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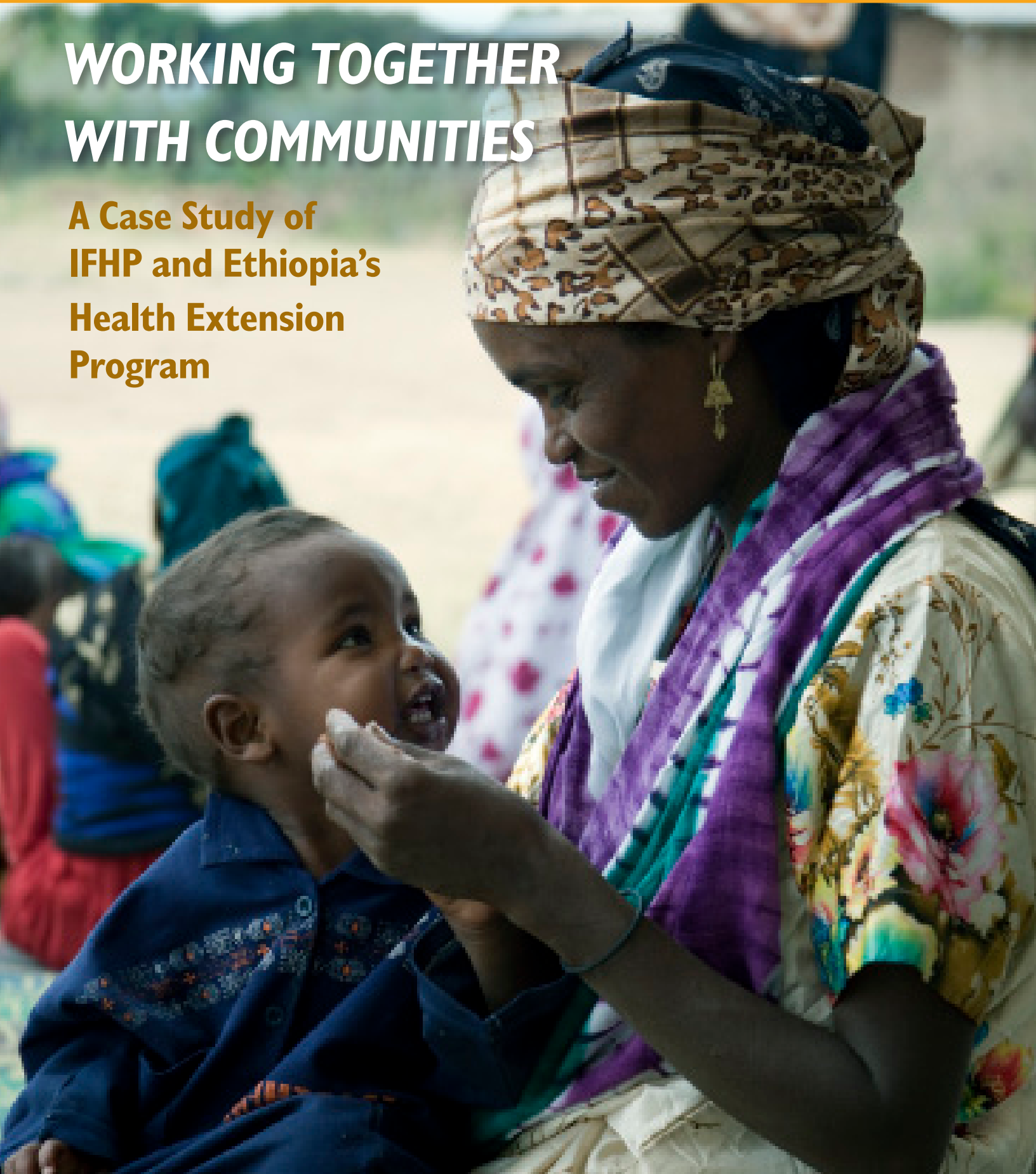


John Snow, Inc.

Integrated Family Health Program

WORKING TOGETHER WITH COMMUNITIES

**A Case Study of
IFHP and Ethiopia's
Health Extension
Program**



Remark by Oromia Region Health Bureau

Dear Colleagues and Partners:

The Health Extension program is a flagship program of the Federal Ministry of Health that creates access and information to basic preventive and promotive and curative services to the community. The Oromia regional Health Bureau has made a tremendous advance in reaching rural communities with preventive, promotive, and curative services by strengthening the primary health care unit. The linkage between health centers and health posts is stronger now than ever before. The awareness of our communities is increasing and service-seeking behavior is improving. Remarkable improvements have been achieved in health services since the inception of the Health Extension Program and the results indicated in the 2011 Ethiopia Demographic and Health Survey Report also attest to that.

