



Ethiopian Public Health Association (EPHA)



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Ethiopian Public Health Association (EPHA)



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Acronyms and Abbreviations

AAMSP	: Addis Ababa Mortality Surveillance Program
AAU	: Addis Ababa University
AAU/SPH	: Addis Ababa University/School of Public Health
ABC	: Abstinence, Be Faithful, and correct and consistent Condom use
AC	: Advisory Council
ACIPH	: Addis Continental Institute of Public Health
AFENET	: African Field Epidemiology Network
AFPHA	: Africa Federation of Public Health Association
AIDS	: Acquired Immune Deficiency Syndrome
AMREF	: African Medical & Research Foundation
ANC	: Antenatal Care
APHA	: American Public Health Association
APR	: Annual Program Results
ART	: Antiretroviral Therapy
ARV	: Antiretroviral (Drug)
ATCA	: African Tobacco Control Alliance
ATCRI	: Africa Tobacco Control Regional Initiative
BCC	: Behavior Change Communication
BSS	: Behavioral Surveillance Survey
CCM/E	: Country Coordinating Mechanism/Ethiopia
CCRDA	: Consortium of Christian Relief and Development Association
CDC	: Centers for Disease Control and Prevention
CME	: Continuing Medical Education/ Comprehensive Monitoring and Evaluation
COP	: Country Operational Plan
CPD	: Continued Professional Development
CPHA	: Canadian Public Health Association
CRIS	: Country Reporting Information System
CSO	: Civil Society Organization
CSW	: Commercial Sex Worker

DHS	: Demographic and Health Survey
DHSS	: Demographic and Health Surveillance System Sites
DQA	: Data Quality Assurance
DSS	: Demographic Surveillance System
EB	: Executive Board
EBS	:Ethiopian Broadcasting Service
EFETP	: Ethiopian Field Epidemiology Training Program
EHNRI	: Ethiopian Health and Nutrition Research Institute
EMA	: Ethiopian Medical Association
EMNA	: Ethiopian Midwife Nurses Association
ENA	: Ethiopian Nurses Association
ENCDC	: Ethiopia Non- Communicable Diseases Consortium
EPHA	: Ethiopian Public Health Association
EPHLA	: Ethiopian Public Health Laboratory Association
ESOG	: Ethiopian Society of Obstetricians and Gynecologists
ETB	:Ethiopian Birr
ETV	:Ethiopian Television
EUPHA	:European Union of Public Health Associations
FCA	:Framework Convention Alliance
FCTC	:Framework Convention on Tobacco Control
FGAE	:Family Guidance Association of Ethiopia
FHAPCO	:Federal HIV/AIDS Prevention and Control Office Ethiopia
FMHACA	:Food, Medicine and Health Care Administration and Control Authority
FMoH	: Federal Ministry of Health
GA	: General Assembly
GFATM	:Global Fund to Fight AIDS, Tuberculosis and Malaria
GoE	:Government of Ethiopia
HAPCO	:HIV/AIDS Prevention and Control Office
HCT	:HIV Testing and Counseling
HCW	:Health Care Workers

HFC	:Hope for Children
HHS	: Health and Human Services
HIV	:Human Immunodeficiency Virus
HMIS	: Health Management Information System
HSDP	:Health Sector Development Program
ICASA	:International Conference on AIDS and Sexually Transmitted Infections in Africa
ICD	:International Classification of Diseases
IDU	: Injecting Drug User
IEC	: Information, Education, Communication
IHAA	:International HIV/AIDS Alliance
INGOs	: International Non Governmental Originations
IPPH	:Institute of Population and Public Health
IRB	:Institutional Review Board
IRD	: International Relief Development
I-TECH	: International Training and Education Center for Health
LSITP	: Leadership Strategic Information Training Program
M&E	: Monitoring and Evaluation
MARPS	: Most at Risk Population Survey
MCPs	: Multiple Concurrent Partnerships
MDGs	: Millennium Development Goals
MENA	: Mekdim Ethiopian National Association
MIS	: Management Information System(S)
MNCH	: Maternal Neonatal and Child Health
MoH	: Ministry of Health
MoST	: Ministry of Science and Technology
MSM	: Men Who Have Sex With Men
MWESC	: Mathiwos Wondu Ethiopian Society of Cancer
NCD	: Non- Communicable Diseases
NGO	:Non-Governmental Organization
NIPs	: National Implementing Partners

OI	: Opportunistic Infection
ORDA	: Organization for Rehabilitation and Development in Amhara
OVC	: Orphans And Vulnerable Children
PATH	: Program for Appropriate Technology in Health
PH	: Public Health
PI	: Principal Investigator
PLWHA	: People Living With HIV/AIDS
PMC	: Population Media Center
PMTCT	: Prevention of Mother-To-Child Transmission
PMTCT+	: Prevention of Mother-To-Child Transmission Plus Treatment
RHS	: Reproductive Health Survey
SAPR	: Semi Annual Program Results
SAVVY	: Sample Vital Registration through Verbal Autopsy
SCHRA	: Strengthening Communities Response to HIV AIDS
SEPDA	: South Ethiopia Peoples Development Association
SI	: Strategic Information
SP	: Strategic Plan
SPH	: School of Public Health
SPM	: Strategic Plan Management
STI	: Sexually Transmitted Infection
SYGE	: Save Your Generation Ethiopia
TB	: Tuberculosis/Tubercle Bacillus
TEPHINET	: Training in Epidemiology and Public Health Interventions Network
TOR	: Terms of Reference
UK	: United Kingdom
UNAIDS	: Joint United Nations AIDS Programme
UNCC	: United Nations Conference Center
UNFPA	: United Nations Fund for Population Activities
UNGASS	: United Nations General Assembly Special Session on HIV/AIDS
UNICEF	: United Nations International Children's Emergency Fund

USA	:United States of America
USAID	: United States Agency for International Development
USD	:United States Dollar
VA	: Verbal Autopsy
VCT	: Voluntary Counseling And Testing
WCPH	: World Congress on Public Health
WFPHA	: World Federation of Public Health Associations
WHO	: World Health Organization

Message from the Executive Director

On behalf of the EPHA secretariat, I would like to welcome all members to the 24th EPHA Annual Conference taking place from January 25 to 26, 2013 at the United Nation Conference Center (UNCC). In the past, our conferences were organized during the month of October to reconcile our reporting period with the donors' budget year particularly that of CDC's fiscal year that ends in September each year. Unlike the previous year, this year, paper preparations (oral and posters) and awards to individuals/institutions will not be entertained due to the recently organized 13th World Congress on Public Health. However, a wide range of activities including panel discussions will take place during this conference.

EPHA is advancing year after year and as a result, its scope of work and its involvement in promoting better health in collaboration with other parties and partners has dramatically increased. The recently undertaken World Congress on Public Health is a good example of the international and national partnership that was really remarkable accomplishment whereby EPHA lived up to its responsibility, not simply as a professional Association but a well-organized institution capable of undertaking a huge task and multidimensional international event that brought admiration from all sides for carrying it out successfully.

To date, EPHA has continued working closely with FMoH, RHB and the major universities (7) in the country with the assistance obtained primarily from CDC and Packard Foundation. In addition and presently, EPHA is closely working with different sister associations, in both the public and private sectors; national and international organizations on a wide range of important public health issues such as HIV/AIDS, family planning, alcohol and substance abuse among others.

EPHA has many activities planned to be accomplished next year among which is implementing a fund raising strategy for the construction of its future head office. In our general assembly and during business meetings, we are anticipating to present members the design of the EPHA House by a professional Architects as well as our future plan for raising the necessary funds for the project which is also to serve as a business and training center. Hence, I would like to take this opportunity to request members to stand together for the realization of our dream of having our

own House by supporting financially and mobilizing and actively working to secure fund from all directions using our network and contacts in order to get the work done on time.

Next year, EPHA is planning to celebrate its 25th jubilee anniversary. We will publicize officially in the future on how it will be celebrated and a national coordinating body will be soon established to oversee and coordinate the work and hopefully this will be announced to members through various communication channels. For more information about EPHA activities, please visit its website: www.etpha.org.

Finally, I would like to urge every member to contribute towards achieving the mission and vision of the Association. We will meet in January when we will reinforce on our successes making the Association even more visible.

Hailegnaw Eshete
Executive Director,
Ethiopian Public Health Association

Contents

Acronyms and Abbreviations	iii
1. EXECUTIVE SUMMARY.....	1
2. INTRODUCTION	3
3. CURRENT PROJECTS AND PROJECT BASED ACTIVITIES.....	6
3.1 EPHA-CDC Project: Improving HIV/STI/TB Related Public Health Practices and Service Delivery6	
3.1.1 Leadership in Strategic Information Training Program	7
3.1.1.1. Program Description	7
3.1.1.2. Accomplishments.....	7
3.1.1.3. Challenges and Actions Taken.....	9
3.1.2 Ethiopia Field Epidemiology Training Program.....	9
3.1.2.1. Program Description	9
3.1.2.3. Project Activities and Accomplishments	10
3.1.2.4. Challenges and Action Taken	12
3.1.3. Demographic and Health Surveillance System.....	12
3.1.3.1. Program Description	12
3.1.3.2. Main Accomplishments	13
3.1.3.3. Challenges.....	14
3.1.4. Standardizing the Basic Care Package (BCP) and Care and Support Program	14
3.1.4.1. Program Description	14
3.1.4.2. Main Accomplishments	14
3.1.5. Advocacy on Alcohol and Substance Abuse in Relation to HIV/AIDS	15
3.1.5.1 Objectives	15
3.1.5.2 Accomplishment	16
3.1.6 Youth Leadership in a Multi-sectoral Approach to Reduce Multiple Concurrent Sexual Partnerships.....	18
3.1.6.1. Project Description and Objectives.....	18
3.1.6.2. Main Activities Accomplished.....	18
3.1.7 Publication	19
3.1.7.1. Service Description	20

3.1.7.2.	Main Activities Accomplished.....	20
3.1.7.3.	Challenges and Actions Taken.....	22
3.1.8.	Library and e-Learning Center.....	23
3.1.8.1	Objective	23
3.1.8.2	Accomplishments.....	23
3.1.9.	Surveys of Most at Risk Populations (MARPs) for HIV/AIDS	23
3.1.9.1	Size Estimating and Identifying MARPs at the National Level.....	23
3.1.9.2.	Surveillance of HIV, Syphilis and Related Risk Behaviors among Men Who Have Sex with Men in Addis Ababa (MSM)	25
3.2.	EPHA-CPHA Project 1: Tobacco Control Activities	27
3.2.1.	Objective	27
3.2.2.	Main Accomplishments	27
3.3.	EPHA-CPHA Project 2: Strengthening the Immunization Component of the Health Extension Program.....	28
3.4.	EPHA-Packard Project 1: Strengthening the Link between Households and Primary Health Care Units for Improved Reproductive Health.....	29
3.4.1.	Project Description.....	29
3.4.2.	Objectives.....	29
3.4.3.	Overview of Accomplishments	29
3.5.	EPHA-PACKARD Project 2: Scaling Up Community-Based Long Acting RH/FP Service	31
3.5.1.	Project Description.....	31
3.5.2.	Objectives	32
3.5.3.	Accomplishments.....	32
3.5.4.	Challenges Faced/ Lessons learned.....	33
3.6.	EPHA-HAPCO Project: Enhancing the Efforts of Professional Associations in the National Response against HIV/AIDS	33
3.6.1.	Project description.....	33
3.6.2.	Goal and Objectives	33
3.6.3.	Implemented Activities	34
4.	OTHER PROJECTS	34
4.1	EPHA-MSH Project: Comprehensive HIV/AIDS Treatment, Care and Support Program	35

4.2	EPHA-PSI/USAID Project: MULU HIV/AIDS Prevention Project.....	35
4.3	EPHA-Future Group Project: Capacity Building.....	35
4.4	EPHA-WHO Project: Nutrition	36
4.5	Projects on the pipeline	36
4.5.1.	Fixed Obligation: Grant to Professional Associations	36
4.5.2.	Implementation/Evaluation of TB, HIV, and Syphilis Screening in Ethiopian Prisons	37
5.	CONCLUDED PROJECTS	38
5.1.	EPHA-PATH Project: Most Significant Change (MSC).....	38
5.1.1.	Project Description.....	38
5.1.2.	Goal and Objectives	39
5.1.3.	Main Activities Accomplished During the Year.....	39
5.1.3.1.	Training on Qualitative Methods in Monitoring and Evaluation	39
5.1.3.2.	Training on Health Project Communication.....	40
5.1.3.3.	Third Round MSC Story Collection	40
5.1.3.4.	Second Round MSC Story Selection.....	41
5.1.3.5.	Significant Story Verification.....	42
5.1.3.6.	Summary of the Result Obtained from the Verification.....	43
5.1.3.7.	Result Dissemination, Communication and Promotion.....	43
5.1.4.	Lessons Learned.....	44
5.1.5.	Challenges Faced.....	45
5.2.	Organizing the 13th World on Public Health	45
5.2.1.	Objectives of the Congress	46
5.2.2.	Key Achievements of the Organizing Process.....	46
5.2.2.1.	Management Structure and a Secretariat for the Congress.....	46
5.2.2.2.	Publicity and promotion	47
5.2.2.3.	Fund raising and sponsorship	47
5.2.2.4.	Abstract submission and review	48
5.2.2.5.	Final Days Accomplishments.....	48
5.2.3.	Lesson and benefits of the Congress	50

6. OTHER JOINT ACTIVITIES.....	51
7. EPHA CHAPTERS AND NETWORKS	52
7.1. Growth of EPHA Members and Chapters.....	52
7.2. Other Network and Membership Related Activities.....	54
8. ADMINISTRATIVE AND FINANCIAL ACTIVITIES	54
8.1. Facilitating a Conducive Working Environment	54
8.2. Purchase of Land and Construction of EPHA New Building	55
8.2.1. Other Procurements And Renovations.....	56
8.2.2. Human Resource Development.....	57
8.3. Finance Management	57
8.3.1. Financial Growth and Related Accomplishments	57
9. RESEARCH RELATED ACTIVITIES.....	58
9.1. Description	58
9.2. Establishment of Research & Training Center	58
9.3. In-House Service -Operational Research	59
9.4. Updating the Training Module on Research Ethics and Methodology.....	59
9.5. Institutional Review Board (IRB)	60
9.6. National Triangulation and Synthesis of the HIV/AIDS Epidemiological and Behavioural Data in Ethiopia	60
10. PLANNING, MONITORING AND EVALUATION	61
10.1. Planning: The 3 rd EPHA Strategic Plan (2010-2014)	61
10.2. Monitoring and Evaluation Plans and Implementations	62
10.3. Staff Capacity Building	63
10.4. Conference Evaluation Reports	63
10.4.1. Evaluation Report of 22nd Annual Conference of EPHA	63
10.4.2. Evaluation of the 13th WCPH	65
10.4.2.1. <i>Introduction</i> and Background.....	65
10.4.2.2. <i>Findings</i> from Questions in Rating Scale	66
10.4.2.3. <i>Findings</i> from the Open Ended Questions	67

List of Tables and Figures

<i>Table 1. LSI Trainees Enrolled and Graduated since November 2006 to 2012</i>	<i>7</i>
<i>Figure 1: 8th Round LSI Graduation.....</i>	<i>8</i>
<i>Table 2: Field Epidemiology Program (EFETP) Trainees Since 2009.....</i>	<i>11</i>
<i>Table 3. Summary of DHSS Performances (October 1, 2011 to September 30, 2012).....</i>	<i>13</i>
<i>Figure 2. Educational Bill Board on Tobacco Installed in AAU.....</i>	<i>17</i>
<i>Figure 3. EPHA's Regular Publications</i>	<i>21</i>
<i>Table 4. Summary of Achievements in Implanon Scale Up</i>	<i>32</i>
<i>Figure 4. Group Picture of Health Project Communication Training Participants</i>	<i>40</i>
<i>Table 5. Summary of Significant Change Stories Collected and Selected by Rounds</i>	<i>41</i>
<i>Figure 5. Growth of EPHA Members</i>	<i>53</i>
<i>Figure 6. Site for EPHA Head Quarter Building under Development.....</i>	<i>56</i>
<i>Figure 7. Satisfaction Level of the 13th WCPH Participants</i>	<i>66</i>

1. EXECUTIVE SUMMARY

The Ethiopian Public health Association (EPHA) is a not-for-profit, voluntary, multidisciplinary professional association established in 1989. Structurally, it has an Executive Board headed by its President, an Advisory Council and a General Assembly. Its secretariat is headed by an Executive Director with 67 staff members. The secretariat has four departments (along with a few sections) and two service coordination units accountable to the Executive Director. Moreover, EPHA has 23 chapters located in eight of the regions and two administrative cities of the country. The chapters are based in government universities and regional health bureaus where public health professionals are available in relatively large numbers.

Currently, the Association has over 4,649 members of whom 41 are institutional ones and 2776 are active members. EPHA members are distributed all over the country occupying positions at different levels of health care and management from *woreda* (district) health office and health facilities to minister level. EPHA members are also found in private, government and non-government organizations. The Association works closely with many partners and collaborators to facilitate and accelerate activities on the country's priority public health issues. It has good working relationships with governmental, non-governmental organizations, and universities within the country and abroad.

