Despite the long distance and her near term pregnancy, Tamire Gizat, 34 and a mother of six children had to travel in a wooden stretcher carried on the shoulders of four men from her small village, Shina Girbish in Fogera Woreda of South Gondar Zone, to Quihar Michael Health Center. Under the scorching sun in the rugged terrain, and accompanied by her husband and neighbors, she arrived at the Health Center very weak and soaked with sweat.

Tamire had already three antenatal care check-ups for the current pregnancy. She learned the importance of antenatal care and skilled birth attendance from the village health extension worker. This morning, she had lower abdominal pain which she thought could be the onset of labor. Up on her arrival at the health center, she was examined. It was clear that the baby’s head was firmly engaged. Few minutes later, her water broke. She was carried to the delivery room,
where within few hours; she safely delivered a 3.8 kg healthy baby boy. The health center was filled with the sound of ululation of her female neighbors and relatives, a way of expressing happiness over safe delivery according to the custom in the area.

Tamire’s labor was attended by Emebet Meressa, a midwife at the health center. Emebet has been assisting most of the deliveries at Quihar Michael Health Center that has a catchment population of over 35,000 people. She is one of the participants of the three weeks training on BEmONC (Basic Emergency Obstetric and Newborn Care) organized by the USAID funded IFHP. Emebet explains that the BEmONC training has helped her build her knowledge, skill and confidence to deal with normal and complicated deliveries. She beamed with pride as she recounted the situation “If you take for instance the case of Tamire, despite presenting with normal labor, she began bleeding immediately after delivery. Having been trained and mentored on how to manage postpartum hemorrhage, I was fast to act. I quickly performed the required procedure effectively stopping the bleeding and saving Tamire’s life” she continues, “With the training given to me, I am so happy to be able save lives which would have been lost otherwise.” She puts in.

Skilled delivery attendance has dramatically increased from merely 3.7% two years ago to 50% at Quihar Michael Health Center. “This is as a result of the service improvement at the center due to the skill training combined with intensive community mobilization and commitment of all stakeholders”. Moreover, IFHP supported essential supplies and equipment to enable the health center provide skilled maternity services. As a result, not only has the number of women delivering at the health center increased but also number of referrals to Debretabor hospital dropped significantly.

So far, IFHP has trained more than 600 health workers on BEmONC in Amhara, Oromia, Tigray and SNNP regions since 2010.
Mesenbet Buzayehu, 28, is a clinical nurse at Kuy Health Center, in East Gojjam Zone of Amhara region. He has been trained by USAID’s IFHP to provide long-acting reversible postpartum intrauterine contraceptive devices (PPIUCD). He was the first and the only staff to take this training from the health center. Previously, the health center did not provide PPIUCD despite demands for the service. Women received little or no counseling on the possibility of receiving family planning (FP) service right at the delivery couch.

In 2013, IFHP, with technical and financial support from USAID, started to train health workers in PPIUCD to initiate the service in selected health centers in Tigray, Amhara, Oromia and SNNP regions of Ethiopia. The program introduced the service with the objective of providing women with additional FP option to help them adequately space or limit subsequent pregnancies, whichever is the mothers’ choice. PPIUCD insertion is done in the immediate postpartum period. The training is given to midwives, nurses and other categories of health professionals that regularly attend deliveries at the health center level.

Having received the training, Mesenbet provided the service to 98 (28%) mothers out of 350 deliveries attended at Kuy Health Center in one year. He also counselled all the mothers about FP including PPIUCD. Birhanu Abate, Head of Kuy Health Center says “… with the introduction of the PPIUCD service, mothers now access the service (PPIUCD) soon after giving birth. This helped space successive pregnancies and reduce unnecessary maternal deaths”.

Amaw Zewdie, 39, is a mother of six children. Her last two pregnancies were unplanned “I was using injectable contraceptive and kept forgetting my appointments for my next shots. Having being counseled at the health center, I decided to use the service right after I gave birth to my last child. Here I am with great relief; No worries about remembering appointment dates!”

So far, IFHP has trained 251 health workers and initiated the PPIUCD service in 71 health centers in the regions where it is currently operating.
The furrows and the sunken eyes on her beautiful face tell a story. A story of pain and sorrow endured for years. Neges Mesfin, 49, lives in Tsion Serguage Keble of Maksegnit Woreda in North Gondar Zone of the Amhara region. At the tender age of three, she was given for marriage, in a pre-arranged marriage deal between her parents and the parents of her present husband, Asnakew Dagnew. When she grew up, her parents started to persuade her to act ‘womanly’; to get married and become prolific. However, she insisted to finish school and make the decision later on by her own.