This brochure documents advances made in the Health Extension Program with particular emphasis on nutrition interventions. Gursum Woreda in East Hararghe Zone is used as an example to show the efforts made by the health system at each level to make the Health Extension Program a success. The five-minute film which accompanies this brochure focuses on efforts made to improve complementary feeding practices in Illaleme Kebele.

The production of this booklet and the accompanying film is a joint effort of the Oromia Regional health Bureau and the Integrated Family Health Program together with East Hararghe Zonal Health Department, Gursum Woreda Health Office, and the health facilities and communities Gursum. It is with great pleasure that I present this brochure to you and the Oromia Regional Health Bureau extends its heartfelt appreciation to all who participated in the production of this brochure and the movie. I sincerely encourage you all to keep up the good work and continue to collaborate for the common goal of improving the health status of Ethiopians.

Zelalem Habtamu (MD, MPH)
Deputy Head and Health Care Delivery
Core Process Manager, Oromia Health Bureau



Contents

Page 1
Introduction



Page 2
Zonal Health Office
oversees ?? hospitals
supports ?? woredas
provides model household training to HEWs



Page 4
Woreda Health Bureau
serves 100,000 people
provides specialized curative services
receives referrals from health centers



Page 6
Health Center Director
serves 25,000 people
provides curative services
receives referrals from health posts



Page 8
Health Extension Worker
serves 5,000 people
provides preventative services arranged
by extension worker
receives referrals from community volunteers



Page 12
Community Volunteer
serves 20-30 households
provides preventative house to house education
works under management of health extension
workers



Page 14
Household
visits health post for preventative services
receives home education from volunteers
becomes model family and trains others

Page 16
Focus on Nutrition

PAGE 18
Integrated Family Health System

Introduction

The Health Extension Program

The Health Extension Program (HEP) is an innovative health service delivery approach designed by the Ethiopian Federal Ministry of Health (FMHO) that is delivering universal coverage of primary health care. It is a package of basic and essential promotive, preventive, and curative health services designed to improve families' health status with their full participation. Serving as the main entrance at the health system, the HEP targets households and is implemented at the health post level. A health center, its satellite health posts, and the primary hospital at the woreda level constitute the primary health care unit (PHCU).

The HEP Health Packages

Health extension workers are responsible for implementing 16 "health packages" that fall into four categories:

1. Disease Prevention and Control

- HIV and other STIs and tuberculosis
- Malaria
- First aid emergency measures

2. Family Health

- Maternal and child health
- Family planning
- Immunization
- Nutrition
- Adolescent reproductive health

3. Hygiene and Environmental Sanitation

- Excreta disposal
- Solid and liquid waste disposal
- Water supply and safety measures
- Food hygiene and safety measures
- Healthy home environment
- Control of insects and rodents
- Personal hygiene

4. Health, Education, and Communication

(Source: Health Extension Program In Ethiopia Profile. FMOH. June 2007.)



East Hararge Zone

East Hararge Zone is one of the nineteen zones in Oromiya Regional State found in the eastern part of Ethiopia. The Zone has a total population of 3,066,150 and is located at 532 kms from Addis Ababa. East Hararge has 19 rural kebeles (the smallest administrative units in the public administrative structure) and three administrative towns. Health services in East Hararge are accessed through 83 health centers, 402 health posts, 76 private clinics, and three hospitals (two primary and one zonal).



Gursum Woreda Case Study

This case study describes Gursum's successful implementation of the HEP within the framework of the PHCU at various levels in the health system: the zonal health department, woreda health office, health center, and health post. Here, each member in the health system outlines the benefits of the HEP and difference it is making in the health of families, the village, and the woreda as a whole. The case study also highlights on kebele's efforts in teaching communities about proper nutrition and preparation of complementary food for children at six months of age and above in addition to the continuation of breastfeeding.



East Hararghe Zone is located 532 kms east of Addis Ababa. The zone has three hospitals, 83 health centers, 76 private clinics and 402 health posts providing health services to more than 3,000,000 people. The HEP is a strategic approach to reaching rural communities with basic health education and services. Services are provided to people living in 532 rural kebeles through health extension workers (HEWs) who work hand-in-hand with volunteer community health promoters (VCHP) to enhance awareness of healthy life styles, proper nutrition, and healthcare-seeking behavior.



