

**Trip Report to Ethiopia on Behalf of the International Institute for Primary
Health Care – Ethiopia
15 – 26 August 2016**

**Henry Perry
Johns Hopkins Coordinator
6 September 2016**

Table of Contents

Glossary	3
Introduction	4
Trip Itinerary	5
Main Findings/Issues	6
1. The Executive Director	6
2. The Staff	6
3. Recent Activities	6
4. Training Strategies	7
5. Ideas for the Resources Centre	9
6. Current Challenges	9
7. Next steps.....	9
Appendices.....	10
Field Visit to Debre Berhan (Thursday, August 18)	10
Comments Made by Trainees (from Tanzania and Lesotho) during the Training Course	11
Photos	13

Glossary

CDC	US Centers for Disease Control and Prevention
EPHI	Ethiopian Public Health Institute
HEW	Health Extension Worker
IIfPHC-E	International Institute for Primary Health Care – Ethiopia
JHU	Johns Hopkins University
MOH	Ministry of Health
PEPFAR	President’s Emergency Program for AIDS Relief
PHC	Primary health care
TED	Technology, entertainment and design (TED Talks)

Introduction

The Gates grant to support the first year of operations of the International Institute for Primary Health Care – Ethiopia (IIfPHC-E) was received by Johns Hopkins on 27 May 2016. Over the past three months, administrative arrangements have been underway at Hopkins to formally institute the grant, establish the Ethiopian Public Health Institute (EPHI) as a formal sub-contractor, and sign the sub-contract agreement between the two institutions. In Ethiopia, the Institute has hired an Executive Director (Dr. Mengesha Admassu), and he has hired three staff members so far (Ludina Abded, Communications Officer; Tilahun Debebe, Training Officer; and Emebet Zerfu (Resource Centre Officer). They have established a temporary office at EPHI. They have also conducted three trainings since July 1: (1) a five-day training for five Zambians (at various levels, including high-level MOH officers and World Bank health specialist) from 10-16 July 2016; (2) a half-day training on 20 July for 12 Nigerians (from the National Institute for Policy and Strategic Studies, NIPSS), and (3) a five-day training from August 15-19 for 16 officials from Tanzania (Directors and Assistant Directors from the MOH and a Health Advisor from the PEPFAR program) and 8 officials from Lesotho (including the Deputy Minister of Health and other high level officials of the MOH and training institutes).

The Institute has been working under difficult circumstances since the temporary office is not satisfactory and since the only funds available for operations have had to be borrowed temporarily from EPHI funds because the sub-contract between Hopkins and EPHI had not been finalized and grant funds from Hopkins could not be transferred.

This trip provided me with my first opportunity to work face-to-face with Dr. Admassu, to meet the new staff, and to work together on the myriad details of starting the Institute.

Trip Itinerary

- Monday Aug 15: Leave Baltimore
- Tuesday Aug 16: Arrive in Addis Ababa
Meet with Dr. Admassu and staff
Attend ongoing training session and give one lecture
- Wednesday Aug 17: Attend lectures for trainees
Meet with Dr. Admassu
- Thursday Aug 18: Field visit with trainees and Institute staff to Debre Berhan (100 km from Addis Ababa)
- Friday Aug 19: Attend lectures for trainees and give one lecture
Listen to evaluations of training by trainees
Meet with Gates Foundation representatives (Solomon Zewdu and Margaret Cornelius)
Meet with Dr. Admassu
- Saturday Aug 20: Desk work in hotel
- Sunday Aug 21: Desk work in hotel
- Monday Aug 22: Meet with Institute staff
Meet with Dr. Amha Kebede, Director of EPHI
Meet with Dr. Tedla Giorgis, Special Advisor to the Minister of Health
Meet again with the Institute staff to discuss training strategies
- Tuesday Aug 23: Meet with Institute staff
Review curriculum
- Wednesday Aug 24: Meet with Institute staff
Tour new building at EPHI where Institute will be housed
Desk work in hotel
Meet with Minister of Health, Dr. Kesete Birhan
- Thursday Aug 25: Meet with Institute staff
Desk work in hotel
Meet with Solomon Zewdu (Gates Foundation)
Return to US
- Friday Aug 26: Arrive in Baltimore

Main Findings/Issues

1. The Executive Director

Professor Mengasha Admassu, the new Executive Director of the Institute, is a very outstanding and distinguished Ethiopian educator and health professional who will bring stature and strong leadership to the Institute. He taught at Gondar University for 38 years, rising to the position of President for the last 8 years. He is a physician who has spent most of his career in teaching and administration but wanted to get back to the health field to finish his career. He is currently 57 years old. He is well-known and well-respected in professional circles in Ethiopia.

