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Essential Services for Health in Ethiopia

Project Year Three Second Quarter Report



October - December, 2005

Contract 663-C-00-04-00403-00

Addis Ababa, Ethiopia

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Essential Services for Health in Ethiopia is implemented by John Snow, Inc. in collaboration with Abt Associates Inc., the Academy for Educational Development, and Initiatives, Inc.

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Acronyms

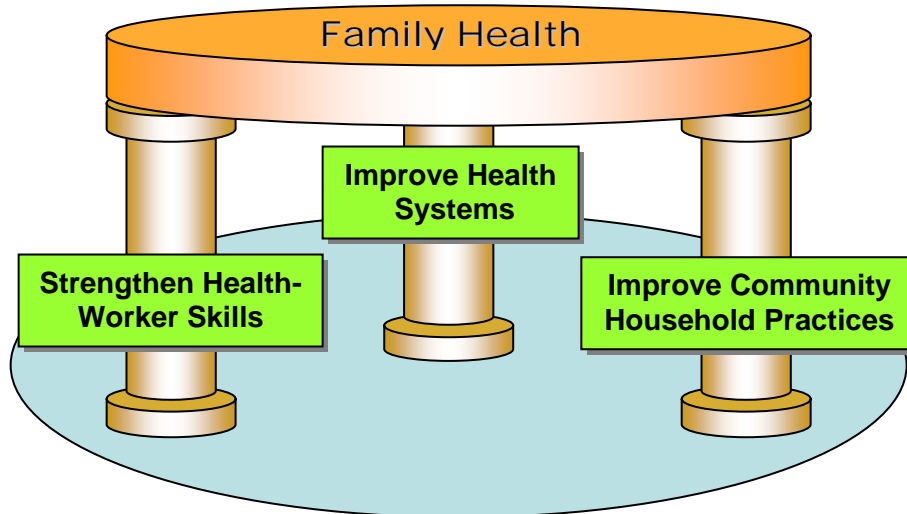
BCC	Behavioral Change Communication
BOFED	Bureau of Finance and Economic Development
CBHI	Community-based Health Insurance
CHP	Community Health Promoter
CHPI	Community Health Promoter Initiatives
CBHPS	Community-Based Health Planning and Service
CNP	Community Nutrition Promoters
CTC	Community Therapeutic Care
DPPB	Disaster Prevention and Preparedness Bureau
DPT	Diphtheria, Pertussis, Tetanus
ENA	Essential Nutrition Actions
EOS	Enhanced Outreach Strategy
EPI	Expanded Program of Immunization
ESHE	Essential Services for Health in Ethiopia
FHC	Family Health Card
FMoH	Federal Ministry of Health
HC	Health Center
HCF	Health Care Finance
HCP	Health Communication Partnership
HEW	Health Extension Worker
HF	Health Facility
HMIS	Health Management Information Systems
HNS/CTC	Health Nutrition Sector (Interventions to Complement) Community Therapeutic Care (Project)
HPTI	Health Professional Training Institution
HSDP	Health Sector Development Program
HSEP	Health Services Extension Program
HSEW	Health Service Extension Worker
HW	Health Worker
ID	Immunization Diploma
ILO	International Labor Organization
IMCI	Integrated Management of Childhood Illness
IMNCI	Integrated Management of Newborn and Childhood Illness
IRT	Integrated Refresher Training
JSI	John Snow, Incorporated
MDG	Millennium Development Goals
NGO	Non-Governmental Organization
NHA	National Health Accounts
NID	National Immunization Day
OFDA	Office of Foreign Disaster Assistance (US)
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salts
PHR+	Partners for Health Reform Plus Project
PI	Performance Improvement
PMNCH	Partnership for Maternal, Newborn and Child Health
PMU	Project Mangement Unit
RHB	Regional Health Bureau
SNNP	Southern Nations, Nationalities and Peoples'
TOT	Training of Trainers
TT	Tetanus Toxoid
TVET	Technical Vocational Education and Training
UNFPA	United Nations Fund for Population Assistance
UNICEF	United Nations Children's Fund
WHO	World Health Organization
Woreda	District
WorHO	Woreda Health Office
ZHD	Zonal Health Desk
ZOFED	Zonal Finance and Economic Development Desk

Introduction

The Essential Services for Health in Ethiopia (ESHE) Project is the USAID five-year bilateral initiative for child health and health sector reform with the Ethiopian Government. ESHE assists in 64 selected woredas serving 15 million people in the three most populated regions of Ethiopia: Amhara, Oromia, and Southern Nations, Nationalities and Peoples' (SNNP). In Amhara and Oromia, 20 woredas per region were selected for intervention (5 woredas in each of 4 zones). In SNNP, 24 woredas in 5 zones and 2 special woredas were selected for interventions at the request of the Regional Health Bureau (RHB) to permit continuity of ESHE's previous program activities in this region.

ESHE contributes to the achievement of the USAID Ethiopia Mission's *Strategic Objective 14: Human Capacity and Social Resilience Increased* by increasing the effective use of high-impact child health, family planning, and nutrition services, products, and practices (IR14.1).

The Three Pillars



1 CENTRAL OFFICE ACTIVITIES

1.1 Child Survival

1.1.1 IMNCI Training Guide Preparation Workshop

A 5-day consultation meeting to adapt/prepare Integrated Management of Newborn and Childhood Illness (IMNCI) training materials and modules was conducted November 28 to December 2, 2005. The meeting was organized by ESHE with participation from the World Health Organization (WHO) country office and AFRO, United Nations Children's Fund (UNICEF), and SNNPR RHB.

Prior to the commencement of the workshop Mr. Dillip Chandra, a consultant from the USAID-funded Nepal Family Health Program, worked with the ESHE SNNP Child Survival Specialist to adapt the Nepali Community Based Integrated Management of Childhood Illness (IMCI) experience and prepare draft materials for Health Extension Worker (HEW) training.

In the workshop agreement was reached to reduce the duration of training from 11 days to 6 days for health workers and 5 days for HEWs. Materials (chart booklets, training schedule, and facilitators guide) were drafted for the two groups; health center/hospital workers and HEWs.

Sections on essential newborn care, HIV/AIDS, feeding recommendations in different situations, and updated drug treatments are added to the training curriculum.

To reflect the inclusion of the newborn, Integrated Management of Childhood Illness was renamed Integrated Management of Newborn and Childhood Illness.

1.1.2 London Child Survival Conference

ESHE's Deputy Project Director for Child Health and the Community Mobilization Program Coordinator attended the *Countdown to 2015 Child Survival Conference* in London, England, December 13-14, 2005. The conference was the first in a series of 2-year rolling reviews of progress in child survival recommended in *The Lancet* 2003 child survival series. The conference was organized by The Partnership for Maternal, Newborn and Child Health (PMNCH), USAID, WHO, UNICEF, and the Bellagio Child Survival Study Group. The conference objectives were:

- To review progress toward achievement of high and equitable coverage with essential child survival interventions and reductions in child mortality in countries; identify barriers to such progress and how they can be addressed; and share new knowledge and information needs relevant to scaling up.

- To agree on a small number of indicators that will serve as the basis for monitoring coverage outcomes in child survival and propose a process for measuring these indicators.
- To foster and coordinate institutional commitments to child survival efforts and agree on mechanisms to hold governments and partners accountable for progress.

Ethiopia is a focus country for the global PMNCH. The Minister of Health, Dr. Tedros, gave a presentation on measures taken to reduce child mortality in Ethiopia, particularly emphasizing the Health Service Extension Program (HSEP). Ato Yehualashet, Head of HSEP and Dr. Hassan, Head of Oromia RHB also attended the Conference. A side meeting on Ethiopia was organized to lay the groundwork for HSEP support and plan for a Partnership visit to Ethiopia in February.

