Health managers and professionals from MCHIP/JSI in Yemen and Washington DC visited IFHP’s program support area of Haro Jila Fulasa Kebele in Sebeta Hawasse Woreda of Oromia on 7th April 2014. The visitors came to learn from Ethiopia’s experience in expanding primary health care to rural communities through the Health Extension Program (HEP). The 13 visitors listened to presentations by the woreda health office, health extension workers, and IFHP. After having visited model households in the village, the visitors said that they were particularly impressed with the strong primary health care unit link between health posts and health centers; the woredas commitment to support health facilities; and the role played by health development armies. They also expressed their impression about IFHP’s comprehensive MNH implementation approach that ensures the continuum of care from households to primary hospitals.

IFHP launched a pilot project named m4Youth that utilizes short message services (SMS) to provide information covering all aspects of family planning, reproductive health, HIV/AIDS and other health issues pertinent to the youth. The project has been integrated with IFHP’s existing adolescent and youth reproductive health (AYRH) intervention to reach young university students with sexual and reproductive health messages. The pilot project was launched on April 23, 2014 at Adama Science and Technology University (ASTU) in the presence of university officials, Pathfinder senior management, peer educators and university students. Mobile phones are promising tools for sharing quick and reliable health information and the youth perceive them as more confidential than face to face communication at clinics.

Gender Mainstreaming Manual Launched

IFHP, as a member of the national gender and health technical working group, participated expensively in the overall process of the development of the Health Sector Gender Mainstreaming Manual which was launched on 9th April 2014 by the Ministry of Health. During the launching in the presence of various government sector offices, Dr. Amir Aman, the State Minister, stated that the country has ratified various international gender-related agreements and integrated them to health development programs. According to the State Minister, health programs and policies should be designed considering the indispensable role of women to achieve the health MDGs and to ensure accessibility of health care services to the society. Dr. Amir affirmed the government’s commitment to work aggressively to mainstream gender in health programs at every level for equitable health service provision. The manual presented and extensive analysis on gender issues in the health sector that laid a ground for identification of gender responsive interventions.

Officials and Health Professionals from MCHIP and USAID in Yemen and Namibia Visit Ethiopia’s Community-based Services

Health managers and professionals from MCHIP/JSI in Yemen and Washington DC visited IFHP’s program support area of Haro Jila Fulasa Kebele in Sebeta Hawasse Woreda of Oromia on 7th April 2014. The visitors came to learn from Ethiopia’s experience in expanding primary health care to rural communities through the Health Extension Program (HEP). The 13 visitors listened to presentations by the woreda health office, health extension workers, and IFHP. After having visited model households in the village, the visitors said that they were particularly impressed with the strong primary health care unit link between health posts and health centers; the woredas commitment to support health facilities; and the role played by health development armies. They also expressed their impression about IFHP’s comprehensive MNH implementation approach that ensures the continuum of care from households to primary hospitals.

In a related development, Ms. Molisa Manyando, Senior Specialist for Care and Nutrition, and Ms. Johanna Haimane, MCHIP Regional Extension Officer from USAID and MCHIP in Namibia visited Kacha Bira Woreda of Kembata Tembaro Zone in SNNPR on 29th April 2014 to learn about the HEP. The delegates visited IFHP and L10K’s intervention areas, Walana Health Post, Germame Gale Health Post and households which benefited from the programs. They also visited Shinshicho Health Center and listened to a briefing on the concept of Primary Health Care Unit. After completing their visit...
**EDITORIAL VIEWPOINT**

**Moving from Commitment to Action**

It is known that both males and females face health disparities; however, globally girls and women experience the bigger share of health disparities because patriarchal ideologies and practices in societies that make women more vulnerable to abuse and mistreatment. Historically, women have been given very low position in society as manifested by poor socioeconomic status, lack of power in household decision making, limited participation in politics and leadership, and even inability to make decisions in their reproductive lives. Women are limited from getting opportunities such as education and employment, which would have improved their access for better health care. As a result, women and girls become susceptible to illnesses and early death. This is especially true in developing countries like Ethiopia.

The World Health Organization defines health disparity as the difference in health care received by different groups of people that are not only unnecessary and avoidable but also unfair and unjust. The existence of health disparity infers that health equity does not exist.

Gender mainstreaming can help in identifying disparities and exert efforts to narrow such gaps. It does this through two approaches: programmatic (or operational) gender mainstreaming and institutional gender mainstreaming. Gender mainstreaming provides tools to reduce the harmful effects of the determinants of health. It is an internationally accepted strategy that aims to institutionalize gender equality across sectors.

