Integration of Family Planning and Maternal and Child Health Care Services

By Dr. Merce Gasco, IFHP

The importance of integration as a key component to providing comprehensive maternal, newborn and child health (MNCH) and family planning services was highlighted by the 1994 International Conference on Population and Development (ICPD) in Cairo, the 2000 Millennium summit on Development Goals for maternal health, as well as USAID’s Global Health Initiative (GHI).

Recently, Dr. Khama Rogo from the World Bank, noted at the International Family Planning Conference in 2010 that, “family planning is to maternal health, [what] immunization is to child health”.

In Ethiopia, the Health Extension Program with its Health Extension Workers are offering quite a diversified but integrated package of family health services to the communities that they serve. But this integration should be extended along the primary health care unit and especially, at Health Centers.

Commonly, poor women spend their scarce resources more likely on their children and husbands than on themselves. For this reason, it is very important to ensure that family planning information, services and commodities will be available at each and every contact within the health system.

Integration of family health into other services increases the uptake of family planning. Moreover, it gives additional benefit to those women that, for different reasons, want to attend family planning services unnoticed.

Antenatal, immediate postpartum, post-partum and child immunization and other care visits, give a good opportunity to offer counseling and family planning services. The same providers that give immunization, child health or antenatal services can offer family planning services. This approach, which is working at least in one health center in West Harergae, uses the so-called Prevention Unit with two nurses to provide integrated services. The nurse, after addressing the main reason for the consultation, offers counseling and commodities, if this is the case, for the rest of the services: family planning, Immunization, antenatal, postnatal, nutrition, etc.

But in other health facilities, the health professionals providing immunization, or child care may not be able, for different reasons, to provide family planning methods. However, they may initiate the counseling and refer the woman to the unit providing the services.

There are also some facilities where health providers other than family planning are too busy or their offices too crowded to provide even counseling. Their only contribution may be to advise the woman to receive counseling at the nearby unit.

Antenatal and postpartum visits provide many opportunities to talk about family planning and identify the
Why we need to integrate health services
Dr. Merce Gasco, IFHP

This issue of “Yebeteseb Mela” is dedicated to the topic of integration of family health services including STIs and HIV and AIDS.

In Ethiopia, while all family health services (maternal and newborn health, family planning, child health, etc.), are provided in an integrated way by the frontline health providers, the Health Extension Workers (HEWs), the integration at health facilities - Health Centers, is more complex.

Integrating services is not a new strategy. For many years, and especially after the expansion of the HIV and AIDS services, an international effort to promote integration of services has been consolidated and many approaches are being tested and evaluated.

Arrays of reasons justify the importance of integration but maybe the most important one is, the option to receive additional information and counseling about other reproductive health issues, while consulting for a different issue. Integration maybe the only opportunity for many, and especially for women, to obtain services that they need but they cannot afford. Integration, in most of the cases, saves money, time and other resources for both the client and the health system.

Integrated health services is a way to avail comprehensive package of quality primary health care services in one place, at one time. In some situations, it is the same provider who may offer complementary services during the consultation. In others, a well-established functional integration of all the services available at the same health center may be the best approach. The level of integration however, may vary from one facility or service to the other in accordance to specific conditions.

It is crucial to keep in mind that integration is only a strategy to facilitate access to the full range of family health services, capture new clients for services like family planning or VCT and increase the cost effectiveness of the health system with the ultimate goal to have more satisfied clients. For this reason, it is of capital importance to plan carefully new integration measures, and ensure that the integrated measures are fully accepted by the health providers and administrators. They will need to receive appropriate training or refresher training, additional equipment and supplies (if needed) and, that those new measures do not diminish but improve the quality of the original service. Hence, different scenarios, may require different levels of integration but in all cases appropriate administrative measures need to be implemented to ensure that client records, data collection and registration tools are paired with the new circuits or services.

In Ethiopia, where health centers provide most, if not all of the basic primary health care services in the same compound, it seems that the best approach to provide the option to access other basic family health services at any and every contact is the functional integration of services. With this approach health providers at health centers, only need to suggest the option to receive information, counseling and, eventually, commodities to their clients.