1.2 Health Service Extension Program

1.2.1 Integrated Refresher Training (IRT) for Technical Vocational Education and Training (TVET) Instructors

The HSEP Unit of the Federal Ministry of Health (FMoH) in October, in coordination with partners, provided refresher training to Health Service Extension Workers (HSEWs) and their instructors. The aim was to provide integrated refresher training to avoid replication of efforts, encourage effective use of resources, and reduce frequency of trainings. Following consensus building and planning meetings, the first IRT was conducted in Nazareth at the end of October for the newly-recruited TVET instructors. ESHE facilitated the Behavior Change Communication (BCC) training and co-facilitated the expanded program of immunizations (EPI) session.

1.3 Nutrition Promoter Pilot Training

A 3-day training in October was conducted in Bolosso Sore with LINKAGES and ESHE SNNP staff to pilot test the recently developed *Nutrition Promoter Training Manual*. The first nutrition promoters were trained using the *Manual*, which was subsequently revised, and a regional training of trainers (TOT) was conducted.

1.4. Performance Improvement

The draft *Guidelines for Review Meetings in Health Systems* was revised with guidance from the ESHE Deputy Project Director for Child Health. The next step will be to present it to the ESHE Management Team for comments prior to finalization and dissemination to the RHBs.

A challenge for improving the routine health management information system (HMIS) is lack of a national framework for recording and reporting, which has significantly affected HMIS implementation. To address the challenge, the FMoH initiated steps to develop a national HMIS. A tender issued in April 2005 requested proposals from international consulting firms to undertake assessment and design of a national HMIS. John Snow,

Inc. (JSI) submitted a proposal, and in September, informally learned that it was selected. While the formal award has yet to be made, JSI utilized other funds to send two consultants to Ethiopia in December 2005 to undertake a preliminary HMIS assessment. The consultants met with different stakeholders (individuals and small groups). ESHE participated as a stakeholder and facilitator.

Supportive supervision training for woreda health offices (WorHO) and health center staff was conducted in all 3 regions. ESHE Central staff assisted in facilitating sessions of the course in Sidama (SNNP) and East Shoa clusters (Oromia).

1.5 Health Care Financing (HCF)

1.5.1 Ratification of HCF Reform Proclamation and Regulations

The central HCF team continued working with the FMoH towards ratification of the federal Health Service Delivery, Administration and Management Proclamation and accompanying regulations. The revised draft Proclamation, a concept paper on the need for the legislation, and a justification note have been submitted to the Federal Council of Ministers through the FMoH. After its expected endorsement by the Council of Ministers, it will be submitted to Parliament for review and ratification.

SNNP, Oromia, and Amhara have already ratified the HCF Proclamation. Subsequently, the HCF team organized a consultation and dialogue forum, and prepared supporting documents to clarify issues in the Proclamation. A consultation forum was conducted in Amhara to refine implementation regulations, which have been submitted for Council endorsement.

The central HCF team worked with the Tigray RHB to finalize the legal framework during November. The RHB submitted the Proclamation and regulations for approval and ratification by the Regional Council and the Cabinet.

1.5.2 Concept Paper on Community-Based Health Insurance

Responding to a request from the FMoH a concept paper on Community-Based Health Insurance (CBHI) was developed and submitted to the FMoH. It defines the what and how's of CBHI, types of health insurance, experiences of African countries in implementing community health insurance, and how it might be implemented in Ethiopia. A discussion was held with the Minister on the paper. The issue is high on the Ministry agenda and plans are to take the initiative forward as soon as possible. As a gateway towards a universal health insurance system in the country, the Ministry decided to start with social health insurance, a scheme for employees in the formal sector with employer and employee contributions. The HCF team was assigned to review the conceptual and institutional framework for implementation.

1.5.3 HCF Implementation Manual Preparation and Training

The *HCF Implementation Manual* was prepared by a local consultant. After comments and discussion, a final draft document was reviewed with participants from RHBs and Bureau of Finance and Economic Development (BOFED) of Amhara, Oromia, SNNP, Addis Ababa, and Tigray. Inputs were provided and a sense of ownership was obtained prior to the regions beginning implementation. A TOT on the *HCF Implementation Manual* is being developed to support 2 TOTs planned for late January 2006.

1.5.4 Support to the Third Round National Health Accounts (NHA)

National Health Accounts are essential tools for policymakers in their efforts to improve health system performance. The FMoH, in collaboration with partners, began preparations to construct the third round of NHAs which will include child and reproductive health sub analyses. As a first step, the FMoH, in collaboration with ESHE and PHR+, a USAID global project, organized methodologies training for Amhara, Oromia, SNNP, Addis Ababa, and Tigray participants.

1.5.5 Strengthening the Planning and Programming Department of the FMoH

An analysis of the Planning and Programming Department was conducted by a team of 3 experts from the FMoH, Health Sector Development Program-Project Management Unit and ESHE. The objective was to identify major problems of the Department and explore possibilities to strengthen it, primarily with qualified human resources.

1.5.6 HCF Team Theme Meeting

ESHE HCF Team theme meeting was conducted in Addis Ababa. The ESHE HCF team used the meeting to refine the draft *HCF Implementation Manual*.

1.5.7 Health Sector Reform Flagship Course

High-level RHB officials and the ESHE HCF Team Leader participated in a World Bank flagship course, *Health Sector Reform and Sustainable Financing*, in Washington, D.C. Participants were exposed to the essential components of Health Sector Reform, particularly HCF, and obtained skills and techniques related to implementation of the reform. They learned from other participants about the challenges of embarking on such reforms.

1.5.8 Uganda Workshop on Sustainable Financing

The Central HCF Team, a team leader from the FMoH, representatives from WHO, Addis Ababa University, and the International Labor Organization (ILO) Country Office participated in the *Evidence Based Sub Regional Workshop on Fair and Sustainable*

Financing held November 23-25, 2005 in Kampala, Uganda. The objective was to disseminate evidence-based information and share experiences of East African countries on fair and sustainable mechanisms used to close the financial gap to achieve Millennium Development Goal (MDG) targets. The Ethiopian Mission developed an action plan that aims at enhancing implementation of HCF Reform and institutionalizing evidence-based policy decision making.

1.6 Behavioral Change Communications/Community Mobilization

The BCC Advisor and Community Mobilization Program Coordinator visited Amhara to attend Community Health Promoters (CHP) review meetings. After observation of the meetings in 2 woredas, feedback was provided to cluster and regional team members.

Three draft discussion guides were developed and shared with ESHE field staff. The guides will facilitate discussion during monthly meetings between promoters and HEWs, during review/experience sharing meetings with promoters and can be used by facility staff to make meetings with promoters meaningful during outreach, community visits, campaigns, etc.

They collaborated with LINKAGES staff to conduct and support the Community Nutrition Promoter (CNP) TOT in Bolosso Sore. They worked with LINKAGES staff and the Bolosso Sore teams to review, adapt, and revise training materials based upon the TOT/training.

Kokeb Kebeles: the BCC Advisor and Community Mobilization Program Coordinator participated in the first Kokeb Kebele woreda/community orientation in Badwacho Woreda of SNNP. They provided feedback to facilitators and the central Health Communication Partnership (HCP) team on the discussion and training guides.

2 AMHARA ACTIVITIES

2.1 Training

EPI: Eighty-two recently-transferred frontline health workers and seventy-one HEWs deployed during the first round attended EPI rollout trainings in West Gojjam and North Wollo zones.

ENA: Two sessions of 5-day Essential Nutrition Actions (ENA) counselors training were conducted in West Gojjam and North Wollo for 61 frontline health workers and HEWs. Pre-and post-tests indicated the HEWs have comparable background and similar participation and performance in the trainings as other frontline health workers. A brief session on use of the Family Health Card (FHC) was added. Understanding how to use the FHC helps trainees deliver messages on optimal breastfeeding and complementary feeding.

Supportive Supervision: Three sessions of 3-day woreda level supportive supervision training were conducted in South Gondar, North Wollo and South Wollo. A total of 110 participants from ZHDs, ESHE cluster woredas and health centers attended. The Regional Performance Improvement Specialist assisted the RHB-organized supportive supervision training for Himra, a non-ESHE focus zone.

