# Public Health Digest

Ethiopian Pubic Health Association (EPHA)

**Volume 6, No. 3**




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**Volume 6** **No. 3**

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## Public Health Digest



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## *Objectives of the Digest*

- *To improve the knowledge, and practices of public health professionals*
- *To introduce latest research findings, best practices and success stories to the general public*
- *To motivate health professionals to engage themselves in operational studies*

## *Target Audiences*

*The target groups for the Digest are health professionals in general; and trainers in training institutions, public health practitioners at Woreda health offices, in health centers and hospitals, in particular. This Digest is also intended for non-health professionals who are interested on the subject on a demand-basis for free subscriptions.*

## *Strategy*

*Three thousand copies of the Digest is published biannually. Distribution follows the modalities of other EPHA publications. In addition, regional, zonal and Woreda offices, institutions of the FMoH and HAPCO branch offices serve as channels for distribution. The Digest is bilingual (Amharic and English).*

## Abbreviations and Acronyms

| | |
|---|---|
| AFPHA | African Federation of Public Health Associations |
| AIDS | Acquired Immuno Deficiency Syndrome |
| AU | African Union |
| CDC | Center for Disease Control and Prevention |
| EMA | Ethiopian Medical Association |
| EPHA | Ethiopian Public Health Association |
| EPS | Ethiopian Pediatrics Society |
| FMoH | Federal Ministry of Health |
| FP | Family Planning |
| GAVI | Global Alliance for Vaccines and Immunization |
| CQI | Continuous Quality Improvement |
| HCW | Health Care Workers |
| HDA | Heath Development Army |
| HEP | Health Extension Program |
| HEW | Health Extension Workers |
| HIV | Human Immunodeficiency Virus |
| ICASA | International Conference on AIDS and Sexually Transmitted Infections in Africa |
| IEHI | Integrated Approach to Empower Health Care Facilities on Immunization |
| IUCD | Intrauterine Contraceptive Device |
| LAFP | Long Acting Family Planning |
| RH | Reproductive Health |
| SNNPR | South Nations Nationalities and People Region |
| WCPH | World Congress on Public Health |
| WHO | World Health Organization |

## *Editorial Note*

TEDROS
Together for a healthier world

### *Move Forward!*

*The Ethiopian minister of foreign affairs Dr Tedros Adhanom, who previously served as Federal Health Minister from 2005 to 2012, was designated at the January meeting of the African Union summit as the continent's sole candidate to become the next World Health Organization /WHO/ director general.*

*The WHO, which was established as a United Nations specialized agency nearly 70 years ago, has never had a director-general from Africa. Dr. Tedros hopes to break that mold.*

*African Union /AU/ assembly endorsed Dr.Tedros 's candidature for the Director General of the WHO as a sole African candidate.*

*He has also received strong backing from African countries to head the World Health Organization.*

*We believe that no one can talk about Dr. Tedros Adhanom Ghebreyesus's contribution in public health than the Ethiopian Public Health Association /EPHA/.*

*We know Dr. Tedros as member of the EPHA, as a strategic partner, and as a public health professional indeed. Certainly, we are not mistaken then in 2003 by recognizing and awarding him EPHA annual Young Public Health Researcher Award.*

*We take this opportunity to express our deepest gratitude to his boundless efforts in making a dream has come true to creating a healthier Ethiopia, Africa and the World at large. The struggle throughout his way in promoting the outstanding public health service was difficult. The road he faced was not easy. And yet we can count enormous achievements that EPHA attained during his leadership era.*

*Among his contributions and relentless efforts for public health, shines the selection of Ethiopia to host the largest International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA 2011).*

*The conference assembled over 10,000 delegates from around the world who were working in the fields of HIV and other sexually transmitted infections. They include political leaders, scientists, the academia, donors, UN agencies, program managers, and civil society representatives. Former United States President, George W. Bush and former Botswana's President Festus Mogae were among the high profile dignitaries in attendance.*

*His painstaking advocacy and mobilization of the various state and non-state actors both at home and aboard has assured all-inclusive and fruitful deliberations.*

*Dr Tedros made proud all who took part in organizing the conference by his acceptance of a trophy from the Society for AIDS in Africa in 2013 for his unparalleled contributions to the fight against HIV in the continent and beyond.*

*The 13th World Congress on Public Health (WCPH) is also another global event that Dr Tedros had left his leadership footprint where EPHA took the challenge of hosting prominent global and regional public health researchers, scholars and practitioners here in Addis Ababa. Over 3,000 delegates from around the globe attended the congress and deliberated on issues with current and future global public health importance and significance.*

*Dr Tedros played a pivotal role for the establishment of the African Federation of Public Health Associations (AFPHA). His move to Foreign Affairs Ministry did not stop his engagement in advancing public health. But triggered to continuing his contributions at a higher level by facilitating AFPHA to secure its legal registration and opening its first ever headquarters in Addis Ababa, Ethiopia.*

*The Health Extension Program (HEP) and the Heath Development Army (HDA) concept were initiated and developed by Dr Tedros and now vastly expanding beyond the territory.*

*He also spearheaded the reduction of under-five mortality and achievements of MDGs in Ethiopia. Reduction in the incidence of HIV, tuberculosis, malaria and other diseases are attributable to his leadership.*

*If words and time allow a lot can be said about his commitment and dedication to marching all mankind towards a healthier world by bringing together all stakeholders and ensuring no one is left behind.*

*EPHA is not only self-assured and supportive for the candidacy of Dr Tedros Adhanom Ghebreyesus for the Director-General position of the World Health Organization, but also confident that both developed and developing countries alike will get the right person and at the right time that could provide leadership at the highest level to address health issues of current and future importance and significance for our globe.*

***EPHA wants to say Move Forward Together for a Healthier World!***

# Updates

## Integrated Approach to Empower Health Care Facilities on Immunization – IEHI

### Introduction and Back ground

Vaccination has been shown to be one of the most cost-effective health interventions in public health worldwide. Immunization programs and epidemiological surveillance are two fundamental components for the control of transmissible diseases. The Ethiopian government and the global health community have formulated policies, designed programs and allocated funding for the delivery of health services, health system strengthening and monitoring of the Millennium Development Goal indicators based on the perceptions of the characteristics of good health system. It is necessary to motivate and strengthen the health service delivery capacity of health workers and health facilities that could promote a culture of health seeking behavior to the community and mobilize them to bring about culturally appropriate behavioral change.

