



Ethiopian Public Health Association (EPHA)



Annual Report 2010/2011



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Acronyms and Abbreviations

AAMSP: Addis Ababa Mortality Surveillance Program

AAU: Addis Ababa University

AC: Advisory Council

AFENET: African Field Epidemiology Network

AFPHA: Africa Federation of Public Health Association

AIDS: Acquired Immune Deficiency Syndrome

APHA: American Public Health Association

ATCA: African Tobacco Control Alliance

ATCRI: Africa Tobacco Control Regional Initiative

CDC: Center for Disease Prevention and Control

CPHA: Canadian Public Health Association

CSOs: Civil Society Organizations

DHSS: Demographic and Health Surveillance System Sites

EB: Executive Board

EFELTP: Ethiopian Field Epidemiology and Laboratory 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

FCA: Framework Convention Alliance

FCTC: Framework Convention on Tobacco Control

FMoH: Federal Ministry of Health

GA: General Assembly

HCT: HIV Testing and Counseling

HIV: Human Immunodeficiency Virus

HSDP: Health Sector Development Program
ICD: International Classification of Diseases
INGOs: International Non Governmental Originations
IRB: Institutional Review Board
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
MNCH: Maternal Neonatal and Child Health
MSM: Men having Sex with Men
MST: Ministry of Science and Technology
MWESC: Mathiws Wondu Ethiopian Society of Cancer
NCD: Non- Communicable Diseases
NIPs: National Implementing Partners
PI: Principal Investigator
PMC: Population Media Center
SI: Strategic Information
SP: Strategic Plan
SPH: School of Public Health
SPM: Strategic Plan Management
SYGE: Save Your Generation in Ethiopia
TEPHINET: Training in Epidemiology and Public Health Interventions Network
USD: US Dollar
VA: Verbal Autopsy
WCPH: World Congress on Public Health
WFPHA: World Federation of Public Health Associations

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Message from the Executive Director

Two decades along the road of its mission, the Ethiopian Public Health Association (EPHA) is spearheading the effort for the attainment of an optimal standard of healthcare for the people of Ethiopia by promoting an ever improving quality of health services to the public through empowering, networking and the active and dedicated involvement of its members and all others working in the health sector. EPHA has over 4000 ever registered and 2500 active members dedicated to rendering various professional services with different levels of qualifications working in private, government and non-government organizations. The Association's strong and good working relationships with governmental and non-governmental partner organizations provide the basis for the effectiveness of each activity and program.

Strategically, with the platform of its 3rd Strategic Plan, EPHA continues to increase the size of active members; meet its financial requirements from internal sources; promote service standards and research in public health; encourage and sponsor the active involvement of members; establish sustainable working relationship with sister associations and advocate relevant public health issues.

The Association strives mainly to foster progress in public health for the promotion of optimal healthcare and the prevention of diseases through diverse approaches and programs. EPHA links itself with sister professional associations, participates at national and international forums, takes part in the development of policies, strategies, guidelines and national plans. To this end, it engages itself in organizing professional training, programs and workshops by initiating and introducing new health professional disciplines in human resource development. Furthermore, it promotes and sponsors research in public health and publishes scientific journals, newsletters and bulletins as a means to achieving the aforementioned ends.

Presently, EPHA is closely working with several organizations, in particular the Federal Ministry of Health (FMoH), regional health bureaus (RHBs), universities, CDC, the David and Lucille Packard Foundation, PATH-Ethiopia, USAID and WHO. The Association is also closely allied with local health professional associations (EMA, ENA, ENMA, ESOG, EPHLA, Health Officers Association and others) and international professional associations like CPHA, APHA and WFPHAs. EPHA is handling various projects in collaboration with these partners like EPHA-Packard/FMoH/RHB project, EPHA-CDC Project, EPHA-PATH (MSC) project and others.

Among the various activities undertaken by the Association, the performed project activities during the reporting period of 2010/2011 include:

- Different projects from CDC-Ethiopia for improving public health practices and service delivery in Ethiopia
- The David and Lucile Packard Support of the Health Extension Program
- Capacity building through short and long-term trainings
- Strengthening sister associations/partner organizations
- Winning the bid for 885 square meters of land through a lease from Addis Ababa City Administration for constructing an office for the Association
- Strengthening the secretariat of the 13th WCPH and making the necessary preparation to host the Congress.
- Introducing a new organizational structure, salary and benefits for the Association employees
- Participating in the launching of the African Federation of Public Health Association (AFPHA) and succeeding in having its office in Addis Ababa

Building upon its legacy, EPHA envisions success in ensuring a contemporary standard healthcare system for the people of Ethiopia and will thus keep making maximum effort towards that goal. The following report encompasses major ongoing and planned activities of the Association in 2010/2011.

I would like to take the opportunity to thank EPHA technical and administrative staffs who have been actively involved in coordination and implementation of the various project activities, and all active members and partners that have been supporting the Association in achieving its goal.

