Federal Democratic Republic of Ethiopia
Ministry of Health

USAID
FROM THE AMERICAN PEOPLE

JSI
JOHN SNOW, INC.

STRENGTHENING ETHIOPIA'S URBAN HEALTH PROGRAM

JUNE 2013-MARCH 2019

STRENGTHENING ETHIOPIA'S URBAN HEALTH PROGRAM

Cooperative Agreement No.AID-663-A-13-00002

DISCLAIMER: This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of John Snow, Inc. (JSI) and do not necessarily reflect the views of USAID or the United States Government.

TABLE OF CONTENTS

WORKING TOWARDS A RESPONSIVE AND RESILIENT PUBLIC HEALTH SYSTEM THAT CAN MEET THE CHANGING NEEDS OF URBAN ETHIOPIANS

The UN Estimates that by 2050 over 40% of Ethiopians will live in urban settings. The numbers of urban poor in Ethiopia are increasing and improved access to basic health care services is needed to reduce large and increasing inequalities in urban areas. Recognizing this, the FMOH developed the Urban Health Extension Program (UHEP) in 2009 to address the unique and evolving health issues urban populations face.

With funding provided by the U.S. Agency for International Development, Strengthening Ethiopia's Urban Health Program (SEUHP) was launched in 2013 to promote urban health leadership and to provide capacity building support in 49 cities and towns across seven regions in Ethiopia. SEUHP aims to improve the health status of the urban population in Ethiopia by reducing HIV/TB related maternal, neonatal and child morbidity and mortality, and by reducing the incidence of communicable and non-communicable diseases.

The program works to build sustainable health systems, bringing together urban stakeholders across multiple sectors and fostering strong community and private sector involvement in primary care and community health service delivery.

The Urban Health Extension Program (UHEP): was initiated in 2009 at the national level to create health equity by generating demand for essential health services through the provision of health information at a household level and access to services through referrals to health facilities.

Urban Health Extension Professionals (UHE-ps): have nursing diplomas (10th grade completed plus three years of college education) when they are recruited and are trained on the principles of the UHEP. More than 5,000 female UHE-ps have been trained and deployed in approximately 400 cities/ towns across Ethiopia.

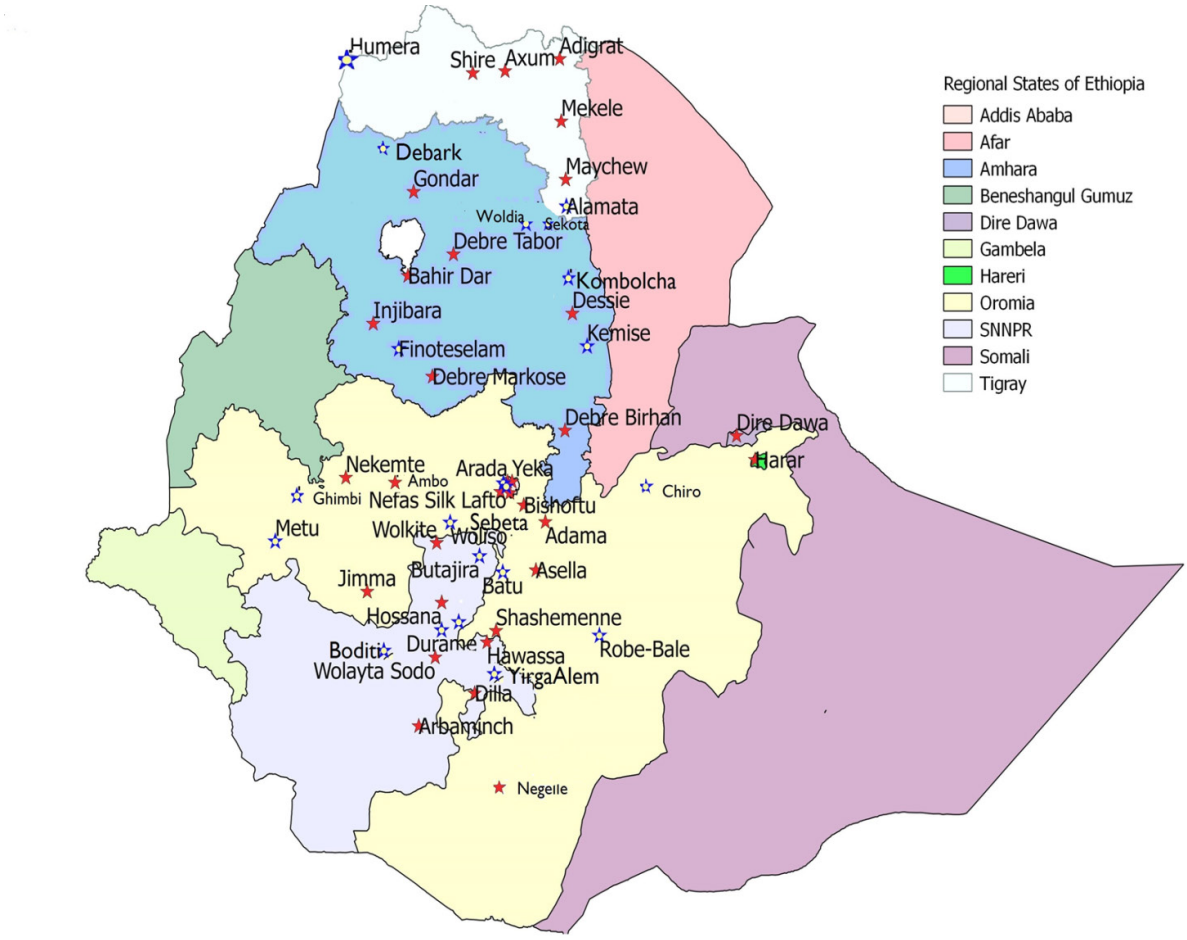
Modality of Service Provision: On average, one UHE-p is assigned to 500 households. UHE-ps provide door-to-door health education and healthcare services and refer clients to health centers as necessary. They also cover schools and youth centers.