A large proportion of vulnerable infants and children in Ethiopia are facing vaccine-preventable deaths due to low immunization coverage, especially in communities that are hard-to-reach, poor and sparsely populated areas. As a result, integrated approach to child immunization is required to disrupt the status quo and catalyze a "Culture of Health" movement.



A Consortium composed of three Civil Society Organizations including the Ethiopian Public Health Association (EPHA), Ethiopian Medical Association (EMA) and Ethiopian Pediatrics Society (EPS) was formed and prepared a project entitled "Integrated Approach to Empower Health Care Facilities on Immunization – IEHI" intended for contribution in the national efforts aimed at boosting the performance of immunization program in the country with financial support obtained from FMoH-GAVI.

The consortium submitted the proposal to FMoH by the lead organization EPHA. In response, FMoH has awarded EPHA and hence given the opportunity to implement the project in six regions of the country for three years.

### Context and project areas

According to the country routine immunization improvement plan 2013, a desk review conducted in May 2013 by WHO head quarter in collaboration with the FMOH identified four key barriers to reduce the number of unimmunized children in Ethiopia. These are: shortcomings in service delivery strategies and human resource capacity, threats to immunization supply chain management and logistics, constraints in data quality management, archiving and analysis, gaps in monitoring and supportive supervision.

In line with increasing immunized children, the consortium has started implementing Integrated Approach to Empower Health Care Facilities on Immunization (IEHI) project in the following regions:

- Oromia
- Amhara
- SNNPR
- Ethiopian Somali
- Afar
- Gambella

The project covers 600 health centers, 200 woredas and 40 zones

## Project Goal

The goal of this project is to ensure the implementation and management of the best EPI services by public Health Care Workers and their coordinators that will have a sustainable and strong impact on the immunization coverage of children in Ethiopia.

## Project Objectives

- To train Zonal and Wereda EPI coordinators on Mid-level management /MLM/
- To train health professionals and health extension workers providing immunization services
- To strengthen supportive supervision, assess Continuous Quality Improvements (CQI) in Immunization services provision on quarterly basis
- To undertake operational research (Time series analysis)

*Some of the participants*



## Implementation Strategy

The Consortium strongly believes that a health system strengthening approach which integrates training with Site Capacity Assessment (SCA), supportive supervision (SS) and Continuous Quality Improvement assessment (CQI) and evaluation interventions would contribute towards the rapid decline of the key challenges affecting routine immunization coverage in Ethiopia.

## Target groups and participants

The target institutions of the project are Regional Health Bureaus (RHB) of Afar, Somalia, Gambella Amhara Oromia and SNNPR regions, Zonal Health Departments (ZHD), Woreda Health Offices, Health Centers and Health Posts. The target participants from the institutions are experts involved in the coordination and management of Regional, Zonal and Woreda level EPI programs, Health Care Workers (HCW) who provide EPI services at health center level and Health Extension Workers (HEW) who provide EPI services at community level. The targeted beneficiaries are all children in the immunization age group and pregnant women.

## Major planed activities of the project

**Health System Strengthening**

- A total of 960 Zone and Woreda level EPI focal persons will receive mid-level management (MLM) training using nationally approved MLM curriculum enabling them to fulfill their responsibilities.
- 2,400 health workers, 1,200 Health Care Workers (HCWs) and 1,200 Health Extension Workers (HEWs) practicing in 600 health

centers will receive immunization in practice (IIP) training and onsite support to take ownership of the EPI process.

- Develop/ adopt continuous quality improvement (CQI) tools to deliver to each health center to use to assess, improve, and continuously follow-up EPI services of health posts in its catchment.
- Develop SCA tools for routine EPI program monitoring and supporting the long term sustainability
- Conduct supportive supervision and data quality assessment and improvement visits to individual Zones and Woredas and health centers at least on a quarterly basis with technical assistance
- Assign qualified and experienced expert/s to actively participate in national, regional zonal and woreda level EPI technical task force meetings, conducting site supervisions, organizing partner's forum to exchange lessons learned, providing the necessary reporting requirement on the program's activities, and rendering technical consultation whenever requested.

**Undergo Research and publications**

- EPI Health Centre Capacity Assessment Tool (EPI HCCAT) will be developed and used
- Data will be captured and trend analysis will be made to reflect areas of improvement and to take immediate actions and publish findings as a lesson learned.



**Conduct Monitoring and Evaluation**

- Establishing immunization M&E technical working group responsible for monitoring overall Immunization program and remove bottlenecks at each level.
- Conduct quarterly, biannual, and annual reports and participatory review meetings at all levels.

## Overview of accomplishments

A consortium have accomplished several activities listed bellow :

**Consultative meeting and experience sharing were conducted**

As this is first year of project implementation, series of meetings and discussions were held with the consortium members, FMOH, RHBs, Zonal health departments and Woreda health offices on the project implementation. This advocacy visits paved the way to smoothly run of the project.

**Recruitment and training of EPI consultants made.**

As a capacity building strategy, a total of 13 EPI consultants were recruited and trained for three days. The main purpose of the training was to orient consultants on the project idea, objective and expected results. At least two EPI experts are assigned at each project regions.

**Data collection tools preparation and baseline data collection conducted**

Continuous quality improvement (CQI) and site capacity assessment (SCA) tools were prepared and tested by the EPI consultants before actual implementation. Modifications were made based on the field test. Using developed tools, baseline data was collected from six regions in eight

consecutive week's time from zonal to facility level. In this assessment, 98% of the institutions were visited. The remaining 2% of institutions were not visited. This is because, in regions there were institutions which are hard to reach due to difficult weather, road conditions and in some places security was also a problem.

