Launched in 2004, the Health Extension Program (HEP) is the government’s flagship program to ensure universal access to promotive, preventive, and limited curative health care services. Over 38,000 Health Extension Workers (HEWs) have been trained and serve at health posts in rural communities. The HEWs are linked to a Primary Health Care Unit for referral and technical support. The HEP has been instrumental in bringing about improved coverage of high-impact interventions including family planning, antenatal care, postnatal care and immunization. As one of the development partners supporting the HEP from its inception, JSI is proud of the contributions made by the HEP in transforming the health status of Ethiopians.

Ethiopia: Improving People’s Health

Strong leadership, clear policies, and sustained investment have seen Ethiopia make significant progress in health coverage and outcomes. In the past five years, Ethiopia has decreased its child mortality rate by almost 30 percent and is now one of the few countries that have reached Millennium Development Goal (MDG) 4 to decrease child mortality ahead of the 2015 target date. Ethiopia is also on track to meet MDG 6 to combat HIV, malaria, and tuberculosis and concerted efforts are being made to decrease maternal mortality and achieve MDG 5.

Strategic investments in expanding primary health care through engaging communities, building and equipping health facilities—health posts and health centers—and training and deploying different cadres of health workers; strengthening health systems including logistics and health information systems; and health care financing have been key to bringing about the impressive progress.

Since 1994, JSI has partnered with the Government of Ethiopia at Federal and regional levels to contribute to improvements in health outcomes.

JSI HISTORY IN ETHIOPIA


Worked closely with the Federal Ministry of Health (FMOH) and other partners to increase access to family planning services and ensure contraceptive security, with funding from USAID.


Assist USAID and FMOH with health systems strengthening services.

DELIVER I&II (2000–present)

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JSI’s long history of partnership in Ethiopia

Since 1994, JSI has partnered with the Government of Ethiopia (GoE) at Federal, regional, and woreda levels to contribute to improvements in health outcomes. JSI’s support over the past two decades spans from rural to urban programs, from community to primary health-care levels to strengthen systems addressing a wide range of health issues including child survival, family planning, HIV prevention, immunization, obstetric, maternal, and neonatal care, and more. Technical expertise includes capacity building in health management information systems, supply chain management, service delivery, and quality of care.

JSI ACTIVE PROJECTS IN ETHIOPIA

Reproductive, Maternal, Newborn, and Child Health (RMNCH) and HIV Interventions

JSI works to improve RMNCH outcomes by engaging communities, supporting service delivery at the primary health-care level, and strengthening systems for improved outcomes.

The Integrated Family Health Program (IFHP) is strengthening the health system and improving health practices in households and communities in more than 300 woredas across the four largest regions in the country. IFHP is implemented by Pathfinder International and JSI in partnership with local partners and works to increase the use of high-impact newborn and child health, family planning, and maternal health practices, products, and services. Skills building trainings and technical support is given to health workers to improve quality and access of the health services at various levels of the health system. http://www.IFHP-et.org

With funding from the Bill & Melinda Gates Foundation, UNICEF, and USAID, the Last Ten Kilometers (L10K) Project works closely with the Ethiopia government to

JSI’S HISTORY IN ETHIOPIA, CONTINUED

2003

Essential Services for Health in Ethiopia (ESHE) Project (2003–2008)
Support Community promotion initiative which has informed subsequent community mobilization strategies throughout the country.

USAID DELIVER PROJECT (2003–present)

2005

ESHE II Project (2003–2008)
Making Medical Injections Safer (MMIS) (2004–2009)

2007


2008


2009


GAVI Alliance Civil Society Organization (CSOs) Study (2007–2008)


2008

Last 10 Kilometer’s Project (2008–present)
implement innovative strategies to engage local communities in improving RMNCH interventions. The primary goal of L10K is to enhance the interactions between households, communities, and the Health Extension Program (HEP), including the Primary Health Care Unit (PHCU), and to test community-based strategies for learning and evidence-based scale-up. In so doing, L10K contributes toward sustained improvements in RMNCH outcomes and ultimately toward achieving the maternal and child health MDGs. L10K covers 201 woredas in four of the most populated regions in Ethiopia (Amhara, Tigray, Oromia, and Southern Nations, Nationalities and Peoples’ regions). http://l10k.jsi.com

