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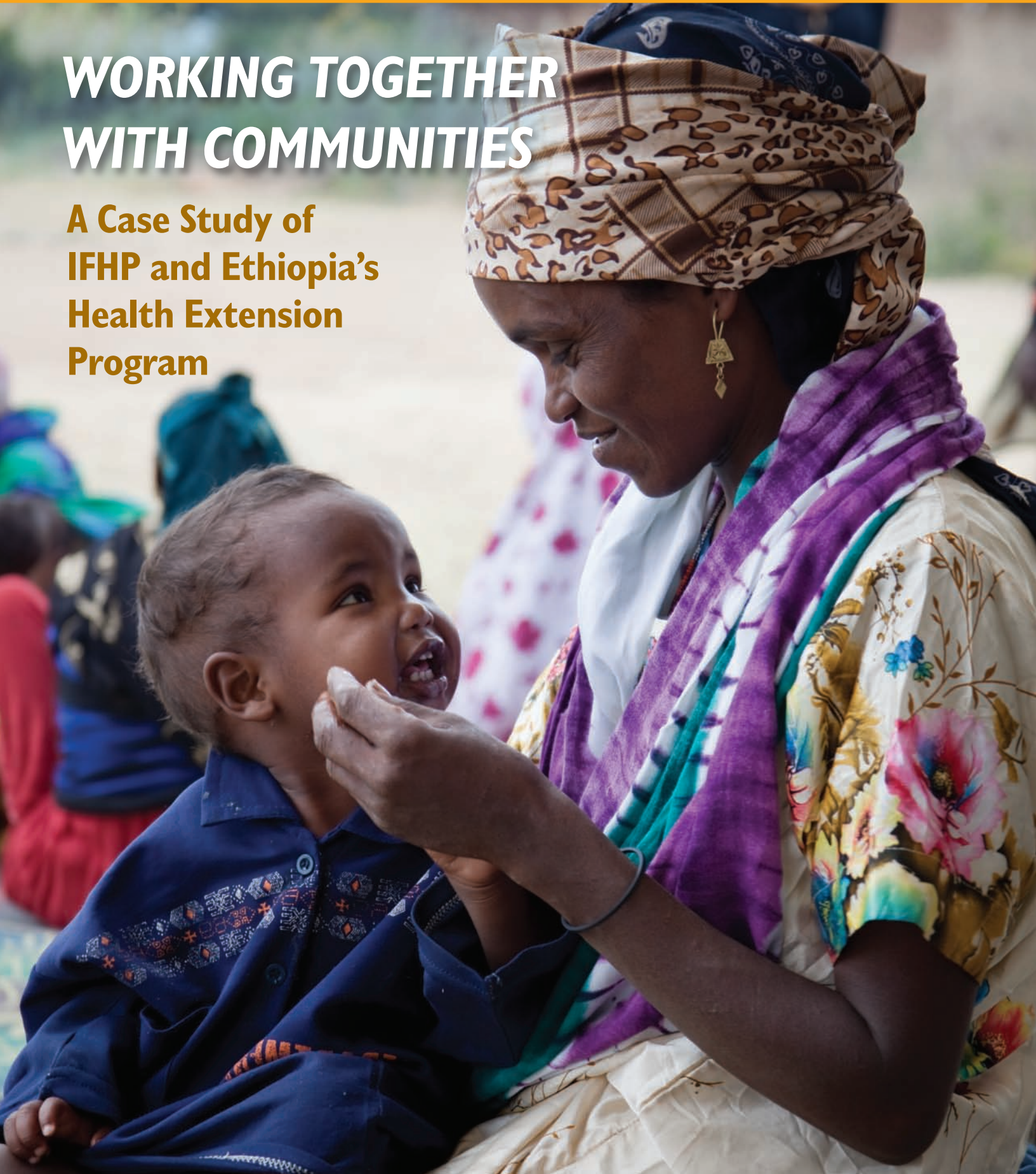


John Snow, Inc.

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 tremendous advances in reaching rural communities with preventive, promotive, and curative services by strengthening primary health care units. 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 document highlights 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.


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Integrated Family Health Program

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 (FMOH) 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 to 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 Hararghe Zone

East Hararghe 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 Hararghe has 19 rural kebeles (the smallest administrative units in the public administrative structure) and three administrative towns. Health services in East Hararghe 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 kebele's efforts in teaching communities about proper nutrition and preparation of complementary food for children six months of age and older in addition to the continuation of breastfeeding.

ZONAL HEALTH OFFICE

Ali Abdullahi Ahmed



My name is Ali Abdullahi Ahmed and I am head of the Zonal Health Office in East Hararghe Zone. 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 Health Extension Program 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 (VCHPs) to increase 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.





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 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 information and health messages and change the practices in their families. The woreda en-

courages students by creating healthy competition and 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 help more people turn their homes into model households!