**On site assistance and supportive supervision conducted**

EPI consultants provided on site support during baseline data collection to EPI focal persons at zonal, woreda, health center levels.

During baseline assessment supervision team from EPHA has conducted supportive supervision in some selected areas to insure quality of data collected by the EPI consultants.

**Data base established**

Data base is already established and data entry is completed at EPHA. Analysis is started

## Baseline data analysis and preliminary results

**General Description on the characteristics of sites**

Data from 28 Zones, 196 from Woreda and 552 from Health centers was collected, entered and analyzed

**Availability of human resources at zonal and Woreda level**

The base line assessment indicated that 26 (93%) Zones, 177 (90%) Woredas and 510 (92%) health centers had a designated EPI focal person respectively. When it comes to indictor at least 2 MLM-trained experts only 5(17%) zones, 16 (8%) and 92 (16%) Woredas reported that they had at least 2 experts who received MLM training.

Regarding cold chain officer, only 17 (60%) zones, 86 (43%) and 145 (26%) health centers had at least on cold chain officer during the data collection period. When it comes to a trained expert on Mid-Level Cold Chain Management/ Technician, 17 (60%) zones, 112(57%) woredas and 197 (35%) health centers had expert trained non mid-level cold chain management.

**Availability of plans at zonal, Woreda and health center levels**

Ten (35%) of zones, 90 (46%) of woredas and 152(27%) health centers had Reaching Every Community (REC) micro plan respectively.

**Availability of logistics and supply**

The baseline indicated that 22 (78%) of zones, 141 (72%) of woredas and 407 (74%) health centers reported that they have Fridge tag 2 at the time of the survey.

Twenty three (82%) of zones, 129 (65%) Woredas and 265(48%) health centers had vaccine request and report format.

Twenty one (75%) Zones, 127 (64%) Woredas and 396( 71%) health centers reported that they had EPI vaccine and injection materials stock ledger book.

Twelve (43%) Zones, and 102 (52%) Woredas had at least one stock out in the last 3 months before data collection periods.

**EPI service delivery at health center level**

The baseline indicated that 480 (86%) health centers provide EIP service at static and or outreach bases.

**Conclusion**

The baseline indicated that, though there were limited trained human resources at Zone, Woreda and health center levels, access to EPI services was fairly adequate up on base line assessment.

As per training needs the consortium has trained 452 Zone and Woreda Experts on mid-level management (MLM) and 2,235 health center and health post level health providers on immunization in practice (IIP). Data will be captured to assess Continuous Quality Improvements (CQI) every quarter, analyzed and learn on the CQI trend in the coming two years.

**Preparation for MLM and IIP training made and training conducted**

The other major accomplishment so far was preparation for MLM and IIP training. This includes selection of Manuals in consultation of FMOH, printing of training manuals (both participants and trainers). Communications were made with Regional Health Bureaus. Training materials, stationary, training schedule, each training session budget break down and all other necessary preparations were accomplished.



*Group Work*

Table 3: *Summary of major accomplishments*

| S. Nº | Activity | Result | Participants |
|---|---|---|---|
| 1 | Conduct consultative meetings and experience sharing discussions | Mutual understanding to overcome challenges, shared experiences and speedup implementation process | Focal persons from EPS, EPHA EMA |
| 2 | Recruit and train EPI Experts | 13 EPI consultants hired and trained for 3 days | Focal persons from EPS, EPHA EMA |
| 3 | Prepare data collection tools and collect baseline data | CQI data collection tool developed, tested and base line data collected from 28 Zones , 196 woreda and 552 HCs | 13 EPI consultants |
| 4 | Conduct on site assistance and supportive supervision | Zones, WoHO and HCs benefited from technical assistance and coaching visits | 13 EPI consultants |
| 5 | Establishing data base | One data analyst from EPHA work on | EPI team from EPHA |
| 6 | Preparation for MLM and IIP training. | Training manuals duplicated, Trainers & trainees identified | 13 EPI consultants and Focal persons from EPS, EPHA EMA |
| 7 | Conduct IIP and MLM | 452 person trained on MLM and 2235 person trained on IPP | 13 EPI consultants and Focal persons from EPS, EPHA EMA |



# Mobile Health/ M- Health

## Introduction

With the recent advent of multi-functional smart phone technologies and rapid penetration of the mobile phone network in developing countries, mobile health (M-Health) applications are widely perceived as potential solutions for addressing the needs and challenges of health systems in developing countries. The WHO defines M-Health as “medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices”.

A framework for M-Health in Ethiopia issued in 2011 suggested mobile technologies can be used to address Health Extension Workers’ (HEWs) need for referral, training and education, supply chain management, data exchange and consultation. Ethiopian Public Health Association (EPHA) has signed an agreement with Oromia Regional State to implement a three year RH/FP project called "Expanding Long Acting Family Planning Service in Ethiopia". The project is started to being implemented in five zones of the region; namely West Shewa, Jimma, East Wollega, West Wollega, and Illubabor zone.

One of the activities of the project is implementing M-health technology at Jimma zone Mana and Kersa Woreda to expand long acting family planning services through strengthening primary health care unit.

## Project Purpose

One of the major purposes of EPHA’s intervention is to expand long acting family

*Training participants*

Planning services through strengthening primary health care unit with mobile technology at Oromiya region Jimma zone and thereby contribute to the reduction of current unmet need for family planning services.

**Rationale for using the mobile health technology strategy**

According to the EDHS 2011, the national unmet need for family planning was 25% and that of Oromia region was 29.9%. Family planning saves lives, improves the health of mother and child, strengthens communities, and stimulates economic growth. Financial, infrastructural and human resource constraints are challenging the Ethiopian health care delivery system. Perhaps the most critical of all these challenge is the process of how information is stored, shared and used across the health system. If managed successfully, m-Health can be an effective tool for advancing the government's key health initiatives, particularly community-based interventions that have women at their center.