It is worth mentioning that any integration measure in health service provision should be accompanied with a revision of the client flow to accept referrals the same day, review the client circuits at the center, and the revision of records and registration forms to minimize delays due to administrative procedures.

Integration ... (Cont. from page 1)

most suitable method available for each woman. Postpartum is the right time to provide information about Lactational Amenorrhea Method (LAM) and the right way to use breastfeeding as family planning method. The immediate postpartum is a good time to insert an Intra Uterine Contraceptive Device (IUCD).

Child Health clinics, including immunization units, are excellent places to attract new family planning acceptors because, virtually, all mothers shall contact the health system for immunization of their children or because their children are sick during the first year of life.

The immunization visits offer a great opportunity to provide counseling and commodities. These visits occur during the first year postpartum and mothers are not anxious since it is a preventive measure. It is a perfect time, for the mother and the baby, to introduce the benefits of optimizing spacing between pregnancies. If all births were at least two years apart, nearly a million infant deaths would be prevented each year.

The provision of maternal and child care, family planning, nutrition and other health services in an integrated approach is in the best interest of women and families. It would increase the impact of health services, facilitate the flow through different services, savings for clients and, after the initial investments for the health system too.

In summary, the integrated approach may not always be feasible at facility level due to lack of adequate space, the need for additional training, and managerial and supervisory skills.

But what is usually doable is to ensure that:
1. providers at facility level are motivated to provide family planning services, and
2. each facility with its health providers face the challenge for services integration, identify the contents of each component that can be provided at each entry point of the facility (from a simple information about the services that can be found at that facility to real counseling and provision of family planning methods) and, design specific circuits in each health center to ensure that each and every woman that contacts the health center will have the option to receive counseling on a family planning method if this is her desire.
May 24 – 29, 2011 ‘Operational Health Research Methods’ training was given by the Addis Ababa University, School of Public Health in Adama town. It was sponsored by Integrated Family Health Program (IFHP) with the objective of providing knowledge and skills in operational research methods for program staff of Oromia, Amhara, Tigray and Southern Nations, Nationalities and People’s Regions — Regional Health Bureaus (RHB) and that of IFHP.

One of the program results to be achieved in the five years program of IFHP is ‘systematic program learning to inform policy and program investment’. Thus, to realize this objective and to continue encouraging undertakings of operational research and inform policy and program investment on challenges and successes so far, this six day training was organized.

A total of 24 participants attended the training. Commencing on how to develop a problem statement the training worked through the whole research cycle up to proposal development. Participants acquired basic knowledge and skills in research methods and proposal development. Each regional team and the country office of IFHP developed the following draft research proposal:

1. **Oromia**: Utilization of PMTCT services among ANC attendants at Health Centers providing PMTCT.

2. **Amhara**: Assessment of factors associated with method shift from short acting to long acting contraceptive methods.

3. **Tigray**: Assessment of factors that influence skill delivery service among mothers visited EPI service for under one year old.

4. **SNNP**: Assessment of health care seeking behavior of care givers for common childhood illness.

5. **Country office**: Assessment of barriers of male involvement in supporting partners to access institutional delivery.

These draft proposals will be finalized with the School of Public Health mentoring the participants and the assessments will be carried out in the coming year. Following data collection, the School of Public Health will give further training on data analysis and report writing to ensure proper completion of the research work.

The trainees are expected to further refine the research proposals and conduct their field work, as per the details stipulated in the proposals, in a period of four to six months. This will be followed by analysis and interpretation of results which will be presented as a final report including recommendations for solving the identified problems and plan of action for implementation.

It is, therefore, hoped that the training will have improved the knowledge and skills of the trainees to better understand the contribution of operation research in solving priority problems in the health system.
Journalists Trained on Family Health Issues

By Abdusem Mussa, IFHP

The role of the media as an interface to create greater awareness and facilitate changes in society has been recognized by many. This is evident in the battle fought to reduce maternal morbidity and mortality resulting from various reproductive health problems, and also in the promotion of modern family planning, maternal health, child health immunization and nutrition services.

