Technical Advisory Committee (TAC) members consisting of representatives from various ministries visited Hadya and Kembata Tembaro Zones of the Southern Nations, Nationalities, and Peoples’ Region (SNNPR), which are the operation zones of the Integrated Family Health Program (IFHP). Following the three-day field visit, the TAC members commented that the achievements of the two visited zones and the support provided by IFHP can be a model for various pertinent bodies working in the health sector.

Ato Ahmed Emano, Public Relation and Communication Directorate Director of the Ministry of Health (MOH), commented that the visit has helped him understand IFHP’s work at the grass root level.

IFHP Supports Regional IUCD Launching

Oromia regional health bureau in collaboration with IFHP and Engender Health conducted IUCD revitalization and scale up meeting in Adama town of the Oromia regional state. During the meeting, a question and answer contest was made among women using Long Acting Family Planning (LAFP) to explore the level of their awareness on the use of modern family planning methods. The winners were awarded radio and tape recorders. The one day workshop was aimed at launching IUCD for increased awareness and utilization.

IFHP is one of the partners to the MoH in supporting the implementation of LAFP including IUCD scale up as part of its strategy to expand the range of family planning services.

System Strengthening: Promising Practice

The World Health Organization (WHO) defines Health System as the sum total of organizations, institutions and resources whose primary purpose is to improve health. Accordingly, the ultimate aim of system strengthening is to improve access, utilization, and quality of health services.

IFHP supports the implementation of key maternal, newborn and child health interventions at community, health facility and systems levels in a holistic manner. The program has identified six intervention areas to strengthen the health systems through:
EDITORS’ NOTE

Transparency and Accountability in Program implementation

The program activities of IFHP are fully aligned and harmonized with the government's health sector plans and priorities. The major objective of IFHP is to support the Ethiopian Health Sector Development Program (HSDP), particularly, the implementation of the Health Extension Program (HEP). The program is named integrated for its comprehensiveness as well as its supportive and complementary nature to the government's plans and priorities in improving family health. IFHP plans its activities together with woreda health offices (WorHOs) in its focus regions during woreda Based Planning (WBP). The WBP is a government initiated platform whereby all WorHOs develop their operational plans. IFHP has been taking part in this planning process which takes place at the beginning of every year to align and harmonize its activities with the WorHOs' plans and fine-tune its support to specific needs of WorHOs for efficient use of resources. The plan that is developed through such process is compiled at IFHP's regional and central offices and submitted to the USAID's mission in Ethiopia.

Program implementation is overseen by high level government representatives through a mechanism called the Technical Advisory Committee (TAC). The TAC is a structure comprising a team of multi-disciplinary experts drawn from various ministries and their regional counterparts, partner organizations and USAID. It reviews quarterly reports of IFHP and through field visits perform observations of program support at WorHOs, health centers, health posts, and at household levels. The team provides feedback at each level focusing on strengths, areas of improvements and the way forward. The Woreda Advisory Committee (WAC), a similar version of TAC formed by local Implementing Partner Organization (IPOs), is comprised of woreda level officials and community and religious leaders. Its primary function is to identify challenges in the woreda and act up on them in a timely manner. The WAC is very instrumental in decision making and mobilization of local resources for program implementation.

The TAC is chaired and co-chaired by the Populations Affairs Directorate at the Ministry of Finance and Economic Development, and the MoH, respectively. Other TAC members include the Ministry of Women, Children and Youth, Ministry of Education, Federal HIV/AIDS Prevention and Control Office, Charities and Societies Agency, USAID, CORHA, and other invited institutions. The chair and co-chairmanship rotate between TAC members every two years. Experiences from TAC show that, the TAC helps monitor program performance in the field; identifies bottle necks and devises practical solutions; enhances intersectoral collaboration among various sectors at national, regional and woreda levels; contributes to program ownership and sustainability, and boosts transparency and accountability.