**Goal of the project**

The goal of this project is to improve the quality of family planning service provision by HEWs through increasing their knowledge and clinical evidence using the mobile health technology.

**Objectives**

To provide up to date information for HEWs on family planning methods using M-health technology.

M-Health user manual training was conducted from May 26 – 30, 2016. It was organized by Ethiopian Public Health Association /EPHA/ with financial support of the David and Lucile Packard foundation. A total of 111 participants were attended the training from Jimma zonal health Bureau, Mana and Kersa Woredas. Out of this 100 participants were HEWs.

After attending users manual training properly the participants have received H-6 Techno mobile apparatus with full accessories including 8GB memory card.

Hundred birr mobile card also given for down loading the documents.

EPHA in collaboration with Packard foundation, Oromiya regional health bureau and Jimma zonal health departments will continue the support and the follow up for the successful implementation of M- health project.

*Partial view of the training participants*

# የጥናት ውጤት

**የወጣቶች የስነ ተዋልዶ አገልግሎት መስጫ ማዕከላትን አስመልክቶ የወጣቶች ግንዛቤን የሚዳስስ ጥናት**

በአዜብ ውብሸት

## መግቢያ

**የጥናቱ ዳራ**

በአለማችን ላይ 1.7 ቢሊዮን የሚደርሱ ከ 10-24 ባለው የዕድሜ ክልል የሚገኙ ታዳጊዎች አሉ። ይህ አሃዝ የአጠቃላይ ህዝቡን 1/4ኛውን ይወክላል። ከእነዚህም መካከል 85 በመቶ ያህሉ በታዳጊ አገሮች የሚኖሩ ናቸው።

ከዓለም ህዝብ ብዛት 17 በመቶ እንዲሁም ከሰብ ሰሃራ የአፍሪካ አገራት ህዝቦች ደግሞ 20 በመቶ ያህሉ ከ15-24 ዓመት ባለው የእድሜ ክልል የሚገኙ ወጣቶች ናቸው።

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በአገራችን ወጣቶች በተዋልዶ ጤናና በግብረ ስጋ ግንኙነት ዙሪያ ያላቸው ግንዛቤ አንስተኛ ነው። በመሆኑም የአገልግሎቱ ተጠቃሚነትም ጉዳይ ዝቅተኛ ነው። የወጣቶች ማዕከላት የተቋቋሙትም ለወጣቶች የምክር፣ መረጃና የትምህርት አገልግሎቶችን በመስጠት ረገድ ምቹ ሁኔታን ለመፍጠር ዓላማ አድርገው በመነሳት ነው።



በኢትዮጵያ ወጣቶች ከተዋልዶ ጤና ጋር በተያያዙ ችግሮች መጋለጣቸው የተለመደ ነገር ነው። ለአብነት ያህልም በግብረ ስጋ አማካይነት የሚተላለፉ በሽታዎች፣ ያልተፈለገ እርግዝና እና ያለእድሜ ጋብቻን ማንሳት ይቻላል። በ2011 በተደረገው የኢትዮጵያ ዴሞግራፊያዊ የጤና ዳሰሳ ጥናት ከ15-19 ባለው የእድሜ ክልል ያሉት ወጣቶች የቤተሰብ ምጣኔ ሽፋን 23.8 በመቶ ያህል ብቻ ነው።

ከ20-24 ባለው የእድሜ ክልል የሚገኙ ወጣቶች ወሲብ የሚጀምሩበት አማካይ እድሜ 16.2 ዓመት ነው። በዚህ እድሜ ወጣት ሴቶች እና ወንዶች ስለ ግብረ ስጋ ግንኙነትም ሆነ ስለተዋልዶ ጤና ያላቸው ግንዛቤ አነስተኛ ነው። ወጣቶች ስለ ጤና ተዋልዶ ያላቸው መረጃና እውቀት ውስን ነው። አብዛኞቹ ወጣቶች ስለ ተዋልዶ ጤና ጉዳይ ከወላጆቻቸው ጋር ማውራት ምቾት አይሰጣቸውም።

የወጣቶች የጤና ተዋልዶ አገልግሎት በወጣት ማዕከላትም ሆነ በሌሎች ስፍራዎች ተደራሽነት እንዲኖረው፤ ተቀባይነት ያለውና ምቹ ሆኖ ወጣቶችን በቀላሉ ለመሳብ የሚችል እንዲሁም ፍላጎታቸውን የሚያረካ መሆን መቻል አለበት።

በአዲስ አበባ 106 የወጣት ማዕከላት ሲኖሩ ከእነዚህ መካከል 84ቱ ብቻ አገልገሎት ይሰጣሉ ፤ ቀሪዎቹ በግንባታ ላይ ናቸው።

ማዕከላቱ ከኮንዶምና የወሊድ መቆጣጠሪያ ስርጭት በተጨማሪ መረጃና ትምህርት እንዲሁም የፈቃደኝነት የኤች.አይ.ቪ ምርመራና የምክር አገልግሎት ይሰጣሉ።

በተዋልዶ ጤና ዙሪያ የሚያጋጥሙ ችግሮችና የአቻ ትምህርት የህይወት ልምድ ልማትና ሌሎችንም ስልጠናዎች በጤና ባለሙያዎች ይሰጣሉ።

በተጨማሪም የቤተመጽሐፍት አገልግሎት፣ የአይ.ሲ.ቲ፣ የስራ ፈጠራ፣ የአቻ ጓደኝነት ትምህርት፣ የመጀመሪያ ደረጃ እርዳታ አሰጣጥ፣ የኢንተርኔት አገልግሎት በተመጣጣኝ ዋጋ፣ ካፊቴሪያ፣ የስፖርት ማዘውተሪያ ፣ የገላ መታጠቢያ እና መሰል አገልግሎቶችን ይሰጣል።