To enhance HEW skills in reaching and training people in their households, the East Hararghe Zonal Health Department has built a model rural house in the office compound. The model is used to demonstrate how to create a healthy and comfortable house with locally available materials. The model house exhibits the basic requirements of a healthy home environment. It has a partition between the kitchen and other rooms, insecticide treated nets for beds and mattresses, and most importantly, a separate dwelling for the cattle. It also has a latrine behind the house with hand washing apparatus made of locally available materials. The model includes a backyard garden that demonstrates the space needed to grow vegetables for household consumption—and that surplus products can be sold. The HEWs are trained to emphasize that backyard gardens do not take up much space but greatly benefit the entire family. Garbage disposal is also an important part of this model house and families are taught about environmental sanitation and the separation and disposal of dry and liquid waste. The model house in the Zonal Health Department demonstrates that a lot can be done in a limited space in the pursuit of a healthy life style and to standardize the HEP approach across the zone.





Zonal Head Ali Abdullahi Ahmed

WOREDA HEALTH BUREAU

Adane Terefe

My name is Adane Terefe, head of Gursum Woreda Health Office, one of the 18 woredas in East Hararghe Zone.

In our country, access to health services is very poor. People often travel 40 to 50 kms to get medical treatment. Eighty percent of the diseases that our woreda is facing are preventable.

The best approach is to help people avoid diseases using the 16 packages available through the HEP and, ultimately, become a model household. Currently there are 19,000 families in our woreda that serve as model households. This was achieved as a result of the concerted effort of all staff in the PHCU.

In our woreda, we have 39 rural and three urban kebeles, seven health centers, 41 health posts, and over 80 HEWs. Each health center in our woreda provides support to five health posts. Two HEWs manage a health post and recruit, train and coordinate volunteers to promote disease prevention messages in their communities.

In Gursum, there are 600 volunteers trained by the HEWs and organized as a “health development army.” Each volunteer covers 20 to 30 households with a designated health development ambassador. These volunteers mobilize their own communities to improve their own health. The woreda health office helps the HEWs in the selection and training of volunteers in selected themes of the 16 HEP packages.

Volunteers are highly regarded by their community as they work closely with health professionals. Added to the respect and recognition they receive, volunteers understand that their payment is the benefit they get from practicing a healthy way of life. Moreover, the woreda organizes award ceremonies every year for the ten best performing volunteers in a big community gathering.

Schools are also critical in teaching the 16 HEP packages. School health clubs play an important role in health education. School children return to their homes equipped with health messages and change the practices in their families. The woreda encourages students by creating healthy competition by giving small gifts—such as exercise books—to those who have made the most significant changes at home.

The health improvements in Gursum are the result of the strong collaboration between the health, education, and agriculture offices. We have a taskforce that meets monthly to discuss problems and jointly devise solutions. Four or five years ago, there were so

many health problems in our community. Four people died from malaria a month and over 600 children suffered from malnutrition. Most of these problems have been solved since we began implementing the HEP. Currently, there are no malaria cases in our woreda. This was achieved because of the collaborative effort of the HEWs, volunteers, and the community. We work to maintain these achievements and to make more households models!





