

**ACCESS Ethiopia Semi Annual Report
for HEW and community based MNH programs
October 1, 2008 to March 31, 2009**

MAJOR ACCOMPLISHMENTS

- Developed a comprehensive PMTCT learning resource package (LRP), which was subsequently used to train 40 Health Extension Workers (HEWs) in the Oromia region. The 6-day training prepared the HEWs to deliver comprehensive PMTCT services including counseling, conducting HIV rapid tests at the health post and home level, and appropriate delivery of NVP to the mother and newborn. In addition, supplies and equipment required to conduct the HIV rapid test at health posts were procured and distributed. As a result of this training, HEWs have begun providing rapid tests.
- Conducted an SBMR Module 1 workshop to adapt existing assessment tools to the local context, and orient hospital staff on how to use this tool to improve the quality of MNH services in their facilities. Baseline assessments were then conducted at 5 selected hospitals to identify gaps in performance. In order to address these gaps, hospitals will develop action plans
- Launched a new ACCESS program in West Hararge, focusing on the household-community-hospital continuum of care. The launching ceremony was an opportunity to introduce the program to key stakeholders, and generate political will for its support.
- Adapted data collection, recording and referral tools for use by HEWs at the health post level. The tools include indicators to capture information on BP, CR, PPC and distribution of misoprostol. A labor and delivery registration book was also (adapted?) to link health posts with health centers, and strengthen the referral and follow-up systems. In health posts where HEWs were trained to provide PMTCT services, data collection tools were also adapted to include comprehensive PMTCT service provision at the community level.
- Developed a learning resource package (LRP) for community based training of HEWs in birth preparedness and complication readiness, post partum care and use of misoprostol. The LRP was used to update the knowledge and skills of 12 midwives who will provide onsite training for HEWs in the areas mentioned above.

NARRATIVE

Health Extension Workers (HEWs)

As part of the process of improving maternal and newborn care in the Oromia region, ACCESS has worked to build the capacity of Health Extension Workers (HEWs) in clean and safe birth, and essential newborn care at the community level. Under this program, in service training was conducted in twelve health centers in the region, and 358 HEWs have received new knowledge and skill in infection prevention(IP), Focused Ante natal Care(FANC), safe and clean birth, Essential newborn care and PMTCT counseling. Following the training, supportive supervision visits was made to selected health posts and linkages with their respective woreda supervisors was established to ensure close follow-up, supervision and support continues after the training.

PMTCT is an important strategy to prevent HIV infection in children and link HIV positive mothers and their family members to care and treatment programs. Past experience with implementing PMTCT services in Ethiopia shows that the greatest challenges to comprehensive HIV/AIDS services are low ANC coverage and institutional delivery rates, as well as poor uptake of PMTCT services in public facilities. Efforts to increase the uptake of PMTCT and HIV Counseling and Testing (HCT) services should be directed closer to the community to improve access to these services. HEWs, which are situated at the community level and perform antenatal care (ANC) and delivery services, represent a viable opportunity to expand the availability of, and thus increase the uptake of, PMTCT services

In response to this need, ACCESS is conducting a pilot project supporting HEWs in twenty health posts in Oromia to deliver comprehensive PMTCT services, including performing the HIV rapid test, provision of Nevirapine (NVP), and targeting women accessing ANC and labor and delivery services in the home and at the health post. For this pilot project, five health centers (Adama, Mojo, Holeta, Kuyu and Jimma) were selected based on the availability of comprehensive PMTCT services, number of clients who access VCT services and are on ART, and clients who have received PMTCT service in the last three months preceding the assessment. A total of 40 HEWs from 29 health posts were selected for training based upon their performance providing MNH services following their one month clean and safe birth training

Working closely with the Oromia Regional Health Bureau (ORHB) and other partners, ACCESS adapted a referral manual from the national PMTCT guidelines and the laboratory technician training manual and developed a LRP for HEWs. The LRP consists of a trainer's guide, a participant's manual, a reference manual and a monitoring logbook, and will be used to train HEWs to conduct the rapid HIV test as part of PMTCT service provision.

In January 2009, a 6- day competency based training on PMTCT was held for 40 participants in two rounds. These workshops consisted of didactic sessions, and practical skills demonstration in laboratory settings, followed by one and a half days of practical attachment where they practiced on skills related to counseling, finger prick specimen collection, performing the rapid test, and interpreting test results.

