control efforts in Ethiopia. EPHA, in collaboration with EHNRI, FHAPCO and CDC Ethiopia, is undertaking the survey in 11 regional capitals and 4 transport corridors. Early in 2013, the tools and the protocol were piloted and revised. CDC Atlanta and EHNRIIRB clearances were obtained for the revision. The quantitative data collections, except that of Addis Ababa, have been completed.

Using the fund from CDC-EPHA project, EPHLA has given various training programs, produced publications and accomplished related activities as per the plans. Similarly, preventing multiple concurrent sexual partnerships was also implemented by Save Your Generation Ethiopia (SYGE) using the same fund source. Actually, this component phased out in 2012; but for 2013, some activities such as procurement and supply to strengthen SYGE Info Center and SYGE/EPHA project personnel, entertainment programs, club management training and material supports, production and distribution of different publications and the like were accomplished by carry over budget.

EPHA has also accomplished various activities in collaboration with other donors and partners. For instance with PSI/E, EPHA is implementing a project entitled MULU/MARPs HIV prevention for generating strategic information to support evidence-based programing and for facilitating an enabling policy environment. EPHA serves as a research and policy advisory partner on the project as a sub-recipient to PSI/E, and most of the activities planned for 2013 were accomplished accordingly. Likewise, EPHA in collaboration with MSH designed and is now implementing a project to strengthen the health systems of Tigray and Amhara regional health bureaus. As part of the project, two coordinators (one for each region) were recruited for the two regional health bureaus; and they are planning and implementing the project activities within the respective regional health bureaus.

In addition, EPHA implemented various small and one time projects: the regional HIV drug resistance consultative meeting was organized jointly with WHO and ASLM in Addis Ababa, where 52 leading public health professionals from 10 countries shared their up-to-date knowledge and experiences on
HIV drug resistance. EPHA in collaboration with the International Legal Consortium (ILC) of the Campaign for Tobacco-Free Kids (CTFK) and the African Tobacco Control Alliance (ATCA) organized a workshop in Addis Ababa on measures to implement the WHO Framework Convention on tobacco control where 33 participants from 12 African countries have participated.

EPHA is widely engaged in promoting, coordinating and conducting applied researches, publishing scientific journals and bulletins, providing short-term training on research methodologies and ethics for its members and other health professionals. EPHA has been expanding its services of publishing and distributing public health informational materials. The regularly published Felegetena newsletter, the Public Health Digest and the Ethiopian Journal of Health Development, others like Pain Management book, LSI Information Bulletin, LSI Mentorship Manual, Proceeding of the Scientific Review Forum, Annual Report of the preceding year and EPHA Profile booklet are few of the published materials during the reporting year. In addition, EPHA is actively working towards building its internal research and training capacity, developing a stronger coordinating mechanism and establishing its own research and training facility. Health research methods and ethics training is regular short term training designed to its members from various regional health sectors and organizations. In 2013, three training programs were organized and 47 midlevel professionals participated in the program.

EPHA has learned from its implementations from a mid-term evaluation of the current strategic plan. It is also making the necessary preparation to conduct the end-term evaluation and to develop the next 4th strategic plan. Planning, monitoring and evaluation guideline of EPHA, a document by which all planning, monitoring and evaluation endeavors are to be guided in a standard and agreed upon manner, is also drafted and will be disseminated soon. EPHA is also making aggressive move to construct its own headquarter office for which 885 square of land has been already secured by lease and different committees are organized to facilitate the construction and mobilize the necessary resources.

EPHA has strengthened its partnership and collaboration as well as increasing its visibility nationally, at the continental level and internationally. EPHA is a full member of the World Federation of Public Health Associations (WFPHA). The vice president (and president elect) of the Federation is an EPHA member, former president of EPHA. EPHA is also housing the African Federation of Public Health Association (AFPHA); and EPHA’s current president is its secretary.
INTRODUCTION

The Ethiopian Public Health Association (EPHA) is an association of public health professionals of varying categories and levels of training established in 1989 that works for the attainment of an optimal standard of health for Ethiopians. It promotes better health services to the public and high professional standards through advocacy, professional competence, relevant policies, and effective networking. EPHA is committed to improve the health and wellbeing of all Ethiopians through the dedicated and active involvement of its members in collaboration with all collaborators and partners. EPHA also strives for the professional development of its members without prejudice to their professional category, gender, religion, ethnic or political affiliations.

The Association works closely with many partners and collaborators to facilitate and accelerate activities on the country’s priority public health issues. In this, it has 25 years of registered experience in implementing national as well as continental projects/programs and other activities. EPHA has also good working relationships with governmental and non-governmental organizations and universities within the country and abroad.

Structurally, EPHA is composed of a general assembly (GA), management of the GA, advisory council, auditor, executive board, secretariat and chapters. Since 2011, EPHA developed and introduced new organizational structure in order to address the needs of its Secretariat to better carry out its day-to-day activities. The objective of the changed organizational structure is to ensure efficiency; clarify responsibilities and better integration of activities that contribute to the achievement of its strategic objectives. According to this new structure, EPHA’s Secretariat consists of the office of the Executive Director; Deputy Executive Director; Members Affairs and Networking Department; Administration and Finance Department; Research, Training and Publications Department; Projects Management Department; a Communication and Information Unit; and the Planning, Monitoring and Evaluation Unit. Currently, EPHA has more than 80 staff.
members working in the different departments, projects and units under above mentioned new organizational structure and with implementing partners.

EPHA’s members are distributed all over the country occupying positions at different levels of health care system from Woreda (district) health office and health facilities to a minister level. It has also international members located all over the world. EPHA members are also in private, government and non-government organizations. There are four types of membership: full/regular (public health professionals), associate (non-public health professionals), honorary (those individual who have much outstanding contribution to the country) and life members consisting of individuals and institutions. EPHA membership is open to all graduates of health related training and have at least a diploma; undergraduate students being trained in health related programs; and national /international institutions serving in public health or related fields. Moreover, the Association is assumed to be interdisciplinary and hence any interested individuals, who may have no health related background, can be members. Currently, EPHA has more than 5053 members of various disciplines with diverse educational levels and engaged in all the health and health related systems in Ethiopia. At the present, EPHA has 24 chapters located in all the regions and administrative cities of the country.

The annual accomplishments of EPHA are summarized by this report for the period from January 1 to December 31, 2013. The report covers activities performed by the Association in collaboration with its partners. This report is organized to show accomplishments by functional levels including challenges encountered during the reporting period, major plans for the coming implementation year, the audit report of the period, activities related to the construction of the new EPHA building and performances in connection with African Federation of Public Health Associations (AFPHA). The balance sheet and income statement of the Association as at 31st December, 2013 are annexed from the audit report.
PART I: PROJECTS MANAGEMENT AND LONG TERM TRAINING PROGRAMS

The Project Management Department is responsible for managing projects. It is accountable to the Deputy Executive Director. Currently, it is managing many projects and many components of the CDC funded project including the long term training programs of this project. This part of the report contains all CDC project components and programs which were under implementation within the reporting period as well as other projects and programs that were coordinated by the Project Management Department during the period.

1.1. The CDC project: Improving HIV/STI/TB Related Public Health Practices and Service Delivery

The bulk of activities and employees of EPHA are financed by the CDC project. The CDC funded project of EPHA “Improving HIV/STI/TB Related Public Health Practices and Service Delivery” is of many components. Many of these components are being programs and implemented with different partners. The goal of this project is to improve public health practice and service delivery in the area of HIV/AIDS prevention and control in Ethiopia through conducting public health evaluations, operations research and by developing the capacity for designing and implementing evidence based policies and interventions.

The main components and activities of the CDC project were:
- generating and disseminating strategic information –SI.
- Ethiopian field epidemiology training program-EFETP.
- Leadership in strategic training program-LSITP.
- support university-based demographic and health surveillances and mortality surveillance sites by Addis Ababa, Jimma, Gondar, Haromaya, Arba Minch and Mekelle universities.
- support the Ethiopian Public Health Laboratory Association, MOH, EHNRI, HAPCO.
- expand and strengthen HIV/AIDS prevention, care and treatment of most at risk populations (MARPs) including men who have sex with men (MSM).
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- support standardizing basic care package and opportunistic infections (OIs) research programs in Ethiopia.
- support youth leadership in a multi-sectoral approach in preventing multiple concurrent sexual partnership- implemented by Save Your Generation Ethiopia (SYGE).
- promotion on alcohol and substance abuse in Ethiopia in relation to HIV/AIDS; and
- support production and distribution of publications.

These activities and components of the project are implemented and closely supervised by EPHA in collaboration with its implementing partners. This project is now phasing out and runs only until March 30, 2014. A new proposal is submitted to CDC for the coming five years to continue most of the aforementioned components of the project. The result of the proposal is not known yet. Most of the project’s components were under implementation in 2013. Hence, this part of the report contains all CDC project components and programs which were under implementation within the reporting period.

1.1.1. Ethiopian Field Epidemiology Training Program (EFETP)

1.1.1.1. Background

The Ethiopian field epidemiology training program (EFETP) is a competency-based two-year training and service program in applied epidemiology and public health that builds capacity to strengthen the surveillance and response system in Ethiopia.

The ability of Ethiopia to respond to health emergencies and detect problems through a proper surveillance system is largely limited. The inability to prevent and control epidemics and the lack of skilled personnel including poor surveillance system are underscored by the MoH. In this regard, EPHA is working closely with the School of Public Health (AAU), the Federal Ministry of Health and the US Center for Disease Control and Prevention(CDC) to be able to produce professionals in field epidemiology that are capable of handling emergencies management including epidemic investigations, responses and surveilances.

The goal of EFETP is to strengthen the Ethiopian public health system by contributing to the development of a robust disease surveillance system, effective and timely acute public health
event detection and response capacity in field epidemiology, evidence-based decision making for public health practice and reduction in morbidity and mortality caused by priority diseases. To attain this goal, the objectives of the training program are specified as

- Strengthening public health capacity by developing a cadre of health professionals with advanced skills in applied epidemiology
- Strengthening national and regional capacity to respond to public health emergencies such as outbreaks, natural disasters, and other unusual affective public health events including those that could be a result of chemical or biological terrorism
- Strengthening national surveillance systems
- Strengthening laboratory participation in surveillance and field investigations
- Contributing to research activities on priority public health problems and
- Improving communication and networking of public health practitioners and researchers in the country and throughout the region.

1.1.1.2. Achievements

The Ethiopia Field Epidemiology Training Program was begun in 2009. As depicted in Figure 1, a total of 69 trainees were admitted to the program until September 2013. The number of graduates from the three cohorts was 48. The 4th cohort residents are 16 in number and all are undertaking their residency II in their respective field bases.

![Figure 1: Distribution of Enrolled and Graduated EFETP Residents](image-url)
By this time, almost all the 11 regions in Ethiopia have at least one EFETP graduate (See Fig-2). In 2013, the program has enrolled 16 residents for cohort 5 from Oromia, Amhara, SNNPR, Addis Ababa, Somali, Benishangul Gumuz, Ministry of Agriculture and Ministry of Defense.