Adane Terefe

HEALTH CENTER DIRECTOR

Dahabu Hassen

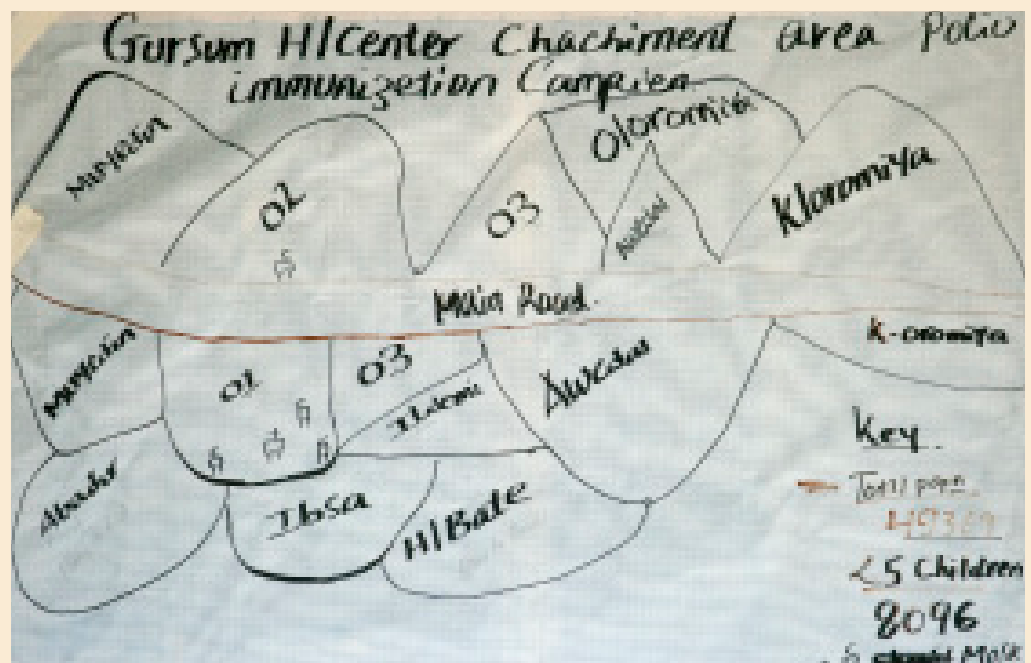
My name is Dahabu Hassen and I am the Director at the Gursum Health Center. We have a lot of services that are related to prevention of disease. Integrating the services is at the core of our health center's principle. Family planning, HIV/AIDS, malaria, and nutrition activities are integrated with the other services in every department. A case in point is the nutrition program. We have formed a stabilization center in our health center to provide intensive care to critically malnourished children. In addition, health care providers in the Expanded Program on Immunization (EPI), antenatal and delivery rooms, the under-five clinic, and outpatient department provide information to mothers and care givers regarding proper nutrition for the family. We also organize a weekly demonstration session for preparation of nutritious meals for children to complement breastfeeding at six months of age and older. We support similar weekly sessions organized at health posts where mothers are brought together to learn the preparation of nutritious food for their children and families. Through these sessions, we create awareness in the community about various health issues that can save people's lives.

When a mother comes to the health center with a malnourished child, we'll admit the child to the stabilization center and administer therapeutic foods, oral rehydration therapy, and antibiotics. To prevent a relapse with malnutrition in these children, we teach mothers how to prepare the right meal for their children at home. The nutrition demonstrations are a big part of our prevention program. When we give the child therapeutic food (Plumpy Nut: F100 or F75), we are applying

curative methods. But when we show the mothers how to prepare the right foods for their children at home, we are preventing malnutrition.

The biggest problems faced by the community are communicable diseases which can be tackled by strengthening the preventive services. Intensive awareness creation in the community and integrating services in health facilities helps us to enable us to mitigate 60-80 percent of communicable diseases and nutritional deficiencies.

We can solve a lot of problems by providing the community with the right information. Sometimes, convincing community members about certain health issues may be challenging. It requires perseverance on the part of the service provider to persuade communities about the benefits of health actions. In Gursum, only recently has the community accepted the usefulness of latrines. After a relentless effort of the HEWs and health workers, people in Gursum are now building and using latrines and are washing their hands to prevent disease.





HEALTH EXTENSION WORKER

Beza Dereje

My name is Beza Dereje and I am a health extension worker. I live and work in Illaleme Kebele in Gursum Woreda. Through my involvement in clubs at school, I learned that the government has begun a training program to expand health in rural communities. After I completed high school, I met the woreda selection criteria and got my family's support to attend the one-year training for HEWs. I began work at Illaleme Health Post soon after I completed the course. Previously, there were only curative services for the community at the health center. The HEP, however, focuses on disease prevention.

When I first began work at the health post, I did not know most of the people in the kebele. As this was a new thing for the community, I needed to gain their trust. I met with the kebele chairman and community leaders to explain my duties and responsibilities as a HEW. The kebele leaders were kind enough to gather the community members together. It was very important for me to be accepted by the community to be successful in my job. After I explained my duties, it was clear that people in the community were open to working with me to achieve a healthier life.

The community knew almost nothing about disease prevention before the HEP. Convincing people about health issues was not easy at first. I went house-to-house to teach about the 16 health packages of the HEP such as sanitation, using latrines, family planning,

proper nutrition, maternal health, malaria prevention, and vaccinations for children, to name a few. I also provided services at the health post on family planning methods, integrated community case management of malaria, pneumonia, diarrhea, and malnutrition.