**የጥናቱ ዓላማ**

የዚህ ጥናት አጠቃላይ አላማ ከ15-49 ባለው የእድሜ ክልል ያሉ በአዲስ አበባ ከተማ የሚገኙ ወጣቶች የወጣት ማዕከላትን አስመልክቶ ያላቸውን ግንዛቤ ለመዳሰስ ነው።

## የጥናቱ ዘዴ

ይህ ጥናት የተካሄደው በኢትዮጵያ ዋና ከተማ አዲስ አበባ ነው። የጥናቱ ጊዜ እ.ኤ.አ ከየካቲት - መጋቢት 2015 ነው። አዲስ አበባ በ10 ክፍለከተሞችና በ115 ወረዳዎች የተዋቀረች ከተማ ነች። የኢትዮጵያ ማዕከላዊ ስታስቲክ ኢጀንሲ በ2007 ዓ.ም ባሳተመው መረጃ መሰረት በ2015 የከተማዋ አጠቃላይ የህዝብ ብዛት 3,650,000 ይደርሳል ተብሎ መገመቱን አስፍሯል። ይህ አሃዝ የአገሪቱን የከተማ ነዋሪ ህዝብ ብዛት 60 በመቶ ይይዛል። ከእነዚህ መካከል 1,009,048 ይህሉ ከ10-24 ባለው የእድሜ ክልል የሚገኙት 43.8 በመቶ ያህል ይሆናሉ። የጥናቱ ተሳታፊዎች ከ 15-24 ባለው የእድሜ ክልል የሚገኙና ጥናቱ በተደረገበት አካባቢ ቢያንስ ለ6 ወር ና ከዚያ በላይ የኖሩ ናቸው።

ናሙናው የተወሰደው በነጠላ የህዝብ ቁጥር ምጥጥን ነው። ከአስሩ አዲስ አበባ ክፍለከተሞች አምስቱን ማለትም ጉለሌ፣ ኮልፌቀራንዮ፣ አራዳ፣ አቃቂ ቃሊቲና ቦሌ የተመረጡ ሲሆን 845 ያህል ተሳታፊዎች ተካተዋል።

ከእያንዳንዱ ክፍለከተሞች በቀድሞው አወቃቀር ሁለት ሁለት ቀበሌዎች ተመርጠዋል። በአግባቡ የተዋቀረ መጠይቅ በመጀመሪያ በእንግሊዝኛ ቋንቋ የተዘጋጀ ሲሆን በጥንቃቄ ወደ አማርኛ ከተተረጎመ በኋላ በስተመጨረሻ እንደገና ወደ እንግሊዝኛ ተመልሷል። ወደ ጥናቱ ከመገባቱ በፊት መጠይቁ ቅድመ ሙከራ ተደርጎበታል።

መጠየቁን የሚያደርጉ ሰዎች ከተቀጠሩ በኋላ ወጣቶቹን እንዴት እንደሚያነጋግሩ ስልጠና ተሰጧቸዋል። ሱፐርቫይዘሮች ደግሞ ሂደቱን ይከታተሉ ነበር።

## የጥናቱ ውጤት፡-

ጥናቱ በአጠቃላይ ከ15-24 ባለው የእድሜ ክልል የሚገኙ ወጣቶችን የያዘ 845 ያህል ተሳታፊዎችን ያካተተ ነበር። ከእነዚህ መካከል 459 (54.3 በመቶ ያህሉ) ወንዶች ሲሆኑ ፤ 452 (53.5) በመቶ ያህሉ ከ20- 24 ባለው የእድሜ ክልል የሚገኙ ናቸው። የተሰጠው ምላሽ ምጥጥን መቶ በመቶ የተሳካ ነበር ለማለት ይቻላል።

ከ845ቱ የጥናቱ ተሳታፊዎች መካከል 630 (74.6 በመቶ) ያህሉ ስለ ወጣት ማዕከላትና ስለተዋልዶ ጤና አገልግሎት ከተለያዩ ምንጮች ሰምተዋል። የተቀሩትም ደግሞ በመረጃ እጦት አለመስማታቸውን ተናግረዋል። ዝርዝሩ በሚቀጥለው ሰንጠረዥ እንደሚከተለው ቀርቧል።



**የወጣት ማዕከላት ግንዛቤ፣ የመረጃ ምንጭ እና ለመረጃ እጥረት ምክንያቶች በአዲስ አበባ ወጣቶች 2015 (n=845)**

| መለያ ባህሪያት | ድግግሞሽ | መቶኛ |
|---|---|---|
| ስለወጣት ማዕከላት የሰሙ (n=845 ) | 630 | 79.6 |
| <u>የመረጃ ምንጮች (n=630)</u> | | |
| ጓደኛ | 434 | 68.8 |
| የጤና ባለሙያ | 355 | 56.3 |
| የማኅበረሰብ አባላት | 322 | 51.1 |
| ከመገናኛ ብዙሃን | | |

## የወጣት ማዕከላት አጠቃቀምና ወደ ማዕከላቱ የመጡባቸው ምክንያቶች

ስለወጣት ማዕከላት አገልግሎትና ስለተዋልዶ ጤና ከሰሙት 630 (74.6 በመቶ) ያህል ወጣቶች መካከል 475 (75.3 በመቶ) ያህሉ የአገልግሎቱ ተጠቃሚዎች ሆነዋል። ከእነዚህ መካከል 340 (71.5) ያህሉም የተዋልዶ ጤና አገልግሎት ተጠቃሚ ሆነዋል።

ወደ ወጣት ማዕከላት ከመጡት ወጣቶች መካከል 389 (81.8 በመቶ) ያህሉ የስፖርት፣ 379 (79 በመቶ) ያህሉ የቤተመጽሐፍት አገልግሎት ተጠቃሚዎች ሲሆኑ ለተዋልዶ ጤና አገልግሎት ወደ ክሊኒክ ከመጡት መካከል 185 (54.4 በመቶ) ያህሉ የፈቃደኝነት የምክርና የምርመራ አገልግሎት ተጠቃሚዎች እንዲሁም 171 (50.5 በመቶ) ያህሉ ደግሞ የኮንዶም ተጠቃሚዎች ሆነዋል።