Hailegnaw Eshete
Executive Director,
Ethiopian Public Health Association

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1. EXECUTIVE SUMMARY

EPHA has an Executive Director, Executive Board headed by its President, an Advisory Council and a General Assembly. According to the new structure of the Association, EPHA has a Projects Management Department, a Research, Training and Publications Department, a Members Affairs and Networking Department and an Administration and Finance Department; and two units accountable to the Executive Director (ED) i.e. the Communication and Information Unit and the Planning, Monitoring and Evaluation Unit. The report is presented by activities and projects performed by these departments and units and EPHA Chapters with the support of and in collaboration with other partner organizations.

This annual report is covering the period from October 1, 2010 to September 30, 2011 includes all activities performed by the Association and with support of partners. It is organized by the departments' and units' accomplishments including challenges encountered during the reporting period, projects on the pipelines, major plans for the coming implementation year; ongoing activities of the 13th World Public Health Congress to be hosted by EPHA and WFPHA. A financial and the audit report of the reporting period is also included.

With the support from various partners and members, EPHA's performed project activities in the reporting period. To mention the main among various activities, 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 Lucile 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 activities and projects.

The EPHA-CDC project has many components and it 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.

The DHSS support is a technical and financial assistance 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 this activity, EPHA coordinates a network of six member universities that implement the DHSS: Addis Ababa, Mekele, Jima, Gondar, Haramaya, and Arba Minch.

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*, Masters Theses Extract and Proceedings of the 21st annual conference. Copies of these regular publications were distributed to members and other partners for free of charges.

Capacity building through short and long-term training was also another important component of the EPHA-CDC and EPHA-Lucile 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 skill training; refresher training on HIV/AIDS and RH/FP) are provided. Moreover, long-term trainings given within the reporting period were: the leadership in strategic information training program (LSITP) and the field epidemiology and laboratory training (EFELTP). The EFELTP is a two-year master's level program provided in collaboration with the SPH/AAU and EHNRI; up to the reporting period, 13 have graduated, and 22 students are recruited from all the regional health bureaus for the program that is designed to assist regional health bureaus.

EPHA is accredited by the Ministry of Science and Technology (MST) and has established its own Institutional Review Board (IRB) whereby it reviews and gives ethical clearance for research proposals by different organizations. Accordingly, in 2010 to 2011, it has received 37 research proposals out of which it approved 27 and declined 5 on ethical grounds.

2. INTRODUCTION

EPHA is a non-for-profit, voluntary, multidisciplinary professional association established in 1989. It envisions the attainment of the highest possible standards of health care for all Ethiopians with a mission to promote better health services for the public and maintain professional standards through advocacy, active involvement, and networking. In realizing its mission and vision, EPHA has developed three strategic plans; the strategic plan of 2010 to 2014 is the third strategic plan (SP) which is under implementation currently. EPHA has implemented its first and second five-year strategic plans, which focused on programs and organizational development. The third strategic plan concerned with strengthening the Association to further improve its function and enhance members' contribution to the country's health sector development.

EPHA is an association of public health professionals of varying categories and levels of training. 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 a minister level. EPHA members are also in private, government and non-government organizations. The Association is working closely with its 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 about 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 implementing partners. In short, the Association has engaged itself in the following major activities to achieve its objectives:

- ❖ Generating evidence-based information through conducting and supporting research studies, program evaluations and surveillance activities

- ❖ Disseminating throughout the country evidence- based information through its regular publications such as *Ethiopian Journal of Health Development (EJHD)*, *Public Health Digest*, *Felege Tena* newsletter, *Health Extension Workers* newsletter, EPHA funded MPH theses extracts, the EPHA website (www.etpha.org), EPHA-Public Health Library and the E-learning Centre and other forums
- ❖ Fund public health masters' theses
- ❖ Organize professional training programs and workshops
- ❖ Organize annual EPHA conference to disseminate research findings
- ❖ Policy advocacy involving in many MOH forums
- ❖ Takes leadership on professional accreditation and professional guideline development
- ❖ Support Public Health and Laboratory Professional Associations
- ❖ Enhance professional safety in the working environment through infection prevention advocacy and the like.

EPHA has an Executive Director, Executive Board headed by its President, an Advisory Council and a General Assembly. 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.

The highest body, the general assembly (GA) is constituted of members and is the responsible organ for selecting and establishing the Association's other key organs such as: the Executive Board (EB), Advisory Council (AC), EPHA chapters, and the EPHA secretariat. The general assembly, which is a forum for advocacy 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 is a governing body that is elected by the general assembly. Its role is to deal with policy matters and strategic directions of the Association and overseeing 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 was representing EPHA in different national and international conferences. Members of the Board were also participating in major trainings as trainers and participating in the review of scientific papers. The Board is making close follow up of the organizing progress of World Congress on Public Health and the annual conference of EPHA.

At present, EPHA has 18 chapters located in all the nine 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 number. EPHA membership is open to all graduates of 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 4,340 members of whom 4,305 are individual members (3580 male and 725 female) and 35 are institutional ones.

3. PROJECTS MANAGEMENT DEPARTMENT

The Project Management Department has been established under the new Ethiopian Public Health Association's structure and is dedicated to manage projects accountable to the Executive Director, provides the appropriate guidance and expertise in terms of projects management of EPHA. It is also responsible for the overall co-ordination of projects and is to ensure that projects meet planning objectives and the project planning and reporting documents are completed correctly and on time. Moreover, the Department has the responsibility to identify opportunities for new projects and pursue possible donors. The Department is to ensure that project activities are integrated with the overall EPHA program and harmonized with national and regional health plans. The Projects Department is also responsible for overseeing project grants as per EPHA and donors' guidelines.

3.1 EPHA-CDC Project

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 the conduct of 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
 - Support university based demographic & health surveillances and mortality surveillance by Addis Ababa, Jimma, Gondar, Haramaya and Mekelle universities
- Support the Ethiopian Public Health Laboratory Association
- Expand and strengthen HIV/AIDS prevention, care and treatment of most at risk populations (MARPs) including men who have sex with men (MSM) in Ethiopia
- Support standardizing basic care package and care and support programs in Ethiopia
- Support youth leadership in a multi-sectoral approach in preventing multiple concurrent sexual partnership
- Alcohol and substance abuse in Ethiopia in relation to HIV/AIDS
- Publication, MPH theses support
- The “One Love” Project –SYGE

Of these implemented by departments of the Association and by other partners, the main components of the project implemented and closely supervised by the Projects Management Department are indicated in this part of the report.

3.1.1 Component I: Leadership in Strategic Information Training Program

3.1.1.1. Program description

Leadership in Strategic Information Training Program (LSITP) is a long-term training strategy that is 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 2006. Initially, it was intended by the partners to be a one year post graduate diploma. But later on due to some inconveniency, the training duration was reduced to five to six months.

3.1.1.2. General objectives

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. It has the following specific objectives:

1. Support the implementation of the training. ;
2. Review the training modules;
3. Conduct LSI training;
4. Strengthen the capacity of partners;
5. Build the capacity of local institutions;.
6. Ensure local ownership of the training program; and
7. Assess the effectiveness of the training.

3.1.1.3. Accomplishments

Table 1: LSI trainees enrolled and graduated since November 2006 to 2011

Cohort	Intake in number	No of graduates	Remark
First	28	14	
Second	15	10	
Third	29	20	
Fourth	29	24	
Fifth	27	20	
Sixth	35	on training	
Total	163	88	

As indicated in Table 1, the number of trainees is 88 coming from almost all regions including the Ministry of Defense Disease Prevention and Health Promotion Directorate and from the Federal Police Health Department.

The trainees of the 1st, 2nd and 3rd cohorts were producing their field projects individually or as a group but the 4th, 5th and 6th cohort trainees did so individually. The field projects are practiced after each module of training. 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.

Minor revisions have been made to the modules to make them more useful in realizing the objective of the training. Program evaluation has also been planned this year to assess the outcome of the training. It is believed that this will be useful in redesigning the training.

3.1.1.4. Challenges and Actions Taken

The main challenges faced during the LSI training program are the dropout of trainees; and the program evaluation was not conducted since the TOR was not finalized. In coping with these challenges, negotiations have been underway with the RHBs; and discussion is underway with the CDC-Ethiopia to finalize the TOR for evaluation.

3.1.2 Component II: Ethiopian Field Epidemiology and Laboratory Training Program (EFELTP)

3.1.2.1. Program description

The Ethiopian Field Epidemiology and Laboratory Training Program (FELTP) 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 proper surveillance system is largely limited. Inability to prevent and control epidemics and lack of skilled personnel including 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 be able to produce professionals in field epidemiology that are capable of handling emergency management including epidemic investigation and response and surveillance.

3.1.2.2. Goal and objectives

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 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
- Improve communication and networking of public health practitioners and researchers in the country and throughout the region.

3.1.2.3. Achievements

The training was begun in 2009. A total of thirteen residents were recruited for the first cohort from eight regions of the country. The residents attended different courses on field epidemiology (classroom training and residency outputs) and completed successfully all the competency areas. They produced 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 were supported with the provisions like transportation allowances, per diem, CDMA apparatus and SIM cards, Laptop computers, books, stationery and the like. They were based in Oromia, Addis Ababa and Ministry of Health Field bases for their residencies. The first cohort residents have defended their body of work in the presence of internal and external examiners and completed their two years training and qualified for a Master's degree in Public Health in Field Epidemiology. The first cohort have been also presenting orally and by poster their residency outputs at national and international scientific conferences like the EPHA annual conference, AFENET and TEPHINET scientific conferences. The presenters and EFELTP staff were supported through per diem and transportation when they participated in the aforementioned conferences.

Experience sharing was also given by EFELTP advisory council members by visiting the China Field Epidemiology Training Program (CFETP) and important lessons were learnt. 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 supervisory manuals. The field bases are being equipped with various equipment and supplies.

Twenty two residents were admitted in November 2010 for the second cohort and are now deployed in the field bases pursuing their field projects. The second cohort trainees were also provided with all the provisions like the first cohort. Supportive supervision and mentorship are being provided for the second cohort residents by the EFELTP technical working group. The Advisory Council of EHAE holds almost a monthly meeting to give some advices and guidance for the program. At present, preparations are underway to admit 18 residents for the third cohort for the year 2011/12.

3.1.2.4. Challenges and action taken

Challenges encountered so far is the delays in responding to requested carryover budget by EPHA. Lack of technical staff to efficiently run the program is the other. Moreover, Carry over budget for the 1st cohort residents was not allowed. In this regard, a series of discussions were held with

the CDC-Ethiopia and negotiations are underway to solve the problems although no concrete solution has been obtained yet.

3.1.3. Component III: Demographic and Health Surveillance System

The DHSS support is a technical and financial assistance for university-based demographic and health survey and surveillance projects with the aim of generating 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 this activity, EPHA coordinates the network of six member universities that implement the DHSS: Addis Ababa, Mekele, Jima, Gondar, Haramaya, and Arba Minch. Accordingly, it was planned to support seven DHSS sites that are run by these universities. 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.

3.1.3.1. Objectives

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. Though their establishment varies in time (1987-2009), a network of these sites has been coordinated by EPHA since 2007. Specific objectives of the network system are;

- Events (birth, death, in & out migration, pregnancy observation, marital change) registration system in 6 sites of Ethiopia
- Cause of death identification at community level
- Establish a framed population for other studies
- Longitudinal data management and analysis for researchers
- Maintain quality data through standardization of joint meeting, field visit/ supervision
- Producing surveillance reports

3.1.3.2. Main achievements

The six DHSS sites and the Addis Ababa Mortality Surveillance Program (AAMSP) have accomplished various activities in the area of surveillance and event registration. Pregnancy outcome registrations were 1353, 1157, 1263, 904, 3371, and 476 in the reporting period performed by Kersa DHSS site of Haromaya University, KililteAwulalo site of Mekele University, Arba Minch site of Arba Minch University, Dabat site of Universe of Gonder, Gilgel Gibie site of Jimma University and Butajira site of AAU respectively. As a whole, 9050 Pregnancy Outcome registration, 2571 Death registration, 12733 In migration registration, 6669 Out migration registration, 3200 Pregnancy observation registration and 3147 Marital status change registrations were performed and 2099 Causes of deaths were assigned in the reporting period. Further details of the performances are indicated in the table 2 below. As part of this component of the CDC project, EPHA implements it with Addis Ababa University in undertaking mortality surveillance, known as AAMRP. In coordinating and accomplishing activities relevant to all sites, EPHA has established a network of the sites and this network has accomplished: one document of a standardized sub-grant agreement is drafted and commented on; an IT person to DSS data management technical person is deployed; five DHSS sites have been visited as part of implementing the planned monitoring, supervision and technical support; 29 DHSS site researchers s have been trained on STATA Software; VA standardization orientation workshop was organized for 27 physicians and site coordinators; quarterly meetings with 7 DHSS and AAMSP sites, CDC and EPHA were held twice in the year; next year 2012/13 budget and activity plan of the seven sites are prepared and submitted to CDC. Moreover, the network is conducting continuous supervision of the sites.

Table 2: Summary of DHSS Sites Performances from October 1, 2010 to September 30, 2011.

DHSS Site	Type of Activities						
	Pregnancy Outcome registration	Death registration	In migration registration	Out migration registration	Pregnancy observation registration	Marital status change registration	Cause of death assigned
Kersa DHSS site, HU	1353	666	194	137	887	400	428
Kililte Awulalo site, MU	1157	289	319	965	579	502	249
Arba Minch site, AMU	1263	296	615	1089	599	258	636
Dabat site, UOG	904	225	779	1721	310	471	175
Gilgel Gibie site, JU	3371	845	9494	1381	825	310	476
Butajira site, AAU	1002	250	1332	1376	0	1206	135
Total	9050	2571	12733	6669	3200	3147	2099

3.1.3.3. Challenges

- Sub-contractual agreement with universities i.e. difficulties in agreeing on some points
- Since DSS site coordinators are university teachers; it is difficult to call meetings as planned
- DHSS Sites have problems of transportation
- Sites faced great difficulty regarding retention of VA physician. High staff turnover.

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

3.1.4.1. Goal and objectives

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

- Review and identify gaps of the current service and recommend 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. Major Accomplishments

Assessment

For the assessment, a consulting firm has already been selected and the protocol is developed and submitted to CDC/Atlanta for ethical clearance. The Assessment has the objectives of:

- Assessing implementation of the basic HIV/AIDS prevention and care package for persons enrolled in HIV care in private and public health facilities as well as in community based initiatives.
- Assessing the quality of HIV/AIDS basic prevention and care package and factors associated with the quality of implementation.
- Identifying gaps, reviewing the existing guidelines/manuals and recommending menus for standardizing HIV/AIDS Prevention and care basic care package in the Ethiopian context.

Review of current practices

Relevant documents (guidelines, manuals, protocols, research/survey findings from national, regional and international sources are identified, collected and reviewed. (MoH, HAPCO, WHO, CDC and the like) are identified. A data display matrix is developed and the identified main/key points are systematically assembled for fast comparative analysis. The major intervention areas considered to be included in the standardized guideline are suggested and a draft template for the

guideline is developed. This, along with the compiled data display matrix and reference documents, will serve as working document for the Panel of Experts (PE).

Networking and assignment of experts

The EPHA was expected to establish a Panel of Experts (PE) by mobilizing and assigning a group of highly qualified and experienced experts/scientists working in the field from the pool of its membership and from outside. In this connection, EPHA has already established a network with the technical working group (TWG) of the MoH and CDC on the project; and a project officer is assigned for the task at EPHA Secretariat. In order to guide the process in a coordinated manner; this project is linked to the National Technical Working Group on HIV of the MoH. A draft TOR, and other materials considered as working documents for the PE are already prepared. The PE is expected to critically review the existing guidelines / manuals and protocols on the basic care package for PLHIV, the findings of the assessment, identify gaps and suggest the menu of essential services for the standardized guideline in the Ethiopian context.

Experience sharing visits -in country

The purpose of the visit was to make a quick exploratory observation of the ongoing basic care and support services for PLHIV and get an insight for preparing the standardized guideline. The visit covered two regional, five zonal health bureaus and woreda health offices health centers and HPs. The program focal persons for VCT, PMTCT, ART, TB/HIV, youth friendly services (YFS) were contacted.

It was interesting to note that HIV and related services integrated into the health service programs of HCs and, in fact, are now the main components of activities at HC level (in term of staff, work place, supplies and workload). All the visited Health Centers have PMTCT, VCT, TB/HIV, ART, STI and some special Youth Friendly Service (YFS) for the 10-24 age group. Guidelines on VCT, PMTCT, STI, and TB Control are available in most HCs. Some of the guidelines/ manuals are old versions and certain practices are different and the necessity for standardizing is timely. Most of the HIV /AIDS and related service providers are nurses trained for the particular service e.g. ART, PMTCT, HCT, TB/HIV. The health officers are focused on ART and overall coordination. Most of the community counselors are PLHIV.

HIV related services provided at HP level include VCT, PMTCT and malaria control. At least one of the HEWs from each HP is trained in VCT and or PMTCT. All HPs are provided with test kits for HIV and malaria.

During the visit, it was possible to observe certain issues that require attention and consensus for standardizing the guideline such as the protocol on organizational set up for HCT, initiation of ARV PROPHYLAXIS during pregnancy, management of births by HIV positive mothers taking place at home, newborn and infant feeding, referral within the service facilities (ART, PMTCT-TB etc) necessary to make them more simplified and systematic

Experience sharing visits -Outside

A team of two from EPHA visited Uganda and Kenya to share their experiences in developing guidelines / manuals and implementation of BCP services. The team met and discussed with officials (MoH, NASCOP) experts engaged in guideline and program development, research centers service delivery facilities (hospitals and health centers), NGOs and beneficiary PLHIV. The team had also the opportunity of getting useful documents.

3.1.4.3. Planned activities

- **Follow-up on the assessment:** The assessment will be initiated as soon as the ethical clearance from the CDC is obtained. Once initiated, it will be completed and the report will be available within four months.
- **Establish a panel of experts:** The Panel of Experts (PE) will be formed and commence its work immediately. The scope of work of the PE and other related issues are detailed in the draft TOR. The project will facilitate a working environment and conditions including organizing retreats. The national technical working group (NTWG) and the Panel of Experts will meet frequently and at times retreats will be organized to facilitate for their intensive deliberation.
- **Development of the standardized national guideline:** The initial draft framework compiled by EPHA will be periodically reviewed and serve as a working document for the PE to develop the draft guideline. In order to enhance the active participation of partners, there will be consultations and meetings with MoH, HAPCO, CDC, regional health bureau, public and

private health facilities, NGOs working on the provision of Basic Care Package and others. A national consultative workshop will be conducted to review the draft and it will be made ready for endorsement by the Ministry of Health as a standardized national guideline on HIV/AIDS prevention and basic care package. The final guideline will be printed and made available for training and distributed to health facilities.

- **Developing training manuals and facilitators guide:** Based on the final standardized guideline, a training manual and facilitators guide that would facilitate the training on the standardized basic care package program will be developed. The panel of experts and the TWG will guide the process thereof. The materials so prepared will be pretested, finalized and endorsed by the NTWG of the FMOH printed and disseminated to all service providers and made available during the training.
- **Developing implementation guidelines and protocols:** Detailed implementation guidelines and protocols will be developed for health and the associated workforce involved in the prevention and care interventions for people living with HIV. Like the training manuals, the protocols will be pretested, finalized and endorsed by the NTWG of the FMOH so that they can be disseminated and utilized by all parties involved in providing Basic care programs.
- **Training of trainers and health workers:** Once the training manuals and the implementation protocols are developed, facilitators for the TOT will be selected and oriented, training material will be prepared and training will be organized. TOT will be provided to senior health professionals and cascaded for the health and related work force involved in the prevention and care interventions for people living with HIV.
- **Translation into local languages:** The simplified guideline will be prepared as a pocket book and translated first into Amharic. It will gradually be translated into the other major languages like Oromiffa and Tigrigna.
- **Experience sharing visits to selected sites:** Both the in country and outside experience sharing visits will be organized to selected sites.

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

Objectives

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

- Establish of 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
- Create discussions with the targeted community leaders and the general public to prevent alcohol and substance abuse.

Achievements

The effort being made by EPHA in partnership with Fana broadcast, Time Media and communications, different professionals and partners to reduce the incidence of alcohol, substance abuse and HIV/AIDS is believed to be an important undertaking to provide policy makers, the youth and the general public with the necessary information and knowledge about alcohol, substance abuse and HIV/AIDS. It is believed that once the people get adequate information and knowledge about alcohol and substance abuse, it will be possible then to change their attitude and behavior as they internalize the issues.

As mentioned above, various activities have been implemented over the months under each core program area: radio programs and serial drama production and broadcast on TV and radio, legal studies, produce and broadcast television program, special radio program production and transmission, print media production and distribution, and special capacity building training

program for change agents. These activities were accomplished in partnership with other organizations and further details are given under the Communication and Information Unit.

3.1.6. Component VI: Youth Leadership in Multi-sectoral Approach to Reduce Multiple Concurrent Partnerships (MCPs)

Youth leadership in multispectral approach to reduce MCPs comprises a community mobilization and outreach, and “one love” campaign implemented by SYGE.

3.1.6.1. Objective of the Project

Through a campaign of one love, making billboards, posters, radio drama and adverts are used as communication channel. The program focuses on the followings specific objectives:

1. Increasing perception of risks associated with partners 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 partners people have especially concurrent partners
5. Change social and cultural norms (especially gender norms) that encourage/perpetuate MCPs
6. Increasing livelihood options for women and girls to provide alternatives to transactional sex.

3.1.6.2. Main Activities Accomplished

Assessment of good practices on youth HIV/AIDS prevention programs in selected areas (some areas of East Harergie, East Shoa, North Wollo and North Shoa) was conducted. Moreover, a booklet on emerging public health problems focusing on HIV/AIDS and related issues was prepared, pretested and produced to targeted health service providers and English literate audience. During implementation, it was identified that peer education and youth edutainment programs are the best to address the youth who are vulnerable to MCPs.

3.1.6.3. Challenges and Actions Taken

Many problems have constrained the implementation of this component of the project. One of these problems is poor network between the project and important public sectors such as Ministry of Youth and Sport, Ministry of Education, and other organizations that are concerned with youth, women and societal development. Lack of systematic, sustainable and innovative project management knowledge and skill of the project management staff was also practical problem. In addition, narrowed scope of project activity versus a huge RH and HIV/AIDS problems among the school and out of school youth in Ethiopia was identified as a problem.

EPHA also encountered financial drawbacks in trying to reach out of school youth whose MCPs behavior is considerable. As a result, the issue of increasing budget has been raised in various forums; although the problem is not yet solved. For the future, timely release of budget and negotiation for increasing it, for this project, to expand its activities, to reach out of school youth at least in Addis Ababa, is recommendable as a priority agenda.

3.2 EPHA- PATH Project: Most Significant Change (MSC)

3.2.1 Goal and Objectives

The project is 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 is to build the capacity of organizations to collect, analyze, and use significant change (SC) stories at community level. The central objective of the project is to build the capacity of NIPs and CSOs to collect and use significant change (SC) stories at local level. The same stories are shared at the project level to document project progress and successes.

3.2.2 Main Activities Accomplished During the Year

The main activities implemented during the reporting period starting are summarized as follows:

- **Recruitment of Staff and Preparation of Plan of Action for the project**

- **Training:** During the reporting period, two sessions of training were organized for NIPs and other key stakeholders of the SCRHA project as part of the capacity building program with particular emphasis on the qualitative aspect of the monitoring and evaluation techniques. As a prerequisite to launch the MSC activities, training on MSC Methodology was provided. Later, NVIVO software training was provided for 15 participants with the aim to help analyze qualitative data in an electronic environment.
- **MSC Guidelines/ Manual:** MSC implementation manual and story collection tool were developed essentially for effective application of MSC methodology for SCRHA project.
- **Pretest:** A group of two-team from EPHA traveled to towns where eight change stories were collected to pretest the feasibility of the tool before applying it for actual field work of the SCRHA program. As a result, it was ensured that the tool is effective, workable and best fit to the context of the project and the local communities understanding.
- **First Round Significant Change Story Collection:** For the purpose of collecting Significant Change Stories for the first round, 20 CSOs were selected from four regions (Amhara, Direedawa, SNNPR and Oromia)were managed by five National Implementing Partners (NIPs) namely FGAE, HFC,ORDA, MENA and Propride. Accordingly, 60 significant change stories, three from each CSO, were collected under three domains of categories; one from beneficiaries of Economic Strengthening, one from beneficiaries of Palliative Care and one from voluntary providers of the SCRHA project.
- **First Round MSC Story Selection Workshop-** A four-day story selection workshop was conducted in June 2011, undertaken and comprising of a total of ten participants who were drawn from NIPs, EPHA, PATH and Jarco consultancy. During the workshop, 9 MSC stories were selected out of the 60s collected from 20 CSOs. Accordingly, the selected stories were translated into English, edited and made ready for publication.
- **Second Round Significant Change Story Collection:** The second round story collection was gathered from 20 CSOs and three regions (Amhara, Ormia and Tigray) which were managed by four National Implementing Partners (NIPs); FGAE, HFC,ORDA, MENA. Thus, 60 significant change stories, three from each CSO, were collected. EPHA, SCRHA staff members and NIPs were involved in the field level story collection process.

- **TOR for Documentary Video of the SCRHA Project.** The video was developed to depict the overall performances of the SCRHA project through direct sources of testimonials such as beneficiaries of the economic strengthening and palliative care support, volunteer providers and CSO leaders who have been discovered for benefiting from the project during travel for story collection.

3.2.2 Challenges

During the implementation of the MSC project, a number of challenges were encountered. Some of the significant ones include the following:

- Difficulty to get an international MSC methodology and NVIVO software trainer and the requirements of travel approval for international flight by USAID coupled with the busy schedule of the trainers' made it difficult to deliver the training on time as per the schedule.
- Overlapping with SCOs' and NIPs' planning period with the MSC story collection period made it difficult to start the field work on the scheduled time.
- Lack of generalists in some CSOs to work smoothly and plainly.
- The process of project extension has resulted in a delay of fund transfers to the EPHA account. This created a problem of accessing money for project implementation activities.

3.2.2 Planned activities for the coming year

The following main activities are planned for the period up to January 2012:

- Second round MSC Stories selection and analysis workshop and report writing
- Data verification visit for selected stories
- Third round story collection from 40 CSOs
- Conducting training on qualitative monitoring and evaluation techniques for 25 participants from PATH, EPHA and NIPs
- Produce a special edition newsletter containing 5 to 8 Success stories
- Produce a video documentary dealing with the overall performances of the SCRHA project
- Organize a one day experience sharing and dissemination workshop for 100 participants from NIPs, CSOs and other partners to share the lessons from best performing NIPs/CSOs

3.3 EPHA-CPHA Project: Tobacco Control Activities

3.3.1. 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.

3.3.2. Main Accomplishments

Realizing the prevalence of use of this deadly product and its grave consequences, the country has been making various efforts especially in the area of demand reduction for tobacco along with the other substance abuse. The country has included the major elements of the FCTC convention in the new Food, Medicines and Health Services and institutions. The FCTC has been presented to the parliament which is expected to be ratified in the very near future. In the efforts to control tobacco in general, EPHA has taken the initiative and undertaken the following major accomplishment:

- Become a member of 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;
- Provided training for 25 journalists on magnitude, perceived risk factors, effects of tobacco smoking and measures to be undertaken;
- Prepared reference material for journalists to be used as guidelines ;
- Has organized two panel discussions which were aired through the Ethiopia Radio and Television;
- Established partnership with Drug Administration and Control Authority, Ethiopian Cancer Associations and Mathiws Wondu-YeEthiopia Cancer Society;
- Conducted a baseline assessment and a one day stakeholders meeting on tobacco control situation in Ethiopia;
- EPHA's communication strategy and plan of action on tobacco control has been developed; and
- Mass Walk program was organized to commemorate UN Summit on Non Communicable Diseases.

1. Develop advocacy materials on tobacco control: Reference material on tobacco control: *Status, Trend, Possible tobacco Controlling Mechanisms* is developed. EPHA has also prepared 2000 tool kits, 2000 fact sheet and 2000 brushers for parliamentarians, journalists and the general population. The materials are being used during several events and program. Besides EPHA in collaboration with the NCD consortium produced and distributed a special leaflet on NCD which includes the tobacco control issues.

2 Promotional Material preparations and pretesting: One TV spot and one Radio spot on tobacco have been prepared and aired on the Ethiopian Radio and Television. 25,000 Bolo stickers and 50,000 Stickers depicting the hazards of tobacco smoking prepared and distributed to the Taxi community and owners of cars. Save Your Generation, the Transport Authority and long distance transport owners association have been played a great role to distribute the promotional materials to the target group.

3. Consultative meeting on the tobacco control: EPHA has participated at a two-day workshop organized by the Ethiopian Food, Medicine and Health Care Administration and Control Authority (FMHACA) to review and enrich the draft proposal to control the production and distribution of tobacco products in Ethiopia. NGOs working on NCDs and cancer specialists took part on the meeting. The participants reviewed the draft guideline according to The Framework Convention on Tobacco Control (FCTC) and Ethiopia's specific condition.

5. Tobacco Control Advocacy Workshop: Governments and civil society groups around the continent are currently working with the WHO-Framework Convention on Tobacco Control (WHO-FCTC) to develop policies and strategies to curtail the growing burden of tobacco epidemic. In tandem with these efforts, the Ethiopian Public Health Association (EPHA) in collaboration with Africa Tobacco Control Regional Initiative (ATCRI) and Framework Convention Alliance (FCA,) organized a one-day consultative workshop for policy makers.



Partial view of Participants of the advocacy workshop

30 Members of the House of Representatives (Parliament), Ministry of Health, The Ethiopian Food, Medicine and Health Care Administration and Control Authority (FMHACA), Mathiws Wondu-YeEthiopia Cancer Society (MWECS), and specialists drawn from various universities and institutions were among participants attended the Workshop. The main purpose behind the workshop was to brief the parliamentarians on the growing burden of NCDs in Ethiopia and the need to ratify the long awaited WHO-Framework Convention on Tobacco Control. Tobacco, as plenty scientific studies vindicate, is the major cause for many Non- Communicable Diseases. Ethiopia signed (WHO-FCTC) five years ago. Ethiopia is said, in relation to this, as one country in the league of a few nations in Africa, yet to ratify the framework agreement. Different study papers cover various aspects of tobacco and other related issues were presented by

different individuals and discussed on the occasion. Finally full consensus was reached by the participants about the need to step up the efforts for the framework to be ratified by the House of Representative (Parliament). Following EPHA's long time effort and activities, the long awaited WHO-FCTC is referred to the Council of Ministers and expected to be ratified soon.

3.3.2.1 *World No Tobacco Day*

As one activity of a series designed to commemorate World No Tobacco Day, a panel discussion was held at the Ethiopian Television studio. The Executive Director of Ethiopian Public Health Association, Representative of WHO-Ethiopia office, Representative of Ministry of Health on NCD, AAU and Mr. Wondu Bekele Matheos Cancer society General Manager and Founder were guests invited for the occasion. In the discussion, all participants underlined the spread of risky behaviours including smoking and attributed the surge in adopting risky behaviours to the low attention given to the epidemic by major stakeholders including the government. Participants during the occasion cited the findings of recent studies as evidence to show the spread of risk behaviours particularly among the youth population. They also raised the delay by the House of Representative from ratifying the Framework Convention on Tobacco Control (FCTC) as major setback in fighting the epidemic.

The Ethiopian Television aired the panel discussion on tobacco. According to participants the ratification of the Framework Convention on Tobacco Control (FCTC) would be a vital step in the right direction as it spurs the designing of many national programs to curtail the growing burden of tobacco in Ethiopia, one of few countries in Africa yet to ratify the convention.

3.3.2.2 *Consultative workshop on the role media in challenging NCDs*

A consultative workshop for media people was organized in Addis Ababa, as part of the build up to the UN Summit on NCDs in New York. On the occasion, the American Cancer Society's Global Cancer Ambassadors for Ethiopia gave a briefing on NCD and cancer; researchers of different professional background did also present papers on diabetes, cardiovascular, chronic lung disease, kidney and cancer respectively. The role of media and expected outcomes of the

summit were presented by EPHA.



Left: Mr. Hailgnaw Eshete, Executive Director of EPHA, presenting opening remarks. Right: Mr. Wondu Bekele, presenting study paper on cancer.



Participants of the NCD consultative workshop

3.3.2.3 Global cancer ambassador's participation

General Manager of Mathiwos Wondu –YeEthiopia Cancer Society and projects management director of the Ethiopian Public Health Association were selected as Global Cancer Ambassadors for Ethiopia by the American Cancer Society because of their role in civil society cancer control and anti-tobacco control activities respectively in Ethiopia. Both ambassadors participated in a special workshop focused on building a strong global civil society 'cancer voice', held in New

York. Along with other global cancer ambassadors, they were with UN mission representatives and decision makers and advocate making cancer and NCD a health priority in Ethiopia. They met Ethiopia's country mission at the UN in New York City. During their brief meeting with UN mission representatives, they discussed on how Ethiopia can play a leading role in the up-coming UN summit on NCD.

4. RESEARCH, TRAINING AND PUBLICATION DEPARTMENT

This is a newly established department and has the three main functions: research, training and publication. This has come about because advancing applied research in public health is one of EPHA's engagement areas; and the outputs need to be appropriately disseminated to the concerned users. Publication and dