Report

USAID | Ethiopia Health Office

Industry Day

Addis Ababa

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List of acronyms

Acronyms	Meanings
AO	Agreement officer
ARV	Antiretroviral
CO	Contract Officer
CSO	Civil Society Organizations
DEIA	Diversity, Equity, Inclusion and Accessibility
EC	Empowered Communities
EPSS	Ethiopian Pharmaceutical Supplies Services
FP	Family Planning
GBV	Gender based violence
GHSA	Global Health Security Agenda
GHSC	Global Health Supply Chain
GoE	Government of Ethiopia
HC	Health Care
HFs	Health Facilities
HIV	Human Immune Deficiency Virus
HSS	Health System Strengthening
IDP	Internally Displaced Person
IGAD	Intergovernmental Authority on Development
IR	Intermediate Result
KPs	Key Personnel's
MoH	Minister Of Health
NGO	Non-governmental Organization
NOFO	Notice of Funding Opportunities
NPI	New Partnerships Initiative
NTD	Neglected tropical diseases
PBF	Performance Based Financing
PHC	Primary health Care
PHCUs	Primary Health Care Units
PQM plus	Promoting the Quality of Medicines Plus
QHA	Quality Health Activity
QOC	Quality Of Care
RFI	Request for Information
RFP	Request for Proposal
RHB	Regional Health Bureau
RMNCAH	Reproductive Maternal New-born Child and Adolescent Health
RUTF	Ready to use therapeutic food
SAM	System for Award Management
SBCC	Social and Behaviour Change Communication
SCHIP	Supply Chain Improvement Program
SNNP	South Nations Nationalities and People
SWE	Southwest Ethiopia
TB	Tuberculosis
TPHC	Transform Primary Health Care
UNDI	Unique Document Identification
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WMS	Woreda Management Standard

1. Introduction

Dr. Lydia Tesfaye (from U^3 SystemsWork Int.) opened the event with a self-introduction and extended a warm welcome to the attendees. Then, the USAID | Ethiopia Health Office team members and participants introduced themselves – mentioning their names and organizations. Dr. Lydia briefly described the agenda of the day too. A total of 86 participants, 74 in person and 12 virtually using zoom: 31 from international partners and 55 from local organizations (15 from NGOs, 15 CSOs, 4 from academic institutions, 4 from professional associations and 17 from the private business) actively participated in the event. See annex 1 for agenda and annex 2 for the list of participants. Finally, Henok Amenu (from USAID Ethiopia) was cordially invited to set the stage and present on importance and utility of the industry day.

2. Importance and utility of the industry day

Henok Amenu (from USAID | Ethiopia) gave a brief presentation on what an industry day is and why it is important. He also stated that participating in this event will not give any advantage to a partner when it comes to responding to a solicitation and any interested partner, including those that have not attended the event, can review the notes and resources from this event online. Finally, he made a crucial point to participants stressing that all discussions and exchanges during the industry days would be very important, but only what is formally put in writing on SAM.gov or Grants.gov will govern any open procurements such as request for proposal (RFP).

3. Overview of USAID | Ethiopia Health Office

An overview of USAID| Ethiopia Health Office was presented by Sinu Kurian. She stated the primary focus of USAID | Ethiopia Health Office's investment is Primary Health Care and Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH). She also stated that the second area USAID focuses on is family planning particularly reproductive health, the third is malaria, the fourth is Human Immunodeficiency Virus (HIV), and the final area is Tuberculosis (TB) program. She also gave a detailed description of the Ethiopian priority health impact indicators and targets for USAID investment. The USAID| Ethiopia Health Office's programs priority considerations were also discussed.

4. Group Discussions by Activity - I

Participants (both in person and virtual) were assigned into three breakout groups making sure that the different sectors are represented in each group. In each breakout session, an introductory presentation was made by a USAID representative followed by group discussions. Questions that were received verbally from those that were present in the room were responded on the spot, while additional handwritten questions on pieces of papers from the participants were received for later consideration. Virtual participants submitted their questions using the Zoom Chat and Google Form. Question submitted on pieces for papers and virtually were responded to by USAID after the industry day and are included in this report and also posted online. Each participant was given the chance to attend discussions on three activities in rotation. Below presented are questions and respective responses provided by USAID Ethiopia. The first section focuses on general questions and the remaining sections focus on questions raised related to each of the three activities, namely, Quality Healthcare, Community Nutrition and Empowered Communities activities.

4.1. General Questions

Q1. Please clarify whether applicants must include the following three plans as annexes, since this detail will be included as part of the technical approach in the slide deck as outlined in the Notice of Funding Opportunities (NOFO)? In general, there is a need to clarify which annexes are now required.

1. Sustainability and innovation plan
2. Adaptive management: monitoring and evaluation and learning plan
3. Technical assistance, capacity building and institutional strengthening plan

USAID Response: See amended instruction on Amendment 1

Q2. Please clarify whether key personnel should or should not be identified at this stage. If not, how should specific key personnel candidates present during orals (since USAID has specified which candidates should be presenting).

USAID Response: See amended instruction on Amendment 1BCC

Q3. Please clarify whether speakers can have their own speaking notes (that are not submitted) to support their presentation. This will help with equitable presentations between virtual and in person presentations.

USAID Response: See amended instruction on Amendment 1

Q4. What are the selection criteria for USAID funding on healthcare quality improvement projects?

USAID Response: Please read Section E and other related parts of the NOFO.

Q5. Can public health sector receive funds from USAID?

USAID Response: Not currently. USAID is channeling its support to the Ethiopian people through non-governmental and for-profit (local and international) organizations. It works with (including coordination) but not through Government of Ethiopia entities to accomplish its mission of helping the Ethiopian people.

4.2. USAID Quality Healthcare

Each group session started with a presentation on Quality Healthcare activity by Dr. Yunis Mussema (from USAID | Ethiopia). Dr. Yunis stated that the goal of the activity is to improve the quality of RMNCAH service delivery at primary and referral health facilities. He also explained that the objective for this activity is to build capacity of urban and peri urban primary health care units (PHCUs) and referral health facilities in planning and delivering client centred quality RMNCAH services. It was stressed that a system wide approach is expected for this activity to drive sustainable RMNCAH results. Over the next five years, the activity is expected

to increase readiness of the urban, peri-urban high caseload health facilities to deliver quality RMNCAH care services. The geographic scope for the activity were mentioned to be five regions of Ethiopia namely Amhara, Oromia, Sidama, Southwest Ethiopia (SWE) and Southern Nations Nationalities and People (SNNP).

Henok Amenu (from USAID | Ethiopia) reminded the participants on how USAID is serious about procurement integrity. Then he encouraged participants to ask questions during the breakout sessions rather than approaching USAID members on an individual basis during breaks and refreshments. He also stressed that they should not rely on answers from individuals during such one-to-one discussions but on written updates to the NOFO on official websites: grants.gov and sam.gov.

After the brief introductory presentation, the floor was opened for participants to ask questions and get responses from USAID Ethiopia representatives. Below are the details from the group discussions.