CHP: Training of new CHPs and experience sharing review meetings among already functioning CHPs dominated regional Project activities. A total of 1,221 new CHPs were trained, 527 (43.2%) were females.

Radio Producers: ESHE, in collaboration with LINKAGES, organized a 4-day workshop for radio producers in Dessie to build capacity in producing child health messages for inclusion in their programs. Twenty-five radio producers and youth amateur promotional clubs attended. Participants made a 1-day field visit to Kutaber Woreda health facilities and CHPs. At the end, ENA spots were distributed to 4 educational media. Trainees promised to become health promoters themselves and include child survival messages in their productions whenever possible.

**Table 1: ESHE Quarter training plans Vs achievements in Amhara Region
October –December, 2005**

Training	EPI		ENA-BCC		Radio producers Workshop		CHP review meeting		CHP training		Supervision	
	P	A	P	A	P	A	P	A	P	A	P	A
Male	50	11	35	30	15	16	475	475	700	694	60	71
Female	50	71	65	31	7	9	249	249	553	527	50	39
Total	100	82	100	61	22	25	724	724	1253	1221	110	110

P= Plan
A= Achievement

2.2 Immunization

There was a remarkable increase in DPT3 coverage during the first quarter compared with the same period 1 year ago. ESHE staff meetings stressed maintaining health facilities (HFs) and woredas achievement by strengthening follow-up and maintaining technical support. Awarding immunization diplomas is helping to reduce DPT dropouts and increase full series completion by 1 year of age.

All 4 ESHE cluster teams participated in micro-planning, providing technical and logistical assistance during the first and second rounds of polio national immunization days (NID) and Enhanced Outreach Strategy (EOS). A review of polio campaigns indicates average coverage of about 100%.

Four sub-regional workshops on the introduction of the new vaccines, hemophilus influenza b (Hib) and hepatitis B, were held by the RHB and zonal health desks (ZHD) in collaboration with UNICEF and WHO. Unfortunately, ESHE staff were not invited.

Briefing material was provided by the RHB. During the monthly ESHE regional team meeting the West Gojjam Woreda Coordinator oriented ESHE staff on technical and administrative aspects of the new vaccines. It was agreed that cluster staff must participate in ZHD orientation/trainings given to WorHO and health facility staff.

2.3 Behavioral Change Communications/Community Mobilization

Promoters' training and experience sharing review meetings were conducted in all cluster areas, with active involvement of respective WorHOs and HEWs. Experience sharing review meetings were held for 667 CHPs in all clusters where 3 months had elapsed since the first round training. Field visits were arranged at some promoters' villages and activities observed. Also attending review meetings were 57 HEWs and kebele administrators.

Community orientation meetings on the community health promoters initiative (CHPI) were conducted in areas where it was not possible to conduct it before for security reasons. All the health facilities selected for first round CHPI have conducted orientation sessions.

Areas with trained CHPs held regular monthly meetings at nearby health facilities. Focal persons have been assigned to coordinate CHP activities in some health centers (HC)/WorHOs, and with HEWs at health posts and during home visits.

FHC and immunization diplomas (ID) were distributed through trained CHPs and health facilities in all ESHE focus woredas. Health facilities are awarding IDs to mothers at static services, outreach sites, and public and market places. Technical assistance was provided to the Amhara RHB on the pattern of ID distribution from region to health facilities and the use of IDs in non-ESHE woredas.

The draft community monitoring/follow-up checklist prepared by the ESHE Monitoring and Evaluation Team was pre-tested by all Field Officers. Findings were discussed with the Monitoring and Evaluation Specialist during the monthly staff meeting.

Two WorHOs, Kutaber and Dera, conducted CHP training for kebeles with low EPI performance, expanding beyond ESHE planned trainings.

The regional CHPI-HSEP taskforce conducted its overdue meeting and discussed training of CHPs to date, assessment of deployed HEWs, selection and recruitment of third round HEWs, and additional themes for training CHPs. Complementary feeding, identifying danger signs among sick children, giving home-based treatment, and malaria were the themes selected.

Educational radio stations located at Debre Markos, Bahir Dar, Gondar and Dessie are regularly airing EPI spots and have promised to continue.

2.4 Performance Improvement

The regional HMIS review team finalized revision and appraisal of standardized monthly and quarterly reporting formats for use at zone and woreda levels. To introduce the revised reporting format, the RHB is planning a training to be conducted in early 2006.

Cluster staff technically and financially assisted their respective ZHD and WorHO quarterly review meetings. Prior to these meetings, supportive supervisions visits were made to lower levels, where a marked shift in the modality of supervision from intimidating and harassing to supportive was observed. The agenda and content of the review meetings emphasized performance of activities instead of the administrative issues.

2.5 Health Care Financing

Last quarter, the Health Service Delivery and Administration Proclamation was ratified by the Amhara Regional Council. A copy was distributed to zonal and woreda administrations, WorHO and health facilities.

The HCF team organized a consultation and dialogue forum to refine the regulations, following they were submitted to the Regional President's Office through the RHB and are awaiting approval of the Regional Cabinet and then ratification by the Regional Council.

Refresher training on the operation and management of special pharmacies was conducted in Dangila for Western Amhara, Dessie, and Eastern Amhara health facilities. A RHB expert and the ESHE HCF Implementation Specialist visited South Gondar and North Gondar special pharmacies established with USAID funds.

2.6 Follow-up Visits by Cluster Staff

Cluster staff conducted follow-up visits using ESHE follow-up checklists at 17 WorHOs, 44 health facilities (12 health centers and 32 health posts), and 35 CHP kebeles. All WorHOs and 35 HFs have supervisors' books, 16 WorHOs and 25 HFs have HMIS minute books, and 16 WorHOs and 10 HFs have established HMIS committees.

Supportive supervision is an area ESHE promotes for better performance. Thirteen WorHOs received supervision from their ZHD and 14 HFs received supervision from WorHOs. Ten of the WorHOs visited held review meeting with its HFs. Seven of the 17 WorHOs and 7 HFs conducted HMIS review meetings.

Of WorHOs visited 67% have HMIS Committees and use HMIS minute books. Eighty-eight percent of the WorHOs and 64% of the health facilities visited had prepared and used a supervisor's feedback book.

Of the 44 health facilities visited this quarter, 94% provide fixed immunization service daily, 93% had functioning refrigerators, and 96% provided safety boxes for disposal of sharp wastes. There were expired measles vaccine in 4 and expired DPT in 2. Of the health facilities, three quarters had posted monthly EPI monitoring charts and had correctly determined annual eligible targets.

Of the WorHOs, 4 achieved DPT3 coverage greater than or equal to 80%, 6 attained a drop-out rate below 10%. Cluster staff are maximizing their technical support to improve DPT performance.

In visited facilities, IMCI drugs were available: Oral rehydration salts (ORS) (95%), cotrimoxazole/ampicillin, first line anti-malaria drugs and Mebendazole/Albendazole (90%) and Vitamin A (83%). Foam pad use was 65%. ESHE has supplied locally-made foam pads to some health facilities hoping availability will improve use.

2.7 Other

- Responding to RHB priority to accelerate establishment of health partnership/coordination forums, the ESHE South Wollo cluster office is organizing a partnership forum and Guba Lafto woreda in North Wollo Zone initiated a non-governmental organization (NGO) forum.
- ESHE Amhara regional technical staff visited 3 clusters (South Gondar, North Wollo, South Wollo), 5 woredas (Fogera, Wadla, Guba Lafto, Kutaber, Tenta), and 4 health facilities with catchment villages (Meneguzer health post; Estayish, Sanka, and Kutaber health centers).