2. The Staff

The additional new staff members are all very capable and enthusiastic and have strong experience for their positions.

The Training Officer (Tilahun Debebe) worked for 9 years as a training advisor with the PEPFAR program and supervised the training of 15,000 people. He has an MBA. He was working at Abt and Associates prior to his current position and took a cut in pay for the privilege of working under Professor Admassu.

The Communications Officer (Luidina Abebe) studied nursing in the US (getting an Associate Degree in nursing) and worked at the University of Florida at Jacksonville/Shands Teaching Hospital for one year. She returned from the US two years ago and worked most recently as an Ambassador's Assistant at the Embassy of Niger in Addis Ababa. She is fluent in French, and this was one of the reasons she was hired, envisioning that the Institute will have trainees from Francophone Africa who will need translation.

The Resource Centre Officer, Emebet Zerfu, studied and worked in London for 8-9 years and then after returning to Addis Ababa worked at the Ministry of Culture where she organized a research library, worked with various charitable NGOs on proposal writing and field supervision, produced information/education/communication materials, and worked with the Austrian Embassy administering scholarships.

As soon as funds are received from Hopkins, 3 additional staff will be recruited (a second training officer, a research officer, and an office manager)

3. Recent Activities

a. I had the privilege of a meeting with Minister Kesete. The main outcomes of that meeting were the following:

- i. He has accepted the responsibility for service as the Chair of the Advisory Board for the Institute and has sent letters to 9 people requesting them to serve on the Advisory

Board for the Institute. These people are from Ethiopia and around Africa. All have accepted. The Advisory Board will meet in October.

- ii. He assured us that the new offices and classrooms for the Institute will be in the new EPHI building that will open in October 2016.
- iii. He assured us that Dr. Mahlet Kifle, his Chief of Staff, has the authority to make decisions on his behalf and Mengesha Admassu as Executive Director of the Institute should feel free to call on her when needed and she will make the appropriate decisions on Minister Kesete's behalf. She consults with Minister Kesete on a daily basis. Minister Kesete said that Mengesha should realize that as a former university president that access to him (Minister Kesete) will of necessity be limited, and over the next 3 months or so he will be particularly busy.
- iv. He told me he had shared with Bill Gates during his recent visit to Ethiopia that the Institute was finally getting underway and Bill Gates was very pleased to hear this. Minister Kesete felt confident that additional funding will be forthcoming when the current grant ends.
- v. There is money for Ethiopia with the Buffet Foundation that Minister Kesete has been successful in reprogramming to the Institute (\$500,000).
- vi. Tom Frieden, Director of the US Centers for Disease Control and Prevention, was in Ethiopia recently. He is a fan of the Health Extension Worker Program and has encouraged the CDC office in Nigeria to bring a delegation to Ethiopia to see this. The CDC offices in the two countries are now in communication about this.
- vii. The South African Minister of Health was just in Addis Adaba for a meeting of ministers of health and told Minister Kesete that he wanted to send a delegation to see the PHC program in Ethiopia.

b. Draft governance and management documents to present to the Gates Foundation as a deliverable on August 30 are being prepared.