IFHP, cognizant of the health burden of women and as part of its commitment the need to improve the health of women, has been cautious in ensuring the participation of female health workers in its different trainings programs. It also disaggregates its performance data by sex to monitor how much women are benefiting from the program. IFHP’s intervention on gender include capacity building for health care providers and managers on gender mainstreaming in the health sector; sensitization of religious and community leaders and health extension workers on gender and harmful traditional practices; supporting early marriage cancellation committees; fistula case identification and referral for treatment; capacity building for fistula diagnosis skills for health care providers in health centers; and technical and financial support for the MOH Gender Directorate.

IFHP recognizes that the recently issued gender mainstreaming manual of the MOH gives impetus to the gender mainstreaming efforts within the health sector in general and to IFHP’s gender activities in particular. The program has contributed to the development of the manual and will work to its full scale implementation in the future.

Program implementation requires the concerted effort of everyone involved and this has been true in the entire project life of IFHP. Drivers, among other support staff, play a great role in IFHP in a manner that it does not affect their primary responsibility. The recent accomplishment of drivers in one of IFHP’s regions, SNNPR, testifies to that. The program office in SNNPR provided training for its drivers after they expressed interest to engage in maintenance and assembly of medical equipment and repair of refrigerators. The training was coordinated by IFHP and the SNNPR Regional Health Bureau (RHB) and facilitated by the senior biomedical equipment technicians of the RHB. The training was intended to enable drivers assist the technical officers during follow up visits and on the job support sessions. Following the training, the drivers began working alongside health workers in health centers and health posts to repair non-functional refrigerators and assemble new delivery coaches, patients’ beds and wheel chairs found in health facility stores. Ever since they acquired this new skill, the drivers repaired 54 refrigerators and assembled 6 delivery coaches, 5 patient beds, 7 wheel chairs, 8 infant radiant warmers, 7 sterilizers, 6 trolleys and 4 weight scales. They also participated in the recently conducted cold chain campaign held by the SNNPR RHB and worked alongside the biomedical technicians from the RHB, woredas and hospitals during the campaign. The drivers provided this additional assistance voluntarily when they were not engaged in their primary responsibility of providing transportation service for program activities. This combined effort has proved useful in accelerating the health services provided to families and communities.

**The Role of Support Staff in Program Implementation**

Program implementation requires the concerted effort of everyone involved and this has been true in the entire project life of IFHP. Drivers, among other support staff, play a great role in IFHP in a manner that it does not affect their primary responsibility. The recent accomplishment of drivers in one of IFHP’s regions, SNNPR, testifies to that. The program office in SNNPR provided training for its drivers after they expressed interest to engage in maintenance and assembly of medical equipment and repair of refrigerators. The training was coordinated by IFHP and the SNNPR Regional Health Bureau (RHB) and facilitated by the senior biomedical equipment technicians of the RHB. The training was intended to enable drivers assist the technical officers during follow up visits and on the job support sessions. Following the training, the drivers began working alongside health workers in health centers and health posts to repair non-functional refrigerators and assemble new delivery coaches, patients’ beds and wheel chairs found in health facility stores. Ever since they acquired this new skill, the drivers repaired 54 refrigerators and assembled 6 delivery coaches, 5 patient beds, 7 wheel chairs, 8 infant radiant warmers, 7 sterilizers, 6 trolleys and 4 weight scales. They also participated in the recently conducted cold chain campaign held by the SNNPR RHB and worked alongside the biomedical technicians from the RHB, woredas and hospitals during the campaign. The drivers provided this additional assistance voluntarily when they were not engaged in their primary responsibility of providing transportation service for program activities. This combined effort has proved useful in accelerating the health services provided to families and communities.

**Gender ...**

Cont. from page 1

IFHP will continue to support regional level launching and implementation of gender mainstreaming interventions in the health sector.

---

**Producers and Editorial Committee:**

Dr. Tesfaye Bulto          Zergu Tafese
Tariku Nigatu            Dr. Kidest Lulu
Abdusemed Mussa          Salem Melaku

During the meeting on the first day of the visit, Ato Beshir Edeo, Administrator of Arsi zone appreciated IFHP’s contribution in bringing the required health seeking behavior at community level through training and material support. He welcomed the visitors and wished the visit to be a successful one.

Dr. Mengistu Asnake, IFHP’s Chief of Party and Country Representative of Pathfinder International-Ethiopia, on his part said IFHP will continue to provide its support to the health sector in order to fulfil the country’s health sector development program. Committee members visited health posts, health centers and model households and talked to health providers, health extension workers and families.