Questions and answers (Q&A)

Q1. Does USAID anticipate additional funding for the Quality Healthcare activity given that there is a lot of need for restoration and rehabilitation of facilities, procurement and so on?

USAID Response: No additional funding is expected, and applicants need to think innovatively to use the funding in the NOFO to address it.

Q2. How much fund do you have for private sectors in supporting quality healthcare?

USAID Response: We have not specified the amount of funding to the private sector in this solicitation, but we want to have the private sector supported as part of the health service delivery and referral network system.

Q3. Health Facilities Readiness: would USAID support in procurement of FP commodities/supplies?

USAID Response: This activity does not intend to provide for supplies/commodities. There will be a separate discussion to support addressing FP commodity gap but this is not in the scope of this activity. This is a great area to advocate for cost sharing/matching funds.

Q4. Matching funds: how many woredas should set aside budget? (Should it be based on the woredas interest or # determined?)

USAID Response: There is no fixed number/amount. We want applicants to logically present what is applicable, achievable, and manageable. Cost sharing may not be required as the Notice of Funding Opportunities (NOFO) explained for all districts but only for those districts who are able to manage cost sharing. The cost sharing should include the financial contribution outside of human resources in health facilities. Districts that can share costs should start cost sharing in programmatic result areas we have listed. There is no predetermined amount.

Q5. Is cost sharing a requirement?

USAID Response: Yes, including the community contribution.

Q6. Budget ($49m): would it not be too small for the interventions packaged into this activity, including construction/renovation?

USAID Response: Applicants should package their interventions within the available budget ceiling while looking/identifying additional sources for leveraging.

Q7. Performance Based Financing (PBF) is part of the expected result in the NOFO but the NOFO also says not providing money directly to the GoE.

USAID Response: The aim is to ensure stronger motivated facilities are capable of being part of a PBF scheme and ensure that GoE provides support or from other PBF initiatives by the World Bank and by other entities. Applicants can propose evidenced based approaches to RBF schemes that are being implemented. Will not have this scheme in all 67 districts but will be limited to where it is impactful and meaningful. We need to be innovative and use current available arrangements. After awarding and there is a clear understanding on how reimbursements for PBF achievement will be achieved, USAID will work with the Apparently Successful Applicant to receive any approvals/waivers required to directly reimburse health facilities for PBF implementation and achievement.

Q8. Restoring HFs: what does it mean; construction or renovation or fulfilling supplies or human capital?

USAID Response: There was an initial assessment of known damage to health facilities in Amhara and Afar due to the conflict in Northern Ethiopia that was included in the NOFO. Additional assessments may be required to identify the true need for restoration. However, the full spectrum from construction, renovation or providing necessary supplies, equipment or human capital can all be considered. The only limitation as per the NOFO is that up to 10% of the total funding ($4.9 million) can be used for restoration of health facilities only in selected districts in Amhara. Decisions on the type and extent of restoration will be finalized in partnership with USAID and MOH/RHBs and after a full review of all relevant data on the "need" for restoration by facility. The intent of this funding is to ensure that high-volume, critical health facilities are "functional" again. The intent of this funding is not to build new health facilities but those that were damaged, destroyed or looted by the war.

Q9. Whom does the restoration support addresses? Do private health facilities benefit?

USAID Response: For this activity, public and private health facilities can be supported for restoration. As per the response, above, assessments, high volume sites, etc. will all need to be considered for prioritization for restoration. Various data will be used to jointly (partner, USAID and MOH/RHB) inform which facilities will be supported with restoration support.

Q10. If Intermediate Result (IR) 3 focuses on HF rehabilitation in Amhara, should partners in other regions only focus on IR1 and 2?

USAID Response: As this activity comes as one package, applicants should be able to form a Consortium that will approach the various IRs adequately and not apply for watch IR separately.

Q11. Number and focus of woredas indicates peri-urban and urban; and how is this related to selection of facilities?

USAID Response: Given that this activity will focus on high burden/volume health facilities and include referral hospitals, it is likely that some of these facilities will be in urban/peri-urban areas. However, the activity is not solely focused in urban/peri-urban areas. One of the expected results for this activity is that strong and able referral facilities will capacitate primary hospitals and in turn primary hospitals will improve quality of care (QOC) within and are able to improve the capacity of PHCUs to improve the care quality as well.

Q12. How is the woreda or facility selection process going to be done? Is it going to be 2 out of 5 woredas or what?

USAID Response: All facilities in a woreda should be supported since quality health care is about improving quality at facility levels. But since this activity is not going to all health posts, the level of support will be focused on peri-urban and urban high burden PHCUs (HCs and Primary hospitals) as well as referral facilities. For selection of woredas, USAID used various criteria including Key performance Indicator extracted from DHIS2 Woreda Management Standard (WMS), population size and others and has included the list with the NOFO. Please refer to the map and spreadsheet (Woreda Selection) for further details on selected woredas and hospitals.

Q13. Would the available budget be enough to reach all the 67 districts?

USAID Response: The decision for scale up will be evidence based including costing and performance data. As per the solicitation, there will be an initial 50 districts covered with a potential scale-up to an additional 17 districts over the life of the award. Evidence-based and phased approaches will be considered depending on the impact of interventions (results) plus costing data in the first year and that evidence will inform scale-up in consultation with USAID.

Q14. Assessment tools - does USAID have a preference or is it up to applicants to propose?

USAID Response: USAID is open to suggestions by applicants on the choice of tool. The GoE/MoH currently has an endorsed quality assessment tool used for self-assessment as well as verification tool of QOC for RMNCAH within the Priority Health Care Directorate. The offertory can propose using these tools as is, adaptations to this tool (i.e. full review with initial identification of limitations in the approach/tool or a supplemental approach to complement the GOE tool.

Q15. What is the difference between Thematic Primary Health Care (TPHC), and this activity?

USAID Response: TPHC has 13 portfolios, quality being one. This activity focuses only on Q Quality of Healthcare.
Geographic focus: This activity focuses only on 60 Woredas (vs 460 by TPHC).
Budget: T/PHC was $125m/5yr while this activity is $49M.

Q16. Is the goal of this activity to transform woreda?

USAID Response: Not directly. But it contributes to the woreda transformation by strengthening the performance of health facilities to be high performing ones.

Q17. How does this project give attention for persons with disabilities?

USAID Response: USAID requirements with DEIA in considering accessibility.

Q18. Is layering, sequencing b/n USAID activities e.g. Nutrition vs QHA?

USAID Response: Yes, alignment and layering is our strategic approach.

Q19. Is there any layering or sequencing among the different activities/projects addressed during this industry day to complement each other?

USAID Response: The design teams for the activities worked jointly to select districts so the work could overlap, and we will try to ensure layering and leveraging (100% overlap) particularly with Empowered Communities, Quality Healthcare and the recently-awarded Social and Behavior change award, Healthy Behaviors. Other awards including Community Nutrition and Supply Chain Improvement Project will overlap in a few health facilities/woredas where feasible.

Q20. Would support in conflict-affected areas also include support for IDPs with gender based violence (GBV)?