4. Training Strategies

I met with the staff for a brainstorming session on training strategies. Below are some of the ideas that were expressed:

- The curriculum needs to be very well-developed
- We need to give short courses to our trainers about what we expect from them
- Visiting lecturers should receive about US\$50 for a 1-hour lecture

- The Institute should have its own PowerPoint formats, and all PowerPoints should be screened by the Institute staff ahead of time for consistency, avoidance of duplication, etc.
- The lecturers should receive feedback from the trainees
- Soft (electronic) of all training materials should be made available to the trainees
- The curriculum should have lectures on motivation
- The trainees should do work before and after coming to Ethiopia
- We should give two types of certificates: (1) a certificate of attendance and (2) for those who do the work, a certificate of achievement in primary health care. The certificate of achievement will require completion of work before coming to Ethiopia, after returning home, and successful completion of one or more quizzes and writing of one or more papers.
- The training sessions need to be interactive and have more discussions and presentations of group work
- We should start by asking the trainees what they know
- We need to assess the trainee needs/ahead of time
- We need to send the trainees materials ahead of time
- We should have trainees from at least two different countries to facilitate cross-country learning
- We need to allow local implementers to speak to the group in a classroom setting
- We need to draw on JHU experience with short-term training courses
- We should provide different learning experiences for different kinds of individuals
- We need to provide delegations from a given country information about PHC and general health status of their own country compared with Ethiopia's
- We need to let trainees make presentations in class
- We need to create a "culture" of welcoming all comments from trainees
- We need pre- and post-course evaluations
- We need to hold participatory focus group discussions
- We should consider instituting a "secret admirer" process (where one trainee posts comments to his "secret admirer": about how he/she is doing in the class)
- We should give trainees a chance to relate the information received in the course with their own context back home
- Consider no more than 5 hours of classroom time per day
- A suggested typology for needs assessment and post-training evaluation:

Domain	Must have	Would be nice to have	Not important
Knowledge			
Item 1			
Item 2			
Attitude			
Item 1			
Item 2			
Practice/skills			
Item 1			
Item 2			

5. Ideas for the Resources Centre

- Look for stimulating films/videos/TED talks on PHC
- Develop a parallel website at JHU that could complement the Institute’s website
- The Resource Centre should have both electronic and printed materials
- It will be available to not only the trainees but also the public
- The CHW Central website will be a model of the electronic portion of the Centre (<http://www.chwcentral.org>)

6. Current Challenges

a. The reception by the Director of EPHI and other staff has been lukewarm

The office space is inadequate and the Institute does not have its own computers, furniture, etc. EPHI’s loaning of funds prior to receipt of funds from JHU proved to be difficult but was eventually achieved. There has been uncertainty about whether the Institute would be able to occupy part of the new building at EPHI being built by the US-CDC. The EPHI Director told Dr. Admassu that the Institute would not be able to have offices there, but at the end of my trip we were informed by Minister Kesete that the Institute would definitely be able to have space there.

b. The inability to access grant funds in Ethiopia has been a major challenge. During my stay in Ethiopia the sub-contract was signed and the funds transfer process was initiated, so hopefully this problem will be resolved quickly.

7. Next steps

a. Further developing of the training curriculum/training modules is now a priority.

b. Dr. Admassu will visit Johns Hopkins on Sept 19-21, and Minister Kesete will be at Hopkins on Sept. 20 (where he is receiving a family planning award).

c. The first set of trainings will be held in October. Dr. Perry will plan to return to Ethiopia at that time.

Appendices

Field Visit to Debre Berhan (Thursday, August 18)

We traveled about 2 ½ hours northwest of the city to a rural area of higher elevation (about 8,000 feet), where we first visited the training center where HEWs receiving classroom training. Then we visited the health center, and from there we visited a health post.

The training center was quite run down. It takes in 160 HEW trainees for their initial one year of training (as Level III HEWs) and about 90 for additional training as Level IV HEWs.

The Primary Health Care Center serves 40,000 people. It sees about 100 outpatients each day. It has 15 Clinical Officers (6 nurses, 3 health officers, 3 midwives, 3 pharmacy technicians) and 2 laboratory technicians. There were also 9 HEWs in Level IV training working there. All of the staff go out to the communities 2-3 days per week for supervision of HEWs. The PHC shares an ambulance with another PHC. The ambulance is stationed half-way between the two PHCs.

There are 81 patients receiving HIV medications there.