EPHA envisions the attainment of the highest possible standards of health care for all Ethiopians with its mission of promoting better health services for the public and maintaining professional standards through advocacy, active involvement, and networking. In fulfilling its missions and realizing its vision, EPHA develops strategic plans and prepares project proposals accordingly. Presently, it is implementing many projects and activities such as the Leadership in Strategic Information (LSI) Training Program; Ethiopia Field Epidemiology Training Program (EFETP); information generation through demographic, health and mortality surveillance and networks of research sites; advocacy on alcohol and substance abuse in relation to HIV/AIDS; survey on Most At Risk Populations (MARPs) for HIV infection; operational research and basic care packages in HIV/AIDS prevention, care and treatment; youth leadership in a multi-sectoral approach to reduce multiple concurrent sexual partnerships; disseminating information using various publications (including *the Ethiopian Journal of Health Development*, *Felege-Tena Newsletter*, *Health Extension Newsletter*, *Public Health Digest* and more), documentations, library services and e-learning activities using the CDC/PEPFAR fund. Moreover, EPHA has been working in repositioning reproductive

health/family planning (RH/FP) project since 2006 with the support of the David and Lucille Packard Foundation; health systems strengthening with MSH; capacity building collaboration with HPP/Futures group and others.

In general, in carrying out these diversified projects and activities, EPHA receives financial and technical support from CDC, the David and Lucille Packard Foundation, Canadian Public Health Association (CPHA), Management Science for Health (MSH), WHO, USIAD, FHAPCO, FMoH and others. Implementing partners are the Ethiopian Public Health Laboratory Association, Save Your Generation Ethiopia (SYGE), HIV/AIDS Prevention Control Office (HAPCO), Ethiopian Health and Nutrition Research Institute (EHNRI), and universities.

With the support from various partners, donors and members, EPHA has implemented many project activities in the reporting period. The performed activities include different projects with the supports from CDC-Ethiopia for improving public health practices and service delivery in Ethiopia, the David and Lucille Packard Foundation on strengthening the link between households and primary health care units for improved reproductive health/family planning services, capacity building through short and long-term training, strengthening sister associations/partner organizations and many other similar activities and projects.

The EPHA-CDC project has many components and this project is supporting other projects and cross-cutting activities of the Association. The overall goal of this project is to improve public health practice and service delivery in HIV/AIDS prevention and control in Ethiopia through public health evaluations/operations research and by developing the capacity for designing and implementing evidence-based policies and interventions.

From the EPHA-CDC project activities, that of DHSS is a technical and financial support for university-based demographic and health survey and surveillance projects with the aim of generating a continuous demographic and health related information and also strengthening the capacity of universities in integrating training, service and research for their public health students. To implement the DHSS activities, EPHA coordinates a network of six member government universities: Addis Ababa, Mekele, Jima, Gondar, Haramaya, and Arba Minch.

Capacity building through short and long-term training was also another important component of the EPHA-CDC and EPHA-Lucille Packard Foundation reproductive health projects. The short-term trainings are health research methodology and ethics training; RH/FP related trainings

(supervision, M&E; RH/FP leadership and implanon insertion skill training; refresher training on HIV/AIDS and RH/FP). Moreover, long-term trainings given within the reporting period were: the leadership in strategic information training program (LSITP) and the field epidemiology training (EFETP). The EFETP is a two-year master's level program provided in collaboration with Addis Ababa University School of Public Health (SPH/AAU), EHNRI/FMoH and CDC. Up to the reporting period, 34 have graduated and 69 students were recruited from all the regional health bureaus for the EFETP program that is designed to train cadres of health professionals that will properly investigate outbreaks and carry out efficient surveillance systems. Some 245 trainees were admitted and 135 have graduated since the start of the LSI program.

Besides the training, the EPHA publications are important components of the EPHA-CDC project for generating and disseminating strategic information. During this reporting period, EPHA published the *Ethiopian Journal of Health Development*, *Felege Tena Newsletter*, *Public Health Digest/ the HIV/AIDS/STI/TB Bulletin* and *Proceedings of the 22nd Annual Conference and Health Extension Newsletter*. Copies of the regular publications were distributed to members and other partners free of charges.

EPHA is a member of the World Federation of Public Health Associations (WFPHA). In 2008 EPHA was selected by the General Assembly of the WFPHA to host the 13th World Congress on Public Health on the theme of "Towards Global Health Equity: Opportunities and Challenges". The Congress took place in April 23-27, 2012 in Addis Ababa and was concluded successfully. The EPHA secretariat is housing the African Federation of Public Health Associations (AFPHA) which was established recently.

2. INTRODUCTION

EPHA is a not-for-profit, voluntary, multidisciplinary professional association established in 1989 with a vision to attain the highest possible standards of health care for all Ethiopians and a mission of promoting better health services for the public and maintaining professional standards through advocacy, active involvement and networking. In fulfilling its mission and realizing its vision, EPHA has developed three strategic plans; the strategic plan of 2010 to 2014 is the third one and

under implementation currently. EPHA's first and second five-year strategic plans focused on programs and organizational development. The third strategic plan is concerned with strengthening the Association to further improve its function and enhance members' contribution to the country's health sector development. In line with this SP and the support of different donors and partners, EPHA is implementing many projects and activities.

EPHA is an association of public health professionals of varying categories and levels of training. Its members are distributed all over the country occupying positions at different levels of health care services and management from *woreda* (district) health office and health facilities to a minister level. It has also international members located all over the world. EPHA members are also in private, government and non-government organizations. The Association is working closely with partners and collaborators to facilitate and accelerate activities on the country's priority public health issues about which it has accumulated years of experience and a success in implementing national as well as continental projects. It has good working relationships with governmental, non-governmental organizations and universities within the country and abroad.

At present, there are more than 12 projects funded by local and international partners/donors and these projects are being implemented both by EPHA as well as jointly or in collaboration with other partners. The Association is presently engaged in the following major activities to achieve its objectives:

- ❖ Generating evidence-based information through conducting and supporting research, training, evaluations and surveillance.
- ❖ Disseminating evidence-based information throughout the country through its regular publications such as *Ethiopian Journal of Health Development (EJHD)*, *Public Health Digest*, *Felege Tena* newsletter, *Health Extension Workers* newsletter, the EPHA website (www.etpha.org), EPHA-Public Health Library and the E-learning Centre and other forums.
- ❖ Organizing professional training programs and workshops.
- ❖ Organizing annual EPHA conferences to disseminate research findings.
- ❖ Taking leadership on professional guidelines development.
- ❖ Supporting public health and laboratory professional associations.
- ❖ Enhancing professional safety in the working environment through infection prevention, advocacy and the like.

EPHA is a member of the World Federation of Public Health Associations (WFPHA). In 2008 EPHA was selected by the General Assembly of the WFPHA to host the 13th World Congress on Public Health. Accordingly, EPHA successfully organized the Congress and it was of a demonstrative good achievement for EPHA that resulted in international recognition of the Association and participation of members and the Ethiopian public as a whole. This report includes EPHA's performances in organizing efforts and hosting of the Congress.

Structure wise, EPHA has an Executive Director, Executive Board headed by its President, an Advisory Council and a General Assembly. As its highest body, the General Assembly (GA) is constituted of members and is the organ responsible for selecting and establishing the Association's other key bodies such as: the Executive Board (EB), Advisory Council (AC), EPHA chapters, and the EPHA secretariat. The General Assembly, which is a forum of promotion on pertinent issues and for exchange of information related to scientific developments and health care serves as a vehicle for strengthening participation of members and mobilizes people for membership. The General Assembly is regularly held annually in the presence of members, national and international partners.

The Executive Board of EPHA is a governing body that is elected by the General Assembly. Its role is to deal with policy matters and set strategic directions of the Association and oversee the work of the secretariat. The board meets once a month to discuss and decide on major issues in the day to day activities of the Association. During the reporting period, the Board had regular and extraordinary meetings. It did represent EPHA in different national and international conferences. Members of the Board also participated in major trainings as trainers and participated in the review of scientific papers. The Board closely followed up the organizing of progress of the World Congress on Public Health and the annual conference of EPHA. The Board also had meetings with the whole staff of the secretariat with active and leadership role in leading the meetings for general performance reviews and overall directions in implementations. Board members are actively involved in technical aspects based on their areas of specializations.

At present, EPHA has 23 chapters located in all regions and autonomous administrative cities of the country. The chapters are based in government universities and regional health bureaus where public health professionals are available in relatively large numbers. EPHA membership is open to all graduates of health and health related training and having at least a diploma; undergraduate students being trained in health related programs; and national /international institutions serving in

public health or related fields. Moreover, since the Association is assumed to be interdisciplinary, any interested individuals who may have no health related background can be members. Taking into account of all types of membership, currently the Association has more than 4649 members of various disciplines with diverse educational levels and engaged in all the health and health related systems in Ethiopia. Of these, 41 are institutional and 83 lifetime members.

This annual report covers the period from October 1, 2011 to September 30, 2012 showing all activities performed by the Association and with the assistance and support of partners. It is organized to show accomplishments including challenges encountered during the reporting period, projects on the pipeline, major plans for the coming year including activities related to the 13th World Public Health Congress which was hosted by EPHA and WFPHA.

3. CURRENT PROJECTS AND PROJECT BASED ACTIVITIES

EPHA presently runs many projects in collaboration with different partners and stakeholders along with the projects on pipeline which are expected to mature shortly. This report does not show details of the projects on the pipeline while projects phased out during the reporting period have been included since some activities were accomplished during the reporting period.

3.1 EPHA-CDC Project: Improving HIV/STI/TB Related Public Health Practices and Service Delivery

The goal of this project is to improve public health practice and service delivery in the area of HIV/AIDS prevention and control in Ethiopia through public health evaluations, operations research and by developing the capacity for designing and implementing evidence based policies and interventions. The main components and activities of the CDC project are:

- generating and disseminating Strategic Information –SI
 - Leadership in Strategic Training Program-LSITP
 - Ethiopian Field Epidemiology and Laboratory Program-EFELTP
 - university-based demographic and health surveillances and mortality surveillance sites by Addis Ababa, Jimma, Gondar, Haramaya and Mekelle universities
- supporting the Ethiopian Public Health Laboratory Association, MoH, EHNRI, HAPCO.

- expanding and strengthening HIV/AIDS prevention, care and treatment of the most at risk populations (MARPs) including men who have sex with men (MSM) in Ethiopia.
- support standardizing and the basic care package and care and support programs in Ethiopia.
- support youth leadership in a multi-sectoral approach in preventing multiple concurrent sexual partnership- implemented by Save Your Generation Ethiopia (SYGE).
- promotion on alcohol and substance abuse in Ethiopia in relation to HIV/AIDS.
- publication and MPH theses support.
- the “One Love” Project –implemented by Save Your Generation Ethiopia (SYGE).

These activities and components of the project are implemented and closely supervised by the Association in collaboration with implementing partners.

3.1.1 Leadership in Strategic Information Training Program

3.1.1.1. Program Description

The leadership in strategic information training program (LSITP) is a long-term training strategy that is meant to improve the capacity of regional public health personnel to develop, analyze and use strategic information for planning and monitoring and evaluating HIV/AIDS interventions and activities. The training began in November 2006. Initially, it was intended by the partners to be a one-year training. But later on, the training duration was reduced to five to six months.

The general objective of LSITP is to develop capacity in the public health sector to use strategic information to improve skills for need assessment, planning process, and monitoring and evaluating the full range of interventions and activities to combat the HIV/AIDS epidemic and other problems of public health importance at the national and sub-national levels.

3.1.1.2. Accomplishments

Table 1. LSI Trainees Enrolled and Graduated since November 2006 to 2012

Cohort	Intake in number	No of graduates	Year of graduation
First	28	14	2008
Second	15	10	2010
Third	29	20	2010

Fourth	29	24	2011
Fifth	27	20	2011
Sixth	35	26	2012
Seventh	29	21	2012
Eighth	26	On going	Expected End of 2012
Ninth	27	On going	Expected in 2013
Total	245	135	

As indicated in Table 1, 245 trainees were coming from almost all the regions and the Ministry of Defense's Disease, Prevention and Health Promotion Directorate, the Federal Police Health Department; FMoH and the regional health bureaus. Since the start of the program, 135 have graduated.

Field projects are required after each module of training in which the trainees practice what they have learned in the class in their own or nearby health facilities. They are closely mentored and supervised by mentors from EPHA and the School of Public Health of Addis Ababa University. Finally, trainees present their reports on the day of completion of the training.



Figure 1: 8th Round LSI Graduation

Minor revisions have been made to the modules to make them more useful in realizing the objective of the training. A program evaluation has also been planned to assess the outcome of the training. It is believed that this will be useful in redesigning the training curriculum and its application at work places.

3.1.1.3. Challenges and Actions Taken

The main challenges faced during the LSI training program are the dropout of trainees. In coping with these challenges, negotiations have been underway with the RHBs. There is also mentorship problem. The turnover of focal persons for LSI program at EPHA is another challenge that hinders the pace of the program's implementation.

3.1.2 Ethiopia Field Epidemiology Training Program

3.1.2.1. Program Description

The Ethiopian Field Epidemiology Training Program (EFETP) is a competency-based training and service program in applied epidemiology and public health that builds capacity to strengthen the surveillance and response system in Ethiopia.

The ability of Ethiopia to respond to health emergencies and detect problems through a proper surveillance system is largely limited. Inability to prevent and control epidemics and lack of skilled personnel as well as poor surveillance system are underscored by the MoH. In this regard, EPHA is working closely with the School of Public Health (AAU), the Federal Ministry of Health and the US Center for Disease Control and Prevention (CDC) to produce professionals in field epidemiology that are capable of handling emergency management including epidemic investigation, response and surveillance.

The goal of FELTP is to strengthen the Ethiopian public health system by contributing to the development of a robust disease surveillance system, effective and timely acute public health event detection and response capacity in field epidemiology and public health laboratory, evidence-based decision making for public health practice and reduction in morbidity and mortality caused by priority diseases. To attain this goal, the objectives of the training program are specified as

- strengthening public health capacity by developing a cadre of health professionals with advanced skills in applied epidemiology
- strengthening national and regional capacity to respond to public health emergencies such as epidemic outbreaks, natural disasters, and other unusual public health events including those that could be a result of chemical or biological terrorism

- strengthening national surveillance systems.
- strengthening laboratory participation in surveillance and field investigations
- contributing to research activities on priority public health problems and
- improving communication and networking of public health practitioners and researchers in the country and throughout the region.

3.1.2.3. Project Activities and Accomplishments

The training began in 2009 in which attendants are given different courses on field epidemiology through classroom training and residency outputs and complete all the competency areas. They produce different residency outputs like outbreak investigations, surveillance system evaluation, surveillance data analysis, manuscript development for publication in various journals, health profile descriptions of certain areas, report on a disaster situation visited, report of public health laboratory data collected and analyzed, and development of epidemiological projects. Throughout all these efforts in producing the body of works of residency, the residents are supported with the provisions like transportation allowances, per diem, CDMA apparatus and SIM cards, Laptop computers, books, stationery and the like. Most of them are based in Oromia, Addis Ababa and Ministry of Health Field bases for their residencies. The residents also present their residency outputs at national and international scientific conferences like the EPHA annual conference, AFENET and TEPHINET scientific conferences. The presenters and EFETP staff are supported through per diem and transportation when they participated in such conferences. Starting from the late 2010, five field bases have been established in Oromia, EHNRI/MOH, SNNPR, Tigray and Amhara. Field supervisors have been selected and given two days orientation along with supervision manuals. The field bases are being equipped with various equipment and supplies. Supportive supervision is being provided by EFETP technical working group quarterly at the field bases.

Twenty two residents were admitted in November 2010 for the second cohort and 22 graduated in July 2012. One of the graduates was from the first cohort while the remaining one from the second cohort is expected to graduate with the third cohort. The second cohort trainees were also provided with all the provisions like the first cohort. Now, there are 18 trainees of the third cohort admitted in October 2011 who are expected to graduate in 2013. After completing their introductory and basic courses, they were deployed to different field bases for their residency. They have already completed residency I. Similar provisions have been given to the third cohorts to support their residency works.

Preparations are underway to admit 16 residents for the fourth cohort for the year 2012/2013.

The second and third cohort residents have produced outputs like: Conducting outbreak investigation, surveillance data analysis, surveillance system evaluation, health profile description, epidemiological project proposal, development of abstract and participating at national (epha annual scientific conference) and international (the 4th AFENET scientific conferences), development of manuscript, report of disaster situation ('Meher', 'Belg' and Displaced people due to conflict assessments) visited, provision of trainings (public health emergency related), visiting public health laboratory setup and data

Score card evaluation of the EFETP was made in collaboration with CDC-Atlanta. The evaluation clearly sorted out the strengths and weaknesses of the program. Feedback was also given to all partners to improve the program. Some residents were also assisted to produce more outputs on malaria by the financial aid from PMI (presidents malaria initiative) through CDC. Short-term training like on stata and ARC-GIS was also given.