Her rebellion was viewed as infringement and disrespect to the long held belief in the area. Her parents started mistreating her. Beating became her daily encounter. “eventually, I was not able to resist the plight and discontinued my education and submitted to their will” remembers Neges. At the age of 15, she married Asnakew and became pregnant right away. When the pregnancy was due, the labor lasted for three days. “I was laboring at home for three days and finally I lost energy to push down further” she continues “the pain was so intense and finally the baby came tearing me off all its way down. I felt like every bit of bones in
were also given orientation to identify and refer cases to the health center for further diagnosis. In addition, the program provides education materials for community mobilization. When suspected obstetric fistula cases are identified in the community, IFHP covers transportation costs for people accompanying the woman to fistula repair centers. The program also provides sanitary materials and clothes to the victim. In addition, per diem and transportation is paid to the person accompanying the fistula victim to treatment centers. After successful repair, the program gives life skill trainings to help fistula survivors reintegrate back in to their communities and lead a normal life. Some of them become “fistula ambassadors” and join the struggle to put an end to the problem. In addition to identifying and referring fistula cases, the ambassadors also promote institutional delivery in the community.

Neges, was one of the women identified during community campaign against fistula organized by IFHP. After she was successfully repaired, she has become a fistula ambassador, educating women in her kebele and beyond about fistula and its treatment that changed her life for the better. She proudly said “so far, I have identified and accompanied eight suspected fistula cases to Gondar Referral Hospital. Five of them were diagnosed as fistula and successfully repaired. Now, I have identified four additional women that I will take to the hospital”. She continues “I thank my husband who has been with me during those trying times. He equally suffered the pain that I went through. He really is my soul mate. It has now been four years since I got my problem solved and I consider myself as reborn to live another chance in life”.

At first, I totally excluded myself from social life. Some people spread rumor in the village saying ‘she pees in her bed like a baby’. I started to use cloth pads to absorb the fluid and feces leaking through my private parts. Somehow, I started partaking in social life”. Her fair skinned face reddened and the tone of her voice changed like she was weeping. “I lived with this problem for twenty eight years until one fine day I heard the life changing news. I saw a film in our kebele about women who had problems exactly like mine. I was happy to see women like me and above all the availability of treatment for the problem. I also knew that the problem is called ‘fistula’. Soon enough, I contacted the organizers in the kebele and got the opportunity for treatment at Gondar Referral Hospital”.

IFHP, with the financial and technical support from USAID, trained the staff at the woreda’s women children and youth affairs office and organized workshop for religious leaders on gender and harmful traditional practices with particular focus on fistula identification and referral. Health workers at health centers were given training on fistula screening. Health extension workers were also given orientation to identify and refer cases to the health center for further diagnosis. In addition, the program provides education materials for community mobilization. When suspected obstetric fistula cases are identified in the community, IFHP covers transportation costs for people accompanying the woman to fistula repair centers. The program also provides sanitary materials and clothes to the victim. In addition, per diem and transportation is paid to the person accompanying the fistula victim to treatment centers. After successful repair, the program gives life skill trainings to help fistula survivors reintegrate back in to their communities and lead a normal life. Some of them become “fistula ambassadors” and join the struggle to put an end to the problem. In addition to identifying and referring fistula cases, the ambassadors also promote institutional delivery in the community.
Mulu Amha lives in Abaye Terra kebele of Mirab Belessa Woreda in North Gondar Zone of the Amhara Region. She and her husband, Azanaw Tigab, have four children. Their oldest child is nine years; their youngest children are twins and are aged three each. Before the health extension workers (HEWs) started providing treatment for common childhood illnesses; malaria, pneumonia, diarrhea and malnutrition, at the health post, the community in the Kebele had to take sick children all the way to Arbaya Health Center for treatment. They had to walk the rugged terrain under the scorching sun for more than an hour leaving household chores and farming activities behind to reach the health center. In addition, they had to pay for drugs and laboratory tests, which made things worse on top of abject poverty prevailing in the area. Mulu recalls “when my children got sick, I had to take them to Arbaya Health Center, which took me a lot of time and once I got there, I had to pay for the medicine and that was very difficult for poor people like me”. Ato Tigabu Melakam, Nutrition and Child health Service Officer at the woreda health office said “previously, when children got sick and their families couldn’t take them to the health center, they would buy and give them drugs without prescriptions or would try traditional medicine which usually worsened the illness”.

IFHP, with technical and financial support from USAID, collaborated with the ministry of health, in the training of HEWs in the identification, classification and treatment of common childhood illnesses. The training of HEWs is to enable them manage simple uncomplicated cases at health post level or otherwise refer complicated cases to health centers with first dose of antibiotics. The service is given for free in the community by someone familiar (HEW) in a known setting. In addition, IFHP distributed drugs and consumables as startup kit to initiate the service and supported the conduct of quarterly review meeting where HEWs discuss their performances, exchange experiences and get technical updates. Through integrated supportive supervision, the program also monitored the quality of services, the recording and reporting of activities and the utilization of services by the community. The woreda health office also used community networks to promote the availability of treatment services at the health post level. To ensure the continuity of services, health centers in the woreda buy and distribute drugs and consumables to health posts from the income they generate from the health care financing scheme.