USAID Response: Yes, this activity can support GBV within IDP settings. However, the support should be anchored to the QOC at facilities level in terms OF RMNCAH which includes GBV support and included as a part of a systems approach.

Q21. How do different USAID activities lead each other where they overlap? (Quality healthcare, nutrition, empowered communities etc.)

USAID Response: None of these activities would be leading. Despite overlaps and complementarity, each activity will have its own focus. Thematic area-based anchoring rather will be encouraged where this activity will lead the QOC piece bringing all actors who work around QOC to work together and others would spearhead according to their thematic area.

Q22. Is the assumption the SBCC and the Supply chain improvement would overlap?

USAID Response: Ideally there will be 100% overlap with SBCC. The supply chain improvement activity is still under design, however, there would be overlaying of Activities as much as possible.

Q23. What are the priority HSS considerations for this activity?

USAID Response: Health workforce competency, "strengthening readiness", governance/ accountability, service delivery and management for better outcomes, "financing/PBF."

Q24. Does USAID have the appetite to see Ethiopian health organizations be the lead of this activity and without any USAID experience?

USAID Response: Any international, regional or local partner can be the lead for this award. USAID will base its decision on who will actually lead/win this award based on the evaluation criteria specified in the NOFO.

As appropriate, USAID will also conduct a responsibility determination to ensure that the selected partner/Apparently Successful Applicant has the capability to successfully implement this activity. Follow-up organizational capacity reviews/assessments will be conducted by USAID prior to finalizing the award to assess an organization's financial management systems, programmatic reporting capabilities, leadership and governance status as well as key personnel capacity. The lead organization must have the capacity to both ensure delivery of results (technical capacity) but also accurately and honestly report financially as well as programmatically on funding and results over the life award. The lead organization must also have the right management systems in place to award and manage any proposed sub-awards/recipients.

Q25. How much flexible is USAID to build capacity of local NGOs?

USAID Response: Building the capacity of local NGOs is a core part of USAID's development philosophy. The primary focus of this award however is to achieve ambitious results over the life of the award (five years) related to strengthening the quality of care in selected facilities. Sustainability is also a part of the evaluation criteria and local capacity building is one, but not the only, approach to achieve sustainability. As experts in this field, we would therefore, look to applicants to decide/choose/propose how much time and money they would spend building local capacity (or not) to achieve the intended results. This however, is not a requirement for this award nor would an applicant receive additional ratings/scores for this inclusion or exclusion. Applicants should submit what they believe is the best technical approach for achievement of results in Ethiopia.

Q26. Number of consortium members, international and local - what is the maximum?

USAID Response: There are no restrictions on the number or types of partners, however each must have a contribution to the project/award in a meaningful way.

Q27. Addendums stated in the NOFO? Do we need a detailed plan as a technical approach?

USAID Response: Yes, the stated addendums should be submitted.

Q28. Key personnel: the NOFO says applicants do not have to name the KPs but also says three persons among the KPs are expected to give a presentation. How would you reconcile these? (Naming vs presenting)

USAID Response: KP will not be an evaluation criteria. But presentation should be done by the three key persons named during submission.

Q29. We do not have Unique Document Identification (UNDI) numbers. Isn't it too short to engage the local partners within this time frame?

USAID Response: Yes, USAID is aware of the system wide issues with registration for a UNDI. Any interested applicant can submit an application even without an UNDI. USAID has a waiver for this currently. A UNDI will be required prior to USAID providing an actual award to any organization. At the stage of making an award, USAID will work with the apparently successful applicant to support registration for a UNDI or to seek a waiver for registration.

Q30. I would like USAID to fund blood banks and to address many collection sites besides government funds to meet blood requirements of hospitals.

USAID Response: This will be a point of focus in two activity designs including Quality Healthcare and Lowlands.

Q31. There were many Children, adolescents and young/youth that were taking lifelong ARV drugs. However, there is no concrete system and program to make these groups included and make them better transmission to adults. Please, do the pediatrics and adolescents psychosocial support program.

USAID Response: USAID has several programs that are currently funded and will fund ARV retention and adherence including psychosocial support for pediatric and adolescents living with HIV.

4.3. USAID Community Nutrition

Each group discussion on this activity began with a welcoming remark and self-introduction by the presenter, Dr. Iftekhar Rashid (from USAID | Ethiopia), followed by self-introduction by the other participants. Then an introductory presentation was made by Dr. Iftekhar on the Community Nutrition activity which is called Feed the Future Ethiopia. Dr. Iftekhar mentioned

that the activity aims to improve the nutritional status of women and children in all regions of Ethiopia except Gambela. He also described the objective to be improvement in appropriate nutritional behaviour and utilization of nutrition services by the population. He stressed the importance of using a multi sectoral approach to address optimal nutrition among mothers and children. The activity is said to be 5-year project with a total estimated amount of up to 70 million United States Dollars (USD) and it targets the first thousand days of life and adolescent girls.

After the brief introductory presentation, the floor was opened for participants to ask questions and get responses from USAID Ethiopia representatives. Below are the details from the group discussions.

Q&A

Q1. What is expected from this specific activity in layering and sequencing?

USAID Response: Since we invested a significant amount in emergency nutrition and severe acute malnutrition (supplements, Ready to you use Therapeutic Food (RUTF)), the activity will have a direct linkage with those activities as well as with the food security activity. Therefore, it is not just about layering, because for layering there is geographical overlapping and technical linkage with other nutrition activities.

Q2. Is the Water Sanitation and Hygiene (WASH) activity overlapping with the nutrition activity?

USAID Response: No, the two projects are expected to be on a similar timeline but not at the same time which will be a few months difference.

Q3. Is it possible to prepare WASH projects or food security or livelihood projects for this nutrition sensitive framework?

USAID Response: No, it is not a nutrition sensitive activity. If you are interested about Nutrition sensitive and WASH you should keep your eyes open for those opportunities, because there are WASH design, WASH project procurement and nutrition sensitive procurement activities so you should partner up with this kind of projects.

Q4. Is food security activity included in the project?

USAID Response: We had intentionally layered and separated food security active projects and public health nutrition activity unlike our current activities implemented by other organizations which have food security, agriculture, food safety net program, health and WASH . Food security is also an activity by itself so instead of one mega activity with both health and agriculture together, we wanted to have separate activities which target the same geographical area.

Q5. Will this activity have components of quality assurance of food products?

USAID Response: There is no food production in this activity. This is a public health nutrition activity.

Q6. Does the activity include supplementation or therapeutic feeding programs?

USAID Response: No, we do not produce supplements or any kind of therapeutic feeding but in the developmental programming we support the government to produce it. We do not directly fund the government but help with the supply chain management.

Q7. What are the services regarding nutrition specific direct support?
USAID Response: The services include all public health nutrition services. There are no nutrition sensitive agricultural activities but there is WASH with its focus on hygiene behaviour change. We are moving from extensive multi sectorial activity to separate focus activities.

Q8. In Ethiopia the food price is very high. Do you believe that this activity/project will have a role in reducing food prices?