To address the health challenges related to rapid urbanization, the Strengthening Ethiopia’s Urban Health Program (SEUHP)—supported by USAID—strengthens the government’s Urban Health Extension Program by improving the quality of community-level health services, strengthening referral linkages, building the regional platforms for improved implementation of the national urban strategy, and promoting intersectoral management of urban waste and sanitation. SEUHP will further expand targeted services by improving the health status of Ethiopia’s urban populations with a focus on reducing HIV/TB-related and maternal, neonatal, and child morbidity and mortality and the incidence of communicable and non-communicable diseases in 49 cities/towns. http://www.jsi.com/JSIInternet/IntlHealth/project/display.cfm?ctid=na&cid=na&tid=40&id=15601

The Universal Immunization through Improving Family Health Services (UI-FHS) project, funded by the Bill & Melinda Gates Foundation, is working with the FMOH and partners to operationalize Ethiopia’s national routine immunization strategy—Reaching Every District/Community. By introducing quality improvement (QI) and plan-do-study-act (PDSA) performance improvement cycles, UI-FHS is building effective, affordable and sustainable immunization system improvements and to advancing the overall delivery of family health services. UI-FHS is scaling-up from its current three “learning” woredas and will work in up to 128 woredas in six regions in the next five years. www.jsi.com/uifhs

Primary Health Care Developing the Long-Term Capability of Ethiopia’s Health Extension Program Platform (HEPCAPS II) project is funded by the Bill & Melinda Gates Foundation. The project developed a visioning document with the Ministry and identified key program considerations for when Ethiopia progresses to middle-income status. Based on the recommendations, the project will conduct a primary health care study including time and motion of health extension workers, and then develop and demonstrate models on primary health care reform for both urban and rural contexts, community engagement, public-private partnership, finance projection, and capacity building. The project, under the leadership of Ethiopia’s FMOH, is a partnership between the Harvard School of Public Health, the Yale Global Health Leadership Institute, and JSI Research & Training Institute, Inc.
Health Management Information Systems (HMIS)

Strong information systems are vital to evidenced-based decision making, as well as to good health care. JSI bolsters the development and sustainability of national HIS.

The Health Management Information Systems (HMIS) Scale-up project, funded by USAID, is supporting the implementation of the reformed HMIS/M&E in SNNPR and Oromia, and providing technical assistance to the FMOH on the national health information system (HIS). As a key partner developing the health information system, JSI is engaged in scaling-up paper-based HMIS/CHIS implementation; developing and installing electronic data management and data processing systems such as the Health System Reference Database (HSRD), electronic HMIS (eHMIS), Decision Support System (DSS), electronic Integrated Disease Surveillance and Response (eIDSR) and electronic Medical Catalog System (eMCS) at all administrative health units of SNNPR. JSI is also helping strengthen information use for evidence-based decision making.

Logistics Management Systems

Only when the supply chain delivers a reliable and continuous supply of affordable, high-quality medicines, contraceptives, and other essential commodities, can health and family planning programs succeed.

Through the USAID DELIVER PROJECT, JSI has supported the implementation of the Integrated Pharmaceutical Logistics System (IPLS) with special focus on contraceptive security. It has also supported the development of Pharmaceutical Logistics Master Plan, the blueprint for an integrated healthcare supply chain for the public sector—including the creation of the Pharmaceutical Fund and Supply Agency (PFSA), an autonomous government agency for supply chain management. The IPLS has led to a significant increase in the availability of essential medicines, including contraceptives in Ethiopia. JSI also developed and implemented a warehouse management system for PFSA, and an inventory management system for health facilities—implemented in nearly 500 facilities. http://deliver.jsi.com

JSI also provides vaccine supply chain support for system design and implementation, and automation of inventory management at cold rooms to the PFSA with support from the Bill & Melinda Gates Foundation.

Core JSI competencies

- MNCH
- Family planning
- HIV
- Malaria
- Health systems strengthening
- Supply chain management
- Health information systems
- Capacity development
- Community mobilization and behavior change management
- Private sector engagement
- Grants management

John Snow, Inc., and nonprofit JSI Research & Training Institute, Inc., are public health management consulting and research firms dedicated to improving the health of individuals and communities throughout the world. For more than 35 years, JSI and our affiliates have provided high-quality technical and managerial assistance to public health programs worldwide. Headquartered in Boston, MA, JSI has implemented projects in 106 countries, and currently operates from eight U.S. and 61 international offices. JSI is committed to improving the health of individuals and communities worldwide through improved quality, access, and equity of health systems worldwide. We collaborate with government agencies, the private sector, and local nonprofit and civil society organizations to achieve change in communities and health systems.

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