## የተዋልዶ ጤና ማዕከላት አገልግሎት አስፈላጊነትና ጥቅም

ከአጠቃላይ የጥናቱ ተሳታፊዎች መካከል 770 (91.1 በመቶ) ያህሉ የተዋልዶ ጤና አገልግሎት በጤና ማዕከላት መሰጠት አለበት ብለው የሚያምኑ ናቸው።

እንዲሁም የተዋልዶ ጤና አገልግሎት ማለትም የምክር አገልግሎት፣ የአቻ ጓደኛ ትምህርት እና ሌሎች አገልግሎቶች ለወጣቱ መረጃ በመስጠት ያላቸው ጠቀሜታ ከፍተኛ መሆኑን ተናግረዋል።

ይኸውም በወሲባዊ ስነምግባር በከፍተኛ ደረጃ ተጋላጭነትን 696 (90.3 በመቶ) እንዲሁም 673 (87.4 በመቶ) ያልተፈለገ እርግዝናን እና ሌሎች መሰል ተያያዥ ችግሮችን ለመከላከል ይረዳል ብለው ያምናሉ።

በጥናቱ ተሳታፊዎች እንደተገለጸው በተዋልዶ ጤና አገልግሎት ዙሪያ መረጃ የፈለጉ 584 (75.8 በመቶ) ያህሉ ሲሆኑ በአቻ ለአቻ ትምህርትና በሌሎች አገልግሎቶች 556 (72.2 በመቶ) ያህሉ ተጠቃሚ ሆነዋል።

ውጤቶች በጤና ማዕከላቱ አገልግሎት ለማግኘት በአማካይ ከ5-35 ደቂቃ ይወስድባቸዋል። ወደ ማዕከሉ ለመድረስ ደግሞ በአማካይ ከ5-45 ደቂቃ ይወስዳል። 252 (74.1 በመቶ) ያህሉ በአገልግሎቱ ረክተናል ያሉ ሲሆን አጥጋቢ ያልሆነ አገልግሎት ነው ያለው ያሉት ደግሞ 138 (40.5 በመቶ ያህል) ናቸው። እንዲሁም የግል ጉዳይን በነጻነት ለማስተናገድ ምቹ አይደለም ያሉት 56 (16.4 በመቶ) ያህል ናቸው።

የጥናቱ ተሳታፊዎች በአቅራቢያቸውም ሆነ በሌሎች አካባቢዎች ያሉትን ማዕከላት የሚያውቁ ሲሆን 331 (97.2 በመቶ) ያህል ጤና ጣቢያዎች 315 (92.6 በመቶ) ያህል ደግሞ ፋርማሲዎች ተጠቅሰዋል።

ሌሎች ወደ ተለያዩ የአገልግሎት መስጫ ተቋማት የሄዱበት ምክንያት ምቹ ሰዓት ለመጠቀም 172 (50.5 በመቶ) ያህል ሲሆኑ በአቅራቢያቸው ባሉ ማዕከላት የተጠቀሙ ደግሞ 198 (58.2 በመቶ) ያህል ናቸው።

## ማጠቃለያና የመፍትሔ ሃሳቦች

በጥናቱ እንደተመለከተው አብዛኞቹ ወጣቶች ስለወጣት ማዕከላት የተዋልዶ ጤና አገልግሎት ግንዛቤ አላቸው። አብዛኞቹ ወጣቶችም በማዕከሉ ስለሚሰጠው የተዋልዶ ጤና አገልግሎት ያውቃሉ።

ማዕከላቱም ለወጣቶቹ ተደራሽ ናቸው። በማዕከሉ የሚሰጠው የመዝናኛ አገልግሎት ወጣቶቹ ከተዋልዶ ጤና አገልግሎት ጋር እንዲተዋወቁ መንገድ ከፍቷል። ይሁንና የተጠቃሚዎች ቁጥር በጥናቱ ከተሳተፉት ወጣቶች ብዛት አንጻር ሲታይ አነስተኛ ነው።



ለዚህም የተለያዩ ምክንያቶችን መጥቀስ ይቻላል። ለአብነት ያህልም፡- ሚስጥር ጠባቂ አለመሆን፣ ታፍረት፣ የተዋልዶ ጤና ክሊኒኮች መጨናነቅ እና መሰል ችግሮች እንደ ምክንያት ቀርበዋል።

## ከጥናቱ ውጤት በመነሳት የቀረቡ የመፍትሔ ሃሳቦች

- ስለወጣት ማዕከላት አገልግሎት የበለጠ መረጃ ለመስጠት በመገናኛ ብዙሃን፣ በማስታወቂያ ሰሌዳዎችና በተለያዩ ህብረተሰብ አቀፍ እንቅስቃሴዎች ውስጥ እንዲሰርጹ የማድረግ ስራ ቢሰራ
- ለተገልጋዮቹ ምቹ ሁኔታ የሚፈጥር ፕሮግራም ቢቀረጽና የተዋልዶ ጤና አገልግሎት የሚሰጡ ክሊኒኮች ከመጨናነቅ ነፃ የሚሆኑበት ሁኔታ ቢፈጠር
- ወላጆችና የሃይማኖት ሰዎች ወጣቶቹን በመርዳት ረገድ ያላቸውን ሚና ቢገነዘቡና ተገቢውን ጤናማ የግብረስጋ ግንኙነት መረጃ ለወጣቶቹ ቢያደርሱ በወጣቶች ላይ ሊደርስባቸው ከሚችለው የስነተዋልዶ ጤና ችግር መታደግ ይቻላል።
- በወጣት ማዕከላት ለሚገኙ የጤና አገልግሎት ሰጭዎች ስልጠና ቢሰጥ በዓይነቱና በጥራቱ የተሻለ አገልግሎት ለመስጠት ያግዛቸዋል።