Supervisors were identified and HMIS minute books, graph paper, and markers for preparing wall charts were available at all ESHE focus WorHOs and HFs visited. Monitoring wall charts were well-prepared and posted, regular HMIS review meetings are being conducted, and there are encouraging initiatives to establish a data system for decision making. Supportive supervision with review meeting on performance of activities is revitalized in most ZHDs, WorHOs, and HFs

Encouraging results were observed at health facilities on foam pad and safety box use, refrigerator use and monitoring, vaccine storage in appropriate compartment, EPI tally sheet use, immunized children and drop out monitoring, and awarding immunization diplomas.

- The ESHE Regional Office relocated to a site very close to the RHB. A liaison room is secured at the new RHB building and it is being organized as a child survival resource center.

3. OROMIA ACTIVITIES

3.1 Training

HSEP: In November ESHE Oromia staff assisted the EPI refresher training organized for new HSEP instructors. The objective was to equip new recruits with basic skills on immunization. Twenty-four health center staff, who came from model HEW practical sites in West Harargae and North Shoa zones, attended. The RHB, Regional Technical, Vocational, Education and Training Commission, respective training centers, and ESHE co-organized the training.

A 1-day orientation was given on FHC and immunization diploma utilization, effective communication, and community mobilization. Participants were newly-recruited HSEP instructors. ESHE Oromia and Central Office staff facilitated the orientation.

ENA: Of 243 health workers attending ENA rollout training, 158 were female and 85 male; 68 were HEWs who have been working in ESHE focus areas. Training has been completed in all cluster zones except North Shoa.

Breastfeeding and Ethiopian Mothers

“I have never thought that Ethiopian mothers had a problem breastfeeding. I believed all rural and the majority of urban mothers breastfed their babies. Routinely, I weighed and registered children under 3 years of age. I seldom gave advice to mothers who had severely malnourished babies. This was my usual maternal and child nutrition approach before the training on Essential Nutrition Actions (ENA) and Behavior Change Communication,” says Rawda Ahmed. Rawda is a public health nurse who is working in maternal and child health department at Bulbula Health Center in East Shoa-Oromia.



Rawda negotiates with a mother on optimal breastfeeding practices.

ESHE, in collaboration with the LINKAGES project, RHBs, and ZHDs and WorHOs is strengthening nutrition services by introducing the ENA approach. The aim is to build the skill of health facility workers to counsel on optimal breast feeding and essential nutrition actions. ESHE and LINKAGES have conducted subsequent ENA-BCC trainings for peripheral health workers in Oromia focus zones.

Rawda is a health worker who attended this training. Rawda commented, “Thanks to the ESHE-supported ENA-BCC training, all those stated perceptions and routine practices are changed. I started to integrate the knowledge and skills I gained from the training into routine MCH activities.”

Rawda confessed, when she first began counseling mothers on infant and young child feeding, she was concerned that her clients will not come for follow-up. In reality, “all the counseled mothers and caretakers came back on the dates of appointment. Some mothers and caretakers witnessed observable changes on their babies after the counseling.” Rawda is now encouraged to counsel mothers even in her non-working hours. She remarked, “I wish that every health worker possesses this counseling skill.”

CHP: Training continued with 325 trained in North Shoa and 315 East Shoa. To date, 92% of planned CHPs have been trained in the first round training.

Supportive Supervision: Three-day woreda-level supportive supervision trainings were conducted in East Harargae and in East Shoa zones. Twenty-two participants in North Shoa, 27 in East Harargae and 37 in East Shoa attended, representing ZHDs, cluster WorHOs and health centers. All analyzed current supervision problems, revised performance standards, and Integrated Supervisory Checklists, and prepare joint follow-up action plans.

HMIS: A 1-day HMIS orientation was conducted for WorHOs and health center staff in each cluster. A total of 167 health workers and experts attended.

**Table 2: ESHE Quarter training plans Vs achievements in Oromia Region
October –December, 2005**

Training	EPI		ENA-BCC		CHP		Supervision		HMIS Orientation	
	P	A	P	A	P	A	P	A	P	A
Male	20	9	100	85	417	305	40	53	130	113
Female	26	15	150	158	417	335	20	11	190	54
Total	46	24	250	243	834	640	60	64	320	167

P= Plan

A= Achievement

3.2 Immunization

ESHE Oromia staff supported the first round NID. The cumulative polio coverage in focus woredas is about 98%. The West Harargae office assisted the third round sub-regional supplementary tetanus toxoid (TT) campaign held in October. TT coverage has improved in West Harargae.

Cluster staff provided technical assistance to the EOS campaign conducted in East and North Shoa in November. All ESHE focus woredas were included. The strategy addresses Vitamin A supplementation for 6-59 months old children, deworming for children 1-5 years old and screening for acute malnutrition for children 6-59 months old, pregnant and lactating women every 6 months.

Coverage for 20 ESHE focus woredas is 93% for Vitamin A supplementation and deworming. Regarding nutrition screening, 212,389 children aged 6-59 months were screened in 9 focus woredas. Of these, 14,903 (7%) have moderate acute malnutrition (weight/height 70-79%) and 367 (2%) have severe acute malnutrition (bilateral edema or weight/height <70%).

3.3 Behavioral Change Communications/Community Mobilization

CHPI Review: As follow-up to the central-level review of BCC/community activities in the 3 regions, the first of 3 meetings to review BCC/community activities was conducted in Oromia. The objective was to refocus efforts related to implementation of the CHPI and BCC strategy. Emphasized were training demands, coordination with partners, dissemination and use of BCC materials, ways to increase ownership by woreda and health workers, and collaboration between CHPs and HEWs. All staff actively and openly discussed issues from a variety of perspectives.

CHP review meetings were conducted at Adamitulu and Siraro (East Shoa); Girar Jarso and Wuchale Jidda (North Shoa); and Chiro, Messela, and Dobba (West Hararge) woredas. The purpose was to share experiences, discuss community reaction, and recognize and encourage efforts. Review meetings provide the opportunity to revise key theme messages.

Review meetings involved kebele leaders, government organizations, NGOs, and other community development workers. Respective heads of WorHOs facilitate woreda-level meetings and respective health facility staff conducts health facility-level meetings.

Media Producers Workshop: Held in Bishoftu, on EPI, infant and young child feeding. A total of 22 representatives and experts from the RHB and Education Bureau, private promotional firms, and Oromia newspaper producers attended. During the workshop basic knowledge and key messages on EPI and breastfeeding and complementary feeding were discussed. Participants reviewed the Oromiffa version of EPI and breastfeeding spots. Breastfeeding spots were reproduced in a production studio.

A field visit helped participants understand HSEP, community level activities, facility-level efforts and services and witness the child survival strategy in action. They appreciated the consistency of messages they heard at health facilities and from promoters and households visited. The private producers were able to understand what is happening in the region and promised to work with their stations to strengthen health programs.

Educational radio stations have continued airing the EPI spots without promotion of immunization diplomas through routine educational programs. They have taken the initiative to produce radio programs in different formats based on documents they received during the workshop. Most programs are on the importance of immunizations and infant and young child feeding.

FHCs and immunization diplomas are being distributed through CHPs and health facilities. After distribution throughout the Region, EPI spots promoting immunization diploma achievement are ready to be aired.

Family Health Card: a key tool in promoting health messages

Amane is a member of Ellala community, Jido Woreda, Oromia Region. She is a typical rural woman who married at age 14 and, at 25, has five children. Amane was in her last month of pregnancy when Zeinu, a CHP- visited to talk about the family health card.



"The family health card is the source of my knowledge."

Picture by Yemesrach Miamo

Zeinu, an Ellala CHP, is trained by the USAID-funded Essential Services for Health in Ethiopia Project. Zeinu transmits health messages to mothers about how to care for themselves during pregnancy and raise healthy children. The family health card is a key tool she uses in her voluntary work.

Zeinu read the FHC to Amane, explaining occasionally and pointing at the self-explanatory pictures. Zeinu gave Amane a family health card. Amane found a literate boy to read and reread the contents. She began to follow the instructions properly.

When the time came for Amane to deliver, she was well equipped with the instructions in the FHC. She said, "I fed my new baby with my colostrums, which I never did for my other kids. Who would ever think that colostrums protect the baby from sicknesses?"