USAID Response: No, this activity has nothing to do with food price. We have other activities in USAID which focus on economic growth. They may have some role in supporting the government, but this specific activity has no role on food price.

Q9. Is it possible to organize a consortium of local NGOs with international NGO for this activity?

USAID Response: Yes, it's possible. It will be different from activity to activity. There are activities where USAID could restrict only for international organizations but in this activity, it will be a consortium.

Q10. Are there any criteria or previous experience required for innovative works?

USAID Response: No, you can still apply and partner with others in multiple programs to use your innovative work even though you have no prior exposure.

Q11. Who will be managing the project within the USAID mission?

USAID Response: We have an intention to use a joint management approach for most of our WASH and nutrition activities by our different offices within USAID.

Q12. Who will authorise the crisis modifier?

USAID Response: USAID Agreement officers (AOs) and Contract officers (COs) will be responsible in authorizing the crisis modifier. We have a platform whenever a crisis modifier is triggered the implementing partner sends a short description about the required activity and the budget. It is shared with the committee, and they comment on it. After that it will be directly sent to the contract officer for approval.

Q13. Will all activities be envisioned in the co-design process?

USAID Response: There will not be a co-design for this specific activity. The Request for Information (RFI) was published, we had an extensive systemic consultation last year and we are having this industry day. Because of these 3 processes, we don't need a co-design process.

4.4. USAID Empowered Communities

Each session started with a presentation on the Empowered Communities activity by Tsegaye Tilahun (from USAID | Ethiopia). He described that the purpose of this activity is to achieve better health and nutrition outcomes through improved community engagement and ownership of health and strengthened social accountability systems. He also explained that this activity would be different from similar previous activities (programs) because it involves community engagement and more innovative ideas from private sectors. He mentioned that the activity is a five-year project with a funding amount of 25 million USD. The geographic scope for the activity was mentioned to be in the regions of Ethiopia namely Amhara, Sidama, SNNP and Oromia.

After the brief introductory presentation, the floor was opened for participants to ask questions and get responses from USAID Ethiopia representatives. Below are the details from the group discussions.

Q&A

Q1. How ready is this program to enable the community to solve their own problems? If the majority of the funds is allocated for CSOs and international partners, the beneficiaries will not get enough benefit from the program.

Explanation: *Engaging the community with the program can bring more change. For example, in "University College for aspiring missionary doctors" we had one project called participatory level learning and action project in the Oromia region. In that project we had 100 groups and also a kind of guideline of WHO to conduct participatory learning and action. So, the community were discussing, identifying problems, finding the solution by themselves, implementing the actions and evaluating the performance by themselves. The community has achieved a great result, so our involvement was less. If we continue to do this, we really can make some kind of change.*

USAID Response: Regarding allocation of the budget to local NGOs and CSOs, it is not the intention of this program. When we say CSOs there are so many community platforms on the ground that involve the community itself.

Q2. Why is the fourth IR optional? How are we going to be evaluated if our application includes it?

USAID Response: We have heard from the communities we serve that they want to have a choice to where they seek health services. The public sector may be the only service delivery point we have worked on but what if we introduce the NGO service model and what if we strengthen the private sector model so that people get more options. Therefore, that is what we want to test on the IR four, but it is still our risk area. We don't use points in terms of how we score on the evaluation criteria but for example if we score out of hundred and if you choose the IR four it will be above hundred points.

Q3. This program cannot make any difference alone unless otherwise it is linked with strengthening the health system. How much of this result area is linked with improving the health system?

USAID Response: There will be integration with other programs. Empowered communities will focus on the community's demand side like awareness and the accountability system, and the quality of health services will be dealt with by Quality Healthcare activity and these two projects overlap geographically.

Q4. How would an empowered community influence availability of quality health care at health facilities and communities?

USAID Response: The Empowered community activity districts will be overlapped with Quality Health Care activity to leverage and to ensure the availability of quality care at health facilities a community. The empowered community will also focus on the social accountability for health to make the supply side accountable and ensure the quality health care at health facilities from all perspectives, i.e. service and supply sides.

Q5. The thematic area is restricted to RMNCAH. Why does this project only focus on RMNCAH? What about neglected tropical diseases (NTD) (about health equity)?

USAID Response: Because this round of funding is allocated for RMNCAH activity.

Q6. Why are the selected areas limited to three regions?

USAID Response: The regions are limited due to limited resources and time.

Q7. How many partners are expected that are mentioned as 50% of partners?

USAID Response: For example, if we initially say we will work with ten organizations, we mean we already know five of them and we are leaving room for 50% of the partners which we are not sure about.

Q8. Is there a probability that a different organization than CSOs with RMNCAH experience will collaborate with USAID?

USAID Response: Yes, we encourage other organizations to involve and work with us on these programs.

Q9. What do we mean by an Apparently Successful applicant?

USAID Response: We are mentioning about the top candidates and we want to work with them more thoughtfully on technical issues before we finalize the contract. It means providing flexible space to refine some issues when they submit their proposals.

Q10. What is the definition of CSO?

USAID Response: CSO means civil society organizations which are mentioned in the document.

Additional and general response from USAID

"We accept proposals so you can tell us how to carry out the activities. If you think more money should be given to the community, you can put it into your proposal. The point about service delivery is really important. Quality care will focus on facility level and the empowered community will focus on community level then they overlap geographically.

Because this work is new it's hard, we want it to make sure we have dedicated resources and more local partners. These local partners are part of this effort and they can build up their capacity as well".

Comment from participants

Afar Development Association: "We asked USAID and other International NGOs to really consider working with other local NGOs because we have practical experience with what happened in the past 2 years of conflict. I was working very hard as a local NGO While all the international left the country leaving behind those desperate communities. We have a grassroots level, we know the community, and culture and their norms so considering working with these local NGOs will have more benefits."

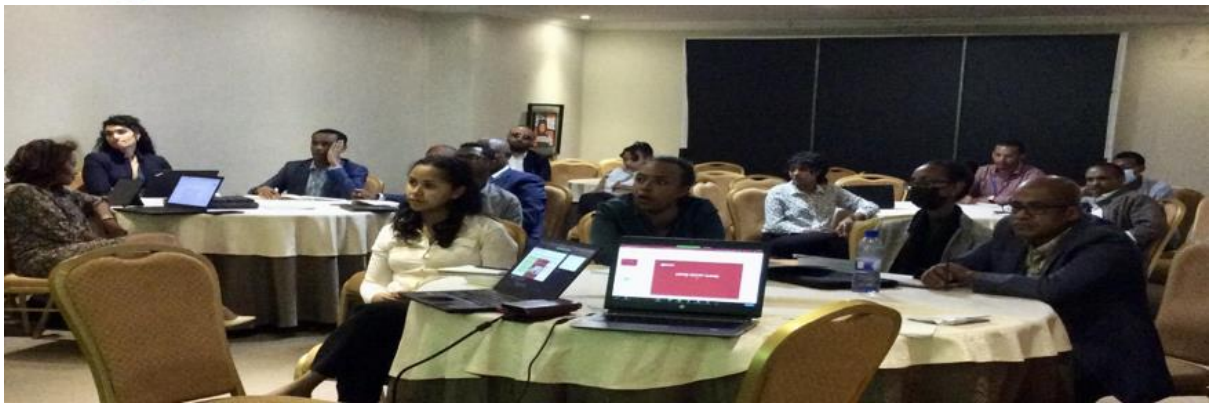
5. Group Discussions by Activity - II

The second round of activity discussions started following refreshment and networking. It included Quality Healthcare (covered above), USAID Supply chain improvement program (SCHIP), and Lowlands Health.

