



**USAID** | **ETHIOPIA**  
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**Report**  
**USAID | Ethiopia Health Office**  
**Industry Day**  
**Hawassa**  
**October 19, 2022**

**Prepared By: - U<sup>3</sup> Systems Work International**



**U<sup>3</sup> Systems Work  
International**

**October 2022**



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## List of acronyms

<b>Acronyms</b>	<b>Meanings</b>
CD4	Cluster of Differentiation 4
CSO	Civil Society Organizations
EPSS	Ethiopian Pharmaceutical Supplies Services
FP	Family Planning
FTF	Feed The Future
HIV	Human Immunodeficiency Virus
MoH	Minister of Health
NGO	Non-Governmental Organization
NOFO	Notice of Funding Opportunities
PHC	Primary Health Care
PHCU	Primary Health Care Units
RDF	Revolving drug fund
RHB	Regional Health Bureau
RFI	Requests for Information
RFP	Request for Proposal
RMNCAH	Reproductive Maternal Newborn Child and Adolescent Health
SCHIP	Supply Chain Improvement Program
SNNP	South Nations Nationalities and People
SOW	Scope of Work
SWE	Southwest Ethiopia
USAID	United States Agency for International Development
USD	United States Dollar
WASH	Water Sanitation and Hygiene



## Registration and Networking Reception

After participants registered and got the handouts for the industry day, they networked with other participants who came to the industry day.



### 1. Introduction

Dr. Lydia Tesfaye (from U<sup>3</sup> Systems Work Int.) opened the event with a self-introduction and extended a warm welcome to the attendees. She also introduced other team members of U<sup>3</sup> systems works. Then, Dr. Lydia briefly described the agenda of the day. A total of 30 participants, 27 in person and 3 virtually using Zoom: 7 from international partners, and 23 from local organizations (14 from NGOs, 4 CSOs, 3 from academic institutions, 1 from a professional association and 1 from a private business) actively participated in the event. See annex 1 for agenda and annex 2 for the list of participants. Finally, Caraline Di Nunzio (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

Caraline Di Nunzio (from USAID | Ethiopia) started the session by introducing herself and gave a brief presentation on what an industry day is and why it is important. She also explained the aim



of the event and the importance of creating networks. She gave a brief explanation on what is expected from the participants and tips on how to work with USAID. She mentioned that the event is an opportunity to know more about USAID and how to work as a partner. Finally, she 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. Group Discussions by Activity - I

Participants who attended in person were assigned into three breakout session groups. The participants were assigned into the three groups using the alphabetical order of their first names.

In each breakout session, an introductory presentation was made by a USAID Ethiopia 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.



## 3.1. 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 specific key personnel candidates should be presented 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.

## 3.2. USAID Quality Health Care

Each group session started with a presentation on Quality Healthcare activity by Dr. Shelemo Shawula (from USAID Ethiopia). He 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 centered quality RMNCAH services. It was stressed that a system wide approach will be used for this activity to drive



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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).

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.





## Question and Answer (Q&A)

**Q1.** How do you integrate the three activities in woredas?

**USAID Response:** There will be layering to avoid overlapping efforts. The list of districts are already known. In terms of integration, USAID applies layering. The different activities not only overlap in program implementation but also complement each other in their roles.

**Q2.** Do you think the number of facilities available in the districts is enough to address the quality problem?

**USAID Response:** USAID's role is to support the MOH's efforts to improve the quality of care in Ethiopia, not to completely address the issue nationally. We are aware that this is not our role but also that our funding is not sufficient to truly address all of the RMNACH and Family planning (FP) quality of care issues in Ethiopia. We see this investment in supporting innovative approaches and meaningful drive to improve service delivery and health systems performance toward quality of care in intervention areas.

We are aiming to initiate this activity in 40-50 woredas. So, we start as a package of facilities. In woredas, we assume there are community level health posts, health centers, primary hospitals and other referral networks of higher-level hospitals. So, the comprehensive network of facilities will provide mothers and children a continuing care in this activity. Major challenge we see in many regions is the ability to utilize the facilities adequately to provide quality health care and that is what we want to address with this activity.





**Q3.** Any opportunities for academicians (health/med) to work with USAID especially regarding evidence synthesis from local perspectives which are in line with your objectives?

**USAID Response:** In this activity, we encourage academic institutions to participate in the application and support evidence generation and use for various areas including operational research, costing analysis, regular verification for performance-based financing and others. The activity also has a provision for Health facility administration training for health facility managers for which academia can contribute.

**Q4.** How long is the project?

**USAID Response:** Five years.

**Q5.** Is the deadline of NOFO over? Can we apply? Who is eligible?

**USAID Response:** The deadline for NOFO is October 31. Application until deadline day is possible. Everyone is eligible except a few exceptions. Please check [grants.gov](https://www.grants.gov) for further information.