IFHP seeks to improve the quality of life of women and children by increasing access to information on family health which includes maternal, new born and child health, family planning, HIV/AIDS, and harmful traditional practices. This was recently emphasized during regional trainings organized by IFHP for journalists to create awareness on family health issues in the country and thereby garner support for the ongoing health extension program of the Ethiopian government.

Four training sessions for media professionals working in Amhara, Oromia, Tigray and SNNP regions was conducted from May to June 2011. Each training which lasted for four days, was coordinated in close collaboration with relevant government offices including Regional Health Bureaus, Regional Government Communications Affairs Office and Regional Mass Media Agency. The training was attended by a total of 125 journalists drawn from each region.

The training involved intensive discussion and joint practical work, followed by field visits to community and facility based health services. News on the training program and its significance was reported on a number of media stations. Television and radio programs on family health which included interview of health service providers were prepared by the participants and casted as live programs as part of the training exercise.

In his opening statement at one of the training programs, Dr. Mengistu Asnake, Chief of Party of IFHP said, "We know that health information is forwarded to the community through different media channels; it could be through health extension workers or through the radio. However, the issue is how to harmonize our messages and avoid confusion among recipients". He encouraged participants to use the training as an opportunity to rekindle their relationship with each other, with relevant key partners such as the regional health bureaus and with non-governmental organizations.

Dr. Assefa Sine of Addis Ababa University, School of Public Health who was one of the trainers, stressed the role of journalists as agents of social change. He stated the need for journalists to increase awareness of family health services, as well as increase support for the new family law of the country which gives emphasis on issues of reproductive health problems.

Another trainer, Genet Mengistu, Director of Population Directorate, Ministry of Finance and Economic Development, on her part said, "Colleagues, your role in national development cannot be over emphasized. You are a very important link in the promotion of the health of the citizenry. You are development journalists, so keep it alive". She discussed with trainees issues of population and development stressing the fact that a healthy nation is a wealthy nation.

At the end of each training journalists resolved to involve more meaningfully in the implementation of the national health extension program and support efforts made in improving status of family health in rural communities of Ethiopia. Action points were drawn as the way forward in ensuring implementation of a collaborative work plan. Four regional networks of local media were also established and they are expected to be instrumental in strengthening exchange of information for future program development.

Looking into Model Family Program

By Adey Abebe, IFHP

The Ethiopian Government Health Sector Development Program (HSDP) aims to expand primary health care through the Health Extension Program (HEP). The HEP focuses mainly on providing quality, promotive, and preventive health care services in an accessible and equitable manner to all segments of the population. The program is put into practice by Health Extension Workers (HEWs) who train and graduate what are known as model families in the communities.

HEWs train households for three months. At the end of the training, families that implement all of the expected health practices graduate and receive a certificate recognizing them as model families. Some of these health practices are construction of pit latrine, separate dwellings for people and cattle, use of fuel saving stove; keeping personal hygiene a healthy home environment; ownership of insecticide treated net, availability of narrow-necked water container, immunization (for infants as well as mothers), use of family planning service, etc.

It is now six years since the HEP has been implemented and training of model households has been taking place. As part of its support towards the implementation of the HEP and model family training in particular, IFHP in collaboration with the SNNP Regional Health Bureau undertook a study to examine the sustainability of maintaining model families and the challenges of maintaining healthy behavior and practices by communities in SNNP region.

The study was undertaken in selected four Woredas of Kembata and Tembaro and Wolayita Zones of Southern Nations, Nationalities and People’s Region. This comparative study looks into issues of child feeding practices and immunization, family planning and uptake of HIV counseling and testing between model and non-model families. It also examines implications of certificate ownership and year of graduation.

The study clearly depicts how model families perform significantly better than non-model families.
**Muslim Religious Leaders, Partners in Reproductive Health**

By Abdusemed Mussa, IFHP

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**How many of us know this?** Poor people value the guidance of religious and community-based institutions above all others. According to the World Bank research report, "Voices of the Poor".

Despite this, survey results prove that most often, religious leaders either misunderstand family planning, or consider it unacceptable. They believe that their role in promoting family planning should be limited, and some feel that men should make all the decisions when it comes to family planning matters. The situation among many Ethiopian Muslim religious leaders is not far from this reality.