In general, 69 trainees of EFETP were admitted and 34 have graduated since the start of the program. Supportive supervision and mentorship are being provided for the third cohort residents by the EFETP technical working group. The Advisory Council holds almost a monthly meeting to give some advices and guidance for the program. This year (for the third cohort) mentors, program director and coordinators have been assigned from the AAU-SPH faculty. Very recently three manuals (information bulletin, residents' field manual and supervisors' manual) were developed. The admission and graduation of residents since the start of the program is summarized in the next table.

Table 2: Field Epidemiology Program (EFETP) Trainees Since 2009

Cohort	Residents		Remark
	Admitted	Graduated	
1 st	13	12	Admitted in 2009 and Graduated in 2011
2 nd	22	22	Admitted in 2010 and Graduated in 2012 (one graduate is from the 1 st cohort)
3rd	18		Admitted in 2011 and 19 are expected to graduate in 2013
4th	16	On going	Admitted in October 2012 and will graduate in 2014
Total	69	34	

3.1.2.4. *Challenges and Action Taken*

Lack of technical staff particularly mentors to efficiently run the program is among the problems of the program. Getting vehicles problem was also critical and currently some are under procurement process so that the problem will be alleviated to some extent. Mentors are planned to be selected from alumni, universities and program affiliated people and provide mentors training to strengthen the capacities.

3.1.3. **Demographic and Health Surveillance System**

3.1.3.1. *Program Description*

The Demographic and Health Surveillance System (DHSS) support is a technical and financial assistance for university-based demographic and health survey and surveillance with the aim of generating continuous demographic and health related information and strengthening the capacity of universities in integrating training, service and research for their public health students. To implement this activity, EPHA coordinates the network of six member universities that implement the DHSS: Addis Ababa, Mekele, Jima, Gondar, Haramaya, and Arba Minch. The main components of the DHSS are:

- continue vital registration (births, deaths, in and out migration, marriage and pregnancy outcomes at household level)
- conduct verbal autopsy (VA) interviews for deaths using the VA method
- assign causes of death using ICD-10 and VA code and
- burial surveillance, an ongoing surveillance of deaths at all burial sites in Addis Ababa.

Like other developing countries, vital registration system is very limited in Ethiopia. Census and DHS at population level and as well as ANC sentinel surveillance at facility level are the few health and demographic data sources. Such sources of information may not lead to address important health and demographic indicators for evidence-based decision making on a timely basis. A well established population based longitudinal surveillance system in the country is very limited to generate health and demographic information. To fill this gap, Ethiopian universities have established longitudinal surveillance system in different geographic areas of the country. A network of these sites has been coordinated by EPHA since 2007. Specific objectives of the network system are standardization of dhss sites' activities, quality assurance, joint data analysis and dissemination, archive and develop data sharing policy and capacity building activities

3.1.3.2. Main Accomplishments

The six DHSS sites and the Addis Ababa Mortality Surveillance Program (AAMSP) have accomplished various activities in the area of surveillance and event registration. The summary of accomplishments by these six sites is summarized in the following table. Moreover, the network is conducting continuous supervision of the sites; Data sharing policy and standardization document preparation is also under process by the network.

Table 3. Summary of DHSS Performances (October 1, 2011 to September 30, 2012)

Activities	All sites	Kersa	Gilgel Gibie	Kilte Awlaelo	Arba Minch	Dabat	Butajera
Events registered							
Pregnancy outcome	8,821	1380	1774	1335	3124	1208	
Death	1,762	421	450	284	416	191	
Internal move	6,951	773	3017	1908	NA	1253	
In migration	10,224	319	4331	1212	2744	1618	
Out migration	16,490	451	7327	3199	3795	1718	
Pregnancy observation	6,962	1610	1404	1349	1874	725	
Marital status change	2,600	426	578	385	757	454	
Verbal autopsy interview	318	202	541	324		307	
Cause of death assigned							
Physician-1	1,779	464	476	285	247	307	
Physician-2	1,803	455	467	280	294	307	
Physician-3	452	73	149	137	93	0	
Data entry							
Household updated	94,651	50	22564	29518	100%	19689	
Pregnancy outcome	10,025	1380	1984	2947	2506	1208	
Pregnancy observation	5,808	790	1270	1698	1564	486	
Death	3,137	1021	474	541	323	778	
Internal move	3,958	773	0	1603	0	1582	
In-migration	14,339	319	7723	3263	1563	1471	
Out-migration	14,893	451	2967	7968	2319	1188	
Marital status	2,310	426	587	409	434	454	

Verbal autopsy interview	1,957	499	513	333	305	307	
Supervision conducted	180	13	107	48	NA	12	
Surveillance team joint meeting	43	4	12	16	8	3	
Refresher training/ participants/	11	1	4	2	2	2	

3.1.3.3. Challenges

Since DHSS site coordinators are university teachers, it is difficult to call meetings as planned. DHSS sites have also problems of transportation. In response to this, EPHA is processing the procurement of some cars that will partially alleviate the problem in the coming fiscal year. Sites faced great difficulty regarding retention of VA physicians; and high staff turnover is another problem.

3.1.4. Standardizing the Basic Care Package (BCP) and Care and Support Program

3.1.4.1. Program Description

This component of the CDC project has a goal of “Standardizing the HIV/AIDS Basic Care Package and Care and Support Program in Ethiopia” with the following distinct but interdependent objectives.

- Review and identify gaps of the current service and recommend an essential menu of services for the guideline.
- Develop the standardized national guideline on basic care and support service package.
- Develop training manuals and facilitators guide that would assist the training on the Standardized Basic Care Package Program.
- Develop and disseminate implementation guidelines that would support the effective provision of the Basic Care Package Program.
- Provide training of trainers on the Standardized Basic Care Package Program.
- Provide training on Standardized Basic Care Package Program for health and associated workforce involved in the prevention and care interventions for people living with HIV.

3.1.4.2. Main Accomplishments

Assessing the implementation (including the quality) of and recommending menus for standardizing the basic HIV/AIDS prevention and care package was planned and started as part of this project component. In the process of the assessment, relevant documents, major national

guidelines/manuals and protocols issued by the government (MoH and HAPCO) were identified, collected and reviewed. In the same way, documents from WHO, PEPFAR and other countries were collected and reviewed. A rapid observation of the ongoing practices in selected rural hospitals, health centers and health posts was also undertaken. The major intervention areas considered to be included in the standardized guideline were also suggested; and a draft template for the guideline was developed. This, along with the compiled data display matrix and reference documents, was expected to serve as a working document for the Panel of Experts (PE).

At the present, the assessment is halted because of delayed ethical clearance from MoH. In due course, the MoH got another project with support from other funds and adjusted its priority to OI as a new problem. As a result, an alternative project concept note on opportunistic infections (OI) was suggested by the MOH; and it was developed and submitted to CDC. The concept note is already accepted by CDC and approved by the MoH. Accordingly, CDC is supporting the assessment on opportunistic infection (OI). The task of developing detailed assessment protocol is assigned for consultants. The detailed study protocol is developed by a consultant and submitted to CDC. The protocol developed by the consultant is under ethical clearance by CDC.

3.1.5. Advocacy on Alcohol and Substance Abuse in Relation to HIV/AIDS

3.1.5.1 Objectives

Objectives of the alcohol and substance abuse in relation to HIV/AIDS are to

- establish a national coordination taskforce on alcohol in relation to HIV/AIDS.
- create awareness on the magnitude, risk factors and consequence of alcohol and substance abuse in the country.
- reinforce existing legislation into action and identify gaps and limitations for the future
- initiate community mobilization, administrative, and religious leaders to take part in the process of alcohol and substance abuse interventions.
- encourage policy dialogue among decision makers for the formulation of legislation and implementation of national alcohol policy/regulations.
- undertake discussions with the targeted community leaders and the general public to prevent alcohol and substance abuse.

3.1.5.2 Accomplishment

1. Activities performed in collaboration with Population Media Center (PMC)

A. Production of Radio serial drama on alcohol, substance abuse and HIV/AIDS: One of the core program areas of the project is radio serial drama. The radio serial drama is intended to serve as a platform to share information and exchange ideas among family and community members. In the past one year 42 serial dramas were aired.

B. Special radio program on alcohol, substance abuse and HIV/AIDS: There is also a special radio program on alcohol, substance abuse and HIV/AIDS. The radio panel discussion program is aimed at involving as many people as possible to express their views and opinions and engage in debates on alcohol and substance abuse. When grounded in discussion and dialogue alcohol and substance abuse intervention becomes more effective, easier to understand, instructive and successful. Thus 42 special programs were aired during the reporting period.

C. Print material production on alcohol, substance abuse and HIV/AIDS: The print media materials production was aimed at internalizing and reinforcing the issues addressed in the radio serial drama. In the reporting period, a leaflet on alcohol and substance abuse was produced, commented on, printed and distributed. In addition, another booklet was produced particularly targeting the youth. In the reporting period, there was a plan to publish a book on real life stories of the victims of alcohol, substance abuse and HIV/AIDS. PMC has called for short real life stories on alcohol and substance abuse. Accordingly 17 real life stories were submitted to PMC in the past few months. These short real life stories were reviewed and commented about by a Jury and 10 best real life stories were selected, published and distributed.



Figure 2. Educational Bill Board on Tobacco Installed in AAU

D. Production and transmission of TV and radio spots on alcohol, substance abuse and HIV/AIDS: Experts working in the field were called to develop radio and TV spot messages on alcohol, substance abuse and HIV/AIDS. Hence, a number of experts produced and brought radio and TV messages to PMC for review. The spot messages were reviewed; and comments were given on the selected few which are believed to be the best. The final results i.e. the messages were aired through the Ethiopian Television for 20 times.

2. Activities performed in collaboration with Fana Broadcasting Corporate

EPHA and Radio Fana agreed to produce and broadcast radio programs which are part of the EPHA's program strategy to raise awareness of the society on alcohol and substance abuse in relation to HIV/AIDS and influence decision of targeted institutions and the public in general to agree on the need for policy dialogue, community mobilization and nationwide interventions. As per the agreement, Radio Fana has allocated a 15-minute airtime every week for one year on alcohol and substance abuse in relation to HIV/AIDS.

3. Activities performed in collaboration with Tena Yistelegn Television Program

Tena Yistlegn Television program on ETV has already prepared and aired 8 television talk shows on alcohol and substance abuse and signed an agreement to prepare and air additional 6 programs.

4. Additional activities on alcohol and substance abuse

- EPHA has signed an agreement with EBS TV to produce and air 13 television programs on alcohol and substance abuse.
- EPHA has signed an agreement with Sheger FM 102.1, FM 97.1 and FM 98.1 to produce and broadcast 60 spots on alcohol and substance abuse as part of its advocacy strategy.
- In collaboration with the Addis Ababa Youth Association, an advocacy workshop was organized in which more than 600 youth leaders and key stakeholders from all sub-cities participated.
- Training was given to 60 youth leaders on how to mobilize the youth for the prevention and control of establishments selling harmful substances.

3.1.6 Youth Leadership in a Multi-sectoral Approach to Reduce Multiple Concurrent Sexual Partnerships

3.1.6.1. Project Description and Objectives

Youth leadership in multispectral approach to reduce multiple concurrent partnerships (MCPs) comprises a community mobilization, outreach activities, and a “one love” campaign implemented by SYGE. For the campaign, billboards, posters, radio drama and adverts were used as communication channels. The program focuses on the following specific objectives:

1. Increase perception of risks associated with partners with unknown HIV status and sexual behavior.
2. Increase consistent and correct condom use in concurrent relationship.
3. Increase individual’s communication and negotiation skills and perceived self-efficacy to prevent infection.
4. Increase fidelity in long-term partnership; reduce the number of concurrent partners.
5. Change social and cultural norms (especially gender norms) that encourage/perpetuate MCPs.
6. Increase livelihood options for women and girls to provide alternatives to transactional sex.

3.1.6.2. Main Activities Accomplished

In implementing the MCP reduction program, EPHA has accomplished many activities with the implementing partner SYGE. SYGE had organized message development training for a total of 100 mini media club leaders and members; club management and leadership training for a total of 100

club leaders and members; and ToT on peer education for a total of 200 participants. A total of 2000 peer leaders were trained on peer education in two rounds. As a result of all these educational programs and training, the SYGE could reach many youths. Specifically, a total of 10,610 of them were reached through the cascaded peer education program. Moreover, VCT campaigns were conducted in all the target schools using linkages created with respective health centers in the nearby areas of the target schools so that students could get access to youth friendly HCT services.

Furthermore, SYGE could successfully accomplish the following main activities:

1. Social School networking:



Five representatives from each target school: school bodies, principals, focal persons, club representatives as well as peer educators attend quarterly meetings in order to collect feedback, discuss on challenges faced, and share lessons learnt among the schools. This forum has played a vital role for the successful implementation of this project. A total of 4 School Social Networking sessions were conducted of which each was attended by 25 participants.

2. **Production and distribution of newsletter:** A total of 36,000 copies of newsletters were produced and distributed to the target groups in 6 rounds.
3. **Production and distribution of leaflets:** A total of 4000 copies were produced and distributed in two rounds.
4. **Production and distribution of posters:** a total of 400 copies were produced and distributed in two rounds.
5. **Radio program:** 98 radio programs (20 minutes each) and 12 spots were aired. Since developing the themes of a radio program in a participatory manner was essential both for quality of the program as well as for addressing the specific needs of the target audiences, theme development workshop was conducted initially.
6. **Edutainment programs:** A total of 10 programs, 2 for each school were conducted. Audiences forward their idea on the presented forum drama and respective characters.

3.1.7 Publication

3.1.7.1. Service Description

The purpose of publishing and disseminating the EPHA publications is to advance the knowledge of public health professionals in the areas of HIV/AIDS, STIs and TB in particular and public health in general while improving health care service delivery in the country. These activities are supported by CDC/PEPFAR fund while other publication for example those related to the 13th WCPH and the like were produced and distributed using other fund sources. The overall objective is to produce and disseminate strategic information about public health through regular and special editions of the publications and give new research findings to members, partner organizations and government offices.

EPHA has been working towards strengthening its activities by generating, disseminating and utilization strategic information to enhance evidence-based decision making at different levels. The demand for publications from outlying parts of the country, where there is limited access to strategic information, is increasing all the time. To meet this steadily growing demand, EPHA has been expanding itself and the services it has been providing to members along with its exiting activities. For example, it has produced, published and distributed several public health informational materials in the form of books, booklets, newsletters, journals and the like. Among others, the regularly published *Felege Tena Newsletter*, *Public Health Digest* and the *Ethiopian Journal of Health Development* as well as others including the books on *Pain Management*, *Evolution of Public Health in Ethiopia*, *Program for the 13th World Congress* and *EPHA Profile Booklet* are few of the materials published during the reporting year.

The objective of producing the publications is to build the capacity of the Association and increase the quality of the services provided to members and beyond. With this strategic move, it is hoped that the EPHA publications will be produced and distributed without interruption because of price escalating and other external factors; the EPHA library will be organized with the latest books; and a data base system will be established for easy access and uses by all interested public health professionals. In this way, the distribution of the different publications is expected to help the decision makers to improve policy formulation, program planning and implementation.

3.1.7.2. Main Activities Accomplished

During this reporting period, EPHA published the *Ethiopian Journal of Health Development*, *Felege Tena Newsletter*, *Health Extension Newsletter*, *Public Health Digest/ HIV/AIDS/STI/TB Bulletin* and proceedings and report of the 21st annual conference. Copies of these regular publications were distributed to members and other partners for free.



Figure 3. EPHA's Regular Publications

➤ Publications production

In general, the following publications were produced and published during the fiscal year:

- 2000 copies of each of program book of the 22nd annual conference of EPHA, proceedings of the 22nd annual conference, *Evolution of Public Health in Ethiopia and Pain Management*.
- 6300 copies of each of program book of the 13th World Congress on Public Health and *FelegeTena* (special issue) were published.
- 2450 copies of each of the executive summary of the 22nd annual conference of EPHA and abstracts book of the 22nd annual conference and 2010/11 annual report of EPHA.
- 2425 *Ethiopian Journal of Health Dev't (EJHD)* vol 25, no. 2 and 3425 *Ethiopian Journal of Health Dev't (EJHD)* vol 25, no. 3(123%).
- 4000 copies of Extracts No. 15, 79 copies of EPHA posters, 2300 copies of EPHA profile and 22 copies of *Public Health Digest (PHD)* were published during the reporting period.