SEUHP works across all levels of government and with multiple sectors and partners to achieve its goals:

- Federal Ministry of Health
- Regional Health Bureaus
- Zonal Health Departments
- City/Town Health Offices
- Kebeles
- Health centers
- Urban Health Extension Professionals (UHE-ps) and supervisors
- Private sectors
- Media
- City/Town administrations
- Beautification office
- Water and Sewerage Utility Office

SEUHP worked with two local implementing partners:

- Addis Ababa University /School of Public Health (AAU/SPH)
- Emmanuel Development Association (EDA)



SEUHP targets vulnerable populations and has reached an estimated 2.4 million households through strengthening Ethiopia's Urban Health Extension Program (UHEP) in 49 cities/towns in seven regions over the life of the program. This is achieved by enhancing the capacity of UHE-ps who are the centerpiece of the UHEP.

STANDARDIZING AND IMPROVING UHEP IMPLEMENTATION

51
Master trainers on Integrated Refresher Training Modules

475
Regional trainers trained to train Integrated Refresher Training Modules

5000
UHE-ps trained on Integrated Refresher Training Modules all over the country

2300
Nursing-bags, thermometers, and blood pressure measuring apparatuses with stethoscopes distributed to UHE-ps

The lack of an updated, and standardized implementation manual contributed to inconsistent implementation of the UHEP. The previous UHEP implementation manual did not include standard procedures and approaches appropriate for urban health populations. In 2016, SEUHP supported the FMOH to revise and contextualize the UHEP implementation manual, including procedures and strategies to address the health care needs of vulnerable urban populations.

The revised manual now serves as an entry point to standardize service delivery models and mechanisms across the country. The manual also standardizes data recording and reporting, restructures supply management systems, ensures good governance, and ensures improved human resources management. SEUHP also provided regional support to contextualize and translate the revised UHEP implementation manual in seven regions.

The success of the UHEP hinges on the quality of services provided by UHE-ps. SEUHP worked with the FMOH to design a standard Integrated Refresher Training (IRT) course to improve UHE-ps' competency in six areas: Social and Behavior Change Communication (SBCC), Non-Communicable Diseases (NCDs); Water, Sanitation, and Hygiene (WASH); Major Communicable Diseases (MCDs); Reproductive Maternal, Newborn, and Child Health (RMNCH); and Basic First Aid.