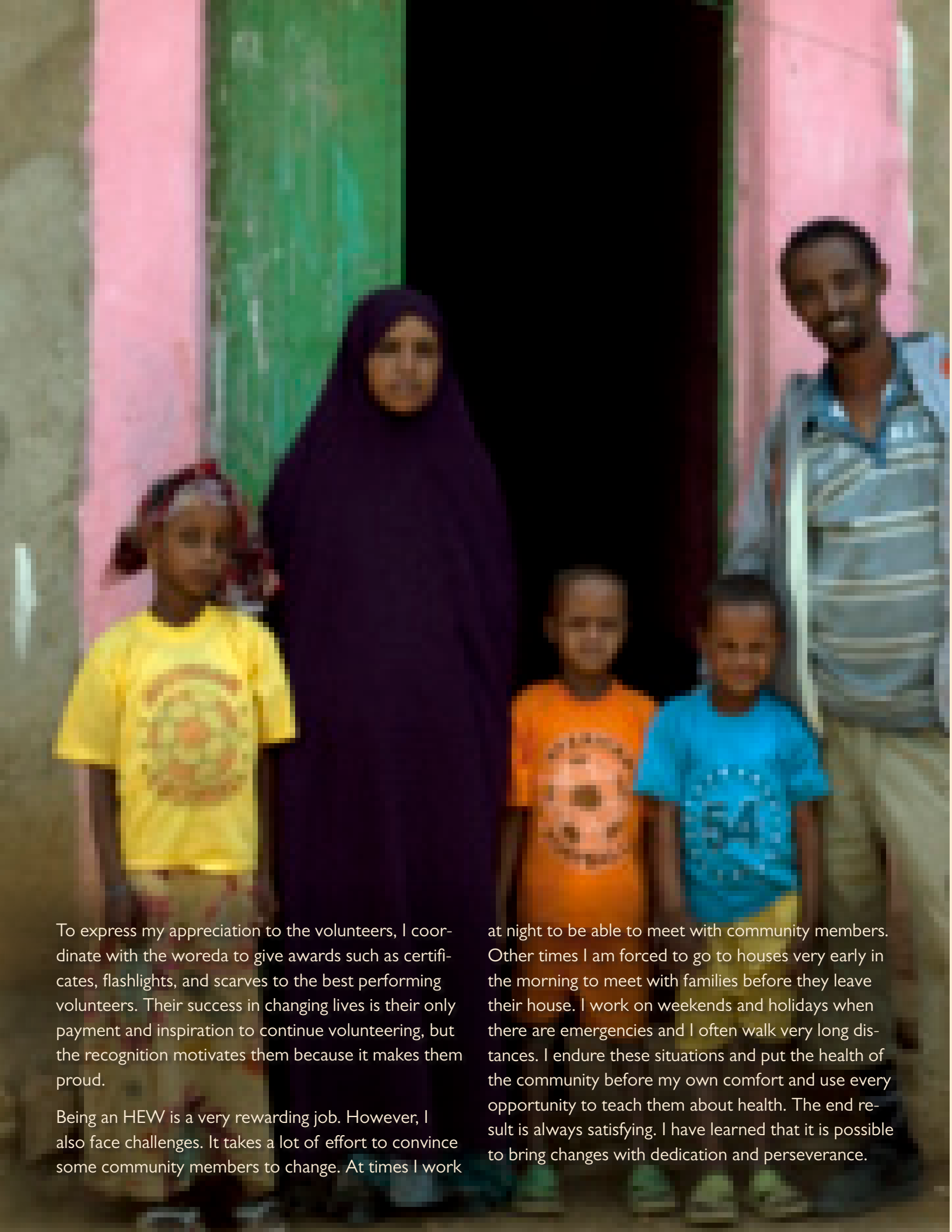
An important achievement for me was to get volunteers to help spread preventive health information. The community helped me to identify enthusiastic and motivated individuals willing to serve as volunteers. I trained these volunteers about cleanliness, disease prevention, and a few other important health actions. They were happy with the training and promised to change their own lives and help their community change.

Volunteers help me greatly with my job. The village is large and it is difficult for me to reach every house. Any information I given to the volunteers reaches a lot of households. I also receive immediate feedback from the volunteers.

After serving the community for the last four years, seeing all the improvements in families' health status is like being reborn. It makes me so happy to go into a house and see that it is clean, the children are vaccinated, and the parents use family planning. Today, most of the model families are also volunteers who teach other community members to practice a healthy life style, and the number of model families continues to multiply.