➤ **Distribution of various publications produced by EPHA**

- During the conference, 2000 copies of Program Book of the 22nd Annual conference; 4000 copies of *Master's Theses Extracts No.15*; 2, 450 copies of executive summary of the 22nd annual conference; 2450 copies of abstracts of the 22nd annual conference; 2, 450 copies of the annual report were distributed to the participants of the 22nd annual conference of EPHA. In addition, 79 EPHA posters were posted at the conference, which contributed to increases in the number of new members of the Association.
- 2211 copies of the publications (*Ethiopian Health Development Journal* Vol. 26 No 1; *Public Health Digest* vol. 5 No 3, *report of the 13th World Congress on Public Health*; *Felege Tena Special edition*, June 2012; *Health Extension Newsletter special edition 2004EC*; and *Health Extension Newsletter* vol. No 2004) were distributed to EPHA members through the post office and to 1650 regional, zonal and woreda offices, health centers and hospitals.
- 17 titles of recently published resource materials were sent to EPHA members, universities, regional, zonal and woreda health offices and health centers.
- Back issues of publications were sent to 12 different organizations such as Axum University African Medical College, Jijiga University, Arba Minch Health Science College, Butajira Hospital, Welaita Sodo University Faculty of Health Science, Mizane Tsepi University, Wello University, Alkan University College, Hamlin Fistula Ethiopia, Debre Marks University and Adama Hospital Medical College.
- Many other copies of publications were also given out to participants during the 13th WCPH.

3.1.7.3. Challenges and Actions Taken

Printing presses habitually delay the printing works. This did cause the delay in the regular publications and distributions. To alleviate this problem, EPHA has been making an effort to establish its own printing facilities. The procurement of machine, equipment and the consultancy services are under way.

As per EPHA's proposed plan requesting for financial support to establish its own printing press, CDC has released some amount of fund to help in realizing the Association's long envisaged goal towards the purchase of equipment of the printing press. It was agreed that CDC will provide financial support phase by phase after ensuring the purchasing process.

Accordingly, the plate maker, cutter, perforator, and wire stitcher have already been purchased and the machines are delivered to EPHA in line with the agreement. The second phase of the purchasing process was initiated later. The term of reference was prepared and tender announced

for bidders twice addressing a call for purchasing GTO-52 Printing machine. However, it was only one company submitted its bid document to EPHA because the company (Orbit Plc) is a sole importer and distributor of the product in Ethiopia. As a result, Orbit Plc is to supply the machine. Currently, agreement is signed with the company and 75% of the payment effected. The purchase of the machines is being facilitated and the GTO -52 machines will be delivered to EPHA shortly.

3.1.8. Library and e-Learning Center

3.1.8.1 Objective

The objectives of the EPHA library and e-Learning center are to

- build up a strong and up-to-date collection dealing with the public health field.
- increase the skill of library users in detecting, accessing and getting correct and quality information.
- distribute EPHA publications to members, regional, zonal and woreda health offices, hospitals and health centers.

3.1.8.2 Accomplishments

Major activities accomplished during 2011/2012 with regard to the library and e-Learning center are the following.

Selecting, organizing and preserving public health information: To satisfy users' need for publications and related information, EPHA is developing and upgrading collection. In a bid to achieve this objective, 277 book titles are selected for purchase. Along this, 133 copies of 72 different book titles, 98 copies of 45 titles of publications and theses and 46 copies of 36 titles of journals are collected and organized as part of the effort to satisfy users during the coming year.

Enhancing the library system: To improve the library system, computerization of the data base system is under way. Given these efforts to improve the system and to serve users more, the library has provided accurate and reliable public health and related information for 851 library and internet users during this reporting period.

3.1.9. Surveys of Most at Risk Populations (MARPs) for HIV/AIDS

3.1.9.1 Size Estimating and Identifying MARPs at the National Level

Because of the limited information available about these groups, studying the risk behavior and HIV prevalence and designing strategies to prevent the infection are key for the design of prevention activities in the country. Therefore, to address the problem and the lack of national information among these groups of the population, a survey on MARPs was planned. The survey had three parts with the overall objective of identifying MARPs at a national level, estimating the population size of female sex workers in all regional capitals of Ethiopia and studying the biological and behavioral aspects of female sex workers (in Addis Ababa and 4 transport corridors) and long distance drivers along 4 major transport corridors of the country. The transport corridors included in this survey are Addis –Djibouti (3 cities), Addis –Metema (5 cities), Addis-Mekele (5 cities) and Addis-Moyale (4 cities).

Since this survey is the first step, the plan is to address few MARPs groups (female sex workers and long distance drivers) in selected sites but at a national level. The data generated in this survey will help to know the types of MARPs in the country, to estimate the population sizes of female sex workers at the regional capitals and to generate data on biological and behavioral aspects of female sex workers and long distance drivers, which will help to show the level of the infection, their sexual behavior and networking within the population. In summary, the survey will help to generate evidence based information which will help to develop strategies to support the HIV prevention program among these segments of the population.

Specific objectives of the survey

- To identify MARPs groups at a national level.
- Identify establishments and specific locations of female sex workers.
- Examine the number, types and working environments.
- Identify the institutions involved in interventions related to sex workers and provide updated information on HIV/AIDS prevention and control among female sex workers in the respective localities.
- Measure the level of HIV infection among female sex workers in Addis Ababa and the four major transport corridors of the country.
- Measure the level of HIV infection among long distance drivers in four major transport corridors of Ethiopia.
- Identify the risk factors for HIV infection among female sex workers and long distance drivers.

- Assess the level of knowledge and the behavior of the groups in the selected areas of the country

Activities Accomplished

- EPHA in collaboration with the EHNRI, FHAPCO and CDC-Ethiopia has started the survey among the most at risk (key populations) including female sex workers.
- ToR and detail plan of action have been developed for all experts participating in the study and the necessary MOU has been signed among CDC, EHNRI, HAPCO and EPHA.
- All the instruments included in the protocol have been finalized, edited and translated; relevant discussion has been held with the study team; the necessary amendments has been finalized and the final copy of the protocol has been submitted to the Ministry of Science and Technology (MoST) IRB and approved.
- The national technical working group and advisory committee, which are chaired by the EHNRI are established and provide direction.
- The region has expressed its commitment for the study; and that existing administrative structure from top to bottom will support the study.
- Survey coordinator, assistant coordinator, data manger and other survey staff are recruited and the necessary orientation was given to them.
- To design appropriate survey tools, a formative assessment was conducted in Addis Ababa, Hawassa, Dire Dawa and Gambella designed to assess the type, locations, networks and other related factors among sex workers in the regional capitals using qualitative methods including focus group discussion and key informants interviews.
- Necessary supervision and monitoring were conducted during the training of data collectors and data collection of the formative assessment.
- Sensitization and consensus building workshop was held in Bahr Dar from Sept 21 to 22, 2012 in which all regional bureaus, government and international partners were present and expressed their commitment.
- Following the evaluation of bid, agreements were signed with pharmaceutical companies to procure the necessary laboratory supplies for the study.

3.1.9.2. Surveillance of HIV, Syphilis and Related Risk Behaviors among Men Who Have Sex with Men in Addis Ababa (MSM)

Accessing the MSM populations for studies and intervention program has remained challenging due to stigma and legal issues which can result in negative consequences. As one of the MARPs in the country, accessing such hidden population and providing them with the necessary HIV/AIDS prevention and control interventions will support the country's multi sectoral fight against the epidemic.

EPHA has implemented a formative assessment tool and an evaluation of the MSM population in Addis Ababa. The study provides insight into the men's potential risk factors and prevention behaviors and potential interventions to stem the proliferation of HIV/AIDS and STIs. Findings from the study have revealed areas in which to develop strategies that promote safer sexual behaviors among MSM. Based on the assessment supported in COP 09, EPHA launched a series of HIV/AIDS prevention and control initiatives for MSM. In 2010, EPHA in collaboration with other stakeholders continued providing HIV/AIDS prevention, treatment, care, and support activities to this hidden population.

Objective of the study and intervention

- To estimate HIV prevalence among MSM in Addis Ababa.
- To estimate syphilis and HSV2 prevalence among MSM in Addis Ababa.
- To assess HIV knowledge and attitudes of MSM in Addis Ababa, MSM and its association with HIV infection.
- To estimate the size of MSM population in Addis Ababa.

Accomplishments

- The study setting was established based on the findings of the formative assessment and international experience.
- Purchases of equipments, partitioning and furnishing were carried out by EPHA based on the requests made by the investigators. The facility at the study site included six rooms and open space: for interview (2 rooms), counseling (1), laboratory (1), coupon manager (1) and an office for the investigators and the coordinator (1) and an open space for screener (reception) and waiting area.
- A total of six research personnel, one male and five females were recruited.
- The investigators contacted ARSHO Clinical Laboratory and International Clinical Laboratory for the different tests planned to be undertaken. The Laboratory is chosen for

quality assurance as it is the only one with international accreditation while ARSHO's Clinical Laboratory is chosen for the routine laboratory tests.

- The agreement was prepared and ready to be signed between the principal investigator (PI) and the laboratories. The study personnel were given training on basics of HIV/AIDS surveillance, specific procedures of the protocol and an exercise on the questionnaires and operational manual. The trainees included investigators, the coordinator, six other project staff, EPHA and CDC representatives.
- The training was technically managed by the investigator from CDC Atlanta, the PI, and the co-investigator. After a series of discussions the data collection period was extended until Dec. 30, 2012 to reach the required sample size.
- The advisory committee and the study team meet regularly to discuss the progress and challenges of the study.

3.2. EPHA-CPHA Project 1: Tobacco Control Activities

3.2.1. Objective

The objective of this project is to advocate and work on the ratification and instituting the WHO Framework Convention on Tobacco Control (FCTC) in Ethiopia.

3.2.2. Main Accomplishments

Realizing the prevalence of use of this deadly product and its grave consequences, the country has been making various efforts especially in reducing the demand for tobacco along with the abuses of other substances. The country has included the major elements of the FCTC convention in the new regulation on food, medicines and health services and institutions. The FCTC has been presented to the parliament which is expected to ratify it in the very near future. In the efforts to control tobacco in general, EPHA has taken the initiative and undertaken the following main activities.

- Becoming a member of the Framework Convention Alliance (FCA) which is a coalition of over 350 NGOs and networks from more than 100 countries dedicated to support the ratification and implementation of the FCTC;
- Establishing partnership with the Ethiopian Food, Medicine and Health Care Administration and Control Authority, Ethiopian Cancer Associations and Mathiws Wondu-YeEthiopia Cancer Society;
- Carrying out a baseline assessment and a one-day stakeholders' meeting on tobacco control situation in Ethiopia;

- Developing EPHA's communication strategy and plan of action on tobacco control; and
- Organizing the mass walk program to commemorate UN Summit on Non Communicable Diseases.

3.3. EPHA-CPHA Project 2: Strengthening the Immunization Component of the Health Extension Program

Project Description

The overall objective of the project is to “strengthen the capacity of HEWs to improve the national immunization program and reach universal coverage and thereby contribute to improved child survival in the country”

Major project activities:

- Conduct research on the need and expectations of the HEWs and the community in the newsletter of HEWs.
- Identify, analyze and document best practices through visit to sites.
- Prepare articles on selected immunization and related issues.
- Publish the newsletter with a column dedicated to immunization (12,000 copies/issues).
- Carry out research assessing the views on the impact of the newsletter.

Need assessment of the newsletter was done in two regions – Amhara and Benishangul Gumuz. The findings of the assessment included the views and expectations concerning the planned publication/newsletter, the status of the ongoing practices, the level of immunization coverage, the major problems encountered and mitigation measures taken. The report also included some of the good practices, and views on the need of the newsletter and suggestions regarding its content and format. The information from the assessment report was reorganized in the way that it fits for publication for the targeted readers. Moreover, the newsletter has been edited and reviewed at the EPHA publication experts.

The newsletter has several sections including introduction, testimonial stories taken from both beneficiaries and health extension workers, a special article written by a senior EPHA member who has worked on immunization for long, and a conclusion section, among others.

Finally, 45,000 copies of two issues of full colored newsletters on immunization were printed and distributed to the 30,000 health extension workers deployed all over the country. EPHA distributed the newsletters through its regional chapters and regional health bureaus (RHB).

3.4. EPHA-Packard Project 1: Strengthening the Link between Households and Primary Health Care Units for Improved Reproductive Health

3.4.1. Project Description

EPHA has been implementing the RH/FP project since 2006 with the support of the David and Lucile Packard Foundation in South and North Wello of the Amhara Regional State. The project is intended for enhancing the capacity of HEWs and other RH/FP service providers with the ultimate objective to contribute to the achievement of the fourth and fifth MDGs. To do that, EPHA envisages changing the current situation by enhancing the capacity of the service providers including HEWs and community health volunteers by fostering the link between households and primary health care units.

Through this project, all women in the ages of 15-49 and adolescents youth aged 10-24, HEWs and health professional and leaders in North and South Wello zones of the Amhara Regional States, selected *woredas* were targeted to be addressed within 3 years from July 2010-June 2013.

3.4.2. Objectives

1. Enhance the capacity of HEW and ensure an effective referral system that enables families and individuals achieve their desired family size.
2. Improve the reproductive health and well-being of young people through enhanced involvement of HEWs and promotion of youth friendly services.
3. Foster the rolling-out and implementing of national FP/RH related policies and guidelines in collaboration with the Federal Ministry of Health.

3.4.3. Overview of Accomplishments

Contributions made on guideline preparation: The World Health Organization (WHO) in collaboration with the Ethiopian Federal Ministry of Health has developed a guide on family planning for health extension workers. EPHA as a major stakeholder has contributed to finalizing this guide. Another important contribution by EPHA has been provided to the FMoH and UNICEF in developing the plan to strengthen the health extension program in 100 selected *woredas* in the country that require special attention.

Baseline survey on the status of Adolescent and youth RH /FP utilization and practice: The baseline survey was intended to assess a community level referral system and to strengthen the link between households, health posts and health centers with regard to RH/FP services in North and South Wello zones of the Amhara region. The findings were presented to *woreda* administrators, *woreda* health office heads and zone health department officials of the two Zones. The survey was successfully completed. The baseline study results were:

- 77% of adolescents were reported to be not in union.
- Health posts and health centers were reported by 62% and 48% of the women, respectively, as the places where family planning methods can be obtained.
- About 40% of the women reported being contacted by the HEWs who talked to them about their health including FP and that of their children in the 6 months prior to the survey.
- Fear of people (92.5%), health provider attitude (91.7%) and inadequate information about ASRH services (89.2%) were considered as major factors for not using the services.
- Knowledge and facility readiness for the provision of youth friendly reproductive health services was almost nonexistent in the facilities.

Finally, it was concluded that the referral linkage between health posts and higher health institutions, especially for clinical methods, should be strengthened.

Refresher training to HEW on AYRH, Gender and HIV/AIDs Prevention: The Federal Ministry of Health has prepared the Integrated Refresher Training (IRT) Manual for HEW. EPHA has taken the training and materials to cascade the IRT at the project zones. As per the request, EPHA participated on the master training on IRT of the FMoH. Cascading and refresher training are in place; and EPHA is supporting the training.

Supervisors' training on Implanon insertion and removal: Two rounds of supervisors training on RH/FP including Implanon insertion and removal were given to 23 supervisors at different *woredas*, the first being Wore Ilu. A total of 13 supervisors from 13 health centers were trained for 6 days and 65 mothers received RH/FP services. The second round was in Tehuledere *woreda*, Haik town in which a total of 10 supervisors from 10 health centers were trained for 6 days. A total of 89 mothers received RH/FP services of whom 74 received Implanon and 15 had removal of previously inserted implants.

Implanon training for Health Extension Workers (HEW): The plan was to train 100 HEW for the year 2010-2011. A total of 109 from 109 health posts received RH/FP training including Implanon insertion. The training included a three-day classroom session and a three-day field practicum session. Hospital, health centers and health posts were used for the clinical practices. Groups of five HEW were put at each health facility. Community sensitization and mobilization were given by the health extension workers.

A total of 543 mothers received RH/FP services specifically Implanon as a long-term contraception. Post training supervision was given and most of the trained HEWs were found providing RH/FP services including Implanon insertions. There was a plan to supervise 635 health posts; however, during the reporting year only 46 health posts were visited.

3.5. EPHA-PACKARD Project 2: Scaling Up Community-Based Long Acting RH/FP Service

3.5.1. Project Description

The Federal Ministry of Health (FMoH) with the Ethiopian Public Health Association and The Lucile and David Packard Foundation entered into an agreement to conduct Implanon training for HEWs and supervisors in Southern Nations, Nationalities and People Regional State. The project goal is to train 241 health extension supervisors and 6624 health extension workers on Implanon insertion (long-term family planning program) in all zones and special *woredas* of the SNNPR. Major activities of the project are facilitating, coordinating and organizing TOT or to cascade the training; transport trainees to field training sites; ensure that all health extension worker trainees received supplies to launch the program; and EPHA is fully responsible for financial expenses with the intention to achieve sustainable and improved RH/FP for women aged 15-49 years thereby contributing the advancing of Ethiopia towards meeting Millennium Development Goals (MDGs) Four and Five.

3.5.2. Objectives

- 1: To train 241 supervisors in RH/FP services including Implanon insertion and removal
- 2: To train 6,624 health extension workers on RH/FP including Implanon insertion
- 3: Reach (431,765) reproductive age women (15-49 years) with FP/RH information and services (focus on long-acting methods) living in all Kebeles with health posts of SNNPR.