Amane promises, "I will not feed my baby anything except breast milk until after 6 months. My newly born child is lucky. I will tell mothers who visit me what I got in this book".

3.4 Performance Improvement

A detailed activities report on regional- and woreda-level supportive supervision trainings was communicated to the RHB. Soft and hard copies of the revised integrated supervision checklists, performance standards, and organizational responsibilities were given to the RHB so it and its lower structures can use them for performance improvement.

3.5 Health Care Finance

Draft directives entitled *Qajeelfama Kenna tajaajilaa fi Bulchinsa Fayyaa* were developed by the HCF working group comprised of representatives of the RHB, Oromia Justice Bureau, Oromia BOFED and ESHE. The group was provided with conceptual framework and basic principles of the reform that are essential for the preparation of sound directive in line with the provision of the Proclamation.

The working group identified 15 provisions that require directives from the Proclamation and regulations. Articles were clustered under respective major areas of reforms. A

working group composed of representatives from the RHB, Regional Justice Bureau and President's Office worked on the directives which were reviewed by RHB management in a November meeting. The remaining; revenue retention and utilization, outsourcing, private wing and advisory council for health were developed by the working group.

RHB, BOFED and ESHE Oromia staff attended the National Health Account training, December 5-9, 2005. They helped finalize the prototype *HCF Implementation Manual* in a consultation meeting on December 15-16, 2005.

3.6 Follow-up Visits

Using follow-up checklists, ESHE Oromia cluster staff conducted supportive follow-up visits to 12 focus WorHOs and 81 health facilities. The purpose was to create an opportunity to recognize good practices and help health workers to maintain high-level performance. Written feedback was provided to the health facilities through WorHOs.

Of the clusters, 2 participated in 4 ZHD management meetings and 3 clusters met with 8 WorHO teams. All WorHOs and 65 HFs have supervisors' books, 7 WorHOs and 6 HFs have HMIS minute books, and 10 WorHOs and 9 HFs have established HMIS Committees.

In the preceding quarter, 6 of 12 WorHOs received supportive supervision from a ZHD and 16 HFs of 81 received supervision from WorHOs. Eight of the WorHOs visited had review meetings with HFs. Eight WorHOs and four HFs conducted HMIS meetings.

HMIS data in the second quarter indicates that out of 12 visited woredas, 5 achieved DPT3 coverage greater than or equal to 80%. Only 1 has dropout rates less than or equal to 10%. This implies much effort is required to improve current DPT performance.

Of 81 health facilities visited, 78% provide fixed immunization services 5 days a week and 67% monitor their refrigerators at least twice a day, including weekends and holidays. Safety boxes for disposal of sharp wastes were available in 94%. Only 49% had an up-to-date monthly EPI monitoring chart. Expired measles and DPT vaccines were identified in eight and one health facilities, respectively.

IMCI Drugs: First-line anti-malaria drugs were available in 63%, mebendazole in 81%, ORS in 81% and cotrimexazole in 78%. Vitamin A capsules and injectable pre-referral drugs were usually missing.

Follow up visits to trained CHPs have continued in collaboration with health facility staff and HEWs. HEWs are conducting regular monthly meetings with CHPs, usually at the health posts and during outreach sessions.

ESHE and WorHOs are trying to create a system where health facility staff take responsibility for monitoring and follow-up of CHPs activities. This enables CHPI to be

included in routine health facility service activities with continuous technical support and backstopping from the regional and cluster Project offices.

3.7 Challenges and Constraints/Solutions

High staff attrition rate has been observed in the Region. Experienced staff from WorHOs and health centers joined different training institutions, affecting routine health service activities. In response, ESHE Oromia has planned CHPI refresher training on EPI and TOT for new staff.

Another challenge was emergence of subsequent campaigns and meetings which have influenced the routine activities of facility and woreda staff. Decreased routine EPI coverage in September and October attests to this. However, ESHE-cluster staff have provided technical assistance to integrate the routine immunization with the campaigns in some low-performing woredas.

Re-engineering of the political administrative structure, including division of woredas into 2 independent woredas, has created a gap in routine immunization services, particularly outreach activities. Outreach immunization services are canceled during busy out-patient days. These issues were brought to the attention of health managers for appropriate action.

3.8 Other

- ESHE Oromia has conducted Regional staff and CHP review meetings for all ESHE Oromia staff. Using this opportunity, an orientation and discussion forum was held with the newly appointed RHB Head. The purpose was to further strengthen the existing partnership at all levels. Dr. Tesfaye Bulto, ESHE Deputy Project Director, Child Health introduced the Project goals and strategies. The outcome of the meeting was encouraging, fostering strong partnership and harmonized work.
- ESHE Oromia participated in the special pharmacy guideline consultation meeting. The purpose was to review and update the guideline and after discussion important recommendations were incorporated.

4 SNNP ACTIVITIES

4.1 Training

ENA: Trainings were conducted for 97 participants. The objective was to build capacity of health facility workers and community workers in optimal breastfeeding and optimal complementary feedings.

EPI: Mop-up training was conducted for 30 participants in Sidama zone. Except 1 participant who came from ZHD, 29 were health workers from various health facilities.

Supportive Supervision: Trainings were completed this quarter. The last cluster, Sidama, conducted training for 31 participants. The objective was to build the capacity of zone, woreda and facility-level health managers in conducting supportive supervision.

**Table 3: ESHE Quarter training plans Vs achievements in SNNP Region
October –December, 2005**

Training	EPI		ENA-BCC		CHPI ToT		CHP		Supervision	
	P	A	P	A	P	A	P	A	P	A
Male	20	12	50	63	5	15	630	591	15	25
Female	40	18	75	34	10	21	1000	586	14	6
Total	60	30	125	97	15	36	1630	1177	29	31

P= Plan

A= Achievement

4.2 Child Survival

ESHE SNNP office is coordinating ENA and acute malnutrition screening/education training and operation by village volunteers in Save the Children USA emergency intervention woredas that overlap with ESHE woredas. Save the Children USA staff attended the Bolosso Sore CNP training.

Cluster staff supported TT immunization activity implemented in selected SNNP zones. They participated in two rounds of NID starting from regional consultative meeting to supervision and logistic support. Cluster staff assisted ZHDs and WorHOs in expanded EOS. Previously, EOS was implemented in the 54 drought affected woredas and included, among others, nutrition screening and supplementation. Expanded EOS is taking place region-wide and is limited to Vitamin A supplementation, de-worming, and EPI. Depending on their situation, local health sub-systems can incorporate other carefully-selected activities.

4.3 Behavioral Change Communications/Community Mobilization

Media Producers Workshop: Conducted for producers in SNNP. The objectives were to identify the role of media for behavior change; harmonize key EPI, breastfeeding and complementary feeding messages and use these messages to produce scripts for production; visit activities at health facility and community levels; and create opportunities for further collaboration. Twenty-five participants from regional radio stations, RHB, and Regional Education Bureau attended. All stations promised to integrate messages with existing health, social affairs, children, women, education, and other programs. The Regional Education Bureau representatives promised to integrate messages into the curriculum of the formal educational radio programs soon scheduled for review. The Sidama radio station promised to translate and broadcast breastfeeding and complementary feeding spots into Sidama language as it did for EPI spots. The

Wolayita group and Regional Education Bureau representatives were interested in facilitating translation of spots into other local languages.

Wolayita and Sidama radio stations have continued airing immunization spots on a regular basis. They are asking for other spots, as immunization messages are becoming monotonous. ESHE resolved Sidama radio station's shortage of tapes by soliciting tapes from the Regional Education Bureau which had extra.

CHPI: Expansion dominated much of SNNPR's project work in the second quarter. Sensitization meetings were conducted in 214 kebeles under 57 HFs, with the participation of 2,548 community members. Forty-four HFs conducted CHPI review meetings involving more than 2,000 CHPs and other community leaders from 96 kebeles. Ten community festivals were conducted in 6 woredas.