UHE-ps may be well-trained and skillful but still unable to perform their duties because they lack supplies, work spaces, or proper supervision. To address these issues, SEUHP provided supplies to 2300 UHE-ps and worked with regional health bureaus (RHBs) and town health offices to either renovate/ maintain or set up duty stations for UHE-ps. To ensure UHE-ps continue to have access to the supplies they need to do their jobs well, SEUHP advocated for town health offices and health centers to the necessary budget for proper resources, as well as for policy-level improvements to set standards for required equipment for services provision.

STRENGTHENING KEY SERVICES PROVIDED BY UHE-ps

UHE-ps are the backbone of the UHEP. To help ensure UHE-ps are well-equipped to provide the key services outlined in the implementation manual, SEUHP worked with the FMOH and RHBs to develop reference materials and training on using these materials to improve services delivery. In addition to strengthening TB services under the Major Communicable Diseases IRT module, SEUHP supported UHE-ps' TB case detection and care by providing them with reference toolkits that help them better detect new TB cases, trace defaulters, and link patients to care. To improve HIV testing and counseling services, SEUHP developed a home-based HIV testing guide and test algorithm. As a result, UHE-ps are better able to work with community-based organizations and other community members to identify priority populations for testing. Those who test HIV positive are linked with health centers for treatment while they continue to receive follow-up care from UHE-ps.

Ethiopia's Health Sector Transformation Plan [2015-2020] aims to halve maternal and child deaths by 2020. RMNCH services provided by UHE-ps are critical to reaching this goal and these services were made a priority under the revised implementation manual. SEUHP developed a number of RMNCH-related materials and tools to support UHE-ps in providing targeted, patient-centered RMNCH care. Tools like registers help UHE-ps to identify pregnant women and children under the age of one year to provide follow-up care and link them to additional services provided at health facilities as needed. SEUHP provided specific technical support and equipment to UHE-ps to ensure they are providing home-based postnatal services. Because of these services, more women are receiving antenatal and postnatal care and delivering in facilities, and their children are receiving nutrition and immunization services, all of which contribute to the prevention of maternal and child mortality.

222,266
Individuals received RMNCH services by UHE-ps.

UHE-ps detected **17,168** TB cases and traced **11,319** TB defaulters.

2,300 UHE-ps trained on home based HIV testing and counseling.

47,818 Priority populations received home based HIV testing.

and **595** were found positive and linked to care.

RAISING AWARENESS ON UNDERAGE DRINKING

Envisioning a healthy Ethiopia requires addressing the health needs and challenges of its young (less than 30 years) citizens who make up 71% of the population (41% under age 15). The increasing number of underage youth who consume alcohol is a concerning trend. Studies show that of youths ages 15-19(Ethiopia Demographic survey, 2011, P-52), 44 percent of women and 48 percent of men reported ever using alcohol.

To address this challenge, SEUHP and DIAGEO's Meta Abo Brewery S.C. implemented a program for urban youth in Addis Ababa to promote health lifestyles and raise awareness of the harmful effects of abusing alcohol. The initiative trained teachers, youth leaders, and health officers on healthy life style, on harmful effects of underage drinking and other risky behaviors who in turn trained 44,606 youths at schools and at youth centers.

The strategic partnership between SEUHP and DIAGEO was established as a result of SEUHP's effort to create a Public Private Partnership. SEUHP's collaborative link with federal, regional and sub-city health bureaus and its position to engage UHE-ps for households, schools and youth centers level interventions combined with DIAGEO's interest and fund to fight underage drinking facilitated the project initiation and implementation. UHE-ps were the pillars in this initiative in identifying youths vulnerable to alcohol abuse and other risky behaviors and link them to youth programs and other resources. During their household level visits , they engaged parents/families in discussion on underage drinking to help them better identify and address risky behavior in their children. With UHE-ps engagement with youth centers and school, they provided health education and services to youths.

The initiative also promoted enforcing the legal purchasing age of alcohol through consultative workshop by which key stakeholders including law enforcement agencies and regulators, alcoholic drink producing companies, alcoholic drink retail businesses, schools and Ministry of Health and Ministry of Education discussed to understand the trends in underage drinking and the public health implications.

- Engaged **26** schools and **21** youth centers.
- **260** Urban health extension professional were trained in life skill training.
- **2220** peer promoters were trained from schools (1560) and youth centers (660).
- **15,666** IEC/BCC material developed and distributed.
- Art, drama and Sport competitions that discourage underage drinking organized.
- **44,606** youths at school and out of school reached with key messages.