To express my appreciation to the volunteers, I coordinate with the woreda to give awards such as certificates, flashlights, and scarves to the best performing volunteers. Their success in changing lives is their only payment and inspiration to continue volunteering, but the recognition motivates them because it makes them proud.

Being an HEW is a very rewarding job. However, I also face challenges. It takes a lot of effort to convince some community members to change. At times I work

at night to be able to meet with community members. Other times I am forced to go to houses very early in the morning to meet with families before they leave their house. I work on weekends and holidays when there are emergencies and I often walk very long distances. I endure these situations and put the health of the community before my own comfort and use every opportunity to teach them about health. The end result is always satisfying. I have learned that it is possible to bring changes with dedication and perseverance.



COMMUNITY VOLUNTEER

Nouria Mohamed

My name is Nouria Mohamed. I live in Illalem Kebele in Gursum Woreda. I am a volunteer community health promoter in a village known as Mesgida. I became a volunteer six years ago. I teach my neighbors about the 16 packages of the HEP.

I spend much of my time teaching women how to improve their children's and family's health. In addition to teaching about vaccinations, family planning, prenatal care, sanitation and malaria prevention, I also focus on nutrition. I teach about the benefits of the colostrum, and the benefits—to both mother and child—of exclusive breastfeeding for the first six months of a baby's life.

When the baby is six months old, I tell the mother to prepare porridge for the baby in addition to the breast milk. Complementary food includes various cereals, vegetables, eggs, and fruits. A baby fed with comple-

mentary food and breast milk becomes physically fit and healthy.

I tell mothers how to prepare oral rehydration solution when their children get diarrhea. In addition, I advise these mothers to take their child immediately to a health post for treatment and increase the frequency of feeding. Diarrhea is a dangerous condition and may kill children.

In addition to the voluntary work I do, I also make myself a model for my neighbors. I practice all the healthy ways of life that the HEW initiative has taught me and I share my experiences with my neighbors. I have a small backyard garden where I grow vegetables such as carrots, lettuce, peppers and tomatoes, as well as papaya. I teach my neighbors how to cultivate vegetables in their backyards for their own consumption and for sale in the market just like I do.





Nouria Mohamed



My name is Bahassen Yousuf and I live with my husband and two sons in Illalem Kebele. There were things about my family's health that I did not know before the HEWs came to our village.

For instance, when my first son was born, I did not know what food to give him and no one told me that certain food was more nutritious and important for my children's growth and health. The HEWs in our village taught us about the food items that are found in our village that are good ingredients for preparation of food for our children. They gathered us at the health post and taught us how to prepare complementary food with varied ingredients. We watched them make the food and then we ate it with our children.

When my second son came along, I started feeding him fruits, vegetables and other nutritious foods when he was old enough to take solid food. I saw the difference in growth between my two sons. My second son was obviously growing faster than his older brother had. Now they are the same height and look like twins even though they are a year apart.

The HEW also taught us other useful lessons about malaria prevention, family planning, animal care, and disease prevention. My family is now one of the model families in Illalem and our health has greatly improved because of what we have learned and practiced. I am ready to be a volunteer myself and help my friends and neighbors have a better life.



FOCUS ON NUTRITION

An Integrated Approach to Introducing Complementary Feeding

In Gursum, woreda health officials, together with the HEWs, the health center and the Integrated Family Health Program (IFHP), devised a plan to teach the community about proper nutrition and how to prepare nutritious foods. They recognized that increasing community awareness and skills in food preparation will help reduce malnourishment in children and families. Periodically, the preparation of complementary food for children of six months and older is demonstrated for the people at the Illalem Health Post. The women who brought their children along were made aware that these food items were found right nearby, and they could grow most of the vegetables in their backyard.



Beza, the HEW at Illalem, explains the ingredients and the recipe for the porridge, the benefit of each ingredient, and how to cook the porridge. Community volunteers take the lead in cooking the porridge.

As the porridge cooks, Beza teaches the gathered women about other family health elements. They listen as she explains about the various choices of family planning methods, followed by how to set up a mosquito net properly for protection from malaria and other health packages while everyone is seated outside the health post.



When the porridge is ready, mothers and children wash their hands and look on in excitement as Beza and her colleagues scoop fresh porridge into bowls and pass them out to everyone. Children eat first, then mothers.

INTEGRATED FAMILY HEALTH PROGRAM

IFHP's Intervention

IFHP supports the public health system in its effort to make family planning, maternal, newborn, and child health (FP/MNCH) services available at Primary Health Care Units. IFHP focuses on creating health-seeking behaviors (demand creation) in communities and ensuring the availability of information, services and commodities to meet these demands by strengthening the health system, specifically the PHCU. In supporting the public health system, IFHP also works with implementing partner organizations (IPOs).