BCC materials: ESHE SNNP assisted the RHB in planning the distribution and follow-up of the 225,300 immunization diplomas supplied by UNICEF for non-ESHE areas. ESHE clusters and woredas received 25,150 FHCs, 2,400 immunization diplomas and 21,790 T-shirts from Project funds.

Kokeb Kebele Initiative: The Badwacho cluster team conducted community sensitization meetings in 4 kebeles to discuss the selection process for members of the Action Committee that will oversee and monitor Kokeb Kebele activities. The ESHE Badwacho team collaborated with HCP on training of Action Committee members on selecting goals and working with community members. In this woreda, where ESHE is the lead partner, cluster teams are discharging their responsibilities as expected.

4.4 Performance Improvement

Two ZHDs and 10 WorHOs made supportive supervision to levels below. One ZHD (Gamo Gofa) and 4 WorHOs (Boricha, Awassa Zuria, Arba Minch Zuria, Damot Gale) financed the supervision from other sources; ESHE funded the rest.

Goffa WorHO conducted review meetings with HFs and health posts with ESHE funding.

ESHE regional team made a 2-day supervisory visit to the one remaining cluster, Sidama. Cluster team performance of the 4 ESHE clusters is being standardized. This encompasses office organization, work relationship with counterparts and partners, conduct of trainings, program implementation, and its follow up.

Eighty-five copies of the *Health Management Standards* were distributed to all HFs in ESHE woredas for use as a performance standard reference. This is in addition to what had been previously distributed to all ZHDs and WorHOs through the RHB. The office made an overview presentation and distributed 150 copies to a regional gathering of WorHO and ZHD heads organized by the RHB in collaboration with a World Health Organization, Integrated Disease Surveillance and Response (IDSR) Meeting.

Technical assistance was provided to the RHB to strengthen HMIS for non-ESHE areas. ESHE supplied HMIS manuals (kept in store from ESHE I), helped design the training and co-facilitated trainings. The RHB secured funds from the Regional Capacity Building Bureau. This initiative provides a very good example of ESHE's expanded impact.

ESHE cluster HF follow-up visit checklist was translated into Amharic. ESHE Cluster Monthly WorHOs and HFs Follow-up Planning and Tracking Sheet has been developed and is available for sharing.

4.5 Health Care Financing

The SNNPR government has ratified the HCF regulations, paving the way for initiating implementation steps in the region. A session was allotted for orientation on the regulation to a regional gathering of WorHO, woreda finance office and ZHD heads organized by the RHB in collaboration with WHO/IDSR. A pre-published copy of the regulation was distributed to all health and finance office representatives attending.

A team lead by Ato Netsanet visited the RHB and Dale WorHO, Sidama cluster to prepare a case study for the London Child Survival Conference (see Section 1.1.2).

4.6 Follow-up Cluster Teams Visits

Responding to a gap identified during the previous quarter, cluster follow-up visits to facilities, ESHE is reinforcing the momentum with the RHB Child Health Expert and Family Health Team to reinstitute EPI+ into the regular health services program.

The refrigerator that was reported to be dysfunctional in an HF in Sidama has been replaced with a new one.

Cluster teams made follow-up visits with checklists to 4 (16.6%) WorHOs, 43 (71.6%) HFs, and 44 (73.3%) communities with CHPs, a big increase over last quarter. Still short of the expected number, the achievement is impressive, performing alongside rollout of high intensity CHPI activities (community sensitization, CHP training, review meeting and festival) and work interruption due to polio, TT, expanded EOS campaigns, and other local government activities.

Three of the 4 clusters participated in 6 ZHD management meetings. Another 3 out of 4 clusters held meetings with 9 WorHO teams. All WorHOs and HFs have supervisors' books, all WorHOs and 93% HFs have HMIS minute books, and all WorHOs and 88% HFs have established HMIS Committees.

One of 4 WorHOs received supportive supervision from a ZHD and 40% of HFs received supervision from their WorHOs. Only 1 of the WorHOs had a review meeting with its HFs. Three of 4 WorHOs and 63% HFs conducted HMIS review meetings.

EPI Activities: Of the 43 visited HFs, 79% provide daily EPI, 93% use safety boxes, 86% monitor refrigerators, 67% use foam pad during immunization sessions, and 42% provide Vitamin A during EPI+.

Sixty-three percent of the HFs have a stock of vaccination cards and 68% use a EPI monitoring chart. In July-September 2005, only 23% HFs and 1 WorHO achieved DPT3 at or above plan; DPT dropout rate was 10% in 2 WorHOs and 5 HFs.

Essential IMCI drugs were available in more than 80% of the visited HFs except pre-referral drugs where only 37% have them. About 10% of the 43 HFs did not have all 4 vaccines. In one, Guba Health Center, Alaba woreda, expired measles vaccine was found in a refrigerator.

4.7 Monthly Performance Review

In successive regional team and general staff meetings the ESHE SNNP's team project performance for the six months (July-December 2005) of Year 3 was reviewed. Accomplishments were deemed very good. The fact that CHPI has reached 51% of the kebeles in the 24 ESHE woredas is a big success. Based on lessons learned, some modification has been made to the approaches and plans for the next quarters.

4.8 ESHE-RHB Coordination

In the presence of Dr. Shiferaw T/Mariam, Mr. Frank White, and RHB Heads, a brief but useful meeting was conducted with ESHE WorHO and ZHD heads while they were in Awassa for another meeting.

The meeting addressed three issues: Introducing ESHE to the mostly new health office heads, reflecting on ESHE's performance, and reinforcing implementation of key Project activities. Although most participants were new as heads, coming from within the system, almost all said they know ESHE and its activities well.

Upon their invitation, ESHE joined Pathfinder's National Technical Advisory Committee in its study visit to SNNPR Project sites, some in and others outside ESHE zones, demonstrating partnership and sharing experiences.

4.9 Other

An increased number of meningitis cases in focal areas, reported from Gamo Gofa-Konso and Wolayita-Alaba clusters, has been contained by vaccination and treatment.

4.10 Challenges

- As CHPI expands to more kebeles (entailing 2 steps of community sensitization and CHP training), planning and organizing review meetings and festivals in the older kebeles follows, making work intense and vicious. We are considering if

retraining former CHPs on new themes (danger signs, diarrhea, infant and young care feeding) should be the priority versus trying to reach the un-reached kebeles with first round training. Establishing the CHPI structure through community sensitization and CHP training in all kebeles of ESHE focus woredas with newly deployed HEWs may be the most effective strategy.

- During the review of ESHE 6 month performance, new health workers and those not trained did not issue (strictly) immunization diplomas to mothers whose children completed immunization. It was suggested that printed laminated reminders be posted on HF walls.
- To be able to introduce the HCF regulation at the start of the coming fiscal year, required implementation guides and training on the *Manual* must be planned carefully and completed in the next quarter.
- Because of the big difference between Demographic and Health Survey data and routine coverage reports, RHB experts are considering a regional survey. They have approached partners, including ESHE, to participate.
- The RHB has been seeking help on establishing a community HMIS. In mid-February 2006, in cooperation with the BASICS Project, a consultant will be in Ethiopia to design a community-level HMIS that will be piloted in Bolosso Sore.
- At a recent RHB and ESHE meeting staff problems of different types of community health workers and the absence of a framework to guide community-based services was discussed. With the build up in HSEP, the question being raised is “Can the system continue as it is with the existing mix of cadres?” New donors in the region are introducing new cadres or duplicating some existing ones (of their choosing). This topic is to be discussed further.

5 Office of Foreign Disaster Assistance (OFDA) – Bolosso Sore Woreda Activities

The OFDA-funded Health and Nutrition Sector Interventions to Complement Community Therapeutic Care (HNS/CTC) Project was officially launched in Bolosso Sore woreda of Wolayta Zone, SNNPR the second week of September 2005. Full implementation began in October 2005. ESHE works closely with International Medical Corps (IMC), the NGO implementing CTC in Bolosso Sore.