## **Handwritten Comments**

Regarding quality of healthcare, it would be better to develop strategies addressing services provided in private sectors. For example, maternity services as pilot study because a considerable proportion of the population go for private Health Facilities seeking (believing) quality services out there. In fact, SCHIP Objective (3.1) states “the engagement of the private sectors in pharmaceutical supply chain services”. Therefore, I think it’s feasible to involve private sectors in health care delivery pipe taking service followed by scale up and expensive to other improvement services.

### **3.3. USAID Community Nutrition**

Dr. Iftexhar Rashid (from USAID | Ethiopia) began all the sessions with a welcoming remark and Self introduction. After introductions were concluded, he gave a presentation on Community Nutrition Activity which is called Feed the Future Ethiopia.

The objective of the activity is to improve appropriate nutritional behavior and utilization of nutrition services for women and children. This activity’s geographic scope includes all regions of Ethiopia except Gambela. The project aims to use a multi-sectoral approach to address maternal and children optimal nutrition. It is a 5-year activity with a total estimated amount up to 70 million dollars. It targets the first thousand days of life and adolescent girls.



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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 opportunity for local NGOs to participate and compete in the funding?

**USAID Response:** Yes, we encourage local NGOs to participate in this activity in consortium and in partnership with other organizations. If it's possible, an organization can also compete alone. It's not restricted.

**Q2.** What are the opportunities for researchers in academic institutions hoping to conduct interventional research focusing on nutritional problems (gaps) among vulnerable groups?



**USAID Response:** Please review the NOFO carefully and based on your capacities, you can apply if you can contribute to the results.

**Q3.** Is the 70 million budget a cooperative agreement?

**USAID Response:** It is going to be an assistance mechanism, possibly cooperative agreement but it still needs confirmation.

**Q4.** In terms of geographic location on the map, does it only include Tigray and Amhara?

**USAID Response:** No. It includes all regions except Gambella but in selected woredas.

**Q5.** Nutrition is affected by gender. So regarding gender, where is the focus in this activity?

**USAID Response:** Because we have few slides we couldn't include all the critical issues in this presentation. But we have a very strong gender focus in this activity based on evidence. Therefore, based on the findings we try to highlight it in our program design. Health seeking behavior is also related to gender, so gender is very much important.

### **3.4. USAID Empowered Communities**

The session started with a presentation on the Empowered Communities activity by Suzie Jacinthe (from USAID | Ethiopia). She 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. She 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 three regions of Ethiopia namely Amhara, SNNP and Oromia. She also stated that all the participant lists who participated in the three Industry Days happening in Addis Ababa, Hawassa and Bahir Dar will be available for any connections they want at the U<sup>3</sup> Systems Work International website for this project.

The floor was then opened for participants to ask questions and to get responses from USAID Ethiopia representatives. Below are the details from the group discussions.



## Q & A

**Q1.** Can a private company apply or receive funding?

**USAID Response:** You have to read all the documents and apply to activities that fit your organizational mission.

**Q2.** Is the number of consortiums fixed?

**USAID Response:** The factor that determines the number of applicants for the consortium depends on what the focus of the activity is and what each organization comes to table with. However the two organizations cannot be doing the same tasks.

**Q3.** How many organizations will be responsible for the award?

**USAID Response:** One organization, which is the one who will win the award. But the organization has two levels of sub partners. One is the construction partners and the other is the local sub-groups.

**Q4.** How can local organizations compete to become prime recipients of the award?

**USAID Response:** We don't expect local organizations to compete with international organizations. Local organizations can't manage the level of money we are talking about unless their own company budget is at least 25 Million dollars.

**Q5.** How does USAID see the implementation and involvement of the local stakeholders?



**USAID Response:** All of the activities encourage collaboration with stakeholders. USAID had a separate briefing with the Ministry of Health and at regional levels but not on district level yet. Before the activity gets awarded, there is a co-design process in which the Federal Ministry of Health and Regional Health Bureaus will be there to add their voice on it. The process also needs to be evidence based and project places changes could happen.

**Q6.** Are we going to have a special session for the application process?

**USAID Response:** We don't have a specific process on how to apply but we are having a session on how to work with USAID.

**Q7.** How does USAID plan to work with public universities working on community activities?

**USAID Response:** USAID cannot directly fund the public sector but we need a well-established international university partner within the consortium to facilitate local twinning within the local facility.

**Q8.** Will there be an oral presentation on this activity?

**USAID Response:** We have not decided on this activity but the quality health care will be an oral presentation.

## **4. Group Discussions by Activity - II**

The second round of activity discussion included USAID Supply chain improvement program (SCHIP) and Lowlands Health. The same approach as described above for group discussion activity one was followed.