The TAC, as part of its regular activity, reviews reports, makes quarterly visits to sites of IFHP operation areas, and convenes an annual stakeholder meeting to create opportunities for joint analysis and reflection on implementation.

The Oromia Regional Health Bureau gave awards to best performing zones during its annual review meeting, which was held from March 16-19, 2014. Of the 18 zones that contested for the award, West Arsi stood first for demonstrating outstanding performance in most of the health indicators, particularly in MNH services. The RHB awarded West Arsi Zone with computers to recognize the zone’s efforts and to encourage other zones for better future performance. Following the award ceremony, the West Arsi Zonal Health Office Head, Ato Feiysa, expressed his appreciation for the recognition and the award. He further took the opportunity to thank health partners whose contributions to the zone’s achievement have been tremendous. Ato Feiysa then presented IFHP with a certificate of recognition and cited the program as a front runner in supporting the implementation of health programs by the public sector. He also expressed his hope that the support and collaboration will continue in the future, too.

IFHP works in close collaboration with West Arsi and all the woredas in the zone in capacity building, provision of commodities and supportive supervision to improve and sustain maternal and child health services.

Community leaders participating in the discussion

The program gives special emphasis to physically disabled girls without other sources of financial support. “I have no words to express my gratitude for your timely support to a needy student like me,” said Eden Kassa, first year blind female student at Hawassa University. The project is currently implemented in Mekele, Woldya, Hawassa, Adama Science and Technology and Dilla universities.

Officials ...
Cont’d from page 1

the delegates appreciated the contribution of the health extension workers in improving family health issues. “It was a wonderful and enlightening experience with so many lessons for us,” said Molisa Manyando. On behalf of MCHIP/Namibia, Styn Jamu, the Chief of Party, in his message to IFHP extended his gratitude and noted that the study tour was timely as it coincided with the deployment of 563 HEWs - the first large contingent of HEWs in Namibia. Presently, the Government of Namibia is planning for a nationwide expansion of HEP by 2016 to all of its regions.
Sheik Fuad is a well-respected imam—an Islamic religious leader—in rural Adele, a predominantly Muslim community near Harar town of eastern Ethiopia. Like his father Sheik Abdulkadir, who was also an imam, he believes that much is expected from him in terms of serving his community and giving guidance in all aspects of life to followers of the religion.

In Adele family planning/reproductive health (FP/RH), and basic education about health issues were not topics worth discussing among imams and the laity. After, Imam Fuad attended a seven-day training jointly organized by IFHP and the Ethiopian Muslim Development Agency (EMDA), he learned about the importance of FP/RH, and how certain practices like birth spacing can improve the health of mothers and children. He also learned about other health issues, including malaria and HIV, and how to help his community addresses these challenges. Imam Fuad then began to realize that high rates of fertility contribute to maternal and child deaths. He has also been given a very important eye opener (the Fatwa Declaration, which was sent to him from the National Council of Ulammas of the Ethiopian Islamic Affairs Supreme Council. The Fatwa Declaration approves use of modern family planning with the exception of permanent methods. The Declaration discusses important issues pertinent to family health and gender equity within the context of Islam. It is a compendium of scholarly works by intellectuals of the religion. “I never knew we had such rich resource in this regard,” he recalls.

Imam Fuad emerged from the workshop with an energetic desire to spread the crucial health information to as many people as possible. He organizes a session before the weekly Friday Sermon for the entire village in which he explains that Islam accepts birth spacing and urges villagers to visit community health posts for these services. The Imam also teaches his community to refrain from discriminating against people living with HIV and to care for those who live with the virus.

He has very good relations with the health extension workers in the Village. “Whenever community members discuss the issue with me, I give them my advice and blessing so that they feel free to visit the health post. I started this with my own family because I am convinced of the health benefits of family planning,” says the Imam. “My daughter is married and is 20 years old. She and her husband have two children in their two and half years of marriage. I advised the couple to use FP and space births for the future. She is now on implant and safe for the coming three years” he continues “I keep telling this as an example to every villager who asks me about this issue. It is true that Islam teaches about the health of mothers and children. I will keep on telling the truth.”

His influential words and actions are already making a difference. Mesret, the HEW from the local health post remarks that before the interventions of these religious leaders, many were ashamed of asking for the service for fear of rejection by community members. However, because of religious leaders like Imam Fuad, the number of families utilizing services at the health post is increasing.

EMDA, one of implementing partner organizations of the USAID funded IFHP, has played a crucial role in assisting the Ethiopian Islamic Affairs Supreme National Council and National Council of Ulammas, the most influential group of Muslim religious scholars and leaders in the country, to issue a national Fatwa on FP/RH.