3.5.3. Accomplishments

Table 4. Summary of Achievements in Implanon Scale Up

Short-Term Outcome 1:	Provision of long-term methods of contraception service especially Implanon at community level		
Indicator	Description	Target	Actual
1.1	Number of HEWs trained on RH family planning including Implanon insertion	6624	4499
1.2	Number of HEWs supervisors trained on supervising RH/ FP activities including Implanon insertion and removal	241	378
Short-Term Outcome 2:	Increased access for family planning uptake		
Indicator	Description	Projected result	
2.1	Number of participants of sensitization sessions on the project conducted to major stakeholders (Region, zone, <i>woreda</i> and health center RH/ FP focal persons) working in the SNNR	200	371
2.2	Number of clients who received quality FP services, particularly married and unmarried young people and those who have reached desired family size	431,765	21327
2.3	Number of health posts strengthened and able to provide FP services including Implanon insertion	3,312	2503
2.4	Number of health centers provided supportive supervision and serve as referral points for FP including Implanon removal	241	464

3.5.4. Challenges Faced/ Lessons learned

- Long acting contraceptives especially Implanon service by health extension workers at community level contributed in reducing unmet needs for contraception at the project zones.
- Based on the baseline survey of 2011, no government health facility provided youth friendly health services in the project zones of Amhara Regional National State.
- The baseline survey was delayed because of several factors related to the consultant. As a consequence, the planned activities were not accomplished.
- The Federal Ministry of Health of Ethiopia was to develop a national and standard guide on integrated refresher training manual for health extension workers but did not come out with the work. This had also delayed the planned refresher training for the HEW at the project zones.

3.6. EPHA-HAPCO Project: Enhancing the Efforts of Professional Associations in the National Response against HIV/AIDS

3.6.1. Project description

Enhancing the joint and organized efforts of professional associations in the national response against HIV/AIDS is a project implemented by the financial assistance obtained from the FHPCO of the Global Fund. The project focuses on:

- capacity building
- enhancing partnerships and institutional networking
- advocacy and information exchange
- developing targeted /custom made projects , plans and educational materials and
- mobilizing and engaging members of these professional associations.

3.6.2. Goal and Objectives

The goal of this project is to increase the role and participation of selected professional associations in the national multi-sectoral response to HIV/AIDS. Specifically, the project reviews the organizational status/ capacity and level of participation of the major professional associations (PAs) in the overall HIV/AIDS response and identify their organizational limitations and designs strategies to strengthen their capacity and thereby enhance their organized role and involvement in the national response.

Moreover, it is intended to provide technical support and training to strengthen the associations' capacity; unleash their potential and thereby enhance their organized role and involvement in the

national multi-sectoral HIV/AIDS prevention and control activities in their respective sectors; enable the associations to develop HIV/AIDS related program management systems, design projects, strategic plans and implement them in their respective sectors; and create a joint forum to strengthen their joint and organized efforts and empower their members for better participation.

3.6.3. Implemented Activities

The following activities were accomplished as per the project plan.

Stock-taking: An inventory of existing professional associations within the country was taken. Accordingly, the list of all PAs was obtained from the Ethiopian Charities and Societies Agency. Based on the inventory taken, the PAs which were believed to be relevant for the intervention were selected and a brief profile was prepared based on documents reviewed.

The stock taking process and profile development also served for identifying the PAs to be contacted for data collection to be used on the rapid assessment as well as to get a general picture of the situation in relation to the professional associations.

Rapid assessment: Following the stock taking of the professional associations in the country, the second important activity was conducting the rapid assessment in order to undertake general situational analysis, gather information regarding the associations' involvement in the national multi-sectoral response against HIV/AIDS and gather useful information for joint and organized intervention. Specifically, it assessed the organizational status/ capacity and level of participation and gaps and capacity needs of the associations to enhance their role in HIV/AIDS prevention and hence to design a joint plan of action to be used in the future. The assessment was done using a rapid assessment process (RAP) methodology which is an intensive, team-based qualitative inquiry using triangulation, iterative data analysis and additional data collection to quickly develop a preliminary understanding of a situation from the insider's perspective.

4. OTHER PROJECTS

The following projects of EPHA are new and underway; the summaries of these projects and respective status are indicated as follows.

4.1 EPHA-MSH Project: Comprehensive HIV/AIDS Treatment, Care and Support Program

Project description

The overall goal of this project is to mitigate the impact of HIV/AIDS and improve the quality of life of PLHIV, their families and communities through sustainable, comprehensive and coordinated evidence based intervention. As part of the project, health system strengthening coordinators were recruited for Amhara and Tigray regional health bureaus. A plan of action was developed and activities are being implemented as per the plan.

This is a five-year project (2012-2016) which is designed to mitigate the impact of HIV & AIDS and improve the quality of life of people living with HIV, their families and their communities through sustainable, comprehensive, and coordinated evidence-based interventions in the Amhara and Tigray regions.

4.2 EPHA-PSI/USAID Project: MULU HIV/AIDS Prevention Project

Proposed activities:

- **Policy development:** condom/family/gender violence policy/strategy development; and review existing family health policy and human resources for health policies.
- **Standardize M&E tools and indicators at all levels.**
- **In the areas of research,** lead CSW IBBS, lead quantitative mapping of target populations and mystery client visits to MARPS service delivery sites.
- **Leadership training for government of Ethiopia (GoE) employees and key local partners such as FHAPCO** and other senior central GoE partners (20 persons); regional HAPCOs; and large sub award partners.
- **Creation/activation of a central HIV prevention research TWG under FHAPCO.**
- **Status:** The agreement is signed and project staff recruitment process is started.

4.3 EPHA-Future Group Project: Capacity Building

Project Title: The Health Policy Project (HPP)

Project period: 2012 to be continued

Project objective: to build the capacity of leadership for increased demand for and use of evidence for FP/RH and related strategic planning, monitoring and evaluation nationally and in selected regions. It also envisions to strengthen health systems for increased harmonization and alignment of public, private and donor partner planning, monitoring and evaluation of FP/RH and related health programs.

Accomplishment: 43 participants were trained in strategic data use, analysis and evidence-based decision making.

4.4 EPHA-WHO Project: Nutrition

It is one-year project designed to operate through the HEP as the main venue to implement community level nutrition intervention. The national nutrition program (NNP) targets the most vulnerable: children of under five years and especially those under two years; and pregnant and lactating women. The goal of this project is to contribute to the reduction of mortality in children under five in order to achieve the Millennium Development Goal 4 by 2015 through national TOT on therapeutic feeding program (TFP) at national level and supporting the scale-up of the therapeutic feeding at facility and community levels through the health extension program in the country.

To these ends, 90 national trainers will be trained. Among these, focal persons at regional, zonal and *woreda* levels, health professionals working at therapeutic units and health extension workers serving at health posts and selected by MoH received therapeutic feeding training.

4.5 Projects on the pipeline

4.5.1. Fixed Obligation: Grant to Professional Associations

Proposed Activities

1. To strengthen the associations' CPD/CME technical/programmatic capacity
 - Establish a national system for baseline and ongoing continued professional development (CPD) needs assessment targeting health care workers (HCWs).
 - Define and standardize CPD/CME for the various HCWs.
 - Advocacy for the development of a national CPD/CME framework including consultations with key stakeholders (FMoH/FMHACA, FMoE and others).
 - Undertake association specific needs assessment for the target HCWs.
 - Based on the needs assessment develop specific CPD/CME and HSS modules.
 - Strengthening regional chapters/offices and private public health training institutions.

- Operational research.

2. To strengthen the institutional capacity of the Association

- Hiring additional personnel (e.g. training/CPD officer, IT/M&E, human and institutional capacity development officer).
- Training/Experience sharing in the fields of financial and data management, CPD/CME needs assessment, curriculum development, leadership and management.
- IT infrastructure and network development.
- Procurement and installation and maintenance of CPD/CME targeted equipment and materials.

Status of the project: Waiting for approval

4.5.2. Implementation/Evaluation of TB, HIV, and Syphilis Screening in Ethiopian Prisons

Project Period: Two Years (2012-2014)

Donor: CDC, EPHA-University of California San Diego (UCSD) project

Project Description

EPHA, the Federal Prison Administration, University of California at San Diego-Ethiopia proposed to implement and evaluate a screening intervention that will measure the prevalence and incidence of TB, HIV and syphilis in entrants and long-term prison residents. It has been planned to evaluate if active screening and therapy for these diseases can reduce their transmission within prisons. The proposal includes evaluation of both a) the process of implementation of the screening program for these three diseases and b) the impact of early diagnosis and treatment on their prevalence and incidence over 18 months. The timeline for the study consists of 4 phases: preparation (months 1-6), implementation (months 3-21), and analysis and dissemination findings (months 12-24+; continuation of interventions under PEPFAR sponsorship).

Objective: the objective of the project is screening for TB, HIV, hepatitis B and syphilis in Ethiopian prisons and intervention with HIV infected individuals in uniformed services of Ethiopia to improve the engagement in HIV care by family members.

Objective of the operation research

1: To support a screening program for clinical pulmonary tuberculosis (PTB), HIV and syphilis in Kaliti prison and evaluate: a) the administration, logistics, effectiveness and costs; b) the barriers to implementation and participation by prisoners; and c) efficiency and contributions of the three methods.

2: To describe the epidemiology of TB, HIV and syphilis in Kaliti Prison and evaluate for evidence of transmission of these diseases within the prison.

3: To compare the clinical presentations and treatment outcomes of persons diagnosed by active screening to those detected by the currently-practiced, passive (self-referral) methods of detecting TB.

Project Status: proposal developed, reviewed and approved but officially, not announced yet.

5. CONCLUDED PROJECTS

5.1. EPHA-PATH Project: Most Significant Change (MSC)

5.1.1. Project Description

EPHA had been implementing the most significant change (MSC) monitoring and evaluation technique in the strengthening communities response to HIV/AIDS (SCRHA) project undertaken by PATH. The project was concluded as of February 2012.

SCRHA was one of the largest care and support projects in the country with five international implementing partners (PATH, WESTAT, I-TECH, IRD and IHAA), six national ones (ORDA, MENA, PROPRIDE, HFC, FGAE and SEPDA) and over 200 CSOs. The SCRHA project was operational in eight regions and in more than 300 towns and cities of Ethiopia. The project had five major components including community palliative care, home based HIV/AIDS counseling and testing, economic strengthening, institutional capacity building and social work pre- service training (human capacity building).

EPHA entered into an agreement with PATH, as a consulting partner, to undertake the community level monitoring of the SCRHA project. In order to do this, EPHA adopted an MSC technique which is a form of participatory monitoring and evaluation methods that identifies Significant Change Stories among beneficiaries and select the most significant ones in a rigorous process.

The SCRHA project started at the beginning of 2010 and ended in 2012. This report deals with the part of the project which was undertaken starting from October 1, 2011 to February 28, 2012, when it was completed and phased out.

5.1.2. Goal and Objectives

The EPHA-PATH project was geared towards application of the Most Significant Change (MSC) methodology for strengthening the M&E system based on community response to HIV/AIDS projects (SCRHA). The overall goal of the project was to build the capacity of organizations to collect, analyze, and use significant change (SC) stories at community level. The central objective of the project was to build the capacity of National Implementing Partners (NIPs) and CSOs in collecting and using significant change (SC) stories at local level. The same stories were to be shared at the project level to document project progress and successes.

As part of the capacity building component of the program, EPHA made efforts to upgrade skills of the SCRHA, NIPs, the CSOs staffs to qualitatively monitor and communicate the changes about the lives of the beneficiaries and ensure the successful implementation of the MSC methodology. In a bid to help this objective, four pertinent trainings sessions were given:

- MSC methodology training
- NVIVO: qualitative data analysis software training
- qualitative methods in monitoring and evaluation and
- health project communications training.

The last two trainings were given within the reporting period and the details of these two are presented hereunder.

5.1.3. Main Activities Accomplished During the Year

5.1.3.1. Training on Qualitative Methods in Monitoring and Evaluation

As part of partners' capacity building in qualitative monitoring and evaluation, the training was given from 18 to 21 November 2011. The main objective of the training was to enhance the performance of the SCRHA project by building the capacity of participants drawn from NIPs, SCRHA, EPHA and CSOs, on the use and applications of qualitative methods in monitoring and evaluation of programs/projects. A total of 12 persons participated in the training. The participants considered the training was very relevant to their needs and the adult teaching-learning methods were followed very well by this group of participants. The level of readiness related to prior

experiences in the topic and the small number of participants contributed a lot in increasing participation and experience sharing among the participants.

5.1.3.2. Training on Health Project Communication

This particular training was given during November 22-25, 2011 to 12 for M&E and communication officers and other project practitioners from the SCRHA project, NIPs and EPHA. The general objective of the training was to build the capacity of NIPs, SCRHA, EPHA and the CSOs' staffs on how to indentify channels of communication, collect success stories, write best practices, manage website contents, use traditional and social media in promoting or disseminating information pertinent to project activities and achievements or any other information, as well as on how to communicate project results to stakeholders and the public at large.

The training was based on adult learning principles. A variety of participatory training methodologies were used in all sessions that included brain storming, plenary discussion, role play, group discussion, individual reflection, storytelling or case reflection and interactive presentations. Trainers used mixes of all the types of the above methodologies so as to ensure that all participants were actively involved in the training process. To reduce language barrier and enhance active participation, all sessions were facilitated by using both Amharic and English. In general, the training was successful in providing a new perspective on project communication to the participants, which was a new topic for most participants.



Figure 4. Group Picture of Health Project Communication Training Participants

5.1.3.3. Third Round MSC Story Collection

Initially, for the successful implementation of the MSC technique, one manual and two essential tools (story collection and story verification) were adopted and contextualized. In the third round, the entire focus of the story collection was on the CSOs' domain of change. Thus, 40 significant changes (SC) stories were collected from 40 CSOs, one from each. To collect these SC stories, both internal and external sources were considered. The internal sources were mainly CSO leaders while the external ones were members of the Project Advisory Committee (PAC) in each CSO. The PAC is composed of major stakeholders of the project from government institutions such as HAPCO, town health, finance and economy, social affairs offices and other service providers such as micro finance institutions (MFIs), micro and small enterprise development enterprises and influential community members such as religious and local community leaders. The third round story collection was somehow different from the previous two rounds not only on the domain of change but also in area of focus of the questions addressed. That did mean that additional quantitative data collected from the CSOs using a close ended questionnaire designed by WESTAT as information for end term evaluation. Accordingly, adequate data were collected in relation to the institutional and technical capacity of the CSOs from four groups: volunteers, CSO leaders, generalists and finance head (optional). The questionnaire was designed to gather the data needed to assess the capacity of the CSOs before, during (six months ago) and at the time of the project evaluation.

5.1.3.4. Second Round MSC Story Selection

The second round MSC story selection took place during the specified period in the project document, which was before October 2011. However, the second round MSC story selection workshop was held from October 11 to 14, 2011 for four successive days by bringing together participants from various stakeholders and partner organizations of the SCRHA project. Accordingly, 9 MSC stories (3 from each economic strengthening and palliative care, 2 from volunteer provider and 1 from CSO) were selected out of the pile of 60 stories collected from 20 CSOs. Hence, a total of 18 stories were selected in the two rounds.

The summary of all the types of stories collected and selected during the project life time is presented in the table below.

Table 5. Summary of Significant Change Stories Collected and Selected by Rounds

Categories of Stories	Collected stories				Selected stories		
	Round I	Round II	Round III	Total	Round I	Round II	Total
Economic Strengthening	20	20	-	40	3	3	6

Support							
Palliative Care Support	20	20	-	40	3	3	6
Volunteer Providers	20	15	-	35	3	2	5
CSO Leaders and PAC	-	5	40	45	-	1	1
Total	60	60	40	160	9	9	18

In each round of story collection, a team composed of EPHA as team leader and members from NIPs and PATH participated.

5.1.3.5. Significant Story Verification

Eighteen of the MSC stories selected in the two story selection workshops were verified to ensure their validity. The verification tool designed for this purpose was used to see if the events described in the stories really took place or not. In addition, pictures and audio recordings were taken from respondents to use as concrete evidence of the validity of the selected MSC stories. Thus, the MSC staff of EPHA travelled along two routes of the country to verify the selected stories in two of the workshops held previously and to bring some documents such as pictures, audio, and video records. The visits were mainly aimed at verifying all the significant change stories as to what extent they are accurate, valid, factual and comprehensive as well as to collect additional documents which would be used as reference and evidence in the future. During the period, the two important aspects of verification, description and interpretation of the 18 selected significant change stories were seriously reviewed.

To ensure that the selected stories were credible in terms of being factual and comprehensive in giving enough information, various triangulating questions were raised to the CSO leaders, volunteer providers and generalists for each of the stories assuming that they knew the story tellers closely as they are being supported under their organizational framework from the SCRHA project. With the descriptive part of the SC story, the team tried to find out what information was missing and how accurate were the facts that had been included in the stories.

With the interpretation part of the SC story, questions were addressed as to how reasonable were the interpretations that had been given to the events of each story. Thus, documents reviewed and on the spot observation were made to look out for signs of contradictions, if any. In each of the

sites visited, any discrepancies, missed information and facts exaggerated were well recorded and incorporated in the stories for final use.

5.1.3.6. Summary of the Result Obtained from the Verification

- Some of the stories were confirmed as being accurately taken and well interpreted by the story-recorders while the remaining few stories had some missing points.
- Two of the story tellers were found showing significant progresses in their lives after their stories were taken some months earlier.
- All cited progresses particularly in relation to grant in kind support were physically visited and verified to be factual.
- Few stories, which were discovered in the selection workshop for having some limitation in terms of their time reference, were well probed again.

5.1.3.7. Result Dissemination, Communication and Promotion

Another crucial component of the project was the dissemination and communication of the results of the project and promotion of the MSC technique in various forms. Hence, a number of activities were performed for this purpose including the following.

- a) Submission of abstracts to the 13th World Public Health Congress.
- b) Production of a special edition newsletter.
- c) Production of a documentary film.
- d) A dissemination workshop.

The details of each activity are presented here below.-

Submission of Abstracts for the International Public Health Congress: Two abstracts were submitted to the 13th World Congress on Public Health held in Addis Ababa by the MSC team of EPHA in collaboration with WESTAT. These were accepted for poster presentation and had two distinctive objectives. The first one was intended to show the feasibility of the MSC tool in a complex community based projects like SCRHA. The second one was about the changes in the lives of the beneficiaries of the project in qualitative terms.

Production of a Special Edition Newsletter: The newsletter mainly contained the selected and verified MSC stories with pictures as part of promoting the method and disseminating the results of the project explored using the MSC technique. Hence, 9 stories were produced and disseminated to participants of the dissemination workshop in Addis Ababa.

Production of a Documentary Film: A twenty-five minute long documentary film that was believed to clearly depict the overall performances and achievements of the SCRHA project through the direct testimonials of beneficiaries was produced. The MSC stories selected and verified were used in the documentary as sources of information. In addition, testimonies from the project area and general background information regarding the SCRHA project were included in the documentary.

Dissemination workshop: This workshop for the MSC project was conducted in Addis Ababa on the 9th of February 2012 with the main objective of publicizing and communicating the results of the project and promoting the MSC technique and the results of the work done by EPHA.

5.1.4. Lessons Learned

It was found that the MSC was an excellent technique to identify otherwise immeasurable changes, important values within the SCRHA project. With the use of MSC, it was possible to clearly explore the rich picture of what was really happening on the ground on account of the SCRHA project intervention.

The MSC team of EPHA found 160 significant change stories from a total of 80 SCOs; and 18 most significant change stories were selected that showed concrete and convincing changes in the quality of lives of the concerned people. The team could also capture impacts recorded in the lives of the community (beneficiaries of PC, ES and VP). Thorough discussions during the selection workshop provided an excellent opportunity to incorporate learning into on-going project activities. By the process and as a result of the project, NIPs now have increased and improved skills in the MSC technique. NIPs directly participated in MSC and got practical insight in how to collect stories (approach beneficiaries, make in-depth interviews, write up stories and become familiar with the standard tool prepared).

For the organizational learning purposes, reported implicit messages from the stories during the third round MSC story collection are summarized as follows:

- Door to door care and support services helped several people to disclose themselves.
- Knowledge and expertise are transferred from generalists to CSOs in different ways.
- Using community volunteers enabled reaching several beneficiaries.
- The use of grant in kind was appreciated as a new approach different from cash assistance which had been usually used in most community intervention programs.
- The home based counseling and testing (HCT) services were introduced.
- CSOs expanded their scopes of works and carried out several significant activities to serve members of the association and beyond.
- CSOs' capacity building were improved in terms of material and human resources.

5.1.5. Challenges Faced

During the implementation of the MSC project, a number of challenges were faced. Some of the significant ones are given below.

- Difficulty in getting an international MSC methodology and an NVIVO software trainer and the requirements of travel approval for international flights by USAID coupled with the busy schedule of the trainers made it difficult to deliver the training on time as per the schedule.
- An overlap of time with SCOs' and NIPs' planning period with the MSC story collection period made it difficult to commence the field work on the scheduled time.
- The lack of generalists in some CSOs to facilitate things to go smoothly and make plain.
- The process of project extension had resulted in the delay of transfer of funds to the EPHA account.

5.2. Organizing the 13th World on Public Health

The 13th World Congress on Public Health was jointly organized with the World Federation of Public Health Associations in Addis Ababa from April 23-28, 2012 at the Millennium Hall. The **theme** of the Congress was **“Towards Global Health Equity: Opportunities and Threats”**, which was a logical continuation of the preceding two congresses focusing on achieving the MDGs.

5.2.1. Objectives of the Congress

The major objectives of the Congress were:

- 1) To make the Congress a forum for exchanging knowledge and experiences on prominent public health issues among the global public health community by
 - ensuring that major global, continental and national public health issues are adequately addressed in the Congress.
 - creating better understanding on Africa's major public health challenges by the global public health community.
- 2) To facilitate and support the formation of Federation of African Public Health Associations.
- 3) To showcase, Ethiopia's and Africa's contribution and challenges in moving towards health equity.
- 4) To establish and strengthen networks among professionals, development partners and stakeholders in public health.

5.2.2. Key Achievements of the Organizing Process

5.2.2.1. Management Structure and a Secretariat for the Congress

The following governance structures were established for organizing and managing the Congress at international and national levels.

1. International level
 - WFPHA Secretariat
 - Organizational Core Group (2 Ethiopians)
 - Advisory Section of the Scientific Committee (5 Ethiopians)
2. National level
 - National Planning Committee was established under the patronship of the MoH of Ethiopia.
 - There was a Core Congress Coordinating Committee (CCOC) that was meeting monthly established to coordinate and steer the overall planning and organization of the Congress.
 - Five sub-committees with their own TORs, who were to meet at least monthly, were also established.
 - A Congress secretariat was established and had a Congress executive coordinator, assistant coordinator, communication officer and program assistant.

- 22 EPHA staff members who spent 20-70% of their time on the Congress were assigned to assist the core secretariat staff and finally every staff member of EPHA was fully involved.
- Members of the Canadian Public Health Association (CPHA) and WHO were also working for the secretariat of the Congress.
- The sub-committees were strengthened by bringing personnel from relevant government institutions such as the Ministry of Foreign Affairs, Ministry of Culture and Tourism, Government Media Affairs Office and the Federal Transport Authority.
- A Congress website www.worldcongresshealth2012.com which is interfaced with EPHA, WFPHA and Confex was reconstructed. Congress related news and information were being uploaded on the website on a regular basis.

5.2.2.2. Publicity and promotion

An extensive publicity and promotion work was carried out in connection with the Congress. Along with many other promotion and communication materials, the following were done.

- A communication strategy was developed
- A brochure, Congress folder and bookmark were printed and distributed widely including at WFPHA meetings and at the World Health Assembly.
- Adverts were made using WFPHA, CPHA, EUPHA, MIDDC newsletters and on the Congress website
- Online call for submission of abstracts was uploaded.

5.2.2.3. Fund raising and sponsorship

Fund was mobilized for the Congress by the following means.

- A fund raising strategy was developed for the Congress.
- Joint EPHA and WFPHA meetings were held in Geneva and Addis Ababa particularly about fund raising and sponsorship
- Meetings with many possible donors and chief executive officers of private sector establishments were held.
- Project proposals were submitted to potential donors.
- Requests for sponsorship were submitted to 15 INGOs and 5 transnational companies.

5.2.2.4. Abstract submission and review

A total of 21 national abstract reviewers were selected and approved by the WFPHA Board. Moreover, A Leavel Lecture award has been selected from Ethiopia. Guideline on the organization of the exhibition was also developed and uploaded on the Congress website.

5.2.2.5. Final Days Accomplishments

As the Congress date approached and as many specific activities emerged, it was necessary to establish small task forces and reassign EPHA staff and involve key individuals with practical experience in the organization and conduct of ICASA 2011. As many as 15 small task forces and four bigger task forces with designated lead person were established.

The issue of having a subcontracted event organizing firm had been deliberated about by the core organizing committee which had resolved to hire an experienced firm to handle matters related to accommodation, venue management, exhibition hall management, on-site registration, transportation, catering and related matters. TOR for the employment of event organizers was developed and uploaded on the Congress website. Local and international event organizers/managers were approached to take part.

With regard to abstracts, out of the 791 submitted 640 were accepted for oral and poster presentations, and only 46 abstracts were not accepted. After this was done, acceptance and non-acceptance letters and e-mails were sent to all those that submitted abstracts.

The abstracts were then disaggregated by oral and poster presentations and henceforth 114 high ranking abstracts were assigned for oral presentations and 546 for poster presentations. The 114 presentation were again organized under a total of 19 sessions. The high ranking abstracts were grouped into one presentation of 10 minutes and one session of 90 minutes and the programming of the 10 workshops, 14 plenary sessions, 46 solicited and 134 free abstract sessions.

The identification and selection of international and national moderators to co-chair solicited and free abstract sessions commenced, and the international moderators were selected by WFPHA Geneva and Washington D.C. offices while the national co-moderators were selected by the Addis Ababa national core group in consultation with the scientific sub-committee.

With regard to registration, as EPHA was not allowed to have a foreign currency bank account, it was agreed that all registrations that involve foreign currency be deposited at the Geneva WFPHA bank account while regular payments were deposited at the special bank account of EPHA. Registration of participants was undertaken online, by e-mail and fax. The registration guideline and form and the software for registration were then uploaded on the Congress website. Another registration software that could facilitate monitoring and compiling registration status was developed and installed about three months prior to the Congress.

A total of 3657 (666 international and 2991 national) participants from 141 countries attended the 13th World Congress on Public Health. The highest number of participants was from Ethiopia (2991 national and expatriates) followed by Nigeria (116), USA (123), Brazil (68), Kenya (39), Uganda (34), South Africa (31) and United Kingdom (25).

A total of 53 organizations participated in the Congress as exhibitors. The composition included public health federations and societies, government agencies, UN agencies, international and national universities, non-profit based organizations/societies and business firms.

Nearly 70 local and international participants of the 13th World Congress on Public Health had shown interest and registered, visited three health project sites in Bishoftu, Selale, and Butajira towns on 28 of April 2012, a day after the official conclusion of the Congress.

The overall objective of the visit was to show and exhibit services of the 16 health extension program packages being provided at the grass root levels towards accelerating disease prevention and basic health care promotion whereby visitors gained insight about and on site observation on the larger picture of the HEP taking place at the national level.

In conclusion, the main achievements were the following.

- The objective to make the Congress a forum for exchange of knowledge and experience on prominent PH issues was achieved by way of facilitating the high quality scientific papers and deliberations in forms of oral and poster presentations;
- The objective to create better understanding on Africa's major public health challenges was achieved as a wide range of issues were raised during panel and special discussions especially issues related with African health systems strengthening and human resource development and management, and challenges related with the achievement of MDG 4, 5 and 6 in the African region taking note of the scientific papers presented in the different halls.

- The objective to support the formation of the AFPHA was achieved in many ways: i) special meeting was held on AFPHA on the eve of the Congress in the presence of the Ms. Bience Gawanas, Commissioner of Social Affairs of the African Union and Dr. Luis Sambo, WHO Regional Director for Africa ii) its elected leaders participated in the joint meeting of the WFPHA and EPHA iii) participated in the workshop on increasing policy influence and engagement of National Public Health Associations (NPHA) and iv) its secretariat was officially inaugurated.
- The objective to ensure the effective organizing, processing, conducting and documenting the Congress was achieved as the Congress had its own website to communicate necessary information. Necessary organizational arrangements were put in place and the required support from all stakeholders were, by in large, obtained, and the Congress plan, communications, decisions, reports and the like were documented. In line with this, preparation of a documentary video on the Congress is underway.



5.2.3. Lesson and benefits of the Congress

The following major benefits have been obtained from the Congress:

- It created an opportunity for the country, specifically, the FMoH to share its achievements, challenges and innovative practices within the Ethiopian Health Sector Development

Program to the global public health community in different forms (presentation of six abstracts under the title “the countdown to 2015” and in field visits).

- It allowed Ethiopian public health professionals to attend in large number that created an opportunity for EPHA members and other Ethiopian participants to gain more understanding on international public health issues, approaches and strategies.
- It helped EPHA in building its capacity to host major international events and promote its visibility on the international arena.
- It enhanced the promotion of closer collaboration and partnership between EPHA and other international organizations such as WFPHA and its members, WHO and other similar organizations.
- It helped EPHA in strengthening collaboration with governmental, non-governmental and private organizations at both the national and international levels.
- It increased its partnership with other Public Health Associations, institutions and key stakeholders in the health sector.
- Created an opportunity to strengthen networking and partnerships among Public Health Associations of African countries.

6. OTHER JOINT ACTIVITIES

EPHA undertakes other cross cutting and non project based activities jointly with other partners. The Association is working and contributing to the quality of education in the private schools in public health areas. In addition, it is contributing to standardization and quality with FMHACA. The Association is a member of many national task forces and committees with the MoH and other sector ministries for the improvement of public health problems and developments. EPHA has been a member of the Consortium of Reproductive Health Associations (CORHA) since 1996 and delegated Members Affairs and Networking Department as a board member of CORHA. It participated in the realization USAID Assistance for Health Systems Expansion Guidelines for the design and construction of health care facilities. EPHA is working jointly with other organizations as well as participating in partners' conferences and workshops; for instance, EPHA takes part as a member and co-chair of climate and health working group; attends the Anti-malaria Association meeting and the like. Moreover, it is supporting and donating ART materials that could strengthen the respective services at regional levels. In addition to these, the Association has accomplished the following joint activities:

- Attending a meeting on weekly bases over the year on licensing/registration of health professionals (doctors, nurses, pharmacists, midwives nurses) coordinated by FMHACA.
- Participating as a member of advisory committee on anti microbial resistance and containment coordinated by MSH and FMHACA.
- Participation on cohort monitoring track on ARV studies for development of a proposal coordinated by MSH and FMHACA.
- Participation on health professionals career structure development; to prepare guideline and salary proposals.
- EPHA also attends workshops and research of other organizations like EHNRI, AAU, and FMHACA. Draft CPD guideline for health workers is already developed.

7. EPHA CHAPTERS AND NETWORKS

7.1. *Growth of EPHA Members and Chapters*

The Ethiopian Public Health Association (EPHA) has four types of membership: - 1) full/regular 2) associate 3) honorary 4) life membership consisting of individuals and institutions. The Association has also branch offices. In 1998, EPHA board members and the secretariat discussed how to organize and stage annual conferences in different places outside Addis Ababa. Following the 1997 annual conference, EPHA established an informal chapter in Hawassa, SNNPR and had its 9th annual conference there in 1998. The Association continued with the practice and by 1998 there were four informal chapters. EPHA in collaboration with Jimma University conducted its 11th annual conference there which was again a successful conference and which encouraged EPHA to organize its 13th annual conference in collaboration with the University of Gondar in 2002. During this conference, the Center for Disease Control and Prevention (CDC) signed an agreement with EPHA for the first time to support the Association whereas the CPHA support terminated at the end of 2002.

Following the recommendation of the General Assembly at its 13th annual conference in 2002, many new EPHA chapters are being established bringing the total to 23 at the present time. Currently, EPHA has more than 4649 members of various disciplines with diverse educational levels and engaged in all the health and health related systems in Ethiopia. EPHA has chapters (focal persons) in Tigray, Afar, Bahir Dar, Gondar, South Wello, North Wello, Jimma University,

Haramaya University, Dire Dawa, Harar, SNNPR, Somalia Region, Bale University, Benshangul, Gambella, Oromia, Dilla, Debre Birhan, Wellega, Arba Minch, Ambo and Asela.

Current status of the membership can be seen from the following graph:

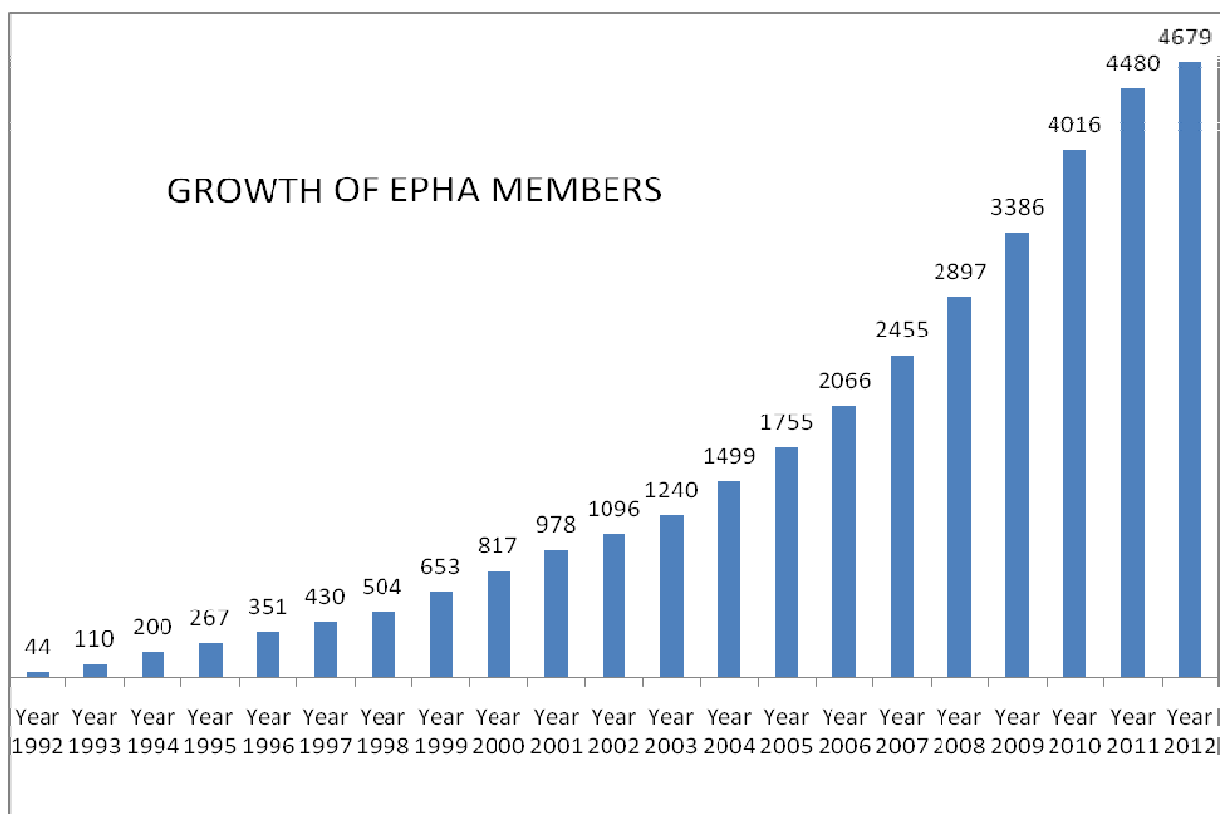


Figure 5. Growth of EPHA Members

At the present, EPHA has a total of 23 chapters some of which are not actively working as expected because of various reasons like high turnover of staff, work overload and low attitude towards volunteerism and so on. Some are doing an excellent job of strengthening their Chapters and expanding EPHA membership. Regarding the selection of sites for chapters, it is based on the fact that some of the specified institutions are centers for training health professionals, many of them are believed to become members of the Association. Some sites are also administrative centers for the regional health services and are naturally convenient places for contacting members and potential members. The specified institutions also have a comparative advantage in the areas in staffing the chapters with professionals.

7.2. *Other Network and Membership Related Activities*

- All types of EPHA publications were distributed to those members who did not attend the annual conference. Other promotional activities were undertaken; and 400 copies of EPHA profile were distributed to health institutions and EPHA members during work visits of different sites.
- There were visits to different health institutions (regional health bureaus, zonal health departments, universities, health science colleges and *woreda* health offices) in different regions, zones and *woredas* for promotional purposes. Almost all health institutions in Arba Minch, Assela, Wolayita, Hossana, Butajira, Gambella, Debre Markos, Finote Selam, Bahir Dar, Debre Tabor and Gondar and selected representatives to work as a bridge between health professionals and EPHA were visited. In number, more than 37 government and non-governmental institutions, embassies, UN agencies were visited and requested by letter to be registered as institutional members.
- Additional EPHA offices/chapters were established and supplied with equipment and furniture to strengthen them.
- Membership fees have been amended since October 31/2011. Receipts are prepared and published for some of EPHA chapters.
- Strengthened the documentation of the Members Affairs and Networking Department of EPHA since 1992–2011 by:
 - EPHA abstracts' books index from 1992 to 2011 is published and ready for distribution
 - Conference awardees profiles were compiled and ready for printing.
 - Annual conference correspondences were collected.
 - Abstract books and proceedings were collected and made accessible to readers.
 - Reviewers, moderators and panelists data was collected and compiled from previous files.
 - Conference award committee's profiles were collected and compiled from files.
 - Chapters' profiles were compiled and updated.
 - Index of non-accepted abstracts was collected and compiled from files.

8. ADMINISTRATIVE AND FINANCIAL ACTIVITIES

8.1. *Facilitating a Conducive Working Environment*

During the reporting period, planning, directing, coordinating, controlling and supervising human resources, financial management, procurement and materials management were accomplished as planned as routine activities. In addition, administrative and financial services were provided for the success of all projects. Many related activities were also performed to increase efficiency in management of assets and stores. Many staff capacity building training courses were organized both locally and internationally to improve the implementation capacity of the Secretariat.

All existing policies and procedures manuals of administration and financial activities of EPHA are complete, updated and implemented. In this regard, the existing human resource policies and procedures manual are revised and will be implemented in the coming fiscal year.

Staff retreat programs were organized to entertain staff members and discuss issues that entail participation of a larger staff members. By these means EPHA is addressing staff related issues as well as big issues that require the participation of most of the staff members. Such events are organized every year.

Other administration related and jointly accomplished by different units and department of EPHA were:

- Visited more than 35 institutions/organizations, embassies and mobilized to contribute fund for the successful completion of WCPHA meeting.
- Participated in CSO's 70/30 guideline orientation program.
- EPHA is registered as a National Residents' Association according to the new CSO law.

8.2. Purchase of Land and Construction of EPHA New Building

EPHA purchased 885 square meters of land by lease from the government to construct its own headquarters. The land is situated in Addis Ababa, Arada Sub-City, Woreda 7, in front of Kebena Shell. The Current Status of the construction:

- ▶ Store, house for guard and fence are constructed.
- ▶ 12-meter wide container is installed at an appropriate place in the premises for storing EPHA materials including publications.
- ▶ An appropriate designer has been selected through an official bid process. Survey and other activities were done by EPHA. The architect has presented three alternative designs for EPHA decision.
- ▶ Establishment of a core fund raising committee: a small group has been already established for undertaking this and related activities including assessment of immediate fund raising options and experiences of others.

Next step / immediate plan

- ▶ Establishment of the core fund raising committee
- ▶ Preparing fund raising proposal and plan
- ▶ Mobilizing fund for the full construction of the building.

As mentioned above, the land is presently fenced and the design is finalized. The site of the land is indicated below.



Figure 6. Site for EPHA Head Quarter Building under Development

8.2.1. Other Procurements And Renovations

To cope with the transport problems, the Association has been making efforts and in response to the problem, 10 vehicles are under procurement process with the CDC fund and assistance obtained from USIAD. Of these vehicles, 5 are for universities that are working with EPHA in the DHSS program. The remaining 5 are for the EPHA secretariat and actually two of them are specifically for the EFETP program under the Secretariat. The advance payments are effected and the final payment will be made when the vehicle are received by EPHA in Addis Ababa. Similarly, the printing machine and related equipment are under the procurement process and various office furniture and equipments were also bought for office use.

8.2.2. Human Resource Development

The number of staff members at the head office, regions and different partner's offices is growing and the number of employees at the Secretariat is 67 in 2012. The Administration and Finance Department made recruitment, promotion, transfer, termination; disciplinary matters are executed in accordance with regulations and directives of EPHA and labor law of the country.

8.3. Finance Management

8.3.1. Financial Growth and Related Accomplishments

EPHA's finance grew to ETB 93,040,652.42 in 2011/2012 budget year, by securing funds from different projects/donors such as 79,510,775.00 from CDC, 3,064,073.85 from Packard, 301,401.10 from PATH, Congress income including collected from Congress registration a total of 5,093,841.97, collection from members a total of 144,508.89 and other income including admin and interest income 4,926,051.61 ETB. The audit report for the year ended (December 31st, 2012) is annexed at the end of this report.

In the fiscal year, the following activities were accomplished in relation to finance and grants as part of the regular activities of the Secretariat.

- Various authorized payments were made in accordance with approved budget and directives given by the Executive Director following the rules, policies and procedures.
- Maintained records of all accounting transactions in accordance with the Generally Accepted Accounting Principles (GAAP).
- Funds were collected from donors on time according to the agreements.
- Payments were made for different activities after formal authorization and approval of concerned personnel.
- Advances were settled timely and properly
- Reports were prepared and submitted timely to donors
- The monthly payroll was prepared timely and payments were done after approval.

- Government taxes deducted from employees and customers were settled timely.
- The purchasing committee consisting of three staff members was appointed to facilitate procurement of goods and services.
- Periodic financial reports and analysis to monitor performance and control costs were carried out.

9. RESEARCH RELATED ACTIVITIES

9.1. Description

EPHA has been widely engaged in conducting applied research in public health and related activities. A cursory review of the Ethiopia situation indicates that different public agencies, professional associations, privates and international organizations are conducting applied researches where EPHA members play active role but they are not coordinated and complementary. EPHA has been working on strengthening its applied research and training functions. Towards this end, background framework paper (concept note) on EPHA's research functions including the suggested major research areas, strategy, operating modalities etc. is prepared, repeatedly reviewed and ready for implementation.

9.2. Establishment of Research & Training Center

EPHA has recognized the need for and is now planning to establish a research and training facility which can serve as center of excellence in health related research, training and consultancy. The facility, which is of strategic importance to EPHA, is intended to:

- Providing / short medium and long term training in public health and related professions
- Facilitating conferences , workshops meetings etc and
- Information center and as
- center of excellence in Public health related activities

EPHA has thus prepared a detailed ToR for the consultancy service to review ongoing practices and policy environment, develop options and prepare project document and business plan.

9.3. In-House Service -Operational Research

EPHA also conducts, coordinates and facilitates applied research and consultancy services, generate scientific and evidence-based data that can inform policy formulation, program and project development. The operational research (OR) and consultancy services are intended to provide in-house services for all EPHA department and projects, undertaking self-initiated or collaborative research topics of national priority and commissioned services for clients. All aspects are believed to strengthen the capacity of EPHA, promote collaborative activities and generate income.

Presently, EPHA is conducting OR on the underlying factors affecting the utilization of RH/ FP services in the EPHA project areas of South and North Wello zones of the Amhara region. The general objective of the OR is to assess and determine the underlying factors that affect the utilization of RH/ FP services in these project areas. Similar research on the best practice assessment in the SNNPR is underway. Initial protocols were developed for the three sites and project agreement signed between Packard and EPHA; and the required budget for the OR is already secured. Based on the initial draft protocol that was developed by EPHA, data gathering tools for three research areas were developed. Accordingly, the field work is accomplished and the collected data are under process to produce the expected research report on assessment of the best experience from the FP/RH project in SNNPR.

9.4. Updating the Training Module on Research Ethics and Methodology

EPHA believes that building the capacity of professionals working in different parts of the country carries very high importance in promoting public health service delivery at the national and regional levels. Specially, there are very few or no institutions providing such an important training in the country. Therefore, EPHA is continuously working to upgrade the knowledge of professionals to improve public health practice in Ethiopia. The health research ethics and methodology training is an example for such efforts. Through this training, the participants can understand the role of health research in general and research proposal writing, health research methods, data processing, analysis and interpretation in particular.

The Ethiopian Public Health Association (EPHA) in collaboration with the Regional Health Bureaus (RHBs), the MoH and MoSTt had developed a training manual on Research Methodology.

The manual which has six modules has served for the last six years. The primary goal is to assist health professionals in understanding, developing and implementing basic research concepts and research proposals. During the reporting period 49 middle level professionals from RHBs, universities and other implementing partners were provided the training in two rounds and enabled to design and manage health and related research activities.

As the training module has served for long, it requires be evaluating and updating. Accordingly, EPHA has initiated review process by engaging a team of experts and undertaken certain preparatory steps. The observation from the training are considered as valuable input for the updating process.

9.5. Institutional Review Board (IRB)

EPHA is participating in the national IRB guideline preparation which is coordinated by MoST. The revised guideline is not yet released by MoST. The public health project review process, for which EPHA is delegated by MoST, is almost halted. Follow up has been made on the progress of the IRB license renewal.

9.6. National Triangulation and Synthesis of the HIV/AIDS Epidemiological and Behavioural Data in Ethiopia

Initially, an assessment was planned by HAPCO to triangulate and synthesize data on the dynamics and drivers of the HIV epidemic in Ethiopia to provide strategic information to guide the multi-sectoral response in the country. To undertake the triangulation and synthesis, a technical working group (TWG) which is a national joint task force is established composed of Federal HIV Prevention and Control Office (FHAPCO), Ethiopian Health and Nutrition Institute (EHNRI), Ethiopian Public Health association (EPHA), Centre for Disease Control (CDC), WHO and UNAIDS and CHI. The TWG is chaired by FAHAPCO and EPHA is assigned to coordinate and manage the fund.

The required financial support was secured from WHO and UNAIDS. An agreement is signed between WHO, UNAID, HAPCO and EPHA. The TWG developed ToR for consultancy services and the actual task is entrusted to a consultant. The consulting firm has submitted and presented draft report. EPHA has been actively participating in the review process besides managing the resource.

10. PLANNING, MONITORING AND EVALUATION

10.1. Planning: The 3rd EPHA Strategic Plan (2010-2014)

The first and second five-year strategic plans were focused on program and organizational developments while the third, currently under implementation, focuses on strengthening the Association to further improve its function and enhance members' contribution to the country's health sector development.

This third SP has:

- Assessed the implementation of the Second Strategic Plan (2005-2009).
- incorporated changes in the operating environment such as the new Civic Society Organizations and Nongovernmental Organizations (CSO/NGO) proclamation, the Health Sector Development Program (HSDP IV) including major initiatives in strengthening human resource for health and
- highlighted main activities to be undertaken by the EPHA.

As stated in the new SP, the mission, vision and core values of EPHA were set:

- **Vision:** EPHA envisions the attainment of the highest possible standards of health care for all Ethiopians.
- **Mission:** To promote better health services for the public and to maintain professional standards through advocacy, active involvement and networking
- **Values:** EPHA is committed to improve the health and wellbeing of all Ethiopians through the dedicated and active involvement of its members in collaboration with all stakeholders. EPHA also stands for the professional development of its members without prejudice to their professional category, gender, religious or ethnic affiliations.

In line with this strategic plan and the nature of the projects, annual project based plans and non-project activities plan are prepared every year. These implementation plans are the reference points for the annual performance reports which in turn inform the next planning process.

The lessons learnt from the two completed SP were among the major inputs to develop the third one. For similar purposes, mid-term and end-term evaluations are planned in the current SP which is operational since 2010. Now, it is in mid-course of operation. Hence, it is the time for midterm evaluation (MTE); and EPHA is doing just that. The objective of this midcourse evaluation is to examine progresses made, to assess how resources are used, check whether planned activities are

carried out and objectives are met. It is expected to enable EPHA to review its interventions, determine which activities have not been completed, and formulate a revised operational plan for completing all activities and strategies outlined in the main plan document. To that end, EPHA is conducting mid-term evaluation of the SP using internal capacity. Furthermore, EPHA, using an external evaluator, will conduct final evaluations towards the end of the strategic plan period so that the feedback from these evaluators will feed into the preparation of the 4th Strategic Plan.

10.2. Monitoring and Evaluation Plans and Implementations

A comprehensive annual plan was prepared for the implementation individual plans of projects and activities that are to be carried out during the reporting period (2011/12). Moreover, the development and application of an appropriate monitoring and evaluation (M&E) system that is responsive to the changing environment and the special conditions of projects was emphasized and hence many activities are accomplished towards the institutionalization of such a system.

It is stated in the current SP document that the details on the role and content of the monitoring reports are to be spelled out in the internal M&E guideline/ manual. However, this guideline/manual is not ready at the moment for the Association. Therefore, comprehensive M&E plan is prepared with all above mentioned intentions and necessities. It will also serve as immediate reference for many issues of the potential M&E manual and framework of the Association; and in this respect, it will fill the existing gaps. In general, The M&E plan of the SP is a key document to measure the effective, efficient and timely implementation of planned activities. Thus, it will be strictly applied in the remaining four years of the strategic plan up until 2014. The development of the M&E manual and computerization of the entire M&E system of the Association are planned to be accomplished in the coming fiscal year.

Some other M&E activities performed during the reporting period are:

- The quarterly, SAPR, APR plans and reports for each EPHA - CDC projects were prepared timely by communicating with each project focal persons in collaboration with the project management department director.
- End term evaluation of a work place HIV/AIDS intervention project of World Learning Ethiopia (WLE) entitled “HIV Prevention in Large -Scale Construction Sites”. This evaluation was conducted by EPHA involving different staff members where in EPHA accomplished the study as consultants of WLE.

- The 2010/11 annual performance report was prepared and presented at the annual conference in October 2011.
- Participated on the final evaluation of the MSC project of EPHA and SCRHA of CSO funded by Path Ethiopia/USAID (field level data collection and reporting). The project was phased out in December 2011 and the evaluation was conducted in the first quarter of 2012 jointly with WESTAT.
- Prepared planning and reporting template/format for projects of EPHA and for non-project activity plans of the Association.
- Evaluated the 22nd annual conferences using scientific methods and presented the result for EPHA management and board members for the lessons learnt. In the same ways, the 13th WCPH was evaluated; the evaluation results are discussed on the next sections of this report.

10.3. Staff Capacity Building

EPHA has employed two PME staff members since the new structure has been approved. In implementing an effective M&E system, the capacity building of these staff members and other technical staff members of the Association have been given due emphasis. So far the staff members have been trained on qualitative research and evaluation methods, health communication, Stata and Epi-Info softwares, monitoring & evaluation for population, nutrition and health program, and health research methods and ethics. The Association is giving continuous training for public health professionals of Ethiopia by the LSI program in which M&E is one of the main modules.