5.1 Startup Activities

A baseline survey of 2,400 households was completed. The objective was to provide woreda-level data on child immunization, feeding practices and nutrition, maternal health care service, and family planning. The survey will be used to gauge the success of Project interventions focused on prevention and treatment of malnourished children.

Recruitment of 6 technical and administrative staff was completed: a Woreda Coordinator, 3 Field Officers, 1 Office Manager, and 1 Office Assistant. Office setup is complete, except for securing a telephone line, which is in process.

5.2 Trainings

CHP began with community orientations/sensitizations to 13 to 15 community representatives per community to select their potential CHPs using criteria set by the community. Based on the community sensitizations, 575 community members were selected and received CHP training.

CNP-TOT was conducted for 37 participants, 7 Regional CTC officers, 1 Regional Community Mobilization Head for the Save the Children USA, and 2 CTC Coordinators for the 10 Bolosso Sore sites.

CNP direct training was conducted in Areka. LINKAGES and Central ESHE staff assisted. Attending were 39 females and 13 males. although CNPs are females, males who work for IMC CTC and health post staff in the absence of HEWs attend the training.

**Table 4: ESHE Trainings in Bolosso Sore
(October – December 2005)**

Participants	CHPI Direct Training	CNP TOT	CNP Direct Training
Male	282	20	13
Female	293	17	322
Total	575	37	336

The ESHE Woreda Coordinator and 3 Field Officers received EPI refresher training. They will conduct EPI refresher training for the HEWs who arrive January 2006.

5.3 Community Mobilization

A total of 16,890 FHCs were distributed by CHPs to households having under-5 children and pregnant women. The initial distribution by ESHE Field Officers and health centers is then continued with HEWs and CHPs becoming distribution points.

Immunization diplomas were distributed to all Bolosso Sore health facilities. Follow-up will insure distribution by health posts to infants completing immunization before the age of 1 year.

5.4 Integrated Management of Newborn and Childhood Illness (IMNCI)

Based on the IMNCI *Training Guides*, preparation for training of health center staff and HEWs is progressing. In preparation for introduction of IMNCI, essential IMNCI drugs and equipment were transported from the RHB store to Bolosso Sore.

To establish a good logistics system in Bolosso Sore for IMNCI implementation, ESHE assisted the DELIVER Project in preparing logistics management training. Training of health facility, WorHO storeroom staff, and ESHE Bolosso Sore staff will be conducted in January 2006.

5.5 Partnership and Coordination of Activities

Coordination with WorHO: Technical and transport assistance was provided to the woreda during 2 polio NIDs. NID coverage for under-5s was 100% polio and 100% TT3 for women 15-45 years of age. Assistance was provided during EOS, which included routine immunization, de-worming, and screening children for malnutrition. Achievement data is being compiled.

ESHE assisted the WorHO in arranging a monthly partners' coordination meeting. The first meeting is scheduled for January 14, 2006.

Project staff was proactive in assisting the WorHO during micro-planning and implementation phases of all child survival campaigns.

Coordination with NGOs: Save the Children USA and IMC workers were trained in community nutrition promotion to harmonize nutrition messages conveyed to mothers/caretakers. IMC-CTC workers now actively convey nutrition messages to mothers of severely-, and moderately-malnourished children using the same BCC tools used by ESHE staff. The ESHE Woreda Coordinator has met frequently with the IMC woreda and zonal coordinators to discuss ways to improve coordination and prevent duplication.

Coordination with Others: Health workers who are active CNP trainers are training Disaster Prevention and Preparedness Bureau (DPPB)/World Bank nutrition workers in promoting nutrition messages. The Regional DPPB Child Survival Department Head, in meeting with the HNS/CTC Project Manager, requested some of the DPPB/ World Bank/nutrition educators/volunteers be included in future CNP training. The Project Manager concurred.

6. EPI COVERAGE

ESHE cluster staff continue to guide health managers and workers on ways to prepare EPI monitoring charts, interpret the data for decision making, proper use of refrigerators, and use of an injection safety boxes. During follow-up visits, support was given to

address areas demonstrating poor practice of cold chain management, poor recording on reporting formats, irregular outreach sessions, and poor EPI coverage.

ESHE's input is not only reflected in EPI coverage, but also in the quality of service health facilities provide. Table 5 shows EPI coverage during the first quarter of Project Year 3 in ESHE woredas, ESHE target zones and ESHE target regions. ESHE woredas are performing better than the overall region. In the first quarter, health staff are engaged in non-health service activities such as drafting annual plans and budget allocations. Outreach activities are interrupted. As a result, it is common to see low EPI coverage in first quarters. As Table 5 shows, DPT3 coverage in the three ESHE regions; Amhara 59%, Oromia 72% and SNNP 77% is higher than that of their respective regions overall coverage: Amhara 56%, Oromia 46% and SNNP 59%.

**Table 5: EPI Coverage in Three Regions
(July-September 2005)**

	Quarterly Coverage Calculated from Eligible this Quarter									Dropout Rate (DPT1- DPT3) /DPT1 (%)
	Eligible this Quarter	DPT1 (%)	DPT3 (%)	OPV3 (%)	Measles (%)	Eligible this Quarter	TT2+ (PW) (%)	Eligible this Quarter	TT2+ (NPW) (%)	
Amhara										
ESHE Woredas	41,747	67	59	-	43	41,747	38	231,395	15	12
ESHE Zones	81,698	68	61	-	34	81,698	37	452,840	16	10
Region	168,127	63	56	-	40	168,127	35	931,901	16	10
Oromia										
ESHE Woredas	31,675	95	72	79	53	34,840	40	166,360	10	23
ESHE Zones	75,264	83	60	57	43	81,367	50	388,526	13	28
Region	238,808	60	46	45	34	250,988	17	1,198,466	15	22
SNNP										
ESHE Woredas	58,214	81	77	76	43	65,261	54	298,731	14	5
ESHE Zones	82,903	98	71	70	34	92,098	28	353,700	14	28
Region	141,598	71	64	59	40	158,564	49	725,822	18	10

The figures below compare this year's first quarter EPI performance against the previous year's first quarter performance in each ESHE region. In Oromia and SNNP, this year's performance shows improvement. Improvement in Amhara region is only evident at health facility level, where CHPs are actively involved. The coverage refers to only ESHE focus woredas.