In conclusion, the WBP and the TAC are some of the mechanisms by which IFHP ensures accountability and transparency of its program activities to the government, partners and stakeholders.

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EDITORIAL VIEWPOINT

The Primary Health Care Unit: Primary Source of Preventive and Curative Care

Based on the Ethiopian health system, one health center with five health posts constitutes the primary health care unit (PHCU). The PHCU is the lowest formal health service delivery unit. The health center is expected to establish functional and effective linkages with health posts to facilitate the implementation of the health extension program. As a primary referral facility, the health center is expected to provide overall support to health extension workers to improve their knowledge and skills fill gaps in logistics. Revenues retained at health center level can be used to improve service provision at community, health post, and health center levels.

Due to limited availability of resources to implement day-to-day activities within the PHCU, the health center needs to use available resources efficiently. Efficiency can be enhanced by integrating activities and using the available resource cautiously. Logistics related problems can be addressed by improving logistics planning and looking for local solutions to identified gaps.

With regard to enhancing the effectiveness of health center and health post linkage, efforts need to be exerted to enhance the quality of supportive supervisions from health center to health post and to the conduct of regular review meetings by health center and health post staff. On-the-job support provided to health extension workers from the health center needs to be structured, organized, guided and based on felt needs. The regular review meetings need to be used to review progress, identify challenges, propose solutions, and develop joint action plan to guide the support relationship. The forum can also be used to provide refresher trainings to health extension workers and health center staff.

Communities residing in the PHCU need to participate in the planning, implementing, and monitoring of activities to improve their own health. In order to understand the concern of the community and improve service provision, the health center is expected to conduct regular community satisfaction surveys.

In summary, the PHCU needs to give due emphasis to the following main activities for successful linkage between health center and health posts:

- Collect, analyze and interpret data and set priorities to take action,
- Develop action plan jointly based on identified priorities,
- Get planned activities implemented properly,
- Strengthen follow-up and periodic review, and
- Prepare report and communicate feedback

Organized and systematic leadership of activities within the PHCU will enable it to evolve as the primary source of preventive and curative care. IFHP is committed to provide overall support to ensure effective and efficient linkages among health centers, health posts and communities.
He also said that the MOH is ready to further enhance and strengthen such partnership.

Dr. Mengistu Asnake, IFHP’s Chief of Party and Country Representative of Pathfinder International Ethiopia, on his part said that the visit created an opportunity to learn from the achievements of the health sector in the region. He further said, “In such visits, the committee is expected to explore possible solutions in order to alleviate challenges faced by implementers and provide input for decision makers working at different levels”.

On the 10th of March 2013, on a warm Sunday morning, the 10th annual 5km women only run named, ‘Choice Women First’ took place. It is the biggest women only event happening in Ethiopia and a good platform to promote social and health messages focusing on women including family planning and reproductive health. IFHP was represented in this great event by eight of its female staff and friends.

A three day training for regional media house and government communication offices was held in Wukro town of Tigray regional state from November 12 to 14, 2013 with the aim of enhancing their knowledge on the activities of the Integrated Family Health Program.

When opening the training, Ato Gizachew Girmay, Media and Public Relation Head of Tigray Government Communications Office, remarked that IFHP is playing a key role in implementing the Ethiopian Health Sector Development Program (HSDP), which in turn is contributing to meeting the government’s growth and transformation plan as well as the Millennium Development Goals. He also said, “The training will play a vital role in enabling developmental journalists to report public health issues effectively.”

A total of 31 journalists drawn from different media houses and Government Communication Offices attended the training.

IFHP Staff Participate in Women Only Run

Decision makers...

Cont’d from Page 1
Two years ago, the number of mothers who accessed skilled birth attendance in Soloda Kebele of Adwa Woreda was low. As a result of this, pregnant women were exposed for many risks. This was a big concern for Adwa Woreda administration compelling it to take immediate action to increase skilled birth attendance. Everyone knew that this required the concerted efforts of all stakeholders in the Kebele. It also required community participation.