# The Issue

## አጣዳፊ ተቅማጥና ትውከት /አተት/

አጣዳፊ ተቀማጥና ትውከት /አተት/ ማለት በተለያዩ ጎጂ ተሕዋስያን አማካኝነት ሊመጡ ከሚችሉ ተላላፊ ከሆኑ በሽታዎች አንዱ ነው። አተት በፍጥነት የሚዛመትና ከሰው ወደ ሰው የሚተላለፍ /የሚጋባ/ በሽታ ነው። አተት አጣዳፊ የሕዝብ የጤና ችግር ስለሆነ በፍጥነት የመሠራጨት ፀባይ ስላለውና በጊዜው አስቸኳይ ሕክምና ካላገኘ ብዙዎችን ለሞት የሚያደርስ ስለሆነ የበሽታው መጠሪያ አጣዳፊ ተቅማጥና ትውከት /አተት/ ተብሏል።

### የአተት ምልክቶች ምንድናቸው ?

በበሽታው የተያዘ ሰው በተደጋጋሚ አጣዳፊ ተቅማጥና ትውከት ይኖረዋል። በዚህም የተነሳ የሰውነት ፈሳሽና ጠቃሚ የሆኑትን ንጥረ ነገሮች መጠን ያዛባል። በተጨማሪም

- አጣዳፊ መጠነ ብዙ የሆነ ውኃማ ተቅማጥ
- ትውከትና ቁርጥማት
- የአይን መስርጐድ
- የአፍና የምላስ መድረቅ
- እንባ አልባ መሆን
- የሽንት መጠን መቀነስ
- የቆዳ ድርቀትና መሸብሸብ በመጨረሻም ከፍተኛ የሆነ የሰውነት ድርቀት በማስከተል ህመምተኛው በወቅቱ ካልታከመ ለሞት ሊያበቃው ይችላል።

### አጣዳፊ ተቅማጥና ትውከት የሚያስከትለው ችግር ምንድነው ?

በአተት የተያዘ ሰው ከሰውነቱ ብዙ ፈሳሽ ስለሚወጣ በሽተኛው የሰውነት ድርቀት / Dehydration/ ያስከትልበታል። ይህ ሁኔታ ደግሞ በአተት የተያዘው ሰው በአጭር ጊዜ ራሱን እንዲስት ያደርገዋል። ከዚህ በተጨማሪ አፋጣኝ የሕክምና ዕርዳታ ካላገኘ በበሽታው የመሞት አጋጣሚው ሃምሳ ከመቶ /50%/ ነው። ነገር ግን አስፈላጊው የሕክምና ዕርዳታ ከተደረገለት የመሞት አጋጣሚው ከአንድ ከመቶ /1%/ ወይም ከዚያ በታች ማድረግ ይቻላል።



### በሽታውን መለያ መንገዶች

1. ምልክቶቹን በማየት
2. በላብራቶሪ ሊረጋገጥ ይችላል።

### ህክምናው

- የወጣውን ፈሳሽ መተካት ዋናውና ቅድሚያ የሚሰጠው ጉዳይ ነው
- አንቲባዮቲክ እንደ ተዋህሲያኑ አይነት ሊሰጥ ይችላል

### መከላከያና መቆጣጠሪያ መንገዶች

- መፀዳጃ ቤት መገንባትና በአግባቡ መጠቀም
- ምግብን በሚገባ አብስሎ መመገብ
- በውኃ መድሃኒት/ በውኃ አጋር/ የታከመ ውሃ ለመጠጥ መጠቀም ወይም ውኃ አፍልቶና አቀዝቅዞ መጠጣት
- እጅን በውኃና በሳሙና ወይም በአመድ መታጠብ :-
  - ከመፀዳጃ ቤት መልስ
  - ምግብ ከማዘጋጀትዎ በፊት
  - ምግብ ከመመገብዎ በፊትና በኋላ
  - ህጻናትን ካጸዳዱ በኋላ በደንብ አጥርቶ መታጠብ
- ማንኛውም ከቤት የሚወጣ ደረቅ ወይም ፈሳሽ ቆሻሻ አካባቢን ወይንም ውኃን እንዳይበክል በአግባቡ ማስወገድ።
- ምልክቱ የታየበትን ህመምተኛ ፈጥኖ ወደ ህክምና ተቋም መውሰድ ይገባል።

### ንጽህናው የተረጋገጠ ውሃ መጠቀም

- ውሃን አፍልቶ መጠቀም የአተት በሽታ አምጪ ተህዋሲያንን ስለሚገድል ውሃን ሁልጊዜ አፍልተው እና አቀዝቅዘው ይጠቀሙ ወይም
- የውሃ ማከሚያ ኬሚካል የተጨመረበት ውሃ የአተት በሽታ አምጪ ተህዋሲያንን ስለሚገድል ለማንኛውም አገልግሎት የሚሆን ውሃ የታከመ መሆኑን አረጋግጠው ይጠቀሙ።
- ንጹህ ውሃ በአግባቡ ካልተቀመጠ በበሽታ አምጪ ተህዋሲያን ስለሚበከል ውሃን አፉ ጠባብ በሆነ ንፁህ እቃ ከድነው ያስቀምጡ።
- ንጹህ ውሃ ከተቀመጠበት መያዣ ውስጥ ኩባያ፣ ጣሳ፣ ብርጭቆና ወዘተ ማጥለቅ ውሃውን ስለሚበክል ውሃው የተቀመጠበትን እቃ አዘንብለው ይቅዱ።