Ethiopian Muslims Development Agency (EMDA) has been working since 2003 on improving family planning and reproductive health practices among the Muslim communities in the country. EMDA is the development wing of the Ethiopia Islamic Affairs Supreme Council (EIASC) which is the principal organ to give spiritual guidance to Ethiopian Muslims.

During this period EMDA with support from donors organized various international study tours for Muslim religious leaders to Islamic countries to enable them to witness how modern family planning and reproductive health is promoted by religious leaders of these countries, and to see the achievements gained. Additional efforts were also made: organizing consecutive awareness raising workshops and inviting Islamic religious scholars and professionals from Tunisia and Egypt to share their knowledge and experience with prominent religious leaders from all over Ethiopia including EIASC members, mosque imams, Ulammas, women groups and the youths.

EMDA has recently joined IFHP as one of its 13 Implementing Partner Organizations (IPO). The main objective of the two year bilateral project agreement is to assist EIASC’s National Council of Ulammas, the most influential group of Muslim religious scholars and leaders in the country, to issue a national fatwa (religious decree) on reproductive health and family planning, which is expected to be a landmark event. IFHP believes the fatwa will be a major breakthrough towards improving family planning practice among Ethiopian Muslims and consequently help to reduce maternal and infant deaths.

The project also aims at training religious leaders and women teachers of Islam at national and regional levels on RH/FP and other matters of relevance. It will also pilot community level awareness creation sessions in eight operational woredas of Amhara and Oromia regional states through peer education/counseling and community dialogue approach.

As part of their training, these leaders will learn how to best communicate with youth, men, women and newlyweds. They will spread family health messages to their followers through counseling, sermons, and public meetings, bolstering their lessons with verses from scriptures, including a verse in the Holy Koran and teachings of the Prophet Mohammed. The support of the religious leaders will be invaluable in assuring rural communities that modern family planning and reproductive health teachings are consistent with their religious beliefs.

EMDA has officially launched the project on May 04, 2011 at national level where Sheik Ahmedin Sheik Abdulahi, President of EIASC, stated, “We have learnt a lot from the previous meetings. Our perception on family planning was wrong” Referring to previous efforts carried out by IFHP he said, “now it is our turn to carry out our responsibility of sharing what we know with our fellow Muslim brothers and sisters”. Similar program launching was carried out in the four regional states of Amhara, Oromia, Tigray, and Southern Nations and Nationalities and People’s regional states to gain popularity and support from local religious leaders. So far the responses from local religious leaders have been very encouraging. “We are very eager to have the Fatwa issued from the National Council of Ulammas. It will be our obligation to then pass on religious guidance to the communities” said Sheik Omar Shiferaw, an elderly religious leader who participated at the regional launching workshops held in Dessie town of Amhara region.

IFHP has committed itself to work hand-in-hand with EMDA on this pilot project with the hope of expanding it to other parts of the country based on lessons and experiences to be gained from this two year program. Projects with similar objectives and with leaders of other religions will continue to be of interest to IFHP in its future endeavor.

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**Looking into... (Cont. from page 4)**

families in several health and health-related practices maintaining a good percentage of the health practices after graduation. This is attributable to the amount of time HEWs spend on model family training and follow up and external support provided to the model family program. Nonetheless, there are few practices that households are not able to maintain after graduation. These are for instance, use of fuel saving stove and shelves to store their utensils.

To sustain the practice of positive health behaviors, the quantitative study proposes:

- Providing all graduating families certificate since it improves family esteem and encourages them to practice.
- Provision of uniform curriculum for HEWs on model family training and after the training allocation of sufficient time for follow-up.
- Providing regular refreshment training of model families.