Program Elements

Family Planning (FP):

IFHP supports the initiatives of the Federal Ministry of Health (FMOH) to increase access to and utilization of quality FP services by creating community awareness, training service providers, and ensuring supplies of contraceptive commodities and consumables. The program continues to support the public health sector, especially the HEP, in the provision of FP-related information, counseling, and services in addition to long- and short-acting methods of contraception. Adolescent and Youth Reproductive Health Services (AYRHS): In order to increase young people's access to RH/HIV/AIDS information and services, IFHP is helping to integrate youth-friendly services at PHCUs by building the capacity of service providers and procuring supplies and equipment. Youth-friendly services link with youth centers and clubs through program-supported peer educators who facilitate referrals and create a welcoming environment for young people.

Maternal and Newborn Health (MNH):

This program element is aimed at increasing the availability of skilled birth attendants and quality facility-based services for maternal and newborn care, and supporting community-based interventions to increase access to those services. The program focuses on the PHCU where the health center is identified as the best place to provide delivery services and basic emergency obstetric care. Skilled birth attendants are trained to

provide active management of third stage of labor, basic newborn care, and resuscitation in a woman-friendly environment.

Child Health:

The program focuses on supporting the government's efforts to combat the major causes of child morbidity and mortality: pneumonia, diarrhea, malaria, neonatal infections, measles, and malnutrition. IFHP trains health workers in the program's focus regions in expanded program in immunization, cold-chain management, integrated management of newborn and childhood illnesses (IMNCI), and integrated community case management (ICCM). The program will ensure the smooth implementation of the newly-introduced pneumococcal and rotavirus vaccines.

Nutrition:

IFHP has continued the promotion of the National Nutrition Strategy and integration of key essential nutrition actions (ENA) in health services. The ENA approach focuses on improving women's nutrition, expanding contact points in health facilities, and counseling on exclusive breastfeeding, complementary feeding, and childhood nutrition. IFHP collaborates with Alive and Thrive Project to implement nutrition interventions.

HIV/AIDS:

Program support focuses on the integration of services with family planning, prevention of mother-to-child transmission (PMTCT), and HIV prevention at the community level. The program collaborates with HIV partners to increase integrated service provision and PMTCT uptake, and supports back-up services to health posts within the framework of the primary health care unit.

Malaria:

The program aims to ensure correct assessment, classification, counseling, treatment, and referral of malaria infections in adults and children by building the capacity of service providers. Special support goes to health posts for effective epidemic detection and response. Emphasis is given to integration of malaria prevention and case

management in MNCH activities. The program benefits from close collaboration with the President's Malaria Initiative (PMI) and other national and regional stakeholders and PMI partners.

Cross-cutting interventions

Household Behaviors and Behavior Change Communication:

IFHP is using evidence-based behavior change and community mobilization strategies to equip communities with increased knowledge of the benefits of appropriate health practices, enhance recognition of health complications, improve health-seeking behaviors, and demand creation. The program supports the HEP to implement the model family and community package by using comprehensive behavior change tools to reach vulnerable populations and at risk community members. Interpersonal communication and awareness is done with the help of audiovisuals, mobile vans, IEC/BC materials, and media.

Gender:

Because women are the primary health care providers in households, a successful health program must empower them to access health services and enhance their decision-making power. IFHP helps regions to prevent harmful traditional practices (HTPs) at the policy, community and facility levels. The program relies on the involvement of religious and other influential leaders to confront HTPs and gender-based violence. Women survivors of fistula are given access to repair and treatment services. Gender mainstreaming activities are conducted in all the program elements at different levels of the health system.

Strengthening Key Elements of the System:

Program interventions endeavor to improve management by building health managers' capacity in supportive supervision, with primary attention given to the PHCU for sustainability and continuous quality improvement. Health workers and auxiliary staff are trained and mentored on the reformed HMIS implementation for efficient utilization



of routine health information. In coordination with USAID/DELIVER, UNICEF, and RPM Plus, IFHP ensures the availability of contraceptives, drugs, vaccines, and commodities in health facilities.

Program Learning:

Efforts are being made to identify, document, and disseminate learning agendas across the different IFHP program elements. Evidence, findings, and information obtained from various program efforts are documented and disseminated to internal and external audiences to stimulate learning and boost program performance.