The HEWs in Soloda Health Post began community mobilization activities in collaboration with the Adwa Woreda administration. Together with health center staff and the woreda health office, they organized repeated community sensitization meetings to provide information to the community on maternal and newborn health, the dangers of unskilled delivery, and the services provided at health centers. The information was provided through a series of meetings in the community and all women in the reproductive age group were organized in teams of women development armies. The youth participated by coordinating local transportation system commonly known by the communities as “Bahlawi ambulance” literally translated as traditional ambulance. To create opportunity for pregnant mothers to learn from one another, a monthly meeting of pregnant women locally known as “Malti Birhan” which means “Bright day” in the local language was initiated. These meetings helped women to understand more about pregnancy and to ensure their participation throughout pregnancy, delivery and postnatal period.

HEWs and women development armies arranged transportation for women in labor and they accompanied them to health facilities. The HEWs provide postnatal care through home visits. The local kebele provided administrative assistance to the HEWs and the women development armies. The woreda ensured that the referral linkage between the health center and the hospital was strong and responsive to needs of laboring mothers. Consequently, for all women referred to Adwa Hospital for delivery, the hospital sent feedback on their status to the referring health center.

Finally, all of these efforts paid off. In Soloda Kebele, all women of child bearing age are now aware of maternal and newborn health services including the importance of institutional delivery. The proportion of mothers who delivered in a health center reached 95% by the end of the 2004 Ethiopian fiscal year (2011-2012). During July to December 2012, 34 pregnant women in the kebele were identified for follow up and all of them received antenatal care services and their deliveries were assisted by skilled birth attendants. This confirms that the Tigray Regional Government is heading in the right direction in achieving their motto of “No mother should deliver at home! “. IFHP has been providing overall and comprehensive support to accelerate improvements in maternal and newborn health in line with the government’s strategy.
Regional Updates

Partnership to Strengthen Maternal and Neonatal Health Services in North Wollo Zone, Amhara Region

A memorandum of understanding was signed in Bahir Dar among Woldiya Hospital, IFHP, Inticiativa Pro Infancia Cooperacio (IPICOOP), UNICEF, and Probitas Foundation to strengthen maternal and neonatal health services.

According to the memorandum of understanding, IFHP took the responsibility of providing BEmONC training, conducting refresher training on MNH based on identified gaps, supporting and strengthening functional referral systems between health facilities, including HEWs and health center staff to undertake behavioral change activities at the community level, and strengthening data collection and analyses at all levels.

Tigray Regional Health Bureau recognized Health Partners:

The Tigray Regional Health Bureau in collaboration with Tigray National Regional State organized a “Tigray Health Festival” from April 3-4, 2013 at the Martyr’s hall in Mekelle city. The festival was attended by H.E Ato Abay Weldu, President of Tigrai National Regional State, H.E. Dr. Keseteberhan Admasu, Minister of MOH, federal and regional government officials, heads of partner organizations, health professionals, and community representatives. The purpose of the festival was to give due recognition and acknowledgement to individuals, institutions, community representatives and partner organizations in recognition of their outstanding efforts in strengthening the health system of the region during the past few years.

During the two days festival, panel discussions were held, exhibitions were staged and individuals, institutions and community representatives were given certificates and other awards for their contributions to the betterment of health in the region. IFHP was one of the programs recognized and awarded certificates during the festival. Participants that attended the ceremony also emphasized the need to continue motivating those contributing their level best to bring changes in the region and beyond.
Capacity building on immunization for EPI managers, health workers and health extension workers through in-service trainings is one of the indispensable strategies for successful immunization service delivery.

The benefits of immunization have increased with the addition of new vaccines, but so have the costs. A decade ago, the vaccines used in most developing countries cost only about USD 1 per child. Today, with addition of combination vaccines against hepatitis B, Hemophilus Influenza type b (Hib) and Pneumococcal Vaccines (PCV) the cost is raised up to USD 18 per fully immunized child. Today, unlike before, the need to protect expensive vaccines with functional cold chain system is clear.