IMPROVING REFERRALS AND LINKAGES BETWEEN UHE-ps AND HEALTH FACILITIES

UHE-ps are on the front liners in Ethiopia's urban health system. They ensure community members have regular access to routine health care and information. However, the services they provide are specific in skill and scope and so they often need to refer patients to facilities for higher levels of care. This requires a well-functioning referral system between the UHE-ps and health centers. To strengthen this linkage, SEUHP worked with the FMOH and RHBs to develop referral guides, tools, and directories. SEUHP provided on-site support on the use of these resources during supportive supervision visits to make sure UHE-ps understood how to use them.

A functional referral system requires a feedback loop between the UHE-ps and the health centers to ensure patients continue to receive the care they need. To improve communication between the community- and facility-based health care providers, SEUHP revived regular referral and linkages meeting between UHE-ps and health centers.

183

Health Centers with standard operating procedures for UHE-ps including scheme for referral and linkage.

169,427

Individuals are referred to health facilities for various services by UHE-ps.

7,871

Defaulters identified and linked to health facilities.

SEUHP QUALITY IMPROVEMENT INITIATIVE IMPLEMENTATION STATUS

73 Health centers with quality improvement teams.

681 Individuals are trained in quality improvement.

Strong functional linkages between community-and-facility level health services,

Strengthen defaulter tracing system,

Improved health care services such as antenatal care, HIV testing and counseling, TB cases detection and non-communicable disease screening.

Standard quality improvement manual for community health services developed in collaboration with FMOH and stakeholders.

QUALITY IMPROVEMENT INITIATIVES AT PHCU

Recently Ethiopia's FMoH has increasingly focused on improving the quality of care. It has launched National Health Care Quality Strategy (2016-2020) and established quality structures at different levels.

SEUHP introduced QI team that functions at community level that is aligned with FMOH's community level quality improvement strategies that targeted all patients and communities to have access to quality health care, information (e.g. service availability) and clear communication with providers and facilities.

SEUHP's quality improvement model uses Plan, Do, Act and Study (PDAS) approach that identify and prioritize improvement objectives, conduct an analysis of root causes of problems, and plan and implement interventions and assess the progress and re-plan and implement in a continuous manner.

SEUHP supported quality improvement initiatives implementation in a total of 73 health centers across its implementing regions.

SEUHP's quality improvement activities are resulted in improved referral, referral feedback and defaulter tracing system at implementing health centers. It is also resulted in better integration among UHE-ps and health center staff that is resulted in better coverage in health care services such as antenatal care, HIV testing and counseling, TB cases detection and non-communicable disease screening. Based on SEUHP's experience and in consultation with stakeholders a nation community quality improvement guide is developed under the leadership of FMOH.

SOME OF THE OUTCOMES OF SUPPORTIVE SUPERVISION AND REVIEW MEETINGS

- UHE-ps skill on data use improved.
- Planning, monitoring, and reporting relationship between UHE-ps and woreda health offices and HCs showed improvement.
- Referral and service linkages between UHE-ps and HCs have improved.
- Sectoral collaborations such as the integration of UHE-ps and their supervisors with kebele beautification and sanitation offices, HIV associations, and private sectors improved.
- Health centers started providing UHE-ps with supplies and equipment such as FP commodities (pills, Depo-Provera, condoms), first-aid kits, and equipment (MUAC tapes and blood pressure apparatus).
- Pregnant mothers and children under five years are well-documented and monitored to ensure access to ANC, institutional delivery, PNC, and EPI/vaccination.
- UHE-ps skills on targeted HTC provision showed remarkable improvements.

ENHANCING MONITORING MECHANISMS FOR CONTINUOUS UHEP IMPROVEMENT

Consistent quality of care depends on UHE-ps who perform well, as well as a health system that is responsive to the needs of the population. The UHEP outlines a number of strategies for providing supervision and feedback to UHE-ps on their performance, and SEUHP worked with the FMOH and RHBs to standardize theses monitoring mechanisms.

Supportive supervision is one of the key UHEP strategies for improving and maintaining the quality of services delivered by UHE-ps. SEUHP provided supportive supervision for UHE-ps and UHE-p supervisors jointly with HC and THO staff members throughout its implementation years. SEUHP also built UHE-p supervisors capacity to provide regular and checklist assisted supervision, constructive feedback and developing action plans for improvement through supportive supervision.