5.1 USAID Supply chain for health improvement program (SCHIP)

Bekele Ashagrie (from USAID | Ethiopia) gave a brief presentation on the supply chain improvement program at the start of each session. The goal of SCHIP was stated as attaining sustainable access and rational use of medications in the country for improving the health outcome. He explained the three objectives of the SCHIP activity which include: ensuring consistent availability of medical products, getting matured supply chain operations and pharmaceutical services at health facilities, and increasing access and rational use of medications and improving the efficiency and sustainability of the pharmaceutical systems. It was also mentioned that the SCHIP activity intends to strengthen the pharmaceutical system by working in/with 1200 health facilities across the county (800 health centres and 400 hospitals), Ethiopian Pharmaceutical Supplies Services (EPSS) warehouses, Regional Health Bureau (RHB) and Minister of Health (MoH). He listed the new perspectives expected from the activity. The activity is a 5-year project with a maximum funding level of 65 million USD.

After the brief introductory presentation, the floor was opened for participants to ask questions and get responses from USAID Ethiopia representatives. Below are the details from the group discussions.



Q&A

Q1. Is there an anticipation of co-creation for this project? If yes, when do we anticipate?

USAID Response: Yes, we have a plan. It is very difficult to say the date.

Q2. Is a co-creation workshop or process envisioned for the supply chain activity? If so, will co-creation occur with several applicants, together or individually? Or only with one apparently successful applicant?

USAID Response: Co-creation is task to be performed before solicitation. After solicitation co design will be conducted with the apparent successful offeror.

Q3. When does USAID anticipate releasing the Supply Chain for Health activity?

USAID Response: The exact date for release is not set yet, but the plan is to award the project to the winner by April 2023.

Q4. Will the initial request for the supply chain activity be a request for concept notes, as it is currently in the business forecast?

USAID Response: The initial information was supply chain activity as it was on the business forecast. It advanced with RFI followed by industry day where valuable inputs were obtained.

Q5. Quality assurance seems to be excluded from the scope of this SCHIP activity. How does this project consider regional bureaus in terms of supporting them in areas of regulating quality assurance?

USAID Response: USAID has a list of activities it supports and a specialised project such as the Promoting the Quality of Medicines Plus (PQM +) which is trying to work with the national regulatory authority and strengthening its collaboration for regional harmonisation with Intergovernmental Authority on Development (IGAD) member countries and Africa in general. USAID will continue that activity separately. When we say pharmaceutical supply system it includes both pharmaceutical supply chain plus quality assurance aspect and pharmaceutical

aspect focusing on the product safety at lower level. And also there are a lot of standards in Ethiopia which are not fully implemented because of various issues. In SCHIP we intend to ensure proper implementation of existing standards (Good Storage, distribution, dispensing Practices). So, when those standards are put to practice, most of the issues you raised will be addressed.

Q6. Do we have the understanding when we say community pharmacy in the rural sector?

USAID Response: Just to give you a reference please check on the website of MoH. They have this community pharmacy thing there in detail. The community pharmacy support, as per community pharmacy directive issued by MOH.

Q7. Will the supply chain activity continue to have two levels of support on the program – basic and intensive, as indicated in the Request for Information (RFI)?

USAID Response: Yes, so far as it is as in the RFI.

Q8. Is there any additional support in the pastoral area?

USAID Response: This is a national project, and we are currently focusing majorly on 400 hospitals and 800 health centres which will cover all parts of the country including pastoral areas. For showcase, we can indicate that there may be a request to prove a different scenario investment activities in either of the local settings.

Q9. Is USAID building up on the existing investments using the data for the maturity of the supply chain?

USAID Response: It is definitely building up on the existing investment with a clear trajectory on how we are going to graduate 1200 health facilities at the end of five years. We start with a clear baseline and expectation. There will also be a co-creation with a potential selected leader/offer with a clear co-creation scheme.

Q10. Do we intend to work with the government of Ethiopia like the MoH and EPSS?

USAID Response: Yes, as stated in the geographic scope of the activity on the presentation we will work with MoH, RHB, health facilities and EPSS warehouses.

Q11. Given the maturity level of the private sector in Ethiopia, what is the expectation of USAID in terms of the level/extent of engagement of the private sector in the supply chain activity?

USAID Response: USAID has clear policy on private sector engagement which is on USAID website. With regards to its engagement, it will support the priorities of the government in starting with engaging the private sector regarding out bound logistics.

Q12. How will USAID engage the private sector in the distribution of the products?

USAID Response: USAID is trying to engage the private sector to expand more health sectors. The private sector will add efficiency gain in pulling down the products to health posts and health centres.

Q13. Will the supply chain activity have a New Partnerships Initiative (NPI) requirement? If so, please provide details.

USAID Response: USAID encourages NPIs and others as well.

Q14. Is this activity overlapping with other activities like quality healthcare on health facilities of selected woredas?

USAID Response: There could be overlap with other activities but there is no duplication. It is only focusing on one supply chain assistance and no procurement of commodities in the activity. The procurement will be taken care of by a global mechanism.

Q15. Will the supply chain activity remain a bilateral or will it be a part of the GHSC?

USAID Response: Yes, the activity will remain a bilateral contract.

Q16. In the RFI it was indicated that Global Health Security Agenda (GHSA) will be a part of this project. Is there any change on that or will it continue according to that?

USAID Response: So far, no change on that.

Q17. How does the supply chain activity relate to the Nex-Gen awards?

USAID Response: The supply chain activity will take care of the supply chain TA and in country logistics. USAID will buy-in the procurement part of the Nex-Gen awards.

Note: All the answers were given by Bekele Ashagrie and other USAID team member added additional points on the raised questions.

5.2 USAID Low Land Health

Each session started with a presentation, by Dr. Fitsum Girma (from USAID | Ethiopia), that outlined the purpose, objectives, implementation, the total budget and the selected regions for health activity. He stated that the purpose of this activity to be improving health and nutrition outcomes by increasing the access to, quality and utilisation of RMNCHA services in pastoral areas. Dr. Fitsum also explained the objectives of the activity which include enhancing PHC facility governance and functionality to deliver essential services, improving access to and quality of services through client-centred and contextualised service delivery models, and increasing adoption of healthy behaviours, including utilisation of health services. He said the activity may be implemented by a consortium of international/local prime partner and local sub-partners and also mentioned that there will be pre-award co-creation process to collaboratively develop a final program description. This five-year activity is expected to be

implemented in selected woredas of three regions, namely Somali, SNNP, and Oromia and has a maximum budget of 25 million USD.