According to IFHP’s 2012 random follow up assessment performed in 256 health centers, 78% of health centers in IFHP focus woredas provided vaccination service daily but 20% of the refrigerators were not functioning at a proper temperature. In Ethiopia, the 2008 national cold chain equipment inventory revealed that about 28% of refrigerators were non-functional. Preventive maintenance, timely repair and replacement of malfunctioning cold chain equipment are cost saving interventions that protect investments in expensive vaccines and it should be the focus of all national immunization programs.

Integrated Family Health Program is attempting to integrate preventive maintenance and repair of non-functional refrigerators with EPI-In service trainings. The last days of the EPI refresher training have been devoted to preventive refrigerator maintenance training with the help of experienced technicians who will at the same time repair non-functional refrigerators collected and brought to the training site.

A total of 2,936 health workers were trained in the last 4 years on EPI Integrated with refrigerator preventive maintenance in IFHP focus woredas. However, it is mainly in the last two years (2011-12) that such trainings combined refrigerator maintenance. Accordingly, 709 refrigerators most of them SIBIR® were repaired during EPI trainings. With the estimated amount of 1,000 vaccines in one refrigerator containing 2,000 doses, repaired refrigerators can hold over 700,000 vaccine ampoules/vials which contain about 1.4 million doses. This helped in preventing the wastage of vaccines and saved huge resources required to replace non-functional refrigerators with new ones.

It is also important to note that regional health bureau of the Southern Nations, Nationalities and Peoples’ regional state trained EPI officers on cold chain maintenance and deployed them as EPI and cold chain officers in each zone and woreda in the region. This is indeed an important move that other regions could adopt in order to curb the problem of cold chain maintenance. IFHP will also intensify the support being provided to EPI in general and cold chain maintenance in particular.
1. Providing basic and refresher trainings in areas of FP/MNCH including Integrated Supportive Supervision (ISS), reformed HMIS, and use of data for decision making.

2. Conducting joint regular ISS/follow-up and mentoring to ensure practical application of issues emphasized during training.

3. Providing technical and financial support to the conduct of quarterly and bi-annual review of programs at all levels.

4. Providing technical and financial support to the conduct of supervisions to enhance ownership and sustainability.

5. Supporting the logistic system in coordination with other partners to ensure the availability of contraceptives, drugs, vaccines, and commodities at health facilities.

6. Participating in partners’ forums and strengthen partnership and collaboration with Zonal Health Departments and Regional Health Bureaus.

A brief assessment was conducted in the four IFHP focus regions (Amhara, Oromia, SNNP and Tigray) from October 15 to December 15, 2012 with the aim of assessing the level of support to the public system; identify the gains and short comings to inform actions before the life cycle of the project. The assessment covered nine zonal health departments, 15 woreda health offices, 15 health centers, and 15 health posts. Each level of the health service was assessed by using existing standard checklist. The findings in the visited institutions and facilities proved that performances in the services have consistently improved.

Of the visited 54 health institutions and facilities, 49 (90.8%) had active and properly functioning management teams. The management bodies document their plans and decisions and share with staff. They measure performances based on set criteria and award best performers (provides certificates, material award, career award etc.).

Fifty-two health institutions (96.3%) owned up-to-date minimum wall charts and monitoring charts and used them for action taking. ISS and performance review meetings were well planned and carried out by all. Most (76%) health facilities conducted regular review meetings (three to four times) with their own cost and some financial and logistic support from partners like IFHP. All used standard manuals and checklists to conduct ISS and review meetings. All manuals and guidelines were available and shared among staff as references and some facilities have established mini-libraries.