Review meetings allow Woreda Health Offices to provide feedback on UHEP implementation. SEUHP supported Town Health Offices to implement review meetings and, after witnessing the importance of these meetings, C/THOs now conduct UHEP review meetings as part of their performance review process. SEUHP collaborated with the FMOH, RHBs, town health offices and health centers to design and implement a quality improvement process to identify problems in UHEP implementation and find locally feasible solutions.

DEVELOPING AN URBAN COMMUNITY HEALTH INFORMATION SYSTEM (UCHIS)

The lack of a standardized national health information system to monitor the performance of health services UHE-ps provide in communities has hindered the success of the UHEP. To solve this problem, the FMOH developed a standardized and harmonized data management system called the Urban Community Health Information System (UCHIS). This tool is designed to generate the information needed to provide promotive, preventive, and environmental health services at the family level in urban communities.

SEUHP has been providing technical and financial support to the development process of UCHIS operational guidelines, user manuals, and CHIS tools. SEUHP has also supported the pilot-testing through printing and distribution of tools and community folders and cascading of training to UHE-ps and their supervisors in SEUHP supported towns/cities. The UCHIS tool has been pilot tested in seven primary health care facilities in Addis Ababa, SNNP, and Oromia Regions. SEUHP played pivotal role in leading the implementation of the pilot-testing of the UCHIS in Addis Ababa, Bishoftu, and Hawassa towns. SEUHP in collaboration with FMOH has organized national level TOT with the aim of implementing the system at ground level.

CATALYZING CHANGE IN PHCU: LEADERSHIP, MANAGEMENT AND GOVERNANCE (LMG) INITIATIVES

Health centers in urban settings of Ethiopia serve an average catchment population of 40,000 people. The social, economic, and demographic characteristics of urban populations vary widely. This can make providing equitable primary health care services that meets the needs of the urban population as a whole a challenge. Strong leadership at every level of the health system is necessary for meeting this challenge. To build the capacity of the urban health leadership for better community-based engagement, SEUHP provided Leadership, Management and Governance (LMG) training in Amhara, Addis Ababa, SNNPR, Tigray, Oromiya, and Harar at 14 health centers and two town health offices.

Through the LMG capacity building initiative, urban health leaders are better equipped to identify gaps in UHEP implementation. They are creating more conducive working environments and improving management systems so that health workers remain motivated and engaged in their work. Health center staff are more likely to engage with UHE-ps to better understand their needs and support them in providing quality care. Service delivery is more responsive and, as a result of the LMG initiative, health centers are reporting higher levels of client satisfaction.

CREATING DEMAND FOR HEALTH CARE SERVICES

Improving health outcomes by improving the availability and quality of health care services is only part of the process. People also need to be aware of the services that are available and understand why taking advantage of them can help improve the quality of their lives and their families' lives. With this knowledge, they can ask better questions of their health care providers and make more informed health care choices.

To guide its demand creation efforts, SEUHP conducted a behavior change assessment to evaluate urban residents' knowledge of, attitudes towards, and current use of facility-based health care services and the preferred source of health information.

Recognizing the role media can play in promoting facility-based services and healthy behaviors, SEUHP engaged media outlets at the local and national level. SEUHP worked with RHBs and media outlets to strengthen their collaboration through media engagement workshops to help media outlets better understand the government's health priorities and provide them a reliable source of information on health-related topics. These workshops increased the coverage of urban health topics in Ethiopian print and media at the national and local levels.

SEUHP developed three job aids on FP/MNCH, HIV/AIDS and WASH to facilitate communication between UHE-ps and clients.

15-episodes of the 'Malefia' radio magazine program focusing on RMNCH, HIV/AIDS, TB, and WASH-related behaviors was produced and aired in regions supported by SEUHP. The radio magazine was also produced in Amharic, Tigirigna and Oromiffa languages.

SEUHP also developed a 26-episode radio serial drama to promote healthy behaviors and to allow audiences to model behaviors of the transitional characters.

At the national level, SEUHP collaborated with the private TV company EBS to produce and air four documentaries focusing on urbanization and health, the Urban Health Extension Program, and WASH.