The study by including a qualitative analysis is hoped to be concluded and its results released shortly by the Monitoring and Evaluation Team of the IFHP.
Regional Updates

HMIS REFORM SCALE UP
Oromia Experience

By Salem Melaku, IFHP

In early 2010, when the Oromia Regional Health Bureau (ORHB) did its regular performance review, it discovered that the Health Management Information System (HMIS) roll out needed to be strengthened in order to achieve its intended purpose. The ORHB held a meeting with selected partners to discuss the issue and solicit assistance that was expected to manifest in financial support, procurement of equipment for facilities, and hiring of IT personnel for the public sector. IFHP, as one of the invited partners, expressed its readiness to support in the scale up but spelled out the mandate in which it can forward support for a comprehensive intervention of capacity building and for better use of data for decision making.

The preparation of the IFHP phase II work plan paved the way for the inclusion of the reformed HMIS scale up and technical support in the plan of IFHP Oromia committing to train over 10,000 health professionals and support staff.

The ORHB was pressured to complete the training of health professionals by June 2011. Upon the written request by the ORHB, IFHP committed to provide training to health professionals, and assist technically. However, three elements needed to be taken care of if the reform was to be a success.

First, IFHP needed to develop its own capacity to roll out the training for which it had to seek assistance from JSI/HMIS partner. It was arranged with the JSI/HMIS Scale up project to train IFHP staff in HMIS scale up and to utilize the training materials.

Second, was that there were prerequisite to be fulfilled to roll out the training: 1) all woredas, zones and health facilities should assign an HMIS focal person; 2) they should have computers; and 3) these institution should have shelves for storing HMIS records. Three zones in the IFHP catchment area, North Shoa, Arsi and West Arsi, were selected for the roll out having fulfilled the stated criteria.

Third, was to address the concerns raised by the ORHB in relation to uniformity and consistency of the training materials, the training approach, and the duration of the training. In response to this, an experience sharing visit was organized with the JSI/HMIS Scale up project to train IFHP staff in HMIS scale up and to utilize the training materials.

Following the understanding that IFHP shall roll out the reformed HMIS in the specified zones as per the tripartite agreement between Oromia RHB, IFHP and JSI/HMIS, IFHP collaborated with JSI/HMIS.

MATERNAL AND NEWBORN HEALTH
Tigray Experience

By Awala Eqar, IFHP

Following the agreement reached between IFHP and Tigray Regional Health Bureau, Maternal and Newborn Health (MNH) activity in Tigray was initiated in five Primary Health Care Units (PHCUs) found in five woredas of Central Zone of Tigray: Enticho, Adwa, Edaga Arbi, Wedi Keshi and Rama HCs from Ahferom, Adwa town, Werie-leke, Adwa rural and Mereb-leke woredas.

The MNH activity in Tigray began in March 2010 with a launching ceremony and an orientation session for each woreda. Participants consisted of zonal administration officials, kebele representatives, health extension workers and health professionals from the selected woredas and health centers. Discussions focused on the magnitude of maternal health problems, possible solutions and the role of stakeholders to solve the problems. Similar sensitization meetings were held in some kebeles, too.

Following the sensitization meeting and a baseline assessment several activities were conducted. A training in Standard Based Management and Recognition (SBM-R) was organized for 27 people from woredas, health centers and the IFHP central and regional offices. Another training in Basic Emergency Obstetric and Neonatal Care (BEmONC) was provided to 16 midwives. Fifty six health extension workers and their 27 supervisors were also trained in selected maternal and newborn health communication skills.

Tigray IFHP office provided on-the-job support to the health professionals after the technical training. The PHCU has put in place a clear mechanism of identifying, recording and follow-up of pregnant mothers through the pregnancy, delivery and post-partum period. The facility sends reminders to families and the woreda administration as the due date of expecting mothers approaches.

An improved referral system is established where health extension workers can make a phone call to the health center and hospital to request for ambulance to transport expecting mothers to health facilities. Moreover, all sectors avail their vehicles to transport pregnant women whenever requested. Emergency committees and emergency kits are also made ready to handle any emergency situation related to pregnancy and child birth. During delivery, mothers are allowed to deliver in a position they prefer including that of squatting. Mothers are then provided with adequate soap and water to bathe after delivery. Husbands are invited by the facility, in writing, to accompany their expecting wives during antenatal care and another letter is sent to congratulate them after the delivery.