![Figure 2: Distributions of EFETP Intakes and Graduates by Region, Cohort 1-3](image)

The training program has three indispensable components: the classroom instruction for the didactic courses; field residency to produce various outputs to meet competency requirements; and mentorship to support the residents in producing quality outputs. The competency areas demanded to be fulfilled by the residents are:

- At least two reports on outbreak investigations and response.
- At least one surveillance system evaluation.
- At least one surveillance data analysis.
- Abstracts for scientific presentation.
- Manuscript development for publication in various journals.
- Health profile description of a certain area.
- Develop epidemiological projects.
- A report on disaster situation visited; and
- A report of public health laboratory data collected and analyzed.
Up until December 2013 from cohorts 1-4, residents had done more than 150 outbreak investigations, 71 surveillance data analyses, 63 surveillance system evaluations, 60 epidemiological projects, 69 health profile description reports and more. In addition, 48 papers have been presented in different national and international scientific conferences (see Figure 3).

![Figure 3: Distribution of Residencies’ Output from Cohorts 1-4](image)

To realize all these tasks for residency outputs in different competency areas, the residents were supported with transportation allowances, daily subsistence allowance (DSA), CDMA apparatuses and SIM cards, laptop computers, books, stationery and the like. In addition to these, EPHA was continuously supporting the field bases by providing various supplies like stationery, furniture, field materials books computers and others to facilitate the residency activities.

The residents were based in various field bases to accomplish their residency requirements. The field bases are located at the Ethiopian Health and Research Institute (EHNRI) as well as at Oromia, Amhara, SNNPR and Tigray health bureaus. In September 2013, a sixth field base was opened in Somali regional health bureau. It is believed that the opening of this field base will
make immense contributions in addressing the public health emergency of the region and improving the quality and skill of the residents by enhancing their exposure.

The following main activities were performed by the residents during the reporting period:

1. Fifth cohort residents enrolled.
2. Supportive supervision given.
3. Supporting and facilitating the classroom training for the residents.
4. Residents and graduates supported to present their abstracts at the fifth African Field Epidemiology Network (AFENET) scientific conference.
5. Providing training for the mentors and mentoring support.
6. Supporting the field bases by providing various materials.
7. Orientation to the fifth cohort field base supervisors.
8. ARC-GIS training given.
9. Logistic support to the School of Public Health/AAU; and
10. Meetings conducted (alumni, technical working group and advisory council).

Among the major planned activities, short-term training programs were organized on ARC-GIS, mentors and supervisors training. Eighty graduates and residents (100% of the plan) were supported to participate at the AFENET conference, an international conference held in Addis Ababa, Ethiopia, organized and carried out in collaboration with other partners. There was also a plan to develop and print an epidemiological bulletin from 50 planned of which 40 copies were printed (80% accomplishment). From the plan of thirty residency activities at the field bases, 28 or 93.3% were accomplished. Moreover, many routine activities of the training program have been accomplished as per the plan with 100% accomplishments such as supportive supervision, advisory council meetings, deployment and maintenance of the program vehicles, printing of progress reports, conducting class room teachings and the like.

1.1.1.3. Challenges and Recommended Actions

One of the challenges encountered in the training program was shortage of vehicle for some field base related activities. The other challenge encountered during the last one year was low quality mentorship which was short of expectation although there are some improvements. In addition, the delay of vehicle procurement did pose a challenge to the program. Financial support for field
bases to rent the vehicles sometimes and to use public transportation at times could help with regard to the current shortage of vehicles while a series of training and meetings are planned with mentors to solve the problems with the mentorships.

1.1.2. Leadership Strategic Information (LSI) Training Program

1.1.2.1. Background

It is necessary to develop the capacity of the public health sector in the use of strategic information to improve needs assessment, planning, monitoring and evaluation of the full range of interventions and activities to combat the HIV/AIDS epidemic at the sub-national level. This need stems from several factors that limit the ability of public health personnel to successfully collect, analyze and use epidemiological data. Health personnel also have limited experience of participating in strategic planning, monitoring and evaluation of public health programs. A few training programs that have been provided focused only on surveillance and data management and therefore they did not cover all aspects of strategic information. Additionally, these training programs lacked a field component to allow participants to practice and apply the skills acquired from training courses. There was also shortage of sub-national public health personnel with adequate understanding of basic epidemiologic concepts such as study design, descriptive statistics, data analysis and the like. Furthermore, most public health personnel, working on HIV/AIDS related activities and other health related MDGs have limited exposure to the full range of interventions and the overall strategy for combating the health problems.

In response to these problems, leadership in strategic information (LSI) training program is designed. It is a long-term training program implemented to improve the capacity of regional public health personnel to organize and use strategic information for planning, monitoring and evaluation of HIV/AIDS interventions. The training consists of a series of three modules, each module requiring two weeks for course delivery, conducted over five to six months. At the end of each module, there are supervised field projects to be accomplished by the trainees in their respective institutions.
The goal of the program is to deliver technical assistance and mentoring of trainees to build the capacity of national and regional public health personnel, and use strategic information for planning, monitoring and evaluation of HIV/AIDS interventions and evidence based activities. The specific project objective is to develop capacity in the public health sector to use strategic information to improve skills necessary for need assessment, the planning process and monitoring and evaluation of the full range of interventions and activities to combat the HIV/AIDS epidemic at the various level of the health system and to meet the MDGs as desired.

1.1.2.2. Achievements

In undertaking the LSI training, 5 cohort training programs 25 trainees per cohort were planned for the year 2013. A total of 67 have been trained from cohort 8, 9, 10 and 11 with 17, 21, 15, and 14 trainees respectively. The 12th cohort training is still ongoing. The details are given in table 1.

Table 1: LSI Training Program of 2013: Plan Vs. Achievement

<table>
<thead>
<tr>
<th>S. No</th>
<th>Training Cohort</th>
<th>Indicators (number)</th>
<th>Plan</th>
<th>Actual</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cohort 8</td>
<td>trainees certified</td>
<td>25</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cohort 9</td>
<td>trainees certified</td>
<td>25</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cohort 10</td>
<td>trainees certified</td>
<td>25</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Cohort 11</td>
<td>trainees certified</td>
<td>25</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Cohort 12</td>
<td>trainees certified</td>
<td>25</td>
<td></td>
<td>On going</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>trainees certified</td>
<td>125</td>
<td>67</td>
<td></td>
</tr>
</tbody>
</table>

In order to expand the training program, there was a plan to assess the potential of other universities. Towards realizing those plans, a sensitization program was organized for Hawassa and Mekelle Universities. The aim of sensitization was to bring on board the universities for collaboration, to ensure the presence of departments and staff with required discipline, to share training experiences of similar settings like research methodology and related partnership/collaboration experience, to discuss what is required for launching postgraduate program in public health discipline and for briefing the training program. Meetings with five regional health bureaus (Somali, Harari, Dire Dawa, Amahara and Tigray) were also held to discuss about the dropouts and improvement of training program. In addition to this, an
information bulletin, a mentorship guideline and training materials (i.e. trainees’ guideline, facilitator guideline and standard training power point) have been developed and printed.

1.1.3. Health and Demographic Surveillance Sites (HDSS)

1.1.3.1. Background

A well-established population based longitudinal surveillance system is lacking to generate health and demographic information in the country. To fill this gap, Ethiopian universities have established longitudinal surveillance systems in different geographic areas of the country. Though their establishment varies in time (1987-2009), the network of these sites is coordinated and supported by EPHA since 2007. Specific objectives of the network system are;

- Events (birth, death, in & out migration, pregnancy observation, marital change) registration system in 6 sites of Ethiopia
- Cause of death identification at community level
- Establish a framed population for other studies
- Set longitudinal data management and analysis for researchers
- Maintain quality data through standardization of joint meetings, field visits/ supervisions
- Producing surveillance reports.

The support is in the form of technical and financial assistance for university-based demographic and health survey and surveillance programs with the aim of generating continuous demographic and health related information and also for strengthening the capacity of universities in integrating training, service and research for their public health students. To put into practices, EPHA coordinates the network of six member universities that implement the HDSS: Addis Ababa, Mekelle, Jima, Gondar, Haramaya, and Arba Minch. Accordingly, it was planned to support seven HDSS sites (including AAMSP) that are run by these universities. The main components of the HDSS and AAMSP are:

- continuous vital registration (births, deaths, in and out migration, marriage and pregnancy outcomes at the household level).
- verbal autopsy (VA) interviews for deaths using the VA method.
- assigning causes of death using ICD-10 and VA code; and
- burial surveillance, an ongoing surveillance of deaths at all burial sites in Addis Ababa.
1.1.3.2. Major Accomplishments

In the health and demographic surveillance (HDSS) component of the CDC supported project, the network of the surveillance sites has accomplished the following major activities during the reporting year:

- HDSS and VA reports were published
- Data sharing policy was designed and published
- The new WHO VA tool was piloted and started at the Gilgel Gibe DSS site
- The GIS units of Mekelle and Jimma universities have been strengthened
- Site visits of and technical supports to surveillance sites and data quality assurance meetings were held as scheduled
- Data migrations of Butajera (Buta) and Haromaya (KDS) to the HRS database system were accomplished successfully.

In terms of events registration\(^1\), achievements of the HDSSs (excluding Butajera of AAU)\(^2\) were: 4117 pregnancy outcomes; 836 deaths; 157,009 in-migrations; 4217 out-migrations; 2920 pregnancy observations; 1047 marital status changes; and 880 verbal autopsy interviews. On the other hand, the Addis Ababa mortality surveillance site, in order to meet its objective of monitoring AIDS mortality and the population level impact of anti-retroviral treatment (ART), has registered 7499 deaths as well as completed a total of 705 verbal autopsy interviews (VAIs) and 650 VAs by physicians during the six months.

Of the challenges faced by the HDSS sites, lack of vehicles to supervise the sites, turnover of field and trained project staff, and power fluctuations were the main ones.

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\(^1\) The usual reporting periods of HDSS sites are on bi-annual (bases from October 1 to March 30 and from April 1 to September 30). As a result, these sites’ reports do not match with our fiscal period; and this report deals with only the six months report (April 1 to September 30, 2013).

\(^2\) The report of Butajera is not included because it was not reporting at that time but now it has started to do so.
1.1.4. National MARPs Survey

1.1.4.1. Background

Generally, there is limited information about the magnitude of HIV among certain segments of the population (hidden population) that are at a relatively higher risk of acquiring HIV due to their risky sexual behaviors. Because of the limited information on MARPs in Ethiopia, the Ethiopian Public Health Association, in collaboration with EHNRI, FHAPCO and CDC Ethiopia, is undertaking a national MARPs survey in selected regional capitals and major transport corridors.

The overall goal of this project is to establish a surveillance system to monitor HIV prevalence and related risk behaviors among key populations to increase the availability of information to better inform national HIV prevention and control efforts in Ethiopia. As such, the major activities of the project include:

- Establishing surveillance system to monitor the trends of HIV/AIDS and associated risk factors in female sex workers (FSWs) and distance drivers (DDs).
- Estimating the size of FSWs in 11 regional cities.
- Determining the magnitude of HIV/AIDS in both FSWs (11 cities) and DDs (4 transport corridors) and to look into those factors that make them at a higher risk of acquiring HIV.

1.1.4.2. Accomplishments

This first round survey targeted only female sex workers (FSWs) and distant drivers (DDs). The study on FSW was planned for 5 regional capitals, 2 city administrations and 4 transport corridors while the study on DDs was for four major transport corridors of the country: Logia, Shashemene, Kombolcha and Metema. Collection of DDs bio-behavioral data form four transport corridors is 100% completed. Bio-behavioral data of FSWs is collected from 10 sites and one site was remaining at the time of reporting; and the same is true for size estimation: 10 sites were complete and one site was remaining. Some of the activities such as development of research protocol were accomplished before the current reporting period.
The other activities accomplished in the year 2013 are indicated in Table 2. The employment of project staff (4 general project and 49 field level staff members) was accomplished as per the plan. Purchases of laboratory items were 73% accomplished. One sensitization workshop took place. Training data collectors and supervisors on survey tools and piloting the revised protocol including conducting pre-visit site assessment before the commencement of the survey were 100% accomplished. Twelve technical working group meetings planned to follow the progress of the survey were held. In addition, one review meeting was organized as per the plan.