Alongside the PHC center is a maternity waiting home. Pregnant women who are two weeks from term are brought to stay at the maternity center. The communities provide food for these women. There were 6 mothers-in-waiting on our day of visitation, and 3 of them lived only 15-30 minutes away. We were told that the PHC delivers about 30-40 babies per month. The primary hospital is 19 km away. 1-2 women with obstetrical complications are referred to the hospital each month.

The health post we visited was staffed by 2 HEWs, both of whom were present. The HEW told us that she spends one day in the health post and the next day in the community, where she meets with people at outreach sites and visits with patients individually in their homes. In the community she registers pregnant women and arranges for them to come to the health post for follow up. They provide immunizations in the health post, and they also provide family planning after women deliver. The houses are all numbered and located on a map. The numbering system for the houses is the first 2 digits for the zone, the next 3 digits for the household number, and the last 2 digits for the person in the household.

Comments Made by Trainees (from Tanzania and Lesotho) during the Training Course

The Tanzanian group was led by a PEPFAR-funded American who was initially quite vocal in complaining that the training was not meeting their needs because it was not focused sufficiently on the issue of task sharing/task delegation. He was much happier by the end, fortunately, and found the field visit to be very helpful.

Other comments made a various times by the trainees (especially on the final morning, where time was available for de-briefing) included:

- Visiting country delegations should give an overview of their own PHC situation at the outset of the training
- The lectures given in the training had too much overlap of material
- The field visit, especially the visit to the health post, was very important and very powerful for us
- We should visit some health posts that are far from the main road
- We wish we could have had more time for field visits. Another day for field visits would have been nice. One trainee said that $\frac{3}{4}$ of the training should be devoted to field visits.
- We should give more focus to the HEWs and health posts
- We were impressed by the data posted on the walls of the health post
- The community engagement for the maternity waiting home was impressive
- The field visit should have come earlier in the week
- The site for the field visit should have been closer by
- We would have liked to have had more focus on mid-level task sharing (in the health center) as well as task sharing at the level of the Health Extension Workers and Health Development Army
- We would like to know how the government worked with professional associations to enable task sharing among lower-level health staff (including HEWs)
- We need more information on registration and certification of HEWs and other health staff.
- We would have liked to have had more details about the task-sharing curriculum
- We should have had a lecture on human resource management
- We would have liked to learn more about the facility governance committees
- We would have liked to have had more interaction during the training sessions and fewer lectures

- We should have a product that we will work on during the training that we will present at the end of the training. This could have been defined by the group before coming to Ethiopia for the training.
- The training needs to be tailored to the needs of the students
- We need to have a course syllabus that provides all the detail about the course
- We should have had more guidance on what clothes to bring, shoes to wear, etc. The day of the field visit was cold, rainy and muddy.
- We should have had internet communication at the training classroom. The toilets were of low quality. One trainee got locked in and couldn't get out. There was sometimes no toilet paper. The bus was not comfortable.

Photos

Section 1: The Community Level of the Primary Health Care System



A Health Extension Worker at a Health Post in Debre Berhan



A Health Extension Worker in Debre Berhan explains the

family health folder form



The two Health Extension Workers at a health post in Debre Berhan



Map of the catchment area of the health post (approximately 5,000 people)