In addition to the capacity building interventions, the local community has created a woman friendly environment to encourage pregnant women to deliver at the primary health care units. The local community has established a committee that facilitates transportation including
USAD AND EMBASSY PAY A VISIT TO SHEBEDINO
By Salem Melaku, IFHP

The US Ambassador to Ethiopia, Donald Booth, the Director of USAID’s Mission to Ethiopia, Thomas Staal and other USAID officials paid a visit to Leku Health Center of Shebedino Woreda in SNNP to see the impact of the assistance provided by the US government in the health sector. Welcomed by the Sidama Zone Health Desk and the Leku Health Center Head, the visiting team were informed of USAID’s contribution in increasing the availability and quality of maternal and child health services, products, and information through the USAID-funded Integrated Family Health Program. The team appreciated all the effort exerted by the program in fostering improvement in families benefiting from the intervention.

Leku Health Center avails promotive, preventive and curative health services to a population of 57,000. It manages six satellite health posts having two health extension workers in each. The IFHP works closely with the Sidama Zone Health Department to bring improvement in the health of the community.

IFHP SPONSORS RUNNERS IN THE ETHIOPIAN GREAT RUN IN HAWASSA
By Salem Melaku, IFHP

Every One was the name of the Ethiopian Great Run organized and conducted in Hawassa, capital of the SNNP Region, through the partnership of Haile Resort (owned by the renowned Ethiopian Athlete Haile Gebresellassie) USAID, Save the Children, and other health partners. The run, which took place on May 1, 2011, was part of the global campaign dedicated to promoting maternal and child health— the most vulnerable group to health problems. The event emphasized that everyone concerned should work towards the reduction of maternal and child morbidity and mortality. Prior to the run, organizing partners expressed, in a press conference, their commitment to attending to maternal and child health issues in their respective intervention areas. In the spirit of supporting the campaign, the USAID-funded IFHP supported the participation of 50 adults, 200 youths and 250 children in the different categories of the run. SNNP IFHP office mobilized the community for the cause. It transmitted messages through its mobile van and organized circus groups who entertained the gathering through various shows promoting maternal and child health. A brochure describing the maternal and child health interventions of IFHP was also distributed to participants. The day was doubly important as USAID celebrated its 50 years of operation in Ethiopia.
Regional Updates

HMIS REFORM.... (Cont. from page 6)
Project and adopted training materials to the Oromia context and IFHP funded the printing of these materials. The materials needed for HEW supervisors are currently being translated into Afan Oromo. Oromia/IFHP was engaged in intensive training during the months of February through May 2011 in the specified zones. To-date Oromia/IFHP has trained a total of 2,627 health professionals and support staff: 1,506 in Arsi, 1,039 in North Shoa, and 82 in West Arsi.

As is the practice of IFHP, the trainings were followed by monitoring visits to review progress and to mentor implementers on the job. The biggest obstacle in HMIS scale up was the lack of reporting and recording materials. This called for discussion by the IFHP management and a decision was made to assist the zones in transporting these materials to ensure success in the scale up. IFHP covered the cost of transportation of the materials to 14 woredas in North Shoa and conducted a rapid assessment to ensure their proper allocation in the implementation sites. North Shoa is currently ready for the implementation of the reformed HMIS and the remaining zones will follow suit in due time.

One of the great achievements of IFHP-Oromia has been its commitment to play an active role in the formation of the reformed HMIS technical working (TWG) group. The TWG has the Oromia RHB as its chair, IFHP as the secretary (for one year) and Tulane, ICAP, Clinton Foundation and IPAS as its members. The term of reference for the TWG has been developed and the group meets every month to monitor the progress in HMIS scale up.

MATERNAL ... (Cont. from page 6)
stretchers to transport pregnant women to health facilities for delivery. Relatives are allowed to enter the delivery room with the delivering mother’s consent. The health facility also creates a conducive environment for traditional ceremonies to take place. The delivering mother is made comfortable in her room where relatives are gathered and elderly women are invited to pray for her while having traditional coffee ceremony.

The regional IFHP office has a plan to build skills of the volunteer women development army members so that they can mobilize and educate their communities about institutional delivery and its benefits.