At the beginning of the year, the tools and protocol were piloted. Methodology part of the protocol was revised based on the input obtained from pilot testing. For the revised protocol, institutional review board (IRB) approval was obtained from both CDC Atlanta and EHNRI.

As indicated above many planned activities were carried out successfully. However, qualitative data collection was not done because it was to be done after the quantitative part is completed. Similarly, data cleaning, analysis, report writing, and dissemination are not started yet because these are activities to be done after all the data collections are complete. Besides to the initially planned activities, some activities were deemed to be important enough for accomplishing the survey successfully. Of these, training on GIS and STATA software was given for six days to eight central team members to build their capacity on data management. In addition, midterm review meeting was held to discuss the challenges faced during data collection and forward recommendations for the road ahead.

1.1.4.3. Lessons Learned

Some components of the protocol are revised based on the input obtained from pilot testing. To mention some:
- Census for size estimation of FSWs has been substituted by enumeration since census is labor intensive, time consuming and costly.
- Multiplier method as an alternative size estimation technique has been added since it is simple and can give estimate with less cost.
- Plan to use PMA machine for the survey has been removed since it is not accredited.
- Snowball sampling as an alternative to TLS for distance drivers has been included in the method of distance drivers sampling since TLS resulted in low participation rate during the pilot.
- Questionnaire for both distance drivers and FSWS have been reduced; and
- Use of TLS was recommended in Metema and Logia by the pre visit team.

1.1.4.4. Challenges
Delay in procurement of laboratory and stationery items, delay of ethical clearance from respective organizations, and lack of knowledge on RDSAT software were major problems of the survey. In response to these challenges, a procurement officer dedicated for MARPs survey was recruited; and for items which were not available in the market, few of them were to be imported by CDC while others were to be borrowed/obtained from EHNRI and CSA. CDC was to arrange training on RDSAT for the technical working group. Still there are some items, like viral load reagents, which are not yet procured. Unless the procurement of these items is facilitated, it will further delay viral load testing and the overall implementation of the survey.

1.1.5. Risk Surveillance among MSM
With the expanding interventions and the natural history of the HIV epidemic, the transition from a generalized epidemic to the concentrated type marks the need to focus on most at risk populations (MARPs). This in return makes it necessary to establish a good surveillance system and interventions on MARPs. Cognizant of this fact, the Ethiopian Public Health Association with the technical and financial support of CDC is engaged in the surveillance of HIV, syphilis and related risk behavior among men who have sex with men in Addis Ababa.
The general objective of the project is to assess the extent of behavioral risk factors for HIV infection, HIV prevalence, and STI prevalence among MSM in Addis Ababa, Ethiopia.

The specific objectives include:
- To estimate HIV prevalence among MSM in Addis Ababa
- To estimate syphilis and HSV2 prevalence among MSM in Addis Ababa
- To assess HIV knowledge and attitudes of MSM in Addis Ababa and association with HIV infection
- To estimate the size of MSM population in Addis Ababa
The planned activities were to complete data collection and write up of the report, organize a consultative workshop, presentation of findings and recommendations to policy makers. Of the planned activities, data collection has been completed; the final report of the study is submitted; the results, reviews comments and recommendations of the study were presented and discussed among key stakeholders. There remains dissemination of the same.

1.1.6. Support Federal HAPCO and the Ministry of Science and Technology

EPHA with the technical and financial support of CDC planned to support the monitoring and evaluation of FHAPCO as well as the science and research activities of the Ministry of Science and Technology (MoST), thereby to strengthen their capacity to generate evidence-based information. The general objective of the project was to support and strengthen Federal HAPCO and Ministry of Science and Technology in the implementing evidence-based HIV/AIDS prevention and control activities. The project activities planned for 2013 were

- Recruiting and assigning two Monitoring and Evaluation experts
- Preparing the TOR for the CC program evaluation and the use of mobile phone technology for ART adherence
- Developing a protocol for the CC program evaluation and the use of mobile phone technology for ART adherence.
- Organizing a workshop to enrich the two protocols.
- Following-up and obtaining ethical clearance of the two program evaluations.
- Organizing a workshop on targeted intensive rapid assessments research evaluation (IRARE) of priority intervention for prevention intervention.
- Organizing a workshop to disseminate guideline on the National Research Ethics Review Committee /NRERC; and
- Organizing a training program for 18 intuitional IRBs.

Accomplished activities were

- Two monitoring and evaluation (M&E) officers recruited and assigned for HAPCO.
- TOR for the use of mobile phone technology for ART adherence was developed, advertised and the consultant selected.
- The first draft of the protocol on the use of mobile phone technology for ART adherence prepared.
- The consultative workshop was organized to enrich the guideline on the national research ethics review committee; and
- Procurement and provision of furniture and equipment for the MoST IRB focal point were carried out.

1.1.7. **Support of Ethiopian Public Health Laboratory Association (EPHLA)**

1.1.7.1. **Background**

Major activities and expected outputs of EPHLA supports were to help build the competency of laboratory professionals by giving the necessary and quality laboratory service to the community. Moreover, the program is intended to build and expand EPHLA’s organizational capacity by

a. disseminating knowledge pertaining to quality laboratory standards
b. creating awareness about public health laboratory issues through advocacy and education; and
c. engaging and tapping the capabilities of its members.

1.1.7.2. **Accomplishments**

Most of the activities planned for the year were accomplished; the details are presented against the plan in the table below. One of the activities (laboratory safety training) could not be undertaken in the third quarter as planned due to the busy schedules of the trainers at EHNRI. Therefore, this training was rescheduled for July of 2014. Otherwise all the other activities planned for the year have been successfully completed.
Table 2: EPHLA performance in 2013

<table>
<thead>
<tr>
<th>Activities</th>
<th>Indicators in numbers</th>
<th>Planned /Target</th>
<th>Achieved</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT on Lab quality management systems</td>
<td>trainings organized</td>
<td>1</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Publication of EPHLA’s newsletter</td>
<td>newsletter published</td>
<td>1</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Conducting supportive supervision in regional chapters</td>
<td>chapter offices supervised</td>
<td>4</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>Publishing &amp; distributing five lab manuals for undergraduate training</td>
<td>volumes of manuals published</td>
<td>5</td>
<td>4</td>
<td>80</td>
</tr>
</tbody>
</table>

EPHLA organized several training programs over the past few years with the objective of promoting the capacity of laboratory professionals and hence improving the standard and the quality of service in public health laboratories of the country. The TOT training on laboratory quality management system was intended to strengthen and build the capacity not only of the graduates of the training but also of the Association. All of the graduates were members of EPHLA and therefore a potential resource for the Association to deploy in its effort to conduct more training for more numbers of lab personnel. The training was well received as demonstrated by the active participation and enthusiasm of the trainees. EPHLA was also impressed by the trainees’ reassurance that they are more than willing to participate in any activity related to the accomplishment of the strategic objectives of the Association.
1.1.8. Support of Save Your Generation Ethiopia (SYGE): Preventing Multiple Concurrent Sexual Partnership (MCP)

One love/MCP project of Save Your Generation Ethiopia was a project concluded in 2012. But EPHA has supported it using carry over budget for the year 2013 as well. The objectives of MCP program were:

1. Improving and increasing perception of risk associated with parents’ unknown HIV related sexual behaviors.
2. Increasing consistent and correct condom use in concurrent relationships
3. Increasing individuals’ communication and negotiation skills and perceived self-efficacy to prevent infection.
4. Increasing fidelity in long-term partnerships; reducing the number of partners, especially concurrent partners.
5. Change social and cultural norms (especially gender norms) that encourage/perpetuate MCPs.

Thus, the following activities were accomplished in 2013: there was procurement/ supply to strengthen SYGE Info Center and SYGE/EPHA project personnel, which was fully accomplished. In addition, edutainment programs, club material support, experience sharing programs communication for development training, panel discussion, production & distribution of newsletter, production and distribution of brochures, production and distribution of posters, production and distribution of stickers, radio program and spot, Sony Screen spots, TV program
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sponsorship, bill board, adaptations of manuals and documentation were implemented as per the respective plans. Most of the other activities such stakeholders’ consultative meeting, school network meeting, resource mobilization training, leadership training, club management training, and basic MCP and HIV training were also carried out.

1.2. MULU/MARPs Project

1.2.1. Background

With support from the United States Agency for International Development (USAID), Population Service International/Ethiopia (PSI/E) is currently managing the MULU/MARPs HIV Prevention Project which is under implementation in Ethiopia. The goal of the project is to contribute to the Ethiopian national target of reducing new infections by 50% by 2017. This is be achieved by 1) reducing behavioral risk factors among most-at-risk populations and other highly vulnerable populations; 2) strengthening community level systems and structures to support combination prevention; and 3) increasing the capacity of GoE to lead and coordinate HIV prevention interventions that are based on evidence.

One of the major activities of this program is to enhance the capacity of the Federal and Regional HIV/AIDS Prevention and Control Offices to continue effectively leading and coordinating the multi-sectoral response to HIV/AIDS. EPHA is responsible for generating strategic information to support evidence-based programing and for facilitating supportive policy environment. EPHA serves as a research and policy advisory partner on the MULU/MARPs project as a sub-recipient of PSI/E, and will take responsibility to lead the next phase of the rapid town level mapping study and for hiring and supervising the consultant to review legal and policy framework to inform national guidelines for MARPs.

Major Project component and plans

The first component of the project is rapid town-level mapping. In this regard, EPHA will
- lead the subsequent two years of rapid town-level mapping (RTLM) and PSI will technically support EPHA in the process while the latter will lead the whole process of RTLM in 36 relatively big towns.
• take the data entry and reporting writing responsibility.
• provide capacity building training for 11 local implementing partners (LIPs) as part of RTLM implementation in 20 relatively small towns. EPHA will coordinate and lead LIPs to roll-out service mapping and size estimation assessment through continuous supportive supervision.

The other component is policy reviews. The following five policy reviews related documents were to be prepared, printed and disseminated

1. National condom strategy
2. Policy and legal framework for MARPs
3. Desk review—promising practices and recommendations for MULU/MARPs to support the Community-level Information System
4. Desk review—promising practices and recommendations for female condoms & lubricants; and
5. Desk review—promising practices and recommendations for ART as prevention among MARPs

The third is male sex worker (MSW) qualitative research. It is to conduct qualitative formative research on MSW in four major towns of Ethiopia, to complement recent quantitative bio/behavioral survey made by EPHA. This qualitative assessment could be done in different options including outsourcing for an independent consultants or using competitive small grants approach for MSW focused master theses.

The other component is GOE Leadership training along HAPCO office structure on evidence-based combination prevention. This training is to strengthen capacity by improving the ability to conduct needs assessments, planning processes and monitoring and evaluation of a full range of interventions and activities to combat HIV at the regional and Woreda level.

The last component deals with disseminating research findings. With respect to this component, EPHA will

• prepare policy/strategy dialogue regarding key populations programing for MSW, based on qualitative and quantitative research;
• include case studies/articles from the MULU program data to all network partners in its standby publication outlets biannually;
organize MARPs summit inviting partners and research institutions annually; and
- Publishing compendium of abstracts, in posters or oral presentations of the studies undertaken.