Figure 1: EPI Performance in Amhara ESHE Woredas

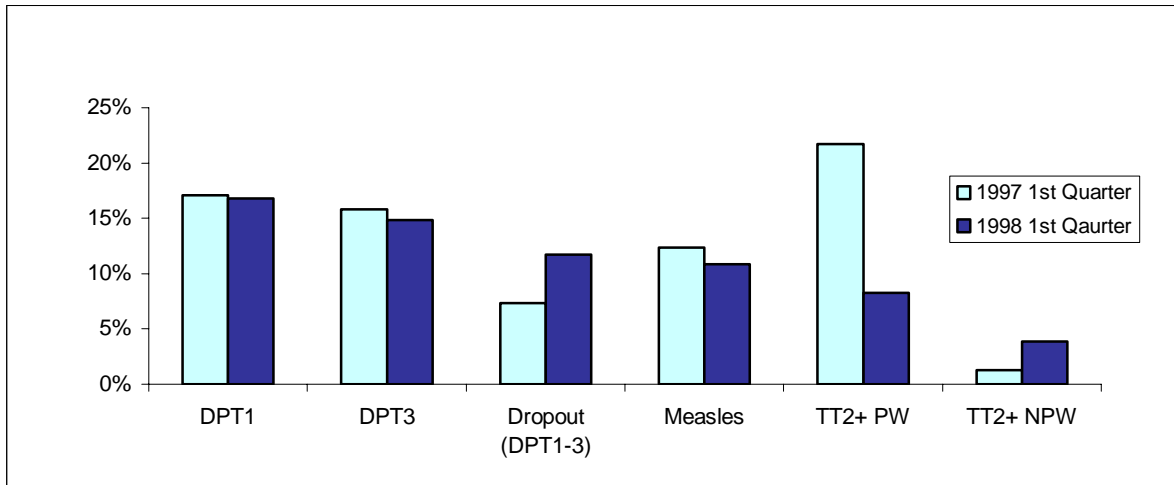


Figure 2: EPI Performance in Oromia ESHE Woredas

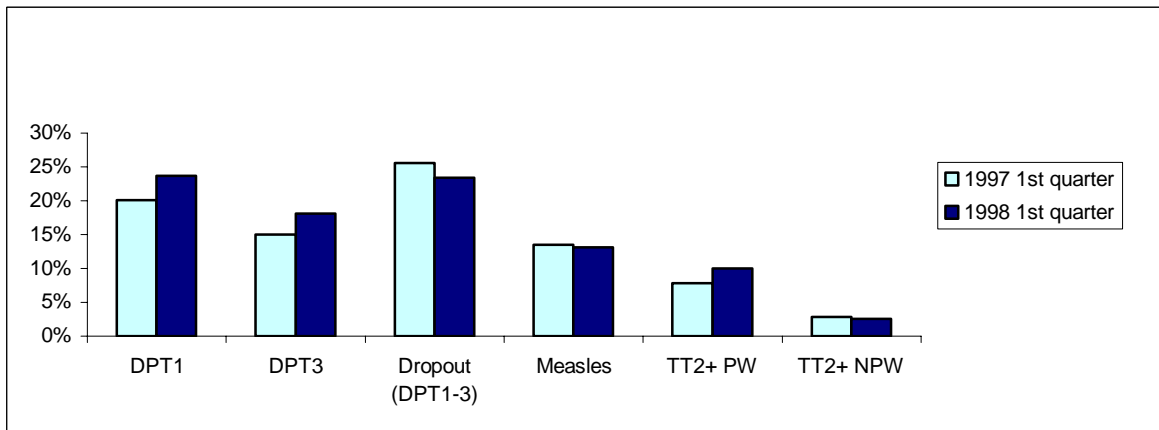
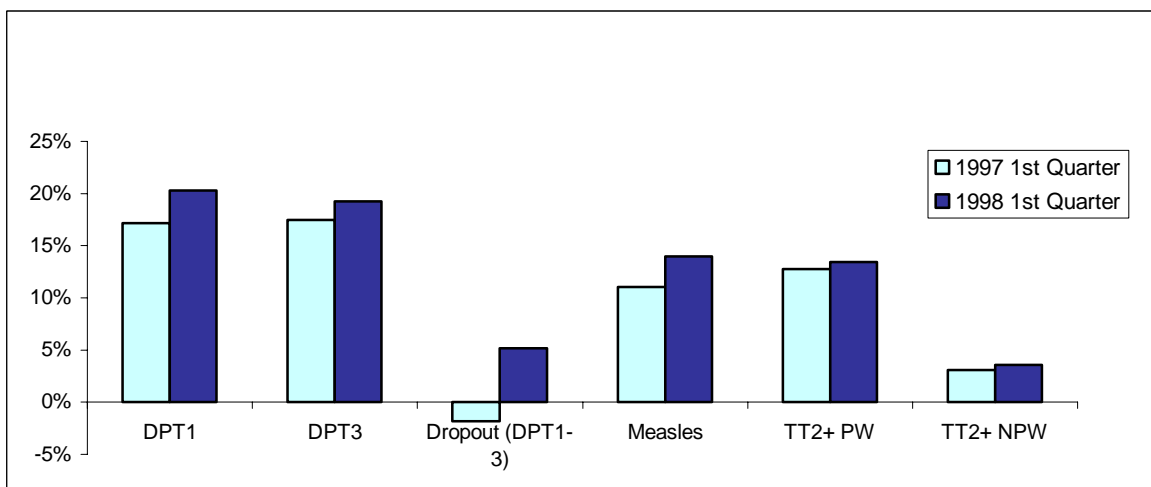


Figure 3: EPI Performance in SNNP ESHE Woredas



Annex 1

**Table 6: ESHE Supported Training
(October - December 2005)**

Training	Amhara			Oromia			SNNP*			Total (3 Regions)		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
CHPI/CNP												
CHPI TOT							21	15	36	21	15	36
CHP	694	527	1,221	305	335	640	591	586	1,177	1,873	1,741	3,614
CNP TOT	-	-	-	-	-	-	20	17	37	20	17	37
CNP	-	-	-	-	-	-	13	322	335	13	322	335
ENA												
ENA/BCC TOT				65	102	167				65	102	167
ENA/BCC	30	31	61	20	56	76	63	34	97	113	121	234
EPI												
Health worker	11	71	82	9	15	24	12	18	30	23	89	112
Supervision												
Training	71	39	110	53	11	64	25	6	31	167	60	227

*Includes the OFDA funded Bolosso Sore Project

Table 7: ESHE Supported Training Life of Project
(November 2003 – December 2005)

Training	Amhara			Oromia			SNNP*			Total (3 Regions)		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
CHPI/CNP												
CHPI TOT	160	20	180	165	51	216	219	126	345	544	197	741
CHP	1,830	1,327	3,157	3,186	2,409	5,595	3,610	3,314	6,924	8,626	7,050	15,676
CNP TOT	-	-	-	-	-	-	20	17	37	20	17	37
CNP	-	-	-	-	-	-	13	322	336	13	322	336
ENA												
ENA/Tech.	21	2	23	120	29	149	14	4	18	155	35	190
ENA/BCC TOT	24	6	30	65	102	167	0	0	0	89	108	197
ENA/BCC	142	55	197	109	181	290	141	218	359	392	454	846
EPI												
TOT	93	10	103	284	268	552	70	15	85	447	293	740
Health Worker	395	304	699	91	11	102	404	150	554	890	465	1,355
HMIS												
Refresher	24	2	26	139	67	206	71	6	77	234	75	309
Supervision												
Training	170	45	215	122	18	140	144	16	160	436	79	515
HSEP												
TOT	19	1	20	0	0	0	27	8	35	46	9	55
HCF												
Training	33	2	35	923	62	985	0	0	0	956	64	1,020

*Includes the OFDA funded Bolosso Sore Project

Annex 2.

Table 8: Project Targets and Mid Year Achievements

Indicator	Operational Definition	Amhara	Oromia	SNNP	Amhara	Oromia	SNNP
		Annual Target Year 3			Mid-Year Achievement		
DPT3 Coverage		80%	80%	80%	59%	72%	77%
Polio3 Coverage		80%	80%	80%	-	79%	76%
Vitamin A		65%	65%	80%	-	95%	-
DPT dropout rate		≤0%	≤0%	≤0%	12%	23%	5%
Health Facility received supervision from WorHO out of visited HFs		-	-	-	36%	33%	30%
WorHO received supervision from ZHD out of visited WorHOs		-	-	-	67%	66%	40%
CHP training		6500	6000	7000	2770	690	2453
Facility Health Workers/HSEP workers training							
	EPI	220	220	240	165	0	30
	ENA	220	220	736	201	393	310
	IMCI	500	500	575	0	0	0
	CHPI	200	200	60	76	0	185
Health Managers Training							
	Mngt/Superv./HMIS	100	100	100	185	140	128
		LoP Target			Mid-Year Achievement		
Availability of essential oral drugs	ORS	98%	98%	100%	96%	82%	97%
	Cotrimoxazole	98%	98%	98%	93%	77%	87%
	Antimalarial drugs	98%	98%	98%	95%	77%	94%
	Mebendazole/Albendazole	98%	98%	98%	92%	92%	92%
	Vitamin A	98%	98%	98%	75%	66%	-
Availability of Essential child vaccines	BCG	98%	98%	98%	99%	100%	89%
	Polio	98%	98%	98%	96%	100%	96%
	DPT	98%	98%	98%	99%	98%	96%
	Measles	98%	98%	98%	99%	91%	92%