HEALTH CENTER

Dahabu Hassen

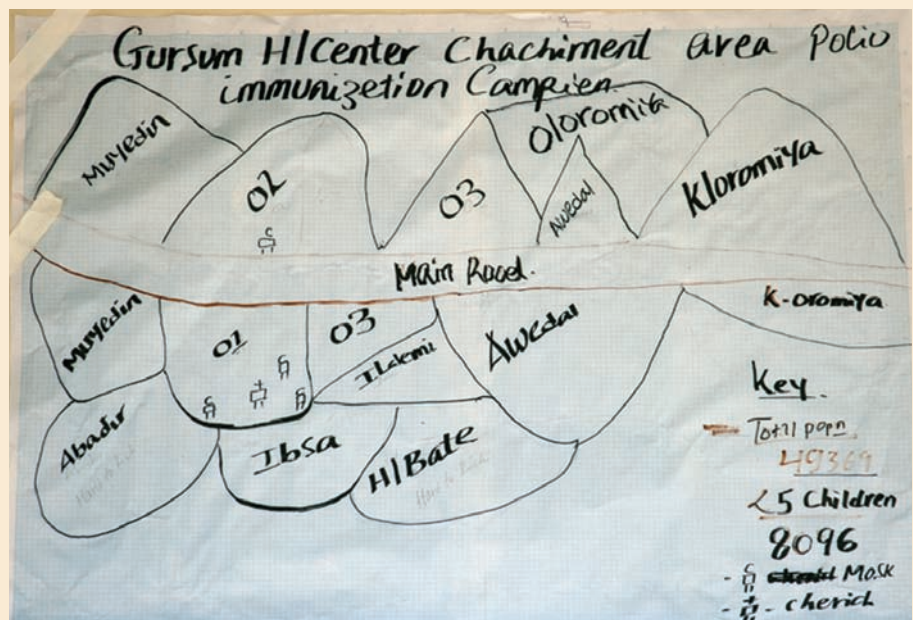
My name is Dahabu Hassen and I am the Director at the Gursum Health Center. We have a lot of services that are related to preventing disease. Integrating the services is a core goal of our health center. Family planning, HIV, malaria, and nutrition activities are integrated with the other services in 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 malnutrition relapse, 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 preventive services. Intensive awareness creation in the community and integrating services in health facilities help us mitigate 60-80% of communicable diseases and nutritional deficiencies.

We can solve a lot of problems by providing the community with the right information. Sometimes, convincing people 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 other health workers, people in Gursum are now building and using latrines and are washing their hands to prevent diseases.





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 had begun a training program to expand health in rural communities. After 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, 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 give to the volunteers reaches a lot of families.

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 immediately after birth, 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 to increase the frequency of feeding. Diarrhea is a dangerous condition and can 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 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.







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 nutritious meals 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 practice. 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 Illaleme health post. The women who bring their children along are made aware that these food items are found right nearby, and they can grow most of the vegetables in their backyard.



Beza, the HEW at Illaleme, 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.



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

Malnutrition among children, which is directly related to inappropriate feeding practices, occurs during the first two years of life and is virtually irreversible after that. Given this, the IFHP integrates nutrition interventions in all its other family health activities, specifically through the Health Extension Program.

IFHP's primary focus is capacity building. We strengthen the skills of HEWs and other health workers in the PHCU to enhance their knowledge, skills, and performance for proper and optimal nutrition service delivery. The community-based interventions aim to strengthen HEW skills to

mobilize their communities to take action to improve the health and nutrition of vulnerable groups: Women and children. Due attention is given to the critical period in the life cycle of children under two years of age, adolescent girls, and pregnant and lactating mothers to break the intergenerational cycle of malnutrition. IFHP, in

partnership with Alive and Thrive Project, focuses on infant and young child feeding interventions and promotes the Ethiopian National Nutrition Strategy and integration of key essential nutrition actions (ENA) in health services. The ENA approach, which was developed by JSI under the USAID-funded Essential Services for Health in Ethiopia (ESHE) Project, focuses on improving nutrition for under-five children and women by expanding contact points in health facilities, and

counseling on exclusive breastfeeding, complementary feeding, childhood nutrition, Vitamin A supplementation, and iron supplementation.

Before the intervention in ENA, mothers perceived complementary feeding as a thin fluid diet given to babies when breast milk was not sufficient. Additionally, the timing for the introduction of complementary food into a baby's diet varied between two to eight months and sometimes was extended beyond that.

To address this misinformation, IFHP staff trained health workers and HEWs in focus woredas on both

nutrition and communication skills. The training equipped these health providers with basic theoretical knowledge and practical skills to enable them help mothers and caretakers to optimally feed their infants and young children and improve women's nutrition in the community.

The HEWs in turn trained volunteer community health promoters to expand

optimal infant and young-child feeding practices. The training for volunteers involved the mix and preparation of complementary food at households with locally available cereals and legumes. Innovative HEWs took the initiative to create backyard vegetable garden in the health post compound for demonstration purposes. The improvement observed in feeding practices in Gursum is practiced by communities in the woredas and zones of the four regions where IFHP operates.





The Integrated Family Health Program

The IFHP is a five-year (2009-2013) USAID-funded program that is implemented by John Snow Inc. (JSI) and Pathfinder International-Ethiopia in partnership with the Consortium of Reproductive Health Associations (CORHA). IFHP supports USAID-Ethiopia's strategic objective of "Investing in People" with the overall goal of creating and consolidating a functional and effective network of a diversified and a well-integrated package of family health services to communities within the framework of the PHCU and more specifically the HEP. The network is based on a continuum of care linking communities, health posts, and health centers for improved healthy life.

The IFHP collaborates to make maternal, newborn, and child health services, as well as family planning, available to families. The program 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.

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. Of the 796 woredas in Ethiopia, 292 woredas are covered by the program, benefiting a total of 33.4 million people.

With over 30 years experience, John Snow, Inc. brings to IFHP practical approaches to address maternal and newborn health challenges by building partnerships among governments, nongovernmental organizations, and communities. In Ethiopia, JSI works within the framework of the primary health care unit to increase demand for and availability of an integrated package of high impact health services for Ethiopian women, children and families.





Acknowledgements

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, Illaleme Health post and community members of Illaleme 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.

Photos by Eric Gottesman.



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The Integrated Family Health Program is implemented by Pathfinder International and John Snow, Inc. in partnership with the Consortium of Reproductive Health Association. IFHP is one of many assistance projects made possible through the United States Agency for International Development (USAID).

This publication is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of John Snow, Inc. under Cooperative Agreement No. 663-A-00-08-00414-00, and do not necessarily reflect the views of USAID or the United States Government.