West Hararge: House hold - community to hospital continuum of care program

In February 2009, Jhpiego hosted an ACCESS house hold - community to hospital continuum of care program launch in Chiro (West Hararge) for partners and stakeholders, with an objective of building consensus on the program and its implementation, and obtaining buy-in from partners.

Following this event, an LRP (Participant manual and lesson plan) was developed for community based training of HEWs in birth preparedness and complication readiness, post partum care and use of misoprostol, and was used to train 76 HEWS in 38 health posts. This training is designed to result in a high impact on maternal and newborn health by assisting the woman to develop a birth preparedness and complication readiness plan and to provide postpartum care within three days after delivery. In addition, community based distribution of misoprostol to pregnant woman for the prevention of PPH is included in the training.

In collaboration with the Ethiopian Nurse Midwife Association (ENMA), 12 midwives were recruited as trainers and received five days training of trainers' course in BP, CR, PPC and use of misoprostol in order to prepare them for conducting on site training for HEWs. This training was

prepared to help participants practice teaching by giving them an opportunity to work with a prepared lesson plan.

SBM-R Implementation

To improve the quality of maternal and newborn care service provision in Ethiopia, ACCESS is implementing SBM-R in six hospitals, four of which are from the AHOTP training sites supported by ACCESS last year. Jhpiego conducted a three-day SBMR Module 1 workshop in Adama, for 29 participants from the six hospitals, as well as the Ministry of Health, and the integrated family health project. During the workshop, the concept of quality, the SBMR approach, and adaptation of standards to be used for the program were discussed at length. Following the workshop, baseline assessments for five hospitals were conducted namely Assela, Dessie, Gelemso, Chiro and Bahirdar Hospitals. The assessments were done with the hospital staff that participated in the workshop and the findings and feedback were shared with the key hospital staff. (were action plans developed?)

3. Challenges

1. High staff turnover and/or Retention of Trained Providers: Health worker retention is a significant challenge faced in program implementation. For example, after completing the SBM-R workshop, one gynecologist left the hospital.
2. Caseloads – in many of the health facilities in West Hararge the number of deliveries are found to be very low (5-6 deliveries per month in health centers).
3. Providers' resistance to change and low morale among providers are other challenges.

Table 1: Country Resources Developed with ACCESS Support

DOCUMENT TITLE	TYPE OF RESOURCE	PURPOSE	TARGET AUDIENCE	YEAR DEVELOPED
SBMR Standards	Guidelines	Conduct assessments at facilities, using a quality improvement tool	Healthcare Providers, program managers	2009
HEW PMTCT Learning Resource Package	Trainers manual, Participant manual,	To train HEWs in VCT/PMTCT	HEWs and trainers	2009

PROGRAM COVERAGE MATRIX

Table 2: ACCESS Program Coverage

COUNTRY INTERVENTION	# OF COMMUNITIES	# AND % OF FACILITIES (% OF FACILITIES COVERED ACROSS TARGET DISTRICTS.)	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
ETHIOPIA							
Training of HEWs in comprehensive PMTCT	29 kebeles	29 health posts	8 Woredas/ 4 Zones	4 zones out of 17 zones in Oromia region	1 out of 11 regions	145,000	N/A
SBM-R process in MNH implemented in six hospitals	N/A	6 hospitals out of 21 AHOTP sites in the country	N/A	N/A	2 out of 11 regions	N/A	N/A

Note: Data sources for population figures include national census data; US Census Bureau, International Database, <http://www.census.gov/ipc/www/idbpyr.html>; World Gazetteer at www.world-gazetteer.com (Cameroon); <http://population.wn.com> (Nepal, Mauritania, Burkina,);; <http://www.odci.gov/cia/publications/factbook/index.html> (Mauritania, Madagascar); <http://en.wikipedia.org/wiki/Region> (Burkina); *Kenya 1999 Population and Housing Census Volume VII: Analytical Report on Population Projections, 2002* (Kenya)

*Districts in Mauritania include: Nouakchott, Kaedi, Bababe, Aleg, Aioun, Kiffa and Neima; Regions: Nouakchott, Gorgol, Brakna, Hodh El Gharbi, Assaba and Hodh Ech Chargui

**Cameroon's 58 departments are divided into 269 arrondissements and 53 districts. Data source: www.reproductive-rights.org.