### **4.1. USAID Supply Chain Improvement Program**

Bekele Ashagrie (from USAID | Ethiopia) gave a presentation on the supply chain improvement program activity at the start of each session. There was a brief explanation on purpose, objectives, the total budget, implementation approach and the selected regions.

The goal of SCHIP activity 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



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centers 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 dollars. 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.** Does this project work on HIV related supports on communities that are affected by opportunistic infectious diseases?



**USAID Response:** Advanced HIV disease is one of our programs. There is community planning for that; the important gaps that have already been considered in this program are the problems on the diagnosing and identification processes of this advanced HIV disease. To do so there is a CD4 test. This work is in progress and will definitely be addressed.

**Q2.** Is USAID planning to expand its supply chain technical assistance to revolving drug fund (RDF) Products?

**USAID Response:** Revolving drug fund has list of pharmaceuticals for maternal and child health interventions among others. Hence it will cover the technical assistance in alignment with the priorities.

**Q3.** Do you have any plan on expanding the pharmaceutical supply chain to work on accessibility?

**USAID Response:** There are different investments which we have supported so far. But now the government is responsible for the pharmaceutical supply chain. We are not in charge.

**Q4.** What will the focus of SCHIP support be at health posts?

**USAID Response:** Health post is part of the primary health care unit. It will pilot how to ensure transparent dispensing to client at this level.

**Q5.** Who is going to work in the supply chain? Are CSOs eligible for this?

**USAID Response:** All interested and capable parties can apply for implementation of this activity.

## 4.2. USAID Lowlands Health

Each session started with a presentation, by Suzie Jacinthe (from USAID | Ethiopia), that outlined the purpose, objectives, implementation, the total budget and the selected regions for health activity. She stated that the purpose of this activity is to improve health and nutrition outcomes by increasing the access to, quality and utilization of RMNCAH services in pastoral areas. Suzie Jacinthe 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-centered and contextualized service delivery models, and increasing adoption of healthy behaviors, including utilization of health services. 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.** The selected areas (Somalia, Oromia and SNNPR) are drought affected regions and the activities (WASH, lowland health and community nutrition) working on the areas are strongly connected to each other. Do you consider to use multi sectoral approach in this context to achieve high impact at the end of five years activity?

**USAID Response:** There are already three activities (WASH, emergency response and lowland health) that could geographically overlap in the selected areas but they are handled by our three different offices.





**Q2.** Is the Woreda in the Oromia region already selected? Who will be going to select the implementing woredas, the applicants or the donors?

**USAID Response:** You can see a data sheet on our link that has a list of Woredas which make more sense. We have started the discussion by the data sheet which you see attached.

## 5. Working with USAID

- **Presenter:** Caraline Di Nunzio (from USAID | Ethiopia)
- **Participants:** 27 participants from local and international NGOs, CSOs, professional associations, academic institutions, and the private sectors
- **Other USAID team members that attended the discussion:** Dr. Shelemo Shawula, Dr. Iftekhar Rashid, Suzie Jacinthe, Bekele Ashagrie
- **Place:** Millennium Hall, Central Hawassa Hotel
- **Duration of Presentation:** 21 minutes
- **Total Duration:** 22 minutes



Caraline DiNunzio (from USAID | Ethiopia) gave a brief presentation on how to work with USAID which includes the priorities of USAID, barriers on the application process, steps of the registration process, local versus international organizations, teaming and tips for the application. There were no questions following the presentation. But the participants were encouraged to write any of their questions and comments on the pieces of papers they are provided.



## What are the Challenges Working with USAID? (Handwritten Answers)

1. The registration process is hard.
2. Eligibility is also hard to fulfill.
3. Planning templates are very large.
4. It needs a strong connection.