### መፀዳጃ ቤትን በአግባቡ መጠቀም

የአተት አምጪ ተህዋስያን በጤነኛም ይሁን በታመመ ሰው ዓይነምድር ውስጥ ሊገኝ ይችላል። ስለሆነም፡ ሲፀዳዱ ሁል ጊዜ፡-

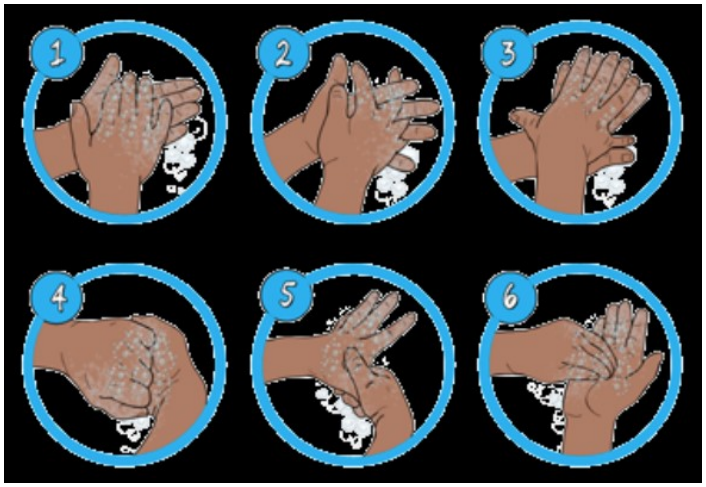
መፀዳጃ ቤትን ይጠቀሙ፣

- መፀዳጃ ቤት ከሌለዎት መሬት ቆፍረው ይጠቀሙ፣
- መፀዳጃ ቤትዎን በንጽህና ይያዙ፣
- ከተፀዳዱ በኋላ እጅዎን በሣሙናና በንፁህ ውሃ ይታጠቡ፣
- ለእጅ መታጠቢያ የሚሆን ሣሙና እና ውሃ መሟላቱን በየጊዜው ያረጋግጡ፣
- የመፀዳጃ ቤቱ አካባቢ ከፍሣሽ፣ ያቆረ የዝናብ ውሃ እና ከቆሻሻ የፀዳ መሆኑን ያረጋግጡ።

መፀዳጃ ቤትን በአግባቡ መጠቀም እራስንና ቤተሰብን ከአተት በሽታ ይከላከሉ።

## አካባቢን በንጽህና መጠበቅ

- የግልና የአካባቢን ንጽህና በመጠበቅ ዝንቦች እንዳይራቡ ያድርጉ
- ፈሳሽና ደረቅ ቆሻሻን በአግባቡ በተመደበለት ስፍራ ያስወግዱ
- ሽንት ቤት በመገንባት በአግባቡ ይጠቀሙ እንዲሁም በንጽህና ይያዙ
- ከታመመ ሰው የሚወጣውን አይነምድርና ትውከት ጤነኛውን ሰው እንዳይበክል በጥንቃቄ በላስቲክ ወይም መሰል እቃ ጠቅልለው በመፀዳጃ ቤት ያስወግዱ፤ መፀዳጃ ቤት ከሌለ ከቤትና ከውሃ እርቆ በሚገኝ እና ልጆች በማይደርሱበት ቦታ ቆፍረው ይቅበሩ።
- በተቅማጥና ተውከት የተነካካ እቃን፣ ወለልና መሬትን ከማጽዳትዎ በፊት በረኪና በማፍሰስ ብክለትን ይከላከሉ።






## ትክክለኛ የእጅ አስተጣጠብ እጅን በሚገባ ለመታጠብ የሚረዱ ስድስት ጠቃሚ ሂደቶች፦

1. እጅን በዉሃ ማርጠብና ሳሙና መምታት፡፡ ሳሙናው አረፋ እስከሚያወጣ ድረስ የእጅን መዳፎች መፈተግ፡፡
2. የሁለቱንም እጆች መዳፍ በየተራ አይበሉባችን ላይ ማሸት፡፡
3. የሁለቱንም እጆች በጣቶች መካከል ያለውን አካል ማሸት፡፡
4. ጣቶች እንደተጋጠሙ ሁለቱንም እጆች ማሸት፡፡
5. የሁለቱንም አውራ ጣቶች ዙሪያ ማሸት፡፡
6. የእጅን መዳፎች ክብ እየሠሩ ማፋተግ፡፡

ከዚያ እጅን በዉሃ አለቅልቆ ማድረቅ ናቸው።

## የአተት በሽታ ምልክት ሲታይ መከናወን ያለባቸው ተግባራት

በሽታው የሰውነትን ፈሣሽና ጠቃሚ ንጥረ ነገሮችን በብዛት ከሰውነት የሚያስወጣ ስለሆነ የሚከተሉትን እርምጃዎች በፍጥነት በመውሰድ እንዲተኩ ያድርጉ።

- በመጀመሪያ ቤት ውስጥ የሚገኘውን ማንኛውም ንጽህናው የተጠበቀ ፈሣሽ የሚችሉትን ያህል ይጠጡ።
- ህይወት አድን ንጥረ ነገር ወይም ኦ.አር.ኤስ በቤት ውስጥ ካለ አንድ ፓኬት ተፈልቶ በቀዘቀዘ አንድ ሊትር ውሃ በመበጥበጥ ይጠጡ፤ የተበጠበጠ ኦ.አር.ኤስን መጠቀም የሚቻለው በተበጠበጠ በ24 ሰዓት ውስጥ ነው።
- ኦ.አር.ኤስ በቤት ውስጥ ከሌለ 8 የሻይ ማንኪያ ስኳር እና ግማሽ የሻይ ማንኪያ ጨው በአንድ ሊትር ንጹህ ውሃ በመበጥበጥ ባስቀመጥዎ ቁጥር ይጠጡ።
- ጡት የሚጠቡ ህፃናት በበሽታው ከተያዙ ጡት ማጥባትዎን ከወትሮው በ3 እጥፍ በመጨመር ይቀጥሉ፣ ከነዚህ በተጨማሪ በአስቸኳይ በአቅራቢያዎ ወደሚገኝ የህክምና ተቋም በመሔድ የህክምና እርዳታ ያግኙ።

ለተጨማሪ መረጃ

በነጻ የስልክ መስመር 952

ወይም 8335 ይደውሉ

*ምንጭ፡- http://www.unicef.org*

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## *References*


1. *http:aidsandstds.medical- dictionaries.org*
2. *http://www.unicef.org*