After the brief introductory presentation, the floor was opened for participants to ask questions and get responses from USAID Ethiopia representatives. Below are the details from the group discussions.

Q & A

Q1. What is the geographic area of focus for this activity?

USAID Response: The focus of these activity are pastoral areas.

Q2. The geography focus (woreda selection) is so dispersed on this given award. For example, if you have one woreda in a given zone setting up a project for this single woreda will take a lot of cost, it might not be a cost-effective approach. So how is USAID looking for value for money?

USAID Response: In selecting woredas we considered a number of factors. The first factor is continuity: we try to select woredas which are near to each other and have access to roads. Performance: -we try to have both high and low performing woredas.

Number of mothers in that given woredas - a woreda with a high number of mothers will have a chance of selection. Previous investment by USAID - woredas with previous investments by USAID are selected. Market place - in pastoral areas those market place is a great opportunity for us to provide an outreach service.

Q3. Don't you think there will be duplication of works in these selected woredas?

USAID Response: First woredas are selected based on evidence. Therefore, there will be codesign work to avoid any duplication or overlapping work.

Q4. Apart from the conflict, is there any other reason why Afar is taken out of the pastoral primary health care envelope?

USAID Response: As we know, Afar is affected by the northern conflict and we want to try a new approach that is different from the previous project. It might be a short period of time, but we want an innovative approach and support on rehabilitation.

Q5. We need more infrastructure development in Somali, Afar, Dire Dawa and Southern Oromia. To what extent is USAID going to give more attention to improving some of the basic infrastructure at health facilities in these areas?

USAID Response: The selection of woredas follows set criteria such as selecting more of mid-performing woredas and a little bit of high and low performing woredas and giving priorities to woredas with marketplaces and previous USAID investments. But that doesn't mean we are not supporting anything in the other woredas; this activity will collaborate with other activities or projects to do so.

Q6. Does the evidence link for woreda selection have any information about lessons learnt from previous USAID programs?

USAID Response: All the information about the evidence link is indicated on the request for information.

Q7. Does USAID have any other different model to test some new ideas at demonstration sites so as to provide non-conventional ways of improving systems in a setting?

USAID Response: We have tried that in other developing regions that have 20 centers of excellence, but the activity is not yet finalized. So, we'll see the final outcome of the activity based on the investment on these Woredas and decide later on.

Q8. Does the link have to be with USAID programs only? Or can it be with other donors too?

USAID Response: Yes, the link can be with other relevant programs. Since we want to avoid duplications and coordinate for better development. We will be having a co-design workshop which will be working with other donors; it doesn't have to be only with USAID activities.

Q9. Is the crisis modifier included in the 28 million budgets?

USAID Response: Yes, it is included in the 28 million dollars budget.

Q10. Is there any co-funding requirement?

USAID Response: In this activity, the partner is expected to pay 10% of cost share. It should Support primary health care facilities and see the commitment of woredas and regions

Q11. Can this referral system digitalization be done in collaboration or can a single investment deal with it?

USAID Response: Is it an integrated activity so that every activity will be in collaboration with each other? For example, the supply chain activities work both in agrarian and pastoral areas and the community nutrition work both in agrarian and pastoral areas.

Note: Most of the questions were answered by Dr. Fisum Girma additional points were raised by suzie on the questions asked.

Reminder by Suzie: About Afar health the document has not been released but in the coming 2 weeks it will be released and will be open for comments, questions any idea and suggestion**.**

6. Report back: Group Activity I and II

- **Presenters:** Tsegaye Tilahun, Bekele Ashagrie, Dr. Iftekhar Rashid and Dr. Yunis Mussema, Dr. Fitsum Girma (all from USAID | Ethiopia)
- **Participants:** 45 participants from private sector, Professional associations, local and international NGOs, CSOs and academic institutions
- **Other USAID team members that attended the discussion:** Henok Alemu, Sinu Kurian, Suzie Jacinthe, Dr. Birkety Mengistu, Tatek Wondimu
- **Place:** Mars Hall, Elilly Hotel
- **Duration of presentation:** 20 minutes
- **Total duration:** 20 minutes

The activities presented in the two round discussions were summarised by the presenters for the participants. The major questions raised by the participants were reported back.

7. Working with USAID

The session began with a presentation by Careline Di Nunzio (from USAID | Ethiopia). In her presentation, Careline described the priorities of USAID | Ethiopia, barriers for the application process, evaluation of local versus international organisations, steps for registration, teaming, and tips for the application process. Following the presentation, participants were asked to pose their questions and responses were proved by USAID | Ethiopia representatives.

- **Presenter:** Careline Di Nunzio (from USAID | Ethiopia)
- **Participants:** 40 participants from private sectors, professional associations, local and international organisations
- **Other USAID team members that attended the discussion:** Henok Alemu, Sinu Kurian, Suzie Jacinthe, Dr. Birkety Mengistu, Tatek Wondimu
- **Place:** Mars Hall, Elilly Hotel
- **Duration of the presentation:** 25 minutes
- **Total duration:** 40 minutes

Q&A

Q1. Why is there a delay in the registration process of System for Award Management (SAM) application?

USAID Response: Yes, USAID is aware of the system wide issues with registration for a UNDI. Any interested applicant can submit an application even without an UNDI. USAID has a waiver for this currently. A UNDI will be required prior to USAID providing an actual award to any organization. At the stage of making an award, USAID will work with the apparently successful applicant to support registration for a UNDI or to seek a waiver for registration.

8. Sharing perspectives with USAID

This session started following the presentation working with USAID. The participants were grouped into private and local organisations, and they were given the opportunity to discuss their previous experience with USAID and concerns they have on the application process.

8.1 Local partner organisations, excluding private sector

- **Participants**:19 participants from local organisations including local NGOs, CSOs, professional associations and academic institutions
- **USAID team members that attended the discussion:** Suzie Jacinthe**,** Tsegaye Tilahun, Dr. Walelign Meheretu, Dr. Iftekhar Rashid
- **Place:** Mars Hall, Elilly Hotel
- **Total duration of discussion:** 55 minutes

Q&A

Q1. My organisation works on maternal and child health problems in hard-to-reach areas. We faced repeated rejections while applying to USAID for small grant inquiries. Why is there lack of support for local organisations working on hard-to-reach areas?

USAID Response: USAID supports organisations working on hard-to-reach areas but it doesn't offer small grants. The success of the application process depends on other criteria.

Q2. How are the local and international partners evaluated in the application process?

USAID Response: Both are provided an equal chance to apply but the success of the application depends on being able to fulfil the requirements.

Q3. Do you support local partners on capacity building to compete with international organisations?

USAID Response: USAID also works with local partners; some of them as prime partners. Therefore, the applicant organisation should initially check their capacity to compete and if they fulfil the requirements. USAID supports has supported local organizations through different means and plans to support them as well. But it is not a sole intention of USAID local partners just to make them compete with international ones but to ensure better sustainability of development programs.

Q4. Is there any special consideration for organisations working on empowering people living with disability?