GENERATING PROGRAM DATA AND EVIDENCE FOR DECISION-MAKING

SEUHP gave attention to evidence based interventions. In this regard the project relied on evidence from different sources.

- At the beginning of the project SEUHP conducted three studies on: *"Core Functions, Issues, and Challenges of Human Resource Management for Urban Health Extension Professionals", "Formative Behavior Change Communication (BCC) Assessment" and "Situational Analysis of Urban Sanitation and Waste Management in Ethiopia".*
- SEUHP played critical role in developing UHEP service data recording tools (SDRTs) (service data recording format, HTC register, report compilation format and referral slip, etc.) and standardize data capturing mechanisms in collaboration with RHBs. Data have been compiled every three months and is used to monitor progress and inform future planning.
- Operational studies on WASH, PHC reform, Urban HEP, vulnerabilities in urban areas, underage alcohol drinking were done. Evidence from these studies has been used to inform program planning and implementation.
- SEUHP gave due consideration to local evidence and feedback and information from local communities and UHE-ps. The program made the maximum effort to respond to their needs.
- SEUHP shared lesson on urban health issues including quality improvement, Non Communicable Disease, Post Natal Care, ANC, UCHIS, LMG, WASH and presented them in different local and international forums. SEUHP also published articles in peer reviewed journals and special bulletins.

PROMOTING URBAN HEALTH POLICY, DIALOGUE, AND ADVOCACY

Urban health is a growing global concern which requires stakeholders engagement across sectors and disciplines. In Ethiopia, programs and policies addressing urban health are in their infancy and more evidence around lessons learned and best practices is needed to develop effective interventions to improve people's health. To help increase the evidence base, SEUHP established a strategic partnership with Ethiopia's leading academic institution, the Addis Ababa University's School of Public Health (AAU/SPH). Through this partnership, SEUHP and AAU/SPH established a think tank group that bring together the academia, policy and development sectors together to provide policy advice and guidance to FMOH and other offices.

SEUHP also collaborated with the FMOH to organize Ethiopia's first National Urban Conference on Urban Health in 2017 and the second conference in 2018 to provide a national forum for policy dialogue. These conferences brought more than 800 participants including mayors, policymakers, heads of Regional Health Bureaus, town health officials, service providers, donors and development partners, academics, agencies, private sector, civil society organizations, professional associations and others together to discuss on top urban health agendas of the country. The conferences resulted in availing evidences on the current status of urban health in the country, better collaboration among various sectors and better understanding of challenges in UHEP such as high attrition rate of UHE-ps.

SEUHP collaborated with the Harvard T.H. Chan School of Public Health Fenot Project to organize a structured learning visit to Thailand. Fourteen high-level government officials traveled to Thailand to learn about the Thai primary health care system.

ADDRESSING THE COMPLEX CHALLENGES OF URBAN WATER, SANITATION AND HYGIENE

Urban health in a developing country context is complex and only gets more so as people continue to migrate from rural areas, stretching already scarce resources even further.

Urban sanitation and waste management is handled across sectors, often compounding the challenges of WASH in an urban setting. SEUHP's 2015 urban sanitation and waste management situational assessment concluded redundancies in responsibilities and the absence of a system to regulate and coordinate the various actors that exacerbates an already poor urban sanitation and waste management system. To address these issues, SEUHP collaborated with Town Health Offices in 30 target towns to initiate and establish fora for all those working on WASH-related activities, with a focus on city/town level water supply, sanitation and hygiene. Through these platforms, those working on WASH defined the roles and responsibilities of each sector and develop action plans for integrated activities. The target cities and towns are now better able to jointly plan, implement, and monitor their WASH activities.

SEUHP also worked to improve WASH facilities and services. SEUHP constructed 23 different public WASH facilities including hand-dug wells, public latrines, water pipeline extensions, and health center water system renovations.

In schools, SEUHP supported UHE-ps' school-based initiatives to establish or strengthen WASH clubs in schools and to promote sanitation and hygiene through peer-to-peer behavior change activities. SEUHP supported Global Hand Washing campaign among school children by distributing BCC materials and implementing a series of outreach activities in selected schools. To build technical capacity and encourage experience-sharing, SEUHP supported WASH model demonstration sites for UHE-ps and members of the Women's Development Group and a national level experience sharing visit to discuss the implementation of UHEP packages in schools.