Although the five PHCUs make every effort to provide quality health services, they are not without challenges. Water shortage is the biggest problem for the health centers. In some, transportation is inadequate. Others lack vacuum extractor, suction and infection prevention materials and laboratory reagents.

These PHCUs provide service to an estimated population of 193,642, of which 45,505 are women within the reproductive age group. There are an estimated 7,500 pregnant women benefiting from the intervention.

IFHP’S ASSISTANCE APPRECIATED
By Salem Melaku, IFHP
Dr. Merce Gasco, Technical Director and Deputy Chief of Party of the Integrated Family Health Program (IFHP) held talks with Ato Gizachew, Deputy Head of the SNNP Regional Health Bureau (RHB) on April 29, 2011.

Ato Gizachew, expressed his appreciation of support received by SNNP RHB from various projects of IFHP, DELIVER, L10K, HMIS and Urban Health Extension Program. He stated that the RHB is accelerating the expansion of health facilities. However, the region is faced with shortage of resources to furnish newly constructed health centers and health posts. Lack of water supply for health facilities, shortage of supply in Kerosene for the cold chain and transportation for health extension workers also remain to be challenges for the region. Dr. Merce mentioned that IFHP is ready to look into the possibilities of assisting the SNNP RHB to lessen the burden of these problems.

TRIP TO HUNGARY
By Tilahun Yimaldu, IFHP
Ato Tilahun Yimaldu, Regional Program Manager of the Amhara IFHP program office, traveled to Budapest, Hungary to attend a training entitled “Achieving Millennium Development Goals: Poverty Reduction, Reproductive Health and Health Sector Reform”. The training, which took place from May 2-6, 2011, was about the contribution of reproductive health in achieving the Millennium Development Goals and the level of attention given to the issue by policy makers of various nations. The training highlighted that all the eight MDG goals have a direct relationship with reproductive health and their achievement depend on the success of interventions in reproductive health areas. Participants of the training are expected to help policy makers of their respective nations give priority to reproductive health issues thereby improving the commitment of the public sector. IFHP will use the skills and information obtained from this training to bring the issue to the attention of the public sector.

Participants came from Nigeria, Uganda, Sudan, Kenya, Iraqi, Iran, France, Germany, India, Pakistan, Hungary, Philippines, Fiji and Belgium.
INTEGRATION OF HEALTH SERVICES
Women and child nutrition
By Mulu Gebremedhin, IFHP

PREGNANCY: A pregnant woman visiting the health facility can benefit from counseling on risk signs during pregnancy, delivery and antenatal period. She is informed about proper feeding and extra meals for herself and checked for tetanus toxoid vaccination, iron/folic acid supplementation, and de-worming. The woman receives information and services about using iodized salt, optimal breast feeding practices, infant feeding options, family planning, sexually transmitted infection prevention, safe delivery, voluntary HIV counseling and testing, safe sex, antiretroviral drugs, and insecticide treated bed nets.

DELIVERY: In addition to safe delivery services, counseling is provided to the mother on early initiation with colostrums, proper positioning and attachment of the breast, and vitamin A and iron/folic acid supplement. This is a perfect time for counseling on family planning, use of insecticide treated bed nets, sexually transmitted infection prevention, voluntary HIV counseling and testing, anti-retroviral drugs and infant feeding options.

POSTNATAL PERIOD: This is a critical time where the woman can be counseled on optimal breast feeding practices, exposing the baby to sunlight every day, ensuring the child’s vaccination and receiving vitamin A. In addition, the woman will receive information on using iodized salt and iron/folic acid supplementation, insecticide treated bed net, family planning, and learning about sexually transmitted infection prevention, voluntary counseling and testing and safe sex.

CONSULTATION AT HEALTH CLINIC: Health service providers check for danger signs, classify illness, treat according to the integrated management of newborn and childhood illnesses algorithm, and assess nutritional status of the child. The mother receives information about proper infant feeding, use of iodized salt, extra diet for the mother, use of insecticide treated bed net and services of immunization, vitamin A, de-worming, and growth monitoring. Assessment and treatment of infant’s anemia and family planning and STI/HIV are additional services the mother will receive.