USAID Response: The funding depends on the burden of the problem in the country and the applicant should present logical evidence to receive special consideration.

8.2 Private Sectors

- **Participants:** 4 Participants from Freight-In-Time, Elebat Solutions, SAS Pharmacy and Medic Health Consultancy Services
- **USAID team members that attended the discussion:** Sinu Kurian, Caraline Di Nunzio, Dr. Yunis Mussema, Bekele Ashagire
- **Place:** Classic Hall, Elilly Hotel
- **Duration of discussion:** 23 minutes

A brief explanation about how USAID plans to work with private sector in Ethiopia was provided before the floor was opened for questions and answers.

Comments

C: (Freight-in-time) According to the representative of the company, currently freight-in-time works in seven countries in East Africa and in the commercial and humanitarian sectors. She also said that the company has been working in Ethiopia for 5 years and currently it is implementing a pilot project in Hawassa that focuses on public- private-partnership to improve the health of the population. So far, Freight-in-time has not partnered with USAID. She also suggested the Ethiopian chamber of commerce and Ethiopia Private Owned Health Facility Association as a means of getting private sector contact addresses.

C: (Elebat Solutions) A representative of the company said the primary focus of her firm is on digitalizing including digital financing, digital education, digital health and digital rural community. She stated that the company has various plans to grow virtual health services and integrate wastage disposal management systems. Elebat solutions has not partnered with USAID yet, according to him.

C: (Medic Health Consultancy Service) A consultancy firm working mainly on pharmaceutical sector. Dagnachew Alemayehu a representative of the company stated that they are currently advising five African pharmaceutical manufacturers to support penetration into the Ethiopia private market. He stated that his company has a plan to establish a social enterprise organisation but has found it difficult to do so since there's no clear guideline to entertain social enterprise organisations in Ethiopia. He also suggested that a lot of work is needed on the implementation of public-private partnership.

C: (SAS Import and Export Company) The company representative stated that SAS works in the different aspects of pharmaceutical sector and currently it has 7 retail pharmacy branches in Addis Ababa providing services 24/7. He stressed the need for engaging the private sectors to increase access to all kinds of medications. He stated that the company has a plan to work on mother and child hospital care and that they are on the way to open several more branches in other regions of Ethiopia such as Oromia, Dire Dawa, Hawassa and Bahir Dar.

9. Closing and way forward

The event ended with a closing remark and suggestion to all participants by Sinu Khan (from USAID | Ethiopia) on how to apply and work with USAID.

10. Annexes

Annex 1: Schedule of the Industry Day in Addis Ababa

Schedule

Addis Ababa, October 14, 2022

Time	Event	Person Responsible
7:45 - 8:30	Registration	U^3 Systems Work Int.
8:35 - 8:40	Introductions	Dr. Lydia Tesfaye (U^3)
8:41 - 8:55	Setting the Stage	Henok Amenu
8:55 - 9:25	Overview of USAID Health office Overview	Sinu Kurian
9:40 - 11:00	Breakout sessions: Activity Discussions I 1. USAID Quality Healthcare - Group 1 2. USAID Community Nutrition Activity - Groups 2 & 3 3. USAID Empowered Communities - Groups 2 & 3	Dr. Yunis Mussema Dr. Iftekhar Rashid Tsegaye Tilahun *Dr. Lydia Tesfaye (U^3)*
11:10 - 11:25	**Refreshment-Networking**	U^3 Systems Work Int.
11:35 - 13:05	Breakout sessions: Activity Discussion II 1. USAID Lowland Health - Groups 1 & 3 2. USAID Supply Chain Improvement Program (SCHIP) – Groups 1 & 2 3. USAID Quality Healthcare - Groups 2 & 3	Dr. Fitsum Girma Dr. Birkety Mengistu Bekele Ashagrie Dr. Yunis Mussema U^3 Systems Work Int.
13:10 - 14:20	**LUNCH and Networking** 1. USAID Lowland Health - Group 2 2. USAID Supply Chain Improvement Program (SCHIP) - Group 3	Dr. Fitsum Girma Bekele Ashagrie U^3 Systems Work Int.
14:25 - 14:45	Report back - Roundtable Activity Discussions **I & II**	USAID Representatives
14:50 - 15:30	Working with USAID	Caraline di Nunzio Henok Amenu
15:35 - 16:30	Breakout sessions: Sharing Perspectives with USAID (2 simultaneous discussions – 1 hour each. Each participant attends 1 discussion.) 1) Local Partner Organisations 2) Private Sector	Suzie Jacinthe Sinu Kurian U^3 Systems Work Int.
16:30 - 16:35	Closing and Way Forward (Refreshments)	Sinu Kurian

Annex 2: List of participants – Industry Day - Addis Ababa – Oct 14, 2022

No	Name	Organization	Organization Type	Email	Mode of attendance
1	Annabel Erulkar	Population Council	International Partner	aerulkar@popcouncil.org	In person
2	Ayanew Haileselassie	USAID Health Financing Improvement Program	International Partner	ayenewh@gmail.com	In person
3	Belay Haffa Bekie	World Vision Ethiopia	International Partner	belay_haffa@wvi.org	In person
4	Binyam	John Snow,Inc.	International Partner	binyam_desta@jsi.com	In person
5	Derebe Tadesse	Amref Health Africa	International Partner	Derbe.Tadesse@amref.org	In person
6	Dr Ademe Tsegaye	Doctors with Africa CUAMM	International Partner	a.tsegaye@cuamm.org	In person
7	Eden Getachew	International Rescue Committee	International Partner	edengetachew@rescue.org	In person
8	Fegegta Lemma	American Jewish Joint Distribution Committee	International Partner	FegegtaLe@jdc.org	In person
9	Fikru Sinshaw	FHI360	International Partner	fsinshaw@gmail.com	In person
10	Hailu Tadeg	Management Sciences for Health	International Partner	htadeg@mtapsprogram.org	In person
11	Jemal Kassaw	Engender Helath	International Partner	Jkassaw@endengerhealth.org	In person
12	Kidest Hailu	American International Health Alliance	International Partner	khailu@aiha-et.com	In person
13	Lulseged Tolla	Concern Worldwide	International Partner	lulseged.tolla@concern.net	In person
14	Luwam Teshome Gari	Pathfinder International	International Partner	lteshome@pathfinder.org	In person
15	Mesfin Haile Teferi	DAI	International Partner	hailem707@yahoo.com	In person
16	Nasir Hasen	Palladium	International Partner	nasir.hasen@thepalladiumgroup.com	In person
17	Ozian Zekiros	IntraHealth International	International Partner	Owubshet@intrahealth.org	In person
18	Philipos Petros	Plan International	International Partner	philipos.petros@plan-international.org	In person
19	Seyoum G/michael	Integrated Service on Health & Development Organisation	International Partner	bakyoum@yahoo.com	In person
20	Shoa Girma	Johns Hopkins Program for International Education in Gynecology And Obsterics	International Partner	shoa.girma@jhpiego.org	In person
21	Simon Heliso Kuka	Johns Hopkins Center for Communication Programs	International Partner	simonh@jhu.edu	In person
22	Tesfanesh Tekelhaymanot	Farm Radio International	International Partner	ttadesse@farmradio.org	In person
23	Tirsit Grishaw Legesse	PATH	International Partner	tgrishaw@path.org	In person
24	Tsegenesh Gutta	International Medical Corps	International Partner	tghunde@internationalmedicalcorps.org	In person