10.4. Conference Evaluation Reports

10.4.1. Evaluation Report of 22nd Annual Conference of EPHA

EPHA held its annual conference under the main theme of “Tobacco and Substance Abuse” from 26-28 October 2011 at the UNCC in Addis Ababa. The conference brought together more than 700 participants including representatives of the Minister of Health of the Democratic Republic of Ethiopia, PEPFAR, Core team members and focal persons of EPHA chapters, sister associations and EPHA members. Presenters and panelists from various concerned organizations were invited to make presentations and ensure informed discussions.

As in the previous annual conferences, this one aimed at bringing the concerned health professionals, researchers and EPHA members that provided substantial and up-to-date information to those changes with the responsibility and safeguarding of the public health.

Throughout the three-day event, participants attended plenary sessions and analyzed the main issues raised led by teams of experienced facilitators. The sessions were devoted to panel discussions intended to familiarize and prepare participants for further discussions.

For the lessons learned and documentations, EPHA collected feedback of participants. During the conference, 252 participants filled the form, 212 (84.1%) of them were males and 40 (15.9%) were females. Most of (48%) of the participants were from Addis Ababa. 75.8% of the 232 participants work in governmental organizations. 84.5% of the participants had health background. 92.5% of them were members of the Association of whom 80% of them were regular members. As to the means of communication, 34% of the participants were invited by email while 24.6% of them were informed through the post office; and 15.5% of them were informed by both including other means such as mass media, EPHA website, friends and the like.

Reasons why they do not participate regularly were also asked and the response showed that

- 40% said no permission for participation
- 39% gave distance from work places as a reason
- 18% said lack of information and
- 16% of them mentioned cost of participation as a reason.

In general, most of the participants (84.9%) were happy with the program, very good (40.1%) and excellent (44.8%). A bit more than half (63%) of them liked the timing showing that 47% preferred the conference date to be another time though not specified the date.

- 71.9% of them liked the materials, there was no CD.
- 92.1% were happy with the topic.
- 66% said the presented papers were excellent and very good.
- Close to 60% said time for discussion was not sufficient
- Some recommended from 15 minutes per discussion up to one additional day
- 87.9% approved the active participation of the attendants.
- 93.7% believed the objective of the conference was realized.

The comments for improvement were as follows:

- Better time management for the next time.
- Using interdisciplinary and experienced reviewers for paper selection.

- Time for discussion needs to be longer.
- Papers and presentations should be precise.
- The breaks and lunch arrangements and services were said to be poor, though 94% liked the venue (UNCC).
- Members should be communicated by email and postal addresses in advance.
- A multi-sectoral approach of papers was required because it was biased to HIV/AIDS.
- ID preparation should have been done ahead of time.
- Arrange financial support for participants.

Based on these feedbacks, EPHA has taken many corrective actions for the coming 24th annual conference such as preparing entrance badges two days in advance of the conference; communicating with members by email, SMS, telephone, website and mass media (TV and radio) in addition to the postal means; posting relevant written materials and updates on website of EPHA; and the like.

10.4.2. Evaluation of the 13th WCPH

10.4.2.1. Introduction and Background

The Ethiopian Public Health Association (EPHA) along with the World Federation of Public Health (WFPHA) hosted the 13th World Congress on Public Health (WCPH) in Addis Ababa, Ethiopia, 23-27 April 2012 at the Millennium Conference Hall. The Theme of the Congress was **“Towards Global Health Equity: Opportunities and Threats”**. The Congress did bring together some 3, 657 public health researchers, experts, academics, scientists, educators, programmers, policy makers and student representatives from around the globe. Totally, 5571 persons had registered for this Congress of whom 65.6% of them did attend the Congress.

EPHA canvassed feedback from the participants for the lessons to be learned and to see areas that entail improvement. For this purpose, Congress evaluation form was prepared and distributed to the participants. From the total of 3657 participants (actually the total number of persons who attended the Congress varied with sessions and number of days), 137 (4 % of all) participants did give their feedback about the conference using the format developed by the EPHA. Since the feedback was collected starting on the third day of the Congress, it can be said that most of the participants did not stay up to then and hence did not give their feedback. Based on the collected feedback, the following results could be summarized.

10.4.2.2. Findings from Questions in Rating Scale

More than 88% of the responding participants did attend four and more days of the Congress. Therefore, it can be said that many of the participants giving their feedback were those who attended almost all the days of the program. Some of them had attended the entire Congress including the two days pre-congress sessions. The plenary sessions were the most attended ones and appreciated by the participants. Next to the plenary sessions were the meetings on the AFPHA, tobacco dependence, the achievements of MDG, sessions dealing with non-communicable disease, poster presentations, MNCH related sessions and the like.

Of the participants who gave their feedback, 90% of them (46% wanted to recommend and 44.5% did so to recommend strongly) showed their interest to recommend to others for participation in the coming Congress (14th WCPH) that will be held in India in 2014. The overall summary of the feedback is indicated in the following table.

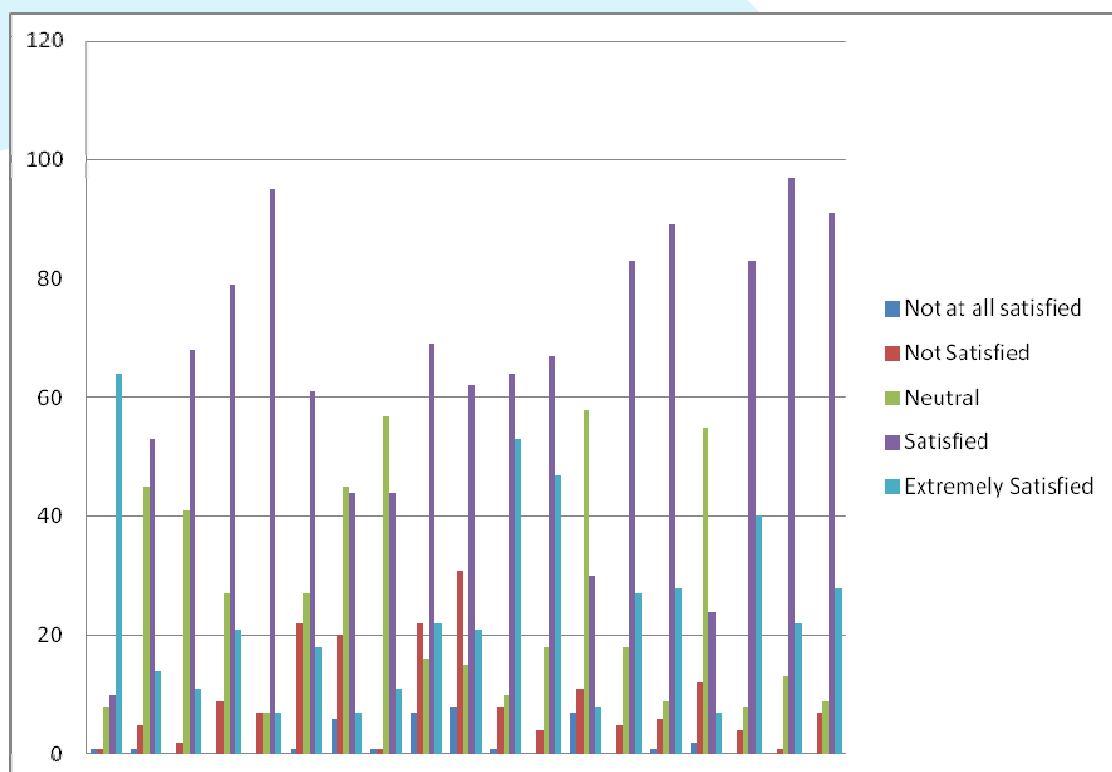


Figure 7. Satisfaction Level of the 13th WCPH Participants

As can be stipulated from the above graph, most participants were satisfied with the overall organization of the Congress. In almost all cases, more than half of the participants were satisfied. Participants were satisfied very much with the registration process. In this respect, the least mentioned was site visit because the feedback was collected before the main site visit. More than half of the respondents were indifferent about the translation services. Many participants expressed their dissatisfaction with the quality and relevance of the conference materials as well as the services related to transport. Further details of the findings from ranking scale are summarized here under.

10.4.2.3. Findings from the Open Ended Questions

As a general issue, all the areas of discussions and the sessions were mentioned by one or more participants as being important ones although there were some issues suggested for improvements; and hence the Congress sessions were deemed very relevant for the participants in a holistic perspective. The following are some examples how participants expressed their feelings about the sessions or the Congress.

Appreciation and Participation

Very many of the participants said that all plenary sessions were comprehensive and detailed; and “most of policy issues and theme of the Congress were addressed so that “they give diverse knowledge”. Barriers to maternal health, breast feeding, community level health services, development of core competence for public health, health equity and social determinants of health, health system (performance) and MNCH and RH in general were topics most frequently mentioned and attended by many of the participants. PHC curriculum, nutrition, environmental health, tobacco and tobacco dependence treatment, quality improvement strategies, issues on NCD, governance, contemporary medicine, e-pharmacy, community based health insurance, poster exhibitions in general, genomics, prison and PH, and the like were also pointed out. Moreover, the effort and success in establishing the African Public Health Federation had satisfied many of the participants.

Global health issues, MDG, new vaccine initiatives toward improving child survival, HIV/AIDS, sexual health, immunization, primary health care were also repeatedly mentioned. In general, satisfaction was expressed in different ways and many of them appreciated the efforts and achievements as “all was best, wonderful and organized except shortage of food in the tea break”. Some others said: “I am proud of Ethiopia, EPHA, MoH and WFPHA”. There are also many others who said “the organization of the conference was excellent; EPHA should be rewarded for that”

and” I am really satisfied’, and” Keep it up”, so on. It was thus appreciated as a whole in similar ways. Many of the country case studies and findings were mentioned as being important to the participants as well.

The main reasons cited for attending the sessions were related to the relevance of the issues to the participants’ background, current professional assignments, their special interests and the current relevance of the discussion topics to current regional as well as international concerns. It is therefore possible to say that the Congress was accommodating the interests of the participants; it was thus meeting the main expectations and was in line with the themes of the Congress.

Problems/Weaknesses Noticed

One issue raised by the participants of the Congress was time management about which the participants expressed their dissatisfactions by saying that the sessions did not start on time so it was hard to wait. “Time management was a problem throughout.” It was also stressed that too much weight was given to mental disability and mental health. The book of abstracts was said to be unclear, very difficult to navigate; and several sessions were on African time which made it impossible to move between sessions and pinpoint the themes to attend.

The other issue of comment was the arrangement and service related to refreshments and lunches; and they were mentioned as areas for improvement: “catering services should be improved”. In this regard, the first day was mentioned as being disorganized by most participants. Many of the participants suggested including others choices like fruits in the lunch. Translation services were also mentioned as areas for improvement. It was also mentioned that the book launch was advertised “but very unclear where it was, was it available for sale or not”. Others expressed their concerns as: “I was interested in traditional medicine/indigenous approaches for health maintenance but was not given emphasis. I suggest more focus on this issue.”

Some asked for strong and attractive bags and stationery while some others commented about the poor quality of the materials, “we found many who said the materials were of poor quality”. It was also said that members (local) were not well treated in all aspects (disappointing and discouraging). “Some of the papers were very weak either in layout or content and methodological aspects.”

EPHA Executive Board Members

Dr Tewabech Bishaw	President
Dr Wakgari Deressa	V/ president
Dr Assefa Seme	Member
S/r Workinesh Kerata	Member
Dr Alemayehu Mekonnen	Member
Ato Siefu Hagos	Member
W/ro Hiwot Mengstu	Member
Dr Filimona Bisrat	Member

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የፕላንና ማህበር

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INDEPENDENT AUDITORS REPORT

ETHIOPIAN PUBLIC HEALTH ASSOCIATION (EPHA)

We have audited the accompanying balance sheet of Ethiopian Public Health Association as at 31st December, 2012 and the related income and expenditure statement prepared under historical cost convention for the year then ended.

RESPECTIVE RESPONSIBILITIES OF MANAGEMENT AND AUDITORS

The preparation of the financial statements is the responsibility of the management of the EPHA. It is our responsibility, based on our audit, to express our independent opinion on these financial statements.

BASIS OF OPINION

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain information and explanations considered necessary in order to provide us with sufficient evidence to give reasonable assurance as to whether the financial statements are free of material misstatement whether caused by fraud or other irregularity or error.

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements. We believe that our audits provide a reasonable basis for our opinion.

OPINION

In our opinion, the financial statements referred to above together with the notes thereon, which have been prepared under the historical cost convention, present fairly, in all material respects, the financial position of Ethiopian Public Health Association as at 31st December, 2012 and the results of its operations for the year then ended.


AWEKE GEBRE SELASSIE AND COMPANY
CERTIFIED PUBLIC AUDITORS

January 18, 2013

Addis Ababa



ETHIOPIAN PUBLIC HEALTH ASSOCIATION (EPHA)
BALANCE SHEET
AS AT 31ST DECEMBER, 2012

Currency: ETHIOPIAN BIRR

	<u>Notes</u>		<u>31.12.2011</u>
FIXED ASSETS	3(4)	899.00	<u>817.00</u>
<u>CURRENT ASSETS</u>			
Cash and bank	5	20,687,906.39	17,040,803.88
Arada Sub City –Blocked bank account		1,032,500.00	1,032,500.00
Debtors	6	<u>9,426,940.47</u>	<u>2,003,247.91</u>
		31,147,346.86	20,076,551.79
<u>CURRENT LIABILITIES</u>			
Creditors and accruals	7	<u>3,991,740.19</u>	<u>3,976,842.54</u>
NET CURRENT ASSETS		<u>27,155,606.67</u>	<u>16,099,709.25</u>
		<u>27,156,505.67</u>	<u>16,100,526.25</u>

REPRESENTED BY

Fund balance as per

income and expenditure statement 27,156,505.67 16,100,526.25



ETHIOPIAN PUBLIC HEALTH ASSOCIATION (EPHA)
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 31ST DECEMBER, 2012

Currency: ETHIOPIAN BIRR
2011

<u>INCOME</u>	<u>Notes</u>		
Project income - Grants	8.1	82,574,848.85	22,458,678.00
Administrative income (10% charge)		181,630.69	257,286.58
Membership fee	8.2	144,508.89	137,780.00
Interest income	8.3	84,819.50	14,234.31
Sundry income		4,659,601.42	583,696.53
EPHA/PATH Income		301,401.10	1,046,455.94
Congress income		<u>5,093,841.97</u>	<u>-</u>
		<u>93,040,652.42</u>	<u>24,498,131.36</u>

		<u>Operational</u>	<u>Administrative</u>		
<u>EXPENDITURES</u>		<u>costs</u>	<u>costs</u>	<u>Total cost</u>	
Personnel cost	9.1	-	9,976,729.00	9,976,729.00	2,649,331.11
Travel and per diem	9.2	-	4,916,299.00	4,916,299.00	903,237.71
Office supplies and printing	9.3	-	907,244.66	907,244.66	82,477.45
Occupancy cost	9.4	-	1,343,244.50	1,343,244.50	652,062.40
Communication	9.5	-	501,856.84	501,856.84	124,990.57
Workshop, meeting & training	9.6	13,051,127.92	-	13,051,127.92	1,974,204.72
Repair and maintenance	9.7	-	420,321.01	420,321.01	160,132.56
Advertising expense		-	-	-	41,346.29
Research	9.8	3,593,245.92	-	3,593,245.92	1,014,071.52
Insurance	9.9	-	3,151,302.27	3,151,302.27	1,029,386.72
Members support	9.10	1,617,144.06	-	1,617,144.06	292,332.02
Transferred to sub-recipients		23,353,408.57	-	23,353,408.57	5,959,998.56
EFELTP expense		6,793,686.27	-	6,793,686.27	2,718,574.33
Bank service charges	9.11	-	21,736.56	21,736.56	8,225.84
Fuel and lubricants	9.12	-	400,046.69	400,046.69	176,980.23
Purchase of fixed assets	9.13	-	1,669,716.84	1,669,716.84	1,184,118.08
Audit fee -CDC		-	32,239.10	32,239.10	37,876.50
Administration cost	9.14	-	830,275.98	830,275.98	80,663.95
Refreshment	9.15	-	38,929.27	38,929.27	12,767.09
Publication and media	9.16	3,435,250.60	-	3,435,250.60	986,199.80
Annual conference and world congress	9.17	<u>5,933,966.11</u>	<u>-</u>	<u>5,933,966.11</u>	<u>2,116,114.94</u>

57,777,829.45 24,209,941.72 81,987,771.17 22,205,094.39

Excess of income over expense 11,052,881.25 2,293,036.97

Add: -fund balance brought/f 16,100,526.25 13,791,782.23

Add :-prior year adjustment 3,098.17 15,707.05

16,103,624.42 13,807,489.28

Balance transferred to balance 27,156,505.67 16,100,526.25

(27,156,505.67) (16,100,526.25)



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