1.2.2. Accomplishments
Scope of work (SOW), performance monitoring plan (PMP), work plan and budget were prepared and approved. In addition, a program manager, research advisor and project coordinator recruited. With regard to the rapid town level mapping, EPHA has participated in all 54 RTLM process including
- Recruitment of 68 field research team consisting of data collectors, supervisors and field coordinators.
- Actively participated in the development of Amharic and English field guide manuals and research tools of FSW size estimation, service mapping and HAPCO capacity assessment.
- Actively participates in two phases of training programs facilitated for all research teams.
- Led research team in two phases pretest sessions (Hawassa and Addis Ababa)
- Led research team and collected data from 14 towns.

As to the Data Management
- A data manager and data clerks recruited
- Four data entry templates developed for FSW size estimation in homes/venues/street, service facility mapping and HAPCO capacity need assessment
- Double entry was administered for service facility mapping of 54 towns, FSW (home/venue based) size estimation of 44 towns, street based FSW size estimation of 15 towns and HAPCO capacity assessment of 54 towns. The necessary data cleaning was done and SPSS version of all data was delivered to PSI/E.

With respect to the policy reviews plan, a national condom strategy was finalized by assigning a consultant in close collaboration with PSI/E. It will be published in the future. Moreover, TOR for four desk reviews prepared, two calls for consultancy services (for policy and legal framework review of legal and policy framework to inform national guidelines for MARPS; and review best practices to inform national guideline for ART as prevention) were announced and technical and financial proposal are collected.
Although most of the activities were accomplished, there are some activities which are not accomplished yet such as condom strategy; and two desk reviews on policy and legal framework review of legal and policy framework to inform national guidelines for MARPs and review best practices to inform National Guideline for ART as prevention.

1.2.3. Challenges

Delay of the approval of the scope of work (SOW), the work plan and the PMP; difficulty of replacing program manager position; and difficulty of getting qualified and unemployed data clerks for short-term were the major challenges that hindered the project progress.

1.3. Comprehensive HIV/AIDS Treatment, Care and Support (CHAT CS)

1.3.1. Background

The Ethiopian Public Health Association (EPHA) in collaboration with MSH designed health system strengthening (HSS) project entitled “Comprehensive HIV/AIDS Treatment, Care and Support (CHAT CS)” to strengthen the health systems of Tigray and Amhara regional health bureaus. The overall goal of this project is to mitigate the impact of HIV/AIDS and improve the quality of life of PLHIV, their families and communities through sustainable, comprehensive and coordinated evidence based intervention. This health service strengthening (HSS) initiative is designed to enable the RHBs of the two regions to have evidence-based decision making through appropriate need assessment, planning and monitoring and evaluation that will help in combating HIV epidemic and MDGs targeted health problems at the regional level. This will subsequently help the Woreda health offices to obtain an ongoing capacity building for planning and managing their health networks. Ultimately, the RHBs and Woreda health offices will make evidence-based decision making and intervention to combat HIV epidemic and meet the desired Millennium Development Goals (MDGs) as desired.

The project activities are focused on capacity building specially on: system management and leadership; monitoring; joint supportive supervision; partners’ coordination; developing different tools and/ or job aids; preparation of annual plan at regional or Woreda level; and participating in regional review meetings of the respective RHBs.
1.3.2. Accomplishments

As part of the project, two coordinators for the health system strengthening were recruited for Amhara and Tigray regional health bureaus. Plans of action were developed and activities are being implemented as per the plan. The main implemented activities so far were:

- regional standard operating procedures (SOP) for comprehensive HIV/AIDS prevention, treatment and care service documents were developed and repeatedly updated as per the inputs received from members of TWG.
- participated in reviewing of the regional SOP document for MDR Tb.
- technical support to identify job aids and guidelines for development to enhance quality of HIV/AIDS related services in the regions.
- technical support provided to conduct HIV/AIDS annual performance review meetings
- conducted TWG meetings, ART assessment, and joint or integrated supportive supervisions (JSS/ISS).
- coordinated the OR workshop and LDP training programs
- participated in the partners’ forums and so on.

1.3.3. Challenges

The project was initially for five years, however, because of the decision by USIAD (the funding agency), the project will not continue after 2014.

1.4. Other Small and One Time Projects

1.4.1. Workshop on HIV Drug Resistance Surveillance in Africa

The regional HIV drug resistance (HIVDR) strategy and protocol development consultative meeting entitled “Implementation and Sustainability of HIV Drug Resistance Surveillance in Africa” was organized June 25-27, 2013 in Addis Ababa. The purpose of the meeting was to support future implementation of harmonized and quality controlled HIVDR surveillance and provide guidance to WHO on the development of a technical agenda to support it.
Objectives of the workshops were:

- To review global and regional evidence of HIVDR.
- To discuss priorities for HIVDR surveillance and use of HIVDR data for decision-making from the point of view of national ART programs.
- To review updated WHO HIVDR surveillance strategy and concept notes for surveillance of transmitted, pre-treatment and acquired HIVDR and discuss the relevance and feasibility of each.
- To develop national HIVDR surveillance plans using updated concept notes informed by available country-specific data; and
- To discuss priorities and roles in technical cooperation to support HIVDR surveillance, including identification of what technical assistance WHO will need to provide in the short term.

The consultative meeting was jointly organized by the EPHA, WHO and ASLM where 52 leading public health professional (ART program managers, experts in HIVDR surveillance, African Society for Laboratory organizations, Pharm Access African Studies to Evaluate Resistance (PASER), United States Centers for Disease Control and Prevention, Amsterdam Institute for Global Health and Development (AIGHD)) when 10 countries shared their most up-to-date knowledge and experiences on HIV drug resistance.

1.4.2. Workshop on the Framework Convention on Tobacco Control (FCTC)

The Ethiopian Public Health Association in collaboration with the International Legal Consortium (ILC) of the Campaign for Tobacco-Free Kids(CTFK) and the African Tobacco Control Alliance (ATCA) has successfully organized a workshop on measures to implement the World Health Organization Framework Convention on tobacco control in Addis Ababa, Ethiopia from 30 September to 4 October 2013. The seminar was designed to increase the capacity of a core group of tobacco control lawyers and advocates in the continent of Africa to create a mutually supportive expert group and network, which will then be in a position to provide support for effective tobacco control nationally and internationally. Totally 33 participants from 12 African countries participated in this important workshop. The workshop is assumed to have increased the capacity of English speaking African lawyers in drafting and implementing effective tobacco control legislation that is aligned with the FCTC.
PART II: RESEARCH, TRAINING (SHORT TERM) AND PUBLICATION

2.1. Background

EPHA has been widely engaged in promoting, coordinating and doing applied researches, publishing scientific journals, and bulletins, providing short and long-term training on research methodologies and ethics for its members and other health professionals. EPHA produces strategic information (SI) that serves policy and program formulation; establishing network with the MoH, Universities, international and national professional associations and other societies. It has a specifically assigned department for the research, training, publication and related activities. The units, main activities and accomplishments in each unit are presented here below.

2.2. Accomplishments

2.2.1. Publications and Dissemination

The demand for publication from peripheries where there is limited access to strategic information is increasing all the time. To meet this steadily growing demand, EPHA has been expanding to deliver its services to members of the Association and beyond. Thus, the Association has been producing, publishing and distributing public health information materials in the form of books, booklets, newsletters, journals etc. Among others, the regularly published Felegetena newsletter, the Public Health Digest and the Ethiopian Journal of Health Development, Pain Management book, LSI Information Bulletin, the LSI Mentorship Manual, Proceedings of the Scientific Review Forum, Proceedings of the 24th Annual Conference of EPHA, annual report of the preceding year and EPHA profile booklet are few of the published materials during the reporting year. Along these main activities, the issue of capacity building by establishing its own printing facility, creating the e-learning center and full-fledged EPHA library system with newly acquired books of public health significance were another area given due attention during the reporting year along with producing strategic information of public health importance.

The general objective of publication and dissemination is to enhance the decision making processes by improving access to strategic information in order to achieve the PEPFAR
supported treatment, care, prevention, support and other activities in the health sector in particular, and to strengthen the health service delivery in Ethiopia, in general. Speaking briefly, the accomplishments of the publication and dissemination activities were:

- **Produced the Quarterly Felegetena Newsletter**
  Four editions of the quarterly Felegetena newsletter were produced and published with several updates over major EPHA project and non-project activities in the scheduled period and as per the plan (12,000 copies which were 100% of the plan). As the contents which are worthy of reporting were increasing along with the expansion of activities of the organization, the number of pages has continued to be 12, with A-4 sized paper. Along with this, efforts have been made to improve the quality standard of the newsletter so that the contents and graphic design of the newsletter are steadily improving according to feedback received from staff and members.

- **Collected, Edited and Published the Quarterly Public Health Digest (PHD)**
  The quarterly public health digest was produced as per the plan three times a year. Each edition was printed in 12,000 copies (100% of the plan) and distributed to all members, government and nongovernmental health sector organizations.

- **Produced “The Ethiopian Journal of Health Development”**
  The plan was to produce and publish 12,000 copies of the Ethiopian Journal of Health Development during the reporting year. However, only 9,000 copies (75% of the plan) were published in three rounds. The discrepancy has been justified as being caused by delay in the printing process. The three editions are namely known as issues of October, Vol 26, No. 3; April Vol. 27, No. 1; and the Special Issue 26.

- **Provided technical support in the production and publication of various materials for all projects of EPHA**
  The publication team provided technical support in the production and publication of the assessment of the pain management book (1,000 copies), the LSI informational bulletin (2,000 copies), the LSI mentorship manual (300 copies), Proceeding of the Scientific Review Forum (2,000 copies), annual report of the preceding year (2,000 copies or 100% of the plan) and EPHA
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profile booklet (1,000 copies) and others like 300 copies of calendar, 500 copies of the EFETP progress report.

- **Selected, organized, and preserved public health information**

  To satisfy the users’ need, 300 copies of 187 different titles of books 14 copies of 13 titles of other various publication and 40 copies of 14 different titles of Journals were collected and organized.

### 2.2.2. Library Services and the E-learning Center

- **Enhanced the library system**

  The library and e-learning system development process was completed and begun to insert data to test the system.

- **Public health information was provided** for 811 library and internet users which was more than 100% accomplishment.

- **Disseminated EPHA publications**

  The unit distributed 7 titles of recent publications to EPHA members, universities, regional, zonal and Woreda health offices and health centers. In addition, 1192 copies of back issues of certain publications were disseminated for 10 universities the Africa Medical College, the Debre Tabore University College, Ambo University college of Medicine and Health science, Victory collage of Debre Brehan, University, Hosana health Science Collage, Dilla University, Rift valley university college, Africa Medical College and Harari Health Science college. Although many activities were undertaken, the plan to monitor the distribution process was not accomplished because of financial short comings.

- **Photocopy services**: in supporting different training programs of EPHA, 208,228 pages were photocopied during the year; this is 121% of the plan.