From 2011 to 2014, 649 cases were identified, classified and treated at Abaye Terra Health post, while 64 children were referred to Arbaya Health Center for further diagnosis and treatment. The commonest illnesses were diarrhea and malaria followed by pneumonia. The twin children of Mulu were among the cases that received services at the health post. She said, “Now, the service is within reach, free and time saving”. Manaley Mebrat, a HEW at the health post said “since the treatment service started, parents come with their children seeking treatment at the health post. We treat the children using the chart booklet, a booklet containing algorithms for classification and treatment of cases. If the disease is severe, we refer them to the health center as per the direction in the booklet”. Ato Tigabu also said “after the initiation of the service at the health post, mothers take their sick children to the health post. They don’t try to self-treat them. As a result, the service improved the health seeking behavior of the community”.

IFHP has so far trained 13,579 HEWs in 5,453 health posts in Amhara, Tigray, Oromia and SNNP regions as a result of which in two and half years 177,767 children were identified, classified and treated.

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Taking Health Service where it is needed Most

... Now, the service is within reach, free and time saving”.

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Workiye Mihiret and Tenaw Teshome are young married couples in Abaye Terra Kebele of Mirab Belessa Woreda in Amhara region. Just as recently wed couples, they have a plan to have children. The couples use long lasting insecticide treated net (LLITN) at home to prevent themselves from the deadly insect bite that causes illness and death: malaria. Many people were ill or died in the past due to malaria in their kebele. Workiye herself survived repeated episodes of malaria “When I had fever, I used to go to Arbaya Health Center or Abaye Terra Health Post for treatment” she recalls. Ato Tigabu Melkam, Nutrition and Child Health Service Officer and former head of the woreda health office said “for many years, malaria was the number one killer in our woreda. We (the woreda health office) distributed over 140,000 LLITNs since 2009. In addition, indoor residual spray (IRS) was used and water pockets were drained in the malarious kebeles in the woreda to reduce the burden of the disease”.

The Integrated Family Health Program (IFHP), with technical and financial support from USAID, the Carter Center and the MoH trained health extension workers (HEWs) and health center staff in the woreda on how to test malaria and treat positive cases accordingly. IFHP trained HEWs on the prevention and management of malaria as part of the training on case management of childhood diseases. The program provided logistics that included anti-malaria drugs and consumables, as startup kit to initiate services right away following the trainings. The program also trained health workers on malaria cases management. During follow up, IFHP monitored utilization of LLITNs at household level. In some cases, the program provided transportation service for LLITN distribution. Further, IFHP supported the conduct of review meetings among HEWs where they discuss issues like case management of malaria, ITN utilization, and environmental management of mosquito breeding sites. They also share their best experiences among themselves.

Looking at the malaria monitoring chart on the walls of the woreda health office tells the story. One can observe a progressive decline in the number of malaria cases for years. Workiye said “Since I started to use bednet, I neither had illness due to malaria nor heard a person die of the same cause”. Ato Tigabu also agrees with Workiye’s assessment “because we did intensive work to control malaria for years now, we don’t have malaria related death reports since last year”.

Similarly, IFHP supports malaria prevention and control activities in Amhara, Tigray, SNNP, Oromia and Benishangul Gumuz regions of Ethiopia.
Even though most maternal deaths stem from manageable complications, myths and misconceptions surrounding pregnancy impede the uptake of lifesaving interventions. Belaynesh Siraw, a 24 year old midwife, working in Yifag Health Center of Libokemkem Woreda of Amhara region has a story to tell. “When a woman becomes unconscious due to postpartum bleeding, they believe it is “Sirkegn” or literally translated as ‘momentary blackout’. Locals fire a gun to awake the dying woman. Some kill chicken immediately after the expulsion of the placenta with the belief to protect the mother and the newborn from evil eyes.” Belaynesh continues “…but now, thanks to the Health Extension Program and partners such as IFHP, such practices have changed. Women now seek services from skilled health workers at health facilities”. To dispel myths and to promote skilled delivery service uptake, IFHP conducted stakeholders’ meeting at the woreda level to identify service barriers, facilitated action oriented kebele level sensitization meetings and carried out a series of community awareness sessions.

To keep pace with the growing demand for skilled birth attendance, IFHP with technical and financial support from USAID, trains health workers in Basic Emergency Obstetric and Newborn Care (BEmONC) for three weeks. To improve quality and ensure sustainability of skilled delivery services, BEmONC trainees undergo a three-day additional training in BEmONC mentoring. As BEmONC mentors, they are trained to observe and coach untrained service providers during deliveries. They also receive training to coach mentees during family planning, antenatal and post-natal care service provision. This has facilitated on-the-job knowledge and skill transfer, reducing time and resource needed to train additional staff.

Belaynesh says, “…until recently, I did not have the skill and the confidence to handle complicated deliveries. But now, following the training, it is not only having the skill, but I also have the confidence to coach my fellow health workers”. Belaynesh, as a mentor is able to coach nine of her fellow nurses in the woreda.

Abebaw Kelkay, deputy head of South Gondar Zone Health Department says, “IFHP’s BEmONC training came into our zone at the right moment. It is helping us a lot. The quality of services we provide has now improved significantly. The training helped health workers develop their confidence. You can appreciate the difference between the trained and the untrained health workers by observing their level of confidence”.

Currently, IFHP has provided BEmONC mentoring training to health workers in Tigray, Amhara, Oromia, and SNNP regions.