Strategy

IFHP coordinates program implementation with three strategies to create the following conditions at PHCUs:

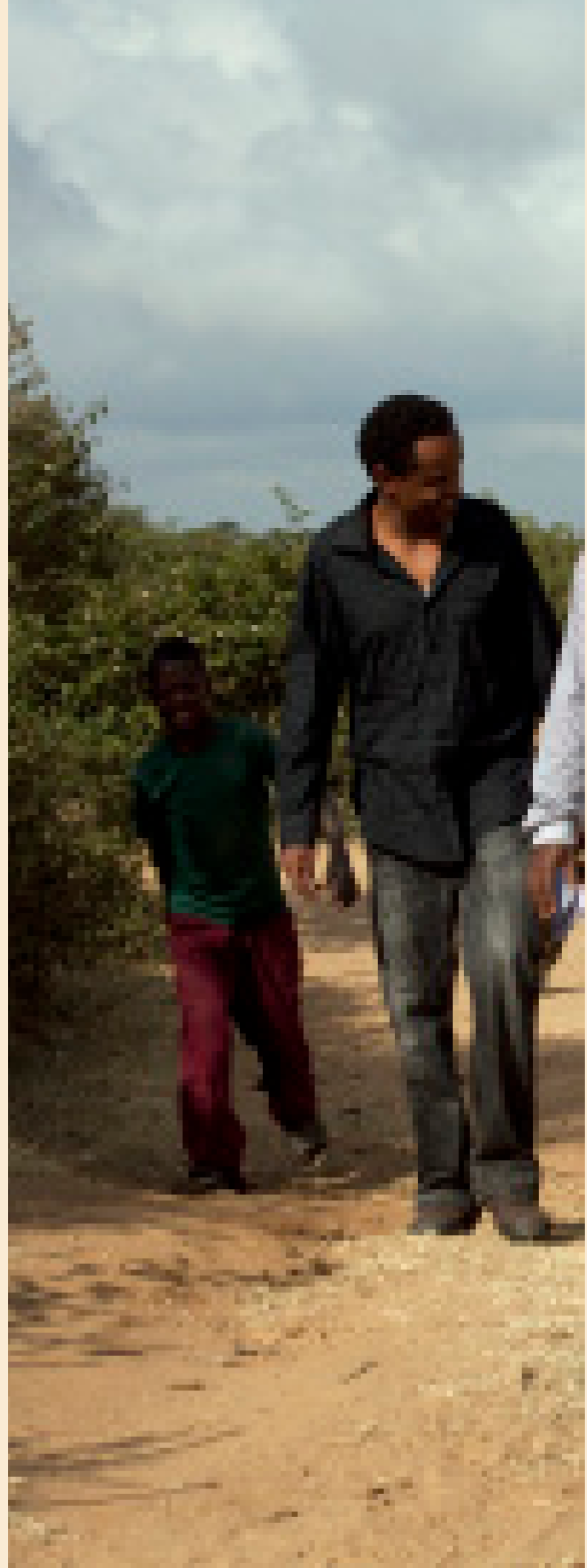
1. Building community awareness and creating demand for health information and services
2. Building the capacity of health care providers
3. Strengthening the health system and ensuring availability of supplies and equipment

Intervention Areas

IFHP is implemented in the four large regions of Ethiopia: Amhara, Oromia, SNNP, and Tigray, and, to a limited extent, Benishangul Gumuz and Somali regions. Out of the 796 woredas in the country, 286 woredas are covered by the program, benefiting a total of 33.4 million people.

Guiding Principles

- Work within the existing public health system using the woreda-based approach
- Support the availability of an integrated family health package at PHCUs
- Ensure continuum of care between communities, health posts, and health centers
- Provide continuous in-service support and mentoring to service providers
- Collaborate with partners for efficient and effective use of resources for the utmost advantage of beneficiaries





Adane Terefe, Head of Gursum Woreda Health Office, Ilalem Health Extension Worker Beza Dereje, IFHP Field Officer Abiyot Mulugeta and children from Ilalem Village.



Acknowledgement

IFHP expresses its deepest appreciation for all the cooperation forwarded to it by the East Hararghe Zonal Health Department, Gursum woreda Health office, Fignan Biraa Health Center, Illalem Health post and community members of Illalem Kebele. The production of this booklet would not have been possible without their assistance throughout the documentation process. The IFHP also extends its appreciation to the Oromia Regional Health Bureau for allowing the documentation and publication of this booklet.

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