The implementation of the reformed HMIS at the visited zonal health desks, woreda health offices, and health centers is more or less complete. Recording and reporting, measured in terms of timeliness, completeness and accuracy, are within the expected standards. PHCU link has improved and every assigned staff is regularly supporting his/her catchment. During the visit, most health workers were observed mentoring and supporting their catchment health posts.

All woreda health offices facilitated the implementation of health care financing and 13/15 (86.7%) health centers implemented it. The utilization of the revenue for improving quality of care is also progressing well. Request and report forms for drugs, medical supplies and instruments were being used in all woreda health offices. The health centers and health posts also properly and regularly implemented the procedures and managed stockouts well.

It is now evident that the public health system is gaining strength and better organized to manage and deliver services. Early signs of ownership and sustainability are also being observed. Access to, and coverage and utilization of existing basic health services are accelerating.

In the visited facilities, the average achievement is encouraging in interventions such as latrine coverage (96%) and utilization (78%), EPI (Penta 3 - 88%), FP (65%), skilled birth attendance (38%) and coverage of IMNCI (86%), and ICCM (94%).

During the assessment, the health institutions expressed appreciation for the response and support they received from IFHP through its regional and zonal cluster offices. It should be noted, however, that the public sector is always in the forefront to foster partnership with programs such as IFHP and others. Finally, it should be duly noted that the support should continue to promote the responsibilities of the public sector for sustainability.
Working on Gender to Address Reproductive Health Problems of Women and Girls

Gender is recognized as one of the key social determinant of health. It is all about socially constructed values and norms. These values and norms affect our mind-set, which governs our day to day behaviors, roles and relations as men, women, boys or girls. It is reflected in every aspect of human life creating or denying opportunities, determining vulnerabilities and risks. Apart from the natural differences between men and women, gender related perceptions and practices determine the overall health and wellbeing of individuals.

In many instances, gender norms and values give lesser positions to women as compared to men. As a result, girls and women become vulnerable to various types of health risks such as Harmful Traditional Practices (HTPs) which includes early marriage and Female Genital Mutilation (FGM) resulting in serious health consequences. However, this does not mean that boys and men never experience difficulties as a result of social values and norms related to gender. Men and boys are encouraged to practice risky behaviors that endanger their health. For example, in many cultures, men are expected to have multiple sexual partners as a sign of prestige and to prove their virility. This puts them at risk of contracting sexually transmitted infections including HIV. They are also expected to be aggressive and dominant in their relations with women, which are the main reasons for violence against women.

Recognizing the effect of gender related problems on the health of families, IFHP through the technical and financial support of USAID as well as private donors, has been intervening at the community and health facility levels to increase awareness on gender. IFHP gives particular focus to the abandonment of HTPs and Gender Based Violence (GBVs), specifically early marriage and FGM. The focus on these two HTPs is mainly because of their critical implication on the reproductive health of women and girls. IFHP targets women with fistula, enabling them to get access to treatment services. Following treatment, support is provided to survivors of fistula to re-integrate them back in to their communities. The support includes; enabling them generate income to make them economically self-sufficient. Scholarship opportunities are also provided for poor girls who escape early marriage.

To do these activities, IFHP implements various strategies. It closely works with the Gender Directorate at the MOH and builds the human resource capacity at woreda health offices and PHCU's. To this end, the program has been providing gender mainstreaming and fistula diagnostic trainings to health managers and health service providers, respectively. At the community level, IFHP collaborates with regional health bureaus and women Affairs offices in conducting extensive community mobilizations to raise the awareness of the community on the negative impacts of GBV specifically HTPs. It also orients and deploys community and religious leaders, and law enforcement personnel to condemn and discourage such detrimental practices.

Results of the above interventions have been very rewarding. So far, IFHP has trained and deployed 1,775 health care managers and health care providers on gender mainstreaming and 150 health care providers on primary fistula diagnostic skills. In addition, 2631 religious leaders and kebele administrators were provided orientation on GBV particularly HTPs. The total number of fistula victims identified, referred and repaired since the inception of the program is 2,403.