DESIGNING A NEW APPROACH TO URBAN PUBLIC LATRINE CONSTRUCTION AND MANAGEMENT

Public latrine management is a challenge around the world; Ethiopia is not exceptional in this regard. Public WASH facilities often go out of service after a few years or even few months if they are not managed well. In Ethiopia, many public latrines are owned and managed by municipalities or designated government structures and they have problems with regard to proper management. This limits income generation and facility upkeep, as does the lack of accountability and motivation among staff (especially latrine attendants) and lack of budget and attention given to the management of the public latrines. As a result, existing facilities often provide low-quality services or no services at all. According to SEUHP's resource mapping of public and communal latrines in 2015, 37% of urban residents rely on public latrines but only 22% of toilets in the regions where SEUHP operates were functional at the time of assessment.

Currently, the government of Ethiopia is making a significant effort to transfer the management of public latrines to private entities, particularly Small and Micro Enterprises (SMEs) which use a pay-per-use business model to cover the cost of maintenance and make a profit. These facilities are better maintained than those managed by the government. However, SMEs who have managed public toilets report the amount of revenue collected through pay-per-use services is still not enough to cover the operation and maintenance costs.

To address these challenges, SEUHP developed a business model for public latrine management, as well as a public latrine design which can be adapted depending on budget, land availability, and users' needs. Using this blue print, SEUHP constructed five model public latrines for demonstration purpose. The proposed business model pairs public latrine services with another business opportunity (such as a coffee house) in order to create a sustainable public latrine management approach.

FOSTERING LEADERSHIP IN THE WASH SECTOR

Evidence suggests investment in the capacity building of WASH managers in Leadership, Management, and Governance (LMG) in Ethiopia to bring about change. SEUHP has been implementing Leadership, Management, and Governance (LMG) training using the customized WASH LMG training modules to improve the functionality of established WASH platforms and strengthen coordination among different sectors through building the leadership and management skills of managers working in WASH sector offices. The training resulted in improved work climate, management systems, and individual responsiveness to change.

As another means of creating community leadership, SEUHP has identified and recognized around 100 community champions to model their commitment for environmental health and waste management improvement. SEUHP's recognition also nurtured relationships of the WASH champions with UHE-ps and health centers and Offices for future collaborations

DESIGNING THE FUTURE PRIMARY HEALTH CARE SYSTEM

Rapid urbanization and change in lifestyle have their own impact on the lives of urban dwellers. People living in urban settings are more likely to have non- communicable diseases such as Diabetes Mellitus, Cardiovascular Diseases, Hypertension, Cancer and injuries because of the lifestyle and settings. This burden increases the demand of the community for comprehensive and quality care and better performance in Primary Health Care Units.

To properly address the changing nature of urban health problems, a newly designed PHC service delivery model is tested in Addis Ababa, Dire Dawa, Harari, Oromia, Amhara, SNNP and Tigray regions.

The goal of PHC reform is to develop and introduce a well-functioning primary health care system at the primary health care unit level that provides high quality and equitable services to the community, in line with the objectives of Ethiopia's Health Sector Vision 2035.

The model is designed based on lessons from Brazil and Cuba. The main approach of the new model is team based outreach service delivery by a team of health workers from health centers and UHE-ps visiting low income families with family health needs and other illnesses.

The new model is found to be successful requiring further effort to expand to all primary health care facilities in urban areas.

BASIC FEATURES OF THE PHC REFORM

1] Categorize communities based on risk assessment: household-level census data consisting of basic demographic profile, health status, income, vulnerability, and related matter is collected from the catchment population of a health center. Based on data analysis community members are categorized which enables health workers to prioritize and provide targeted health care services at the household level.

2] Family team-based approach to provide targeted services to identified priority population groups: Health workers deployed at heath centers are organized as a team, also called a "family health team" including UHE-ps to provide targeted services to priority populations through home visit or outreach sites. These teams also make referrals for further care at health centers.


PARKA JEANS
94
HABANA
Cubana
HAND MADE EDITION
EST. IN 1994

CONTACT INFO FOR THIS REPORT:
HIBRET ALEMU TILAHUN, PHD
JSI/SEUHP CHIEF OF PARTY
EMAIL: hibret_tilahun@et.jsi.com
TEL: +251114700402/45