## Q&A

**Q1.** As you say registration is important; so what is the criteria to register and work together?

**USAID Response:** [Please refer to USAID websites for details](#)

**Q2.** On business forecasts, why are opportunities that are once posted not available after some time in some cases?

**USAID Response:** [There could be change in prioritization of USAID on some opportunities](#)

**Q3.** Is there any certification for participation in industry day events?

**USAID Response:** [No](#)



## 6. Annexes

### Annex 1: Schedule of the Industry Day in Hawassa

#### Schedule Hawassa, October 19, 2022

Time	Event	Person Responsible
8:00 - 9:30	Registration and Networking	U <sup>3</sup> Systems Work Int.
9:30 - 10:10	Networking Reception	U <sup>3</sup> Systems Work Int.
10:10 - 10:14	Introductions	Dr. Lydia Tesfaye (U <sup>3</sup> )
10:14 - 10:21	Setting the Stage	Caraline DiNunzio
10:25 - 11:25	<u>Breakout sessions: Activity Discussions I</u>  1. USAID Quality Healthcare-All groups 2. FTF Ethiopia Community Nutrition Activity-Group 1 & 2 3. USAID Empowered Communities Group 2&3	Dr. Shelemo Shawula Dr. Iftekhar Rashid Suzie Jacinthe <i>Dr. Lydia Tesfaye (U<sup>3</sup>)</i> U <sup>3</sup> Systems Work Int.
11:25 - 12:05	<u>Breakout sessions: Activity Discussion II</u>  1. USAID Supply Chain Improvement Program (SCHIP) 2. USAID Lowlands Health	Suzie Jacinthe Bekele Ashagrie <i>Dr. Lydia Tesfaye (U<sup>3</sup>)</i> U <sup>3</sup> Systems Work Int.
12:23 - 12:35	Working with USAID	Caraline DiNunzio
12:45 - 13:15 13:25 - 14:40	<b>WORKING LUNCH</b>  1. USAID Empowered Communities - Group 1 2. FTF Ethiopia Community Nutrition Activity-Group 2	U <sup>3</sup> Systems Work Int. Suzie Jacinthe Dr. Iftekhar Rashid



**Annex 2: List of participants – Industry-day - Hawassa– Oct 19, 2022**

No.	Name	Organization name	Organization type	Email	Mode Of Attendance
1	Fikir Zelalem	The Kaizen Company	International Partners	fzelalem@thekaizencompany.com	In person
2	Maria Perrella	GOAL	International Partners	mperrella@et.goal.ie	In person
3	Mekides Seifu	International Rescue Committee	International Partners		In person
4	Misrak Admasu	The Hunger Project Ethiopia	International Partners	misrak.admasu@thp.org	In person
5	Tesfaye Seifu	USAID GHSC-PSM project in Ethiopia	International Partners	tseifu@ghsc-psm.org	In person
6	Tilahun Tesfaye	The Hunger Project Ethiopia	International Partners	tilahunteshome@yahoo.com	In person
7	Yidnekachew Legesse	EnCompass LLC	International Partners	yidnekachew_legesse@yahoo.com	In person
8	Abebaw Deribew	Center of Concern	Local NGO		In person
9	Abrham Berhanu	Ethiopian Catholic Church Social and Development office of Hawassa	Local NGO	abrahamhealth.awcs@gmail.com	In person
10	Fekede Sima	3D for tomorrow organization	Local NGO	valcomenwilly2015@gmail.com	In person
11	Kedir Addisu	Terepeza Development association	Local NGO		In person
12	Leilt Mamo	Tesfa childcare	Local NGO	leiltmamo@gmail.com	In person
13	Minyahil Kifle	School for Humanity Association	Local NGO	minkifle@yahoo.com	In person
14	Seralegin Abera	God for People Relief and Development Organaization	Local NGO	seraleginabera@gmail.com	In person
15	Tessema Awano Ballengo	Communiy Health Development & Malaria Control Association	Local NGO	tesetek@gmail.com	In person
16	Tsehayenew Ademe	CAETSD	Local NGO		In person
17	Wondimu Seba Moga	Future Generation Hope for Vulnerable Children Organization	Local NGO	fghvco2013@yahoo.com	In person
18	Wondwossen Tesfaye	Save Lives	Local NGO	wondunet@gmail.com	In person
19	Yadesa Negero	Tilahunen Charity Association	Local NGO	yadesanegero@gmail.com	In person
20	Zenayeneh Girma	Youth and Cultural Development Foundation	Local NGO	zenayeneh.g@ycdfet.org	In person



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21	Gelana Mulu	Primary hospital	CSO	mulugelana@gmail.com	In person
22	Sebsibe Paulos	Bethsaida Charity Organization	CSO	paulossebsibe0@gmail.com	In person
23	Dr.Mengistu Meskele Koyira	Wolaita Sodo University	Academic Institution	mengistu77@gmail.com	In person
24	Temesgen Leka Lerango	Dilla University	Academic Institution	maopharm@gmail.com	In person
25	Tsedale Belayhun	Hawassa Health Science College	Academic Institution	tsedale122@gmail.com	In person
26	Kidist Eshetu Berhanu	Ethiopian Midwives Association	Professional Association	kideshe@gmail.com	In person
27	Netsanet Lakew	Bollore Transport and Logistics	Private Business	netsanetkkl@gmail.com	In person
28	Messele Seyoum Ayanno	Gayo Pastoral Development Initiatives	Local NGO	messeleseyoum@gpdi-ethio.org	Virtual
29	Birtukan Seid	Pastoralist Concern	CSO	birtukanseid@yahoo.com	Virtual
30	Menbere Zenebe	KMG Ethiopia	CSO	mzenebe@kmgethiopia.org	Virtual