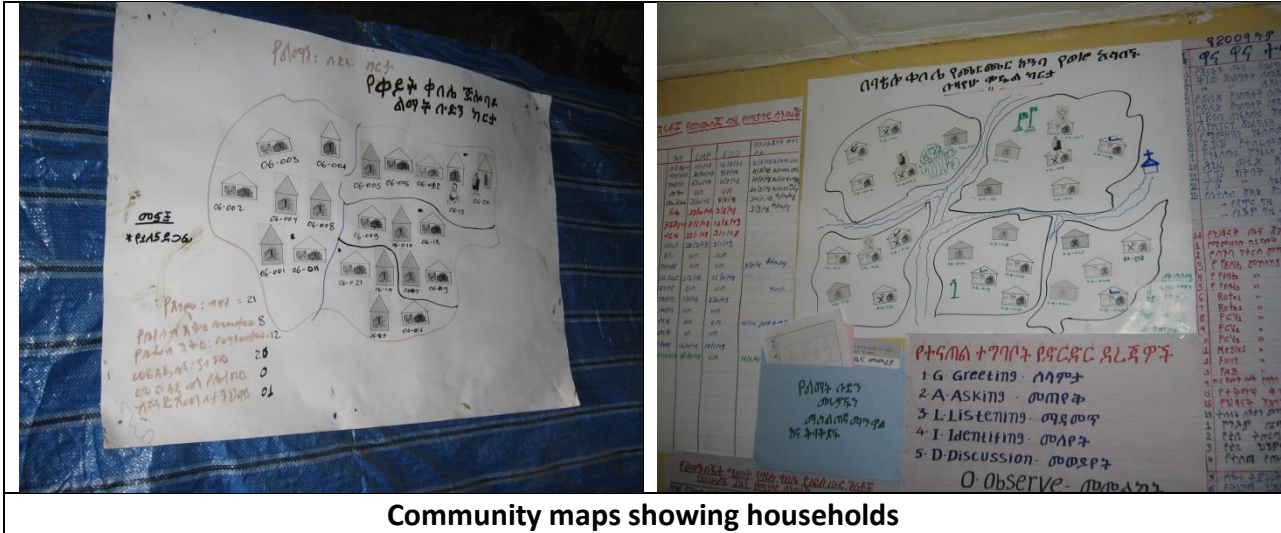
The census-based family health folder system, with all families identified by the mapped household number in the census



The master list of family health information that the Health Extension Worker carries to the community (and uses to update information to transfer to the family health folders)



Family folders with individuals who are scheduled for special follow-up in the coming months (grouped by month in which service needed, e.g., for immunization or family planning)



Community maps showing households



A mother begins her return home from the health post after bringing her child for an immunization

Section 2: The Primary Health Care Center



Entrance to the Keyit Health Center in Kebre Berhan



Three clinical officers at the health center



A model home (and latrine) constructed at the front of the health center

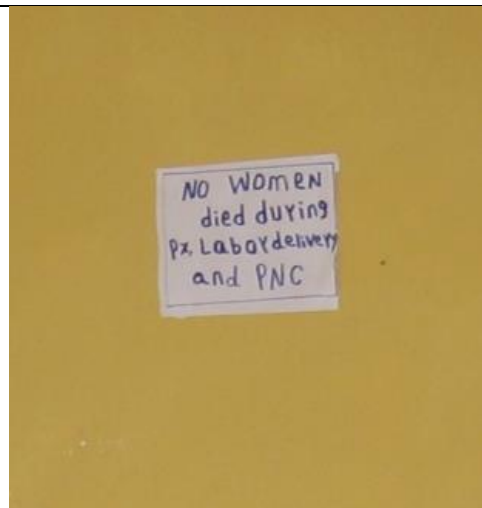


The training center for Health Extension Workers (located in the town of Debre Berhan)

Section 3. The Maternity Waiting Home (located at the primary health care center)



Three women-in-waiting at the maternity home along with one of the midwives



Sleeping area for mothers at maternal waiting home, with sign on wall



Food contributed by communities for mothers-in-waiting to eat, seen with one of the midwives working at the primary health care center

Section 3: Recent Trainees



Delegation from Nigeria



Delegation from Zambia



Delegation from the Ministry of Health of Tanzania



Delegation from Lesotho



The trainees listening to a lecture



The trainees visiting a health post



The trainees negotiating the mud returning to their bus from the health post

Section 5. The IfPHC Staff and New Office



**Professor Mengesha Admassu, Executive Director of the Institute,
with his wife, Hareg**



The new Institute staff (from right to left: Tilahun Debebe, Training Officer; Emebet Zerfu, Resource Centre Officer; Luidina Abebe, Communications Officer, and Professor Mengesha Admassu, Executive Director), standing beside Dr. Henry Perry (far left) in front of the new EPHI building where the Institute will have offices and a training facility



Professor Admassu, Institute Director, and Dr. Henry Perry, Coordinator for JHU Technical Support



The new \$65 million Ethiopian Public Health Institute Training Center (financed by the US Centers for Disease Control and Prevention and scheduled to open in October 2016) where the Institutes offices and training will be located

Section 7. Ethiopian Countryside



Typical countryside scene