### 2.2.3. Research and Ethics

EPHA has been conducting applied research activities and training programs on research methodologies and ethics for its members and other health professional. To that end, it has realigned its internal structure to make it more efficient and suitable to its functions in which
research and training have emerged as essential and thus requiring instituting research and training coordination unit. It has now started providing in-house and external consultancy services on research, evaluation and training. EPHA is actively working towards building its internal research and training capacity, establishing a stronger coordinating mechanism and its own research and training facility. The general objective of the research and ethics unit is to build EPHA’s institutional and members’ capacity to generate and utilize evidence-based strategic information that can inform policy, program and project development and decision making. The accomplishments of the research and ethics activities were put briefly:

➢ **Forming a research technical advisory group (RTAG) and internal research team**

There was a plan to develop project proposal and plan for the RTF. In response to this plan, it was initially chosen to get the job done by engaging a consultant for whom TOR was developed and put for open bid but the applicants’ proposals were not satisfactory. As a result, the resource was redirected to the RTAG. EPHA is now working on to form a research technical advisory group (RTAG) and internal research team and to strengthen its internal capacity. Major areas of focus during the year included

- Undertaking preparatory measures to establish the research and training Facility.
- Developing a framework, guideline and establishing the research and training advisory group (RTAG).
- Collaborating and networking with stakeholders.
- Conducting/ providing research / evaluation services.

A draft document highlighting the purpose, scope of work, core research areas and the like are prepared to develop the guideline and form the RTAG. The draft is updated to include training function and ready to be used as an initial working document.

➢ **Conducting institutional IRB capacity building training**

Building the internal capacity of institutional IRB is important to generate and disseminate evidence based information to the public. Considering this EPHA has been continuously building the capacity of institutional board members on fundamentals of human subject and IRB process so as to increase their knowledge and skill in reviewing protocol and ethical clearance issues.
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EPHA has also continued to actively participate in the process of this task and provided technical and financial support for developing the national IRB guideline. The internal scientific research and ethics committee (ISREC) is actively participating in the deliberations of the ethical clearance of EPHA. In addition, in collaboration with MoH facilitated IRT (EPI) TOT training and validation workshop were held on the national ethics guideline.

➢ Conduct research on opportunistic infection (OI)

The overall objective of the research on opportunistic infection (OI) is to determine the magnitude and types of OIs among adult PLWHAs enrolled for care in major public health facilities in Ethiopia. The project was a carryover of the previous year country operational plan (COP 12) of CDC project. The protocol has been repeatedly reviewed both by CDC Ethiopia and Atlanta and ISREC of EPHA. Sixty Service sites are already identified and all preparations are finalized. In addition, pain management TOT training for 24 trainees was given.

➢ Developing service directory of HIV/ AIDS Care and HIV/ AIDS care and support service providers

Triangulation and synthesis of epidemiological and behavioral data on HIV/AIDS in Ethiopia, which was a joint undertaking of HAPCO, UNAIDS, WHO, CDC, USAID EPHA etc. is completed and reported by the commissioned consultant. In this, EPHA served as a member of the TWG and as a coordinator.

➢ Rapid Assessment of the role of Professional Associations

Rapid assessment of the role of professional associations in the multi-sectoral response against HIV and AIDS was undertaken jointly with HAPCO last year while the dissemination was held in 2013. A concept note has been developed and submitted to FHAPCO for continuing and implementing some aspects of the assessment results.

➢ Different research projects being undertaken in collaboration with different partners are summarized in the following table.
### Table 3: Other Research Projects and Their Status

<table>
<thead>
<tr>
<th>S. No</th>
<th>Research/Project topics</th>
<th>Partner organizations</th>
<th>Status</th>
</tr>
</thead>
</table>
| 1     | Active disease screening to decrease TB, HIV, and STI in vulnerable population- ADDIS – VP study | UCSD- EPHA                  | ✓ 2 professionals hired  
✓ Year 1 budget secured  
✓ IBR – on process  
✓ Research orientation conducted |
| 2     | Prevention of unsafe abortion in Oromia                                                  | WHO – FMOH - EPHA           | ➢ Consultants hired  
➢ Draft report produced                                                   |
| 3     | Health consequences of female genital mutilation/cut (FGM/C) in Ethiopia. (Desk review)  | EGLDAM-EPHA                 | ✓ Consultant hired  
✓ Completed and submitted                                                   |
| 4     | Incidence and impact of abortion in Ethiopia                                             | Ipas - EPHA                 | ✓ 1 professional hired  
✓ Ethical clearance obtained  
✓ Tools developed  
✓ Training programs on going                                                 |

#### 2.2.4. Training

EPHA believes and focuses on the common progress of individuals and organizations to enable employees through continuous training and learning to improve the level of knowledge and ability to achieve the sustainable development of enterprises and economic benefits maximization of the country. As a result, a unit is dedicated to conduct and coordinate training by the Association on the field. Accordingly, the Unit had planned training and related activities for the past fiscal year. The accomplishments of the training activities were the following in short:

- **Organizing research method and ethics training**
  
As part of capacity building, health research methods and ethics training program is to assist public health professionals to improve their understanding of, and capabilities in, research design, planning and implementation processes. As a regular activity of EPHA, the training is given to its members from various regional health sectors and organizations. In the past fiscal year, three training programs were planned and all of them carried out; the number of participants (midlevel professionals) were planned to be 60 in number but only 47 of them (i.e., 78%) could actually participate in the training program.
Supporting the integrated refresher training (IRT) scheme for health extension workers (HEWs) of the FDRE

The HEWs are the backbone of the health extension program (HEP) and play a key role in the delivery of services to the community including HIV prevention and providing care and support for PLHIV and MNCH. In order to improve the quality of services rendered by HEW, it is necessary to upgrade their skill recognized by the MoH and other stakeholders. Customized training modules including for HIV (basic care and support, HCT, and related), STI and OI are already developed, printed and distributed to the regions.

Supported abroad and local short term trainings/experience sharing

2.2.5. Packard RH/FP Capacity Building/ Training Project

2.2.5.1. Strengthening the Link between Households and Primary Health Care

The goal of the project is to strengthening the link between households and primary health care units for improved reproductive health of women and young people. The project life was July 2010 to June 2013. This is RH/FP capacity building project was planned to implement in South and North Wollo zones of Amhara Nation Regional state. This report consists of activities accomplished from January 2013 to June 2013.

Objectives

- To enhance the capacity of HEW and ensure effective referral system that enable families and individuals achieve their desired family size.
- To improve the reproductive health and well-being of young people through enhanced involvement of HEWs and promotion of youth friendly services.
- Foster the rolling-out and implementation of national FP/RH related policies and guidelines in collaboration with Federal Ministry of Health.

Major activities accomplished:

1. Baseline survey on the status of RH /FP utilization and practice in the context of HEW role and AYRH status conducted.
2. One session of familiarization on the project, reproductive health service, AYRH and referral system to 100 major stakeholders working in the two project zones conducted.


4. Three sessions of supportive supervision to 800 health posts conducted.

5. Training for 111 reproductive health leaders (3 from each Woreda and 3 from each zone) on leadership and policy communications. (64 on AYRH) conducted.

6. Training for 20 RH/FP supervisors on supervising RH/FP including Implanon insertion conducted.

7. One hundred health extension workers trained on FP including Implanon insertion.

8. Three operations reaches reproductive health/family planning (RH/FP) conducted.

9. Three annual review meetings conducted.

10. A total of 360000 copies of news letters on AYRH including risk of early sexual initiation were produced and distributed.

11. Twenty nurses trained on AYRH and YF health service standards from selected 20 Health centers.

12. Twenty health centers were assisted to open YF health service wing within the existing family health unit.

13. Sensitization workshop at national level on RH/FP policy conducted.

14. End line Evaluation conducted.

15. One session of orientation workshop on RH/FP for community health volunteers conducted.

### 2.2.5.2. Scaling up Community – Based Long Acting RH/FP Services

This capacity building project under the title “Scaling up Community – Based Long Acting RH/FP Service Including Implanon through the Health Extension Program” is intended to scale up community-based RH/FP service delivery including Implanon in the SNNPRS through the health extension program.

**Objectives**

- To train 241 supervisors in RH/FP services including Implanon insertion and removal
- To train 6,624 Health extension workers on RH/FP including Implanon insertion
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- Reach (431,765) reproductive age women (15-49 years) with FP/RH information and services (focused on long-acting ones) living in all Kebeles with health posts of SNNPRS

**Major activities accomplished were:**

1. supportive supervision to trainers and effect payments
2. three sessions sensitization orientation workshops at various levels
3. best practices summarized and shared to others
4. conducting quality control activities
5. conducting 12 sessions of supervisors training on supervision, RH/FP including Implanon insertion and removal
6. conducting 331 sessions of HEW training on RH/FP including Implanon insertion

### 2.2.5.3. Expanding Long Acting Family Planning

The goal of this project is to expand long acting family planning (LAFP) methods through strengthening primary health care unit (PHCU), supporting selected midwife training institutions and generating evidence to contribute to reducing current unmet need for family planning services among married women and young people in Ethiopia.

This capacity building project is a three-year project to be implemented mainly in Oromia, and while finalizing previous projects in SNNPR and Amhara. The project started as of July 2013. Therefore this report includes only six month performance.

**Strategy:** EPHA will deploy the following strategies to achieve the objectives of this project:

- **Capacity building:** EPHA will mainly focus in building the capacity of PHCU which involves training of health care providers at different levels and includes RH/FP leaders, nurses, midwives, and health extension workers through tailored training programs.
- **Utilization of mobile technology:** The project will use the mobile phones for health initiatives to reach HEWs with up to date information.
- **Youth friendly services:** Strengthen and expand youth friendly services at the health facilities targeted in this project.
• EPHA will deploy training health providers in provision of YFSRH services, provision of supplies to the HCs, conducting supportive supervision and establishing youth friendly health service wing to achieve this objective.

• EPHA will develop tailored trainings and organize experience sharing visits and workshops to attain this objective. EPHA will hold regular review meetings and discussions with regional and Woreda health bureaus to address challenges and document best practices.

• EPHA will establish research advisory group, strengthen the research unit of EPHA and disseminate findings through different outlets such as national workshops, symposiums, annual conference of EPHA, and its regular publications and others.

Main Project Activities and Accomplishments

Objective 1: To expand LAFP mainly Implanon from 3.4% and IUCD from 0.3% to 8% and 3% respectively in Oromia by the end of June 2016.

1.1 Provide up to date information and professional assistance to HEWs using mobile phone technology and or radio/TV (Oromia).

1.2 Establish linkages between training institutions and Health facilities/HP (Oromia).

1.3 Train forty-five nurses and/ or midwives in IUCD insertion and removal using PHCU (Oromia).

1.4 One hundred fifty (150) graduating midwife students trained in Implanon and IUCD insertion and removal (Oromia).

1.5 Train about 3,130 HEWs on RH/FP in general and Implanon insertion in particular (Oromia).

1.6 Train a total of 633 supervisors of HEWs on ToT of Implanon insertion and removal (Oromia).

1.7 Select two midwife training institutions and conduct needs assessment so that gaps are identified and filled (Oromia).

1.8 Four staff members of midwife training institutions received short term training and experience sharing in RH/FP (Oromia).

1.9 Ninety-four (94) nurses, midwives and health officers trained in Implanon removal (SNNPR).
1.10 Conduct continues supportive supervision (Amhara, Oromia and SNNPR).
1.11 Document and disseminate best practices (Amhara, Oromia and SNNPR).

Objective 2: Forty health centers are able to provide quality and sustainable youth friendly sexual and reproductive health services to adolescents and youth (20 new and 20 existing) in selected HCs of Amhara Regional State by the end of 2016.
2.1. Continue in conducting supportive supervision (Amhara).
2.2. Document and disseminate best practices (Amhara).
2.3. Train twenty nurses in provision of adolescent and youth-friendly health services (Amhara).
2.4. Provide refresher training to 20 health providers in YFSRH services.
2.5. Assist 20 health centers to open AYFSRH wing (Amhara).
2.6. Provide supplies to 40 health centers to equip AYFSRH wings of selected HCs (Amhara).