25	Yared Abebe Fantaye	Save the Children Int.	International Partner	yared.abebe@savethechildren.org	In person
26	Zelalem Kebede	Malaria Consortium	International Partner	z.kefene.07@malariaconsortium.org	In person
27	Digafe Feleke	Pro Pride	Local NGO	digafe_feleke@yahoo.com	In person
28	Esete	Ethiopian Kidney Care	Local NGO	eseteg0@gmail.com	In person
29	Ferew Bekele	Egna le egna	Local NGO	egnaleegna@yahoo.com	In person
30	Mahder Ayalew	Crohns and Colitis Ethiopia	Local NGO	mahderayalew83@gmail.com	In person
31	Mebratu Mitiku Jemberie	National Podoconiosis Action Network (NaPAN)	Local NGO	mebratumitiku@gmail.com	In person
32	Mersha Mitiku	Mothers and Disability Development Organization	Local NGO	mddo7048org@gmail.com	In person
33	Meseret Azge	Meseret Humanitarian Organization	Local NGO	meseretMHO1120@gmail.com	In person
34	Mohammed Umer	Ethiopian Muslims Relief and Development Association	Local NGO	mohammedumer443@gmail.com	In person
35	Nuradin Mohammed	Afar development association	Local NGO	burqilli@gmail.com	In person
36	Sintayehu Hailu	Mary Joy Ethiopia	Local NGO	maryjoymam@gmail.com	In person
37	Tilaye Gizachew	Mahibre Hiwot for Social Development (MSO)	Local NGO	tilaye99@gmail.com	In person
38	Zeamanuel Ayalew Mekonnen	HOPE-Spina Bifida and Hydrocephalus	Local NGO	zeamekonnen@gmail.com	In person
39	Zemichael G/Mariam	Enhanced Rural Self Help Association	Local NGO	atdp2016@gmail.com	In person
40	Abiy Meshesha	Nuru International	CSO	abiy.meshesha@nuruet.org	In person
41	Almaz Abreham	Mesgana Child and Family Development Association	CSO	mesganachild@gmail.com	In person
42	Amanuel Shimeles	Good Samaritan Association	CSO	goodsamaritan1996@gmail.com	In person
43	Amare Feleke	Organization for girls adults and advocacy	CSO	ogaa.ethiopia@gmail.com	In person
44	Ameha Tadesse	Global Communities	CSO	aaytenfisu@globalcommunities.org	In person
45	Aregash Geleta	Mothers and Children Development Organisation (MCDO)	CSO	ethio.mcdo@gmail.com	In person
46	Belaynesh Engidawork	International Youth Federation (IYF)	CSO	b.engidawork@iyfglobal.org	In person

47	Berhanu Shanko	ANPPCAN-Ethiopia	CSO	berhanuoca@gmail.com	In person
48	Birkneh Wolde Hailu	Progress Integrated Community Development Organization (PICDO)	CSO	picdo2002@gmail.com	In person
49	Dr Mengistu Tafese	Ethiopian Humanitarian Fund (EHF)	CSO	mengistu.tafesse@gmail.com	In person
50	Dr. Ferehiwot Kassahun	Health Development and Anti Malaria Assocation	CSO	ferehiwotkassahun@gmail.com	In person
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52	Fisseha Mulatie	Population Media Center	CSO	fissehamulatie@populationmedia.org	In person
53	Gellila Tesfaye	Crown Agent Ethiopia	CSO	gellila.woldemichael@crownagents.co.uk	In person
54	Hailegnaw Eshete	Population Media Center	CSO	hailegnawe@populationmedia.org	In person
55	Aemon Berhane Fissha	Ethiopian Medical Students Association	Professional Association	aemonfissha@gmail.com	In person
56	Fekadu Mazengia Alemu	Ethiopian Midwives Association	Professional Association	mazengiafek23@gmail.com	In person
57	Kidu Hailu	Ethiopian Pharmaceutical Association (EPA)	Professional Association	kiduhailug@gmail.com	In person
58	Tigist Mekonnen	Ethiopian Medical Association	Professional Association	tigist.ema@gmail.com	In person
59	Yohannes tamene	Disablity care club	Academic institution	Jonitamene@gmail.com	In person
60	Abel Shimelis	Sunpay Solutions	Private Business	abelshimelis@gmail.com	In person
61	Dagnachew Alemayehu	Medic Healthcare Consultancy service	Private Business	medichealthcareservice@gmail.com	In person
62	Dr. Hanamariam Mekonen	REY Import & Export PLC	Private Business	biz.dev@rey-medical.com	In person
63	Dr. Nishu Chaudhary	ABH Partners	Private Business	nishuchaudhary@gmail.com	In person
64	Dr. Sara Abdrhaman	Elebat Solutions	Private Business	sara.ahassan126@gmail.com	In person
65	Gebrye Kefyalew	Anchor Consulting Service	Private Business	anchorconsultingservice@gmail.com	In person
66	Gosaye Zenebe	SunPay Solutions S.C	Private Business	gosizen12@gmail.com	In person
67	Mengistu Tafesse	ABH Partners	Private Business	mengistu@abhpartners.com	In person
68	Mr.Sahib	SAS Pharmacy	Private Business	Sahib@sasethio.com	In person
69	Natnael tsegaye	Tikur tech	Private Business	Natnaeltsegaye70@gmail.com	In person
70	Ruth Kassahun	Tikur Creatives	Private Business	rumnaruth@gmail.com	In person

71	Tsion	SAS Pharmacy	Private Business	tsionabate@gmail.com	In person
72	Yodit Admasu	Freight In time	Private Business	yodit@frieght-in-time.com	In person
73	Yonas Mamo	Truzer Ethiopia for Africa (TEA)	Private Business	tea4africa@gmail.com	In person
74	Zemed Yimenu	Care	Private Business	zemed.yimenu@care.org	In person
75	Biruck Kebede	RTI-International	International Partner	bkebede@rti.org	Virtual
76	Dr. Sara Nuri	Kalkidan children's health care charity organization	International Partner	sarahnuri95@gmail.com	Virtual
77	Maria Barrios	Action Against Hunger USA	International Partner	Mbarrios@actionagainsthunger.org	Virtual
78	Masresha Soressa	Pathfinder International	International Partner	msoresa@pathfinder.org	Virtual
79	Natasha Kallay	ThinkWell	International Partner	nkallay@thinkwell.global	Virtual
80	Sisay Alemayehu	Sheger CFDCS	Local NGO	shegercfdcs@gmail.com	Virtual
81	Tamiru Wondie	Project HOPE	Local NGO	twondie@projecthope.org	Virtual
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