IMMUNIZATION: Coupled with vaccination services, the mother is counseled on proper infant feeding, vitamin A, iodized salt, de-worming, insecticide treated bed net, and assessment and treatment of infant’s anemia. In addition, information is provided on extra diet for the mother, family planning services, sexually transmitted infection prevention, voluntary counseling and testing and safe sex.

The Ethiopian Public Health Association (EPHA) will be hosting the 13th World Congress on Public Health which will be held on April 23—27, 2012 in Addis Ababa, Ethiopia. The Congress has the theme of “Moving Towards Global Health Equity: Opportunities and Threats”.

The EPHA invites all those interested to submit their abstract until October 21, 2011 through its website: www.etpha.org/2012. All congress-related information can also be found on this website.

USAID Ethiopia’s Integrated Family Health Program (IFHP) has been a strong supporter of the Health Extension Program and works in collaboration with the Ethiopian Federal Ministry of Health.

Accordingly, with USAID funding, a documentary film with the title ‘Meeting Pathways’ has been produced by IFHP. This 18 min. film describes how the work of Health Extension Workers is positively impacting on communities. The film targets mainly the four largely populated regions of Ethiopia (Amhara, Tigray, Oromia and SNNP).

Copies of the film will be distributed shortly and those interested to receive a copy can contact IFHP—Communication and Awareness Creation Team.
STORIES FROM THE FIELD

Responding to a long awaited service

By Adey Abebe, IFHP

The landscape towards the north of Ethiopia is a hurdle. To get to Maiymado Health Center, in Ofla Woreda of Tigray region, especially during the rainy season is most challenging. Nonetheless, mothers with desperate need cross the distance with their children and wait to get health services.

Almaz Hailu is a 22 years old mother of one child. She is one of the health extension workers providing health services at Simret Health Post in Ofla woreda. Four years ago when she first arrived, the community in Simret kebele had no awareness about several health issues. She had a huge task in front of her but that did not bother her because she was equipped with the determination to change things. The following two years she invested most of her time in mobilizing communities, raising awareness and providing health information. She used all available social gatherings as opportune awareness creation forums to teach communities about health matters. Her regular house-to-house visits brought considerable household behavioral change.

The health situation in Simret kebele started to change and health coverage reached a remarkable 96%. Increasing number of family planning users was proof of such changes. At the time pills and condom were the only available contraceptive at Simret Health Post though there was great demand for long acting family planning methods. This was however, only available at Maiymado Health Center which was inaccessible because of the rough terrain. So it was no surprise to see a long line of women queuing to receive long acting family planning upon Almaz’s completion of training on Implanon insertion.

Almaz was one of the first health extension workers to receive training on Implanon insertion in the Woreda and provide the service. During her five days practical training, she had inserted Implanon for 13 mothers, the highest number of insertion made from among the 20 trainees. In the one year following her training, she inserted Implanon for 250 mothers. From among these clients Almaz says there have been only five cases of removal and these are women with other medical cases that were forced to have it removed.

Almaz says now she feels she is giving complete health services since long acting family planning method has been in great demand for so long. Families no longer raise more than two children on average. Young married couples are more conscious of the benefits of raising a family within their limits. This has also brought about a new turn in matters - male involvement as opposed to former times when husbands were either unwilling to accept family planning services or were even ready to renounced their wives if they had any such wish. Nowadays husbands take the initiative of visiting Simret Health Post with their wives to receive family planning services says Almaz.

Despite several challenges, the unswerving commitment of Almaz has paid off. She has worked relentlessly in improving awareness on health practices and being equipped with skills training she now earns great respect and acceptance by the community she serves. Her work is therefore, made much easier today and with a matter-of-fact smile, she says, “If you have strong desires to change a difficult situation, then nothing becomes too difficult for you.”

Ofla Woreda was selected, in the learning phase, for Implanon insertion training in July 2009 from among eight woredas. It was selected because of its high population and geographically difficult topography which makes provision of accessible health services challenging. Through time, it also became one of the highest performing Woredas because of health extension workers like Almaz.