Objective 3: Enhance the capacity of FP/RH leaders to manage and lead quality and sustainable RH/FP and development program in the selected zones by the end of 2016.
3.1. Fifty-six (56) regional, zonal and Woreda RH/FP leaders receive training on FP and development (Oromia).
3.2. Continue in conducting supportive supervision and post training assessment (all regions)

Objective 4: Generate and disseminate evidence through research in the area of long acting and permanent FP methods.
4.1. Establish a research advisory group.
4.2. Conduct and disseminate two operational researches.
4.3. Document and disseminate best practices.
4.4. Identify and address gaps and challenges of LAFP.

The main accomplishments of this project during the reporting period are indicated in the following table:
Table 4: RH/FP capacity building achievements

<table>
<thead>
<tr>
<th>Project / program</th>
<th>Major activities</th>
<th>Plan</th>
<th>Achievement</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>RH/FP training project in Amhara Region</td>
<td>Provided refresher and or skill based training for leaders, supervisors and HEW</td>
<td>47 trainees</td>
<td>45 (96% of the planned professionals trained)</td>
<td>as a joint work, inconvenience of others slowed the pace</td>
</tr>
<tr>
<td></td>
<td>Conduct supportive supervision</td>
<td>635 HP were planned</td>
<td>95 were supervised</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Researches on utilization of FP, MCH and YFHS conducted</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Train youth RH leaders, YFHS providers</td>
<td>20 trainees</td>
<td>20</td>
<td>This part of the project will continue</td>
</tr>
<tr>
<td></td>
<td>Provide material support to YFHS providing HC</td>
<td>Various types</td>
<td>Furniture provided to 20 YFHS in HC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RH/FP mainly Implanon insertion training project in SNNPR</th>
<th>Provide Implanon insertion training for HEW</th>
<th>6624 HEWs</th>
<th>4540 (The rest were trained by other partners in the Region)</th>
<th>Project finalized by December 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review Implanon scale up program and disseminate findings</td>
<td>1</td>
<td>Done and</td>
<td>presented to partners and ECS African Health Forum in Arusha</td>
</tr>
<tr>
<td></td>
<td>Conduct supportive supervision</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| LAFP capacity building project in Oromia | Baseline Survey Conducted - RH/FP project – Oromia | 1          | Data collection on progress                                   | Started as of July 2013                                                                          |
|                                          | Conduct orientation workshop               | 2          | Done                                                                 |                                                                                                 |
|                                          | Conduct planning workshop                  | 5          | Done                                                                 |                                                                                                 |

2.3. Activities Accomplished Out of Plan

Participating in different meetings and workshops:
- Participate in the vision workshop for reproductive health organized by the CORHA
- Attend a dissemination workshop of perception of home and self-injection with Sayana press in Ethiopia
- Attend a meeting on higher level health education quality assurance at FMoH
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- Develop MHA program evaluation protocol along with the scientific team for FMOH
- Participate in best practice and experience sharing visit of the consortium of Christian associations for health.
- Provide train on research methodology midwifery professionals based on the request from the association
- Participate in the supervision of hospitals working on nutrition and FP service provision activities organized by CCRDA

2.4. Challenges

Finding spaces to accommodate the increasing number of users and the collections were challenges for the library services. There is a lack of graphic designer for the publications unit and hence employment of a professional graphic designer is still necessary for the design works of the publications. The Ethiopian Journal of Health Development has never been timely published because of printing bottlenecks of the AAU printing press. The coordination of the communication and publication units has been given to an individual that has created burden of tasks and shortage of time to focus and timely accomplish tasks.

PART III: MEMBERS AFFAIRS AND NETWORKING

3.1. Background

The Ethiopian Public Health Association (EPHA) has four types of membership: 1) full/regular 2) associate 3) honorary 4) life membership consisting of individuals and institutions. EPHA is striving to increase the number of members through mobilization of national and regional health bureaus and universities where high numbers of health care professionals are found. Membership is also promoted during the different training programs and big events of EPHA such as annual conferences. Currently the Association has more than 5050 members of various disciplines with diverse educational levels and engaged in all the health and health related systems in Ethiopia. Of these, it has 41 institutional members and 83 lifetime members.

EPHA has chapters that are serving as branches and representative of the Association at regional levels whose number is growing. Currently there are 24 in number covering all regional states
and administrative cities of the country. In order to build capacity and restructure the existing chapters, programs of discussions were organized in four rounds in SNNPR (Hawassa), Amhara (Bahir Dar), Oromia (Adama) and Tigray (Mekelle). A new guideline has been prepared; when it is endorsed and put to work, chapters will be further clustered and restructured so that they will be of two types: chapters and focal persons.

3.2. Achievements

Lack of clear cut procedures on duties, responsibilities, authority, establishment, structure, and management guideline of chapters affected their efficiency and accountability. To do away this, the department has prepared well-structured guideline which has incorporated relevant comments from the concerned parties. Having such clear procedures / guideline resolves issues related to responsibility and authority, and ultimately empowers the chapters especially in promoting the goal and objective of the Association.

Furthermore to strengthen membership documentation, a new web-based data management was established to facilitate conditions for members to update their data wherever they are. The other major activities done by the members’ affairs and network department (MAND) during the calendar year are the following:

1) Establishment of a new web-based data base system and updating member’s database
   • Avail recent data and payment status of members.
   • Establish easily accessible member’s data base system.
This is 85% of the plan and the use could not be 100% due to poor response of members.

2) Establishing mechanism to contact member and relay information by SMS and e-mail.
   • The system or mechanism to use multi-media in disseminating information to members is established and 100% of the plan has been implemented.

3) Collecting membership arrears thereby
   • increasing the income of the association
   • promoting members to contribute for their association
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But the accomplishment in this regard is still low (only 15.6% of the plan). The main reason is that members are not yet responding as wanted.

4) Recruiting new regular, institutional and life members in order to
   - include most public health professionals and other supporting groups to contribute to improving public health in exchanging their knowledge and experience.
   - undertake resource mobilization activity

In this regard, the plan was to register 500 new members but the actual was 207 which were only 41.4% of the plan. New institutional members were 4 which are 50% of the plan.

5) Forming representatives/chapters and focal persons in different parts of the country
   - Promote EPHA activities in all regions.
   - Strengthen membership development including capacity building.
   - Involve in the advocacy of important health issue with governmental and non-governmental sector organizations.
   - Extend the network activity to the other sister organizations in and outside of the country.
   - Mobilize resources so as to increase capacity of the Association in fulfilling the organizational goals and objectives.
   - Advocate and assist research works to solve the most important public health problems.

6) Prepare guidelines to chapters and members
   - Maintain consistency and uniformity among chapters.
   - Facilitate chapters’ activities to attain the desired goals and objectives.
   - Familiarize chapters on registration procedures.

7) Facilitate the distribution of EPHA publications
   - Members are updated with current information

8) Internal capacity building to serve the members more effectively and widely. The plan was 100% accomplished by filling the vacant posts and giving training.
3.3. Activities Accomplished Out of Plan

In addition to the activities planned at the beginning of the year, the Department has accomplished other activities like handing

- Discussions with experienced NGOs in income generating scheme for EPHA house
- Distributing the nomination form through e-mail and the post, collecting the feedback, analyzing the result through committee meetings
- Develop resource mobilization strategy so as to visit and discuss with different partners regarding fund raising for EPHA house
- Participating in different committee such as award nomination, scientific paper review committee, collection of documents for exhibition
- Collecting documents and editing to prepare EPHA awardee profile
- Preparation of project proposals with Ethiopian Radiation Protection Authority to aware members and chapters on safe use of radiation,

3.4. Challenges

In accomplishing its activities, the Department had encountered challenges. The main ones were:

- Lack of budget to employ secretaries and Project officers for chapters and implement other planned activities of the chapters
- Lack of fund for the construction of EPHA House.
- Turnover of staff and regional representatives
- Delay in the beginning of the construction of EPHA House
- Difficulty in collecting members arrear
- Failure of members to inform their address change

3.5. The Way Foreward

- Conducting consultative meetings on
  a) the new data base management and network system
  b) chapters and members registration guideline
  c) plan of action for 2014
d) EPHA current activities including the development of EPHA House

- Supervision visit of different universities /colleges and health bureau
  a) Familiarization of EPHA activities to PH graduating class students
  b) EPHA branch offices to introduce the new web based data base management system
  c) awareness on safe use of radiation and identification of radiation related problems
- Recruiting new members from universities and health services
- Skill training and continuing education to members
- Re-establishment of additional seven regional chapters
- Capacity building training for the department’s staff members
- Establishing a sub-committee for resource mobilization in RHB and universities/colleges including private institutions for the EPHA House construction
- Integrating with other departments and projects of EPHA to offer better services to members
- Recruitment of additional staff members for resource mobilization and IT officer
- Increase members by 10 %
- Hiring project officers and secretaries for 11 chapters in 9 regions and 2 administrative cities
- Allocate seed money for chapters.

PART IV: ADMINISTRATIVE AND FINANCIAL ACTIVITIES

4.1. Facilitating a Conducive Working Environment

During the period, the department planned, organized, directed, coordinated, controlled and supervised human resources, financial resources, procurement and materials management. Routine administrative and financial service supports were given for all departments in order to run planned activities smoothly. To ensure consistency in EPHA, all existing policies related to administration and finance were distributed to all staff members in soft copy.

General staff meeting was conducted and several issues were discussed to solve problems and put the way forward. It has been decided to organize such a meeting every quarter.

1.1 Other activities jointly accomplished with different departments
   - In collaboration with members and networking department, the department raised funds for the EPHA’s House from internal and external sources.
Followed up the design of the new EPHA House and the geotechnical investigation.

1.2 Procurements

EPHA has standing quarterly publications which disseminate information to its members in regular bases. These publications have been printed by external service provider so far. To minimize cost and maintain quality, EPHA has purchased printing machine with more than ETB 5 million birr by CDC fund. The machine has been already delivered to EPHA. Setting up a temporary printing house is in process.

1.3 Human Resource

Currently, EPHA has 80 employees at the head office, regions and different partner’s offices. EPHA did recruitment promotion, transfer and termination. Disciplinary measures were executed in accordance with rules and regulations of EPHA and the Ethiopian labor law. EPHA’s staff turnover rate was 7.5%. The human resource growth of the EPHA is indicated in the following table.

Table 5: EPHA’s Employees’ Growth

<table>
<thead>
<tr>
<th>Year</th>
<th>No of employees hired</th>
<th>Growth rate in %</th>
<th>Total number of employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994 – 1998</td>
<td>4</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>1999 – 2006</td>
<td>14</td>
<td>350 %</td>
<td>16</td>
</tr>
<tr>
<td>2004 – 2008</td>
<td>30</td>
<td>166.66</td>
<td>34</td>
</tr>
<tr>
<td>2009 – 2012</td>
<td>30</td>
<td>104.16%</td>
<td>67</td>
</tr>
<tr>
<td>2013</td>
<td>14</td>
<td>19.41</td>
<td>80</td>
</tr>
</tbody>
</table>

4.2. Financial Management

EPHA’s finance grew to ETB 91,441,559.26 in 2013 budget year, by securing funds from different projects/donors such as CDC, Packard, MSH, PSI, WHO and others. The amount of money collected from CDC was ETB 60,351,170.00; members contributed ETB 212,910.00 as a membership fee; and collections from others sources was ETB 30,887,479.26.

The total expenditure of the year was ETB 88,153,597.36. The following activities were accomplished by the Administration and Finance Department during the period.
- Different formats were developed and implemented to strengthen internal control.
- Authorizations of various payments were made in accordance with approved budget and directives given by the Executive Director following the rules, policies and procedures.
- Maintained records of all accounting, transaction in accordance with the Generally Accepted Accounting Principles.
- Reviewed the annual budget and analyzed variance in the budget along with narrative description of budgetary implementation.
- Funds were collected from donors on time according to agreements.
- Funds were transferred to sub grantees periodically based on the sub grant agreements.
- Payments were made for different activities after formal authorization and approval of concerned personnel.
- Advances were settled timely and properly
- Reports were prepared and submitted timely to donors
- The monthly payroll prepared timely and payments done after approval.
- Government taxes deducted from employees and customers were settled timely.
- The purchasing committee consisting of three staff members was appointed to facilitate procurement of goods and services.
- Periodic financial reports and analysis to monitor performance and control costs were carried out.
- Supported the concerned units to increase income generated from internal and external sources.

4.3. **Audited Balance Sheet and Income Statement**

EPHA’s financial accounts are audited by external auditors. The audited balance sheet and income statement of the Association as at 31st December, 2013 are annexed at the end of this report.
PART V: PLANNING, MONITORING AND EVALUATION (PME)

5.1. Background

In 2010, EPHA officially established Planning, Monitoring and Evaluation Unit under the direct accountability of the Executive Director of the Secretariat. The unit has started operation in 2011. As a new Unit, it started with establishing the monitoring and evaluation (M&E) system of the Association and standardizing procedures and tools, along with undertaking many other routine activities. The overall implementations of the unit are presented hereafter.

5.2. Template Development and M&E System Strengthening

Updating regular reporting and planning templates: The Unit has updated the planning and reporting formats both for project based and non-project based activities. In addition, the information flow chart of the Association has been revised. All these were initially prepared by the Unit in 2011 and were revisited and updated during this reporting year. They are currently becoming part of PME guideline of the Association which is under process now. An orientation was also organized at the secretariat to arrive at a consensus on the templates and information flow chart in 2011. At that discussion, it was agreed to revise in ways to accommodate the growth of the Association and other dynamic conditions/environments.

Planning, Monitoring and Evaluation Guideline: The PME Unit initially designed an M&E procedural manual for immediate uses. This, as part of the M&E system development, has been upgraded and now it is being a comprehensive PME guideline. PME Unit had prepared ToR for outsourcing the PME guideline preparation. Based on the designed ToR, selection of an appropriate consultant has been accomplished. With the guidance of the PME Unit, the guideline is under preparation by a consultant. Objectives of the guideline are

• to have a procedure in which all planning, monitoring and evaluation endeavors are implemented in a standard and agreed upon manner.
• to enhance organizational learning and put in place a properly functioning PME system for the realization of the mission, vision and goals of the Association.

The first draft has thus been prepared. The PME unit has exhaustively reviewed it and the final draft is under preparation. The finalized version will be disseminated in a month time.
5.3. Planning

EPHA follows a mix of participatory and bottom up planning approaches. Planning starts from implementing partners (IPs), implementing units and departments come up with their plans, then jointly discuss and finally plans are produced by PME Unit based on a consensus. From the top, initial reference points are given from the donors/partners/ED/different departments and units as the case may be based on the nature of the activities. For example, if it is of projects, it is based on a released budget and corresponding activities communicated by the concerned department and specific focal persons; others are based on available financial resource at EPHA or with other supporters, then refined plans are submitted to the PME Unit, actually after discussions at a joint meetings. Finally, the PME Unit compiles and submits to relevant stakeholders; and shares among concerned staff members.

5.3.1. Major Planning Activities Accomplished in 2013

- Annual plan: project specific and comprehensive plans were prepared for EPHA uses as well as for submitting to donors.
- Carry over plan: due to unused budget over past project life periods, re-planning to finalize the budget and to accomplish pending activities was found necessary and, accordingly, it was done so as to finish the budget with some adjustments of activities before the overall end of the project lives.
- No-cost extension plan: this is a planning and implementation effort where in EPHA applied the last chance to utilize unused budget with extending the project lives without any additional budget request. In this regard, project funds from Packard and CDC were re-planned so that improved budget utilization could be realized accordingly.
- Preparing project monitoring/management plans (PMPs).

5.3.2. Mid-term Assessment of the Strategic Plan (SP)

EPHA is implementing its current SP (the third SP) starting 2010 and its level of implementation has been evaluated internally by the PME Unit. It was a desk level assessment of the overall performance of the Association in view of the SP. The assessment was intended to generate
information for informed decision making, to quickly fix observed problems and for discussing issues for the ways forward. In that way, the assessment could document the quick observation as mid-term evaluation of the implementation of SP III. Finally, a preliminary assessment report was generated and presented to Executive Board and senior management members of EPHA.

According to the findings of the assessment, most activities of the association were implemented in line with the SP document. However, many implemented activities are falling within the SP document by coincidence rather than as a result of intentional procedures. This is because the activities of EPHA are highly dominated by project based priorities which are led by the interest of the donors from the very beginning. In fact, the project /programs of EPHA were not out of the mission/ vision of EPHA because all were public health issues by their nature. But, this does not necessarily guarantee fulfillments of the SP. Actually, EPHA is growing in scope and range of activities, human resource and budget. The question is: are these activities to the extent and to the directions of the priorities and emphasis set by EPHA? Are they keeping the necessary balance among the areas of focus? Is the sustainability likely to be ensured or the pace of growth of the Association sustainable? However, there are indicators of high dependence of the Association on external funding resources. Besides, more than 60% of EPHA’s income source is CDC; if this donor does not continue its commitments with EPHA; what will happen to the functioning of EPHA? Those were the main issues how EPHA could learn from its experiences.

As a recommendation, it is worthy to design saleable project proposals on matters that are not considered so far and approach potential donors/collaborators for funding. This will enable the Association to maintain the necessary or the required balances and priority of the SP/the Association. In addition, it will diversify fund sources of the Association that will reduce the effect of the vagaries of external shocks on the very existence of the Association. These are areas of concern to manage potential challenges and even the sustainability of the Association. It is also imperative to focus and make practical efforts on widening and increasing own sources of EPHA. Strengthening local partnerships and networking are also helpful to create strong local bases and capacities that enable sustaining some project based activities. This is an asset by itself. Encouraging membership and attracting more members is important for both increasing
Annual Report of the EPHA

the income therefrom and at the same time boosting popular participation for the realization of the goal and sustainability of the Association, as it is a member-based organization.

As continuation to the above-mentioned midterm assessment, EPHA has prepared a ToR for End Term Evaluation (ETE) of the SP that is intended to assess the overall results of the SP and document lessons learned as well as best practices for improving performance and ensuring sustainable growth of EPHA. The result will be an input for the next SP that will serve the years 2015-2019. Due emphasis for the ETE and making use of the findings will be advisable as well.

5.4. Reporting and Evaluations

Periodic reports on the status of planned activities by various departments and organizational levels are compiled and submitted to the PME unit. These activities reflect the accomplishments of planned activities, the challenges and failures faced, actions taken; these are collected quarterly. The Reporting procedure comes along the information flow chart and approaches in generating regular reports made on quarterly bases. In addition, reports are published annually and distributed at the annual conferences. The PME Unit produces minutes of major events specially review meetings and analyzes evaluation of conferences. This year the following were accomplished under the reporting and evaluation activities:

• bi-annual and annual program report to donors.
• comprehensive annual report for publication and wider distribution to members as well as to participants at the general assembly.
• Quarter bases data and information collection and compilation
• Facilitating the audit process by OIG: Annual performance reports of the CDC project were submitted to CDC in preparation for the OIG visit. Here at the Secretariat, the PME Unit was also responsible for organizing the required documents, hold the necessary meeting with the professionals and mobilize the staff for the necessary feedback as per the requests of the OIG team which entailed a solid one month commitment.
• Comment and appraisal of evaluations of different projects
5.5. Spectrum Suite and GAP Tool Training

The training contains a set of various projections and estimation models designed to support planning, monitoring and evaluation socio-economic activities including health. The Unit has accomplished the responsibility of facilitating and giving the training. The PME Unit has specifically done

- participation on the ToT.
- preparing and customizing the training for the regional and Ethiopian context.
- coordinating the cascading of the training at regional level.
- giving the training as a resource person.

5.6. Participation in Research and Surveys

The Unit has accomplished many activities jointly with other departments and units within the Secretariat and with implementing partners. The main ones were the following:

- MARPs of EHNRI---tools development, revision and pre-testing.
- Operation research and follow up study of Implanon scale up of the Packard project
- Assessment of professional associations.
- Medical abortion, WHO research project.
- Service directory preparation.
- Concept notes (for Packard for mobilizing resource for the new building); and
- Five-year proposal development for CDC for the coming five year project/program.

5.7. Others

- Participate in all annual conferences: organizing, preparations of proceedings and the like.
- Site visits of implementations sites (HDSS, MARPs of EHNRI-EPHA, and others).
- Participate in the review meetings of partner organizations and collaborators like HAPCO, MoH, other partners’ meetings and workshops including joint planning, resource mapping and research dissemination workshops.
- Capacity building for M&E staff including travels for training and experience sharing.
5.8. Challenges

The PME Unit and the implementation of the plan were constrained by a budget problem since actual annual projects and activity plans supported by budget that were designed in 2010 and 2011 did not earmark any budget for the PME Unit, except employment of the M&E staff. In this regard, the awareness and the understanding of M&E were low. As a result, the main activities of the M&E plan were not implemented. Nevertheless, the main pre-requisites and initial activities that are related to establishing the M&E system could be accomplished using the regular budget of the Association; and some other desk works were accomplished.

On the other hand, alignment of activities with the priority of SP was not fully realized because of the domination of project based activities. Duplication of efforts is also observed particularly evaluations were being done by the implementing units/departments; and training and projects were not placed in the right place as per the organizational structure of the Association. As a solution, EPHA is preparing a PME guideline that will create common understanding in and endorsements of all stakeholders about the principles, approaches and practical procedures of the M&E activities of the Association. The guideline is a comprehensive document that will enable to lead and coordinate all the E&E as well as planning procedures and practices. On the other hand, the SP evaluation results and related actions will alleviate the problems related to SP implementations and already a preparation is underway to start the new SP so that observed challenges will be considered for practical consideration in the coming five years of the new SP.

PART VI: CONSTRUCTION OF EPHA HOUSE

EPHA has obtained 885 square meters of land by lease from the government to build its own headquarters. The land is located in Addis Ababa, Arada sub city, Woreda 7 in front of Kebena shell. The activities related to the project executed during the reporting period were:

- The selected designer has submitted the final design to EPHA.
- Resource mobilizing officer has been hired and fund raising is ongoing.
- Core fund raising committee has been established.
- Fund raising proposal has been prepared.
- Geotechnical investigation report has been submitted to EPHA.
- Each Executive Board members has pledged ETB 20,000.00 for the EPHA’s House.
- All employees of EPHA have pledged one month salary for the building

Figure 5: The Future EPHA Building Design

A resource mobilization officer dedicated for the construction related work is employed and running the effort of Resource Mobilization Unit of EPHA. In 2013, the Unit has undertaken the following major activities:

✓ The resource mobilization strategy was refined; develop programs and action plans for 6 months.
Road map for resource mobilization was worked out, refined and agreed upon to carry out.

Identified, communicated and convinced to accept the office of chief patron, H.E Dr.Kesetebirhan Admassu (Minster of FMOH) and other eminent patrons to coordinate and guide resource mobilization in their respective sectors.

Planned, coordinated and organized EPHA House Launching and resource mobilization event. Major partners had attended the event and substantial amount of resources were pledged on the date for the project.

Furthermore, the Unit identified and mobilized resource from major partner for this year:

1. Federal Ministry of Health /FMOH/:
   ✓ FMOH pledged ETB 6 million to be disbursed in 3 years (first installment to be received soon)
   ✓ In kind pledged: 56 thousand kg iron bar of different thickness and diameter.
   ✓ Secured support letters signed by the Minster to mobilize resource from different partners.
   ✓ Met the Minster 3 times on the House agenda.

2. UN and Donor Agencies and Bilateral Donors:
   ✓ Resource mapping has been finalized. Phase and project based approach were strategized for RM activity.
   ✓ The RM unit has prepared a letter and made the Chief Patron sign over 70 letters distributed to partners that requesting major partners for financial, technical and in kind support to EPHA House.
   ✓ Over 45 partners have been identified and are being approached and communicated for solicited resource.
   ✓ The resource mobilization core committee (RMCC) members were meeting in small group potential partners.
   ✓ Concept note and project proposals were prepared and delivered to potential donors and contributors based on partners’ need and area of interest. For Example a concept note of around ETB 70 million as a soft loan including repayment strategy is finalized and submitted for D&L Packard foundation for the House. Project based resource
mobilization is also developed and a pledge of considerable financial resource secured from Ethiopia Metal Engineering (METEC) out of this project.

- The Unit is organizing various meetings of high importance to mobilize resource for EPHA House.

3. The Unit has worked internally within **EPHA to show ownership of the project**. As a result,

- EPHA committed to give ETB 4.5 million as seed money for House.
- EPHA Board has pledged to contribute ETB 20,000 per head.
- EPHA Management and staff members have pledged their monthly salary to be paid within one year.
- A framework has been devised and put in place for consultants to contribute voluntarily for EPHA House construction when works and services are outsourced.

4. **RMCC: Led by the president of EPHA**

So far, 13 RMCC meetings were held for overseeing, coordinating and active involvement in resource mobilization activities for the House with major partners and stakeholders in line with the RM strategy, programs and action plan.

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**PART VII: AFRICAN FEDERATION OF PUBLIC HEALTH ASSOCIATIONS**

6.1. **Background**

EPHA participated in the launching of the African Federation of Public Health Association (AFPHA) and succeeding in having its office in Addis Ababa. Presently, the EPHA secretariat is housing the African Federation of Public Health Associations (AFPHA). EPHA is providing the following support as part of its engagement by giving the necessary initial assistance to the Federation’s Secretariat during its foundation stage.

- Office space with the necessary office furniture like tables, chairs, a printer, telephone, fax, internet service, desktop computers, laptop for the Program Officer, box files, stationary, water, electricity, logistics have been provided as needed.
- The AFPHA program officers’ monthly salary and other benefit packages. EPHA covered monthly salary for a program offer for 6 months in 2012. Currently another
program officer is being paid as of July 1st 2013. The accomplishments of AFPHA are briefed here below.

6.2. **Registration of Member Associations**

According to the Constitution of the African Federation of Public Health Associations (AFPHAs), membership registration requires a letter requesting membership by any National Public Health Association in Africa wishing to become a member of the Federation. This must be submitted by completing a form provided by the Federation’s Secretariat. So far, the Secretariat of the Federation has been initiating the first step to motivate the National Public Health Associations to register and become regular members. Accordingly, 38 focal persons representing 38 countries have been identified and invitations prepared and sent to the National Public Health Associations to become members. The letter highlights the Name, Goal and Objectives of the Federation. Among the 38 contact persons 25 contact addresses were found from the attendance sheet of the founding members meeting of the AFPHAs and the remaining 13 were identified from other conference participants.

The AFPHAs Secretariat has agreed with Dr. Elsheikh Badr from the Sudanese Public Health Association (SPHA) who kindly offered to coordinate voluntarily the African National Public Health Associations in the WHO-EMRO. To date through this process, he has identified associations, focal persons or contacts in Egypt, Morocco, Somalia and Tunisia.

6.3. **Legal Registration of the AFPHAs by the FMoFA**

The accreditation of the AFPHAs by the Ethiopian Federal Ministry of Foreign Affairs is subject to the signing of the Memorandum of Understanding between the FMoFA and the AFPHAs; this has been indicated by the Ministry of Foreign Affairs during the meeting held between the Head of the International Organization Division-Ministry of Foreign Affairs and the AFPHAs Secretariat’s delegation. At this meeting the Ministry requested documents in order to facilitate the signing of the MoU. The required documents have been collected and submitted to the FMoFA. At present, these documents are being reviewed by the Ministry of Foreign Affairs, International Organization Division.
6.4. Partnership Building

The AFPHAs has established partnership by signing the Memorandum of Understanding with Ethiopian Public Health Association (EPHA) The objective of this MoU is to give a legal framework for the initial support and provision of the EPHA to the AFPHAs. Therefore, the supports that can be provided by the EPHA and the roles and responsibilities of the AFPHAs are clearly stated in the MoU.

The AFPHAs has also signed an MoU with IGAD. Following the signing of this MoU, IGAD announces that an international scientific conference will be held in Addis Ababa in collaboration with the AFPHA. For this purpose IGAD has agreed to release a sum of USD 23,100 to facilitate the organization of the scientific aspect of the conference. A work plan and detailed budget break down have been jointly produced that will serve as a bases for the joint action between IGAD and the AFPHAs. The two institutions entered into a partnership agreement where spearheads the process in a participatory and consultative manner in organizing the aforementioned conference to an internationally accepted standard.

The theme chosen for the conference is “Access to basic services, shared responsibility and partnership, innovative approach to improved access to quality of health care”. The IGAD-AFPHAs international conference focuses on three broad areas: HIV and AIDS, tuberculosis and malaria; other infectious diseases of high significance and relevance to members’ states; and Non-communicable diseases (cancer, diabetes, hypertension, cardiovascular diseases, etc.). It is envisaged that the proposed international scientific conference will take place over a three day period in Addis Ababa, Ethiopia and is tentatively scheduled for May 2014. The general objective of the conference is to provide a unique platform and opportunity to member states, policy makers, donors, researchers and academia, development partners and practitioners, and community leaders to come together and share experiences and pave the way forward to addressing the critical health and related issues of the hard-to-reach population present across the IGAD member states.
Annual Report of the EPHA

The Secretariat of the AFPHAs had a productive meeting with the WHO-Country Representative for which main agendas were:

- Introducing the AFPHAs and explaining the overall activities of the Federation, its actual status and main challenges and needs, information and soliciting support for the Cape Town conference.
- The Ethiopian Public Health Association’s (EPHA) background, its 25th anniversary celebration and construction of its own premises.

Discussion was held with the African Union’s Social Affairs Department about the progress of the AFPHAs, conferences (the Cape Town conference, AFPHAs Congress and IGAD conference) and AFPHAs urgent needs. For the 9th Public Health Association of South Africa conference in collaboration with the AFPHAs, the Secretariat of the Federation has been working on the fund soliciting to support participants.

The Federation’s Secretariat had a meeting with the WHO-Ethiopia Office and AU Social Affairs Department to introduce the said conference and eventually discussed the possible areas of partnership. The Secretariat has also carried out activities like submitting an official invitation letter signed by the Federation’s President to WHO-AFRO and a total of USD 20,000 was obtained to fund participants to the Cape Town Conference.

6.5. Challenges and the Way Forward

The activities of the AFPHA’s Secretariat are run by one program officer with the active guidance and follow-up at each step by Secretariat. And programs in the 2012-2015 action plans are not being implemented as intended due to lack of financial and human resources. To meet the AFPHA’s organizational goals, it is important and urgent that other National Public Health Associations provide their assistance to the Secretariat; the Secretariat needs to be built with the necessary human resources and funds.
ANNEX: AUDITED FINANCIAL STATEMENTS OF 2013

AWEKE GEBRE SELASSIE & COMPANY, AUTHORIZED CERTIFIED PUBLIC AUDITORS
P.O.Box 3323
Addis Ababa
Ethiopia

INDEPENDENT AUDITORS REPORT
ETHIOPIAN PUBLIC HEALTH ASSOCIATION (EPHA)

We have audited the accompanying balance sheet of Ethiopian Public Health Association as at 31st December, 2013 and the related income and expenditure statement prepared under historical cost convention for the year then ended.

RESPECTIVE RESPONSIBILITIES OF MANAGEMENT AND AUDITORS

The preparation of the financial statements is the responsibility of the management of the EPHA. It is our responsibility, based on our audit, to express our independent opinion on these financial statements.

BASIS OF OPINION

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain information and explanations considered necessary in order to provide us with sufficient evidence to give reasonable assurance as to whether the financial statements are free of material misstatement whether caused by fraud or other irregularity or error.

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements. We believe that our audits provide a reasonable basis for our opinion.

OPINION

In our opinion, the financial statements referred to above together with the notes thereon, which have been prepared under the historical cost convention, present fairly, in all material respects, the financial position of Ethiopian Public Health Association as at 31st December, 2013 and the results of its operations for the year then ended.

AWEKE GEBRE SELASSIE AND COMPANY
AUTHORIZED CERTIFIED PUBLIC AUDITORS
February 14, 2014
Addis Ababa
EUROPEAN PUBLIC HEALTH ASSOCIATION (EPHA)
BALANCE SHEET
AS AT 31ST DECEMBER, 2013

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REPRESENTED BY

Fund balance as per income and expenditure statement | 30,310,650.96 | 27,156,505.67 |
INCOME

Project income - Grants 8.1 85,492,602.57 82,574,848.85
Administrative income (10% charge) 8.2 4,116,513.02 191,630.69
Membership fee 236,416.18 144,508.89
Interest income 183,363.37 84,819.50
Sundry income 1,412,859.12 4,659,801.42
EPHAPATH Income 301,401.10
Congress income 5,093,841.97
91,441,559.26 93,040,552.42

EXPENDITURES

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</table>

Excess of income over expense

Add - Fund balance brought forward 27,156,505.67 16,100,526.25
Add - Prior year adjustments (133,816.61) 3,098.17

27,022,689.06 16,103,624.42
30,310,650.96 27,156,505.67

Balance transferred to balance sheet (30,310,650.96) (27,156,505.67)

Annual Report of EPHA

Addis Getachew Salame & Co.
Authorized Certified Public Auditors
**EPHA EXECUTIVE BOARD MEMBERS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Tewabech Bishaw</td>
<td>President</td>
</tr>
<tr>
<td>Dr Filimona Bisrat</td>
<td>V/ president</td>
</tr>
<tr>
<td>Dr Assefa Seme</td>
<td>Member</td>
</tr>
<tr>
<td>Dr Alemayehu Mekonnen</td>
<td>Member</td>
</tr>
<tr>
<td>S/r Workinesh Kerata</td>
<td>Member</td>
</tr>
<tr>
<td>Ato Siefu Hagos</td>
<td>Member</td>
</tr>
<tr>
<td>W/ro Hiwot Mengstu</td>
<td>Member</td>
</tr>
<tr>
<td>Ato Hailegnaw Eshete</td>
<td>Executive Director</td>
</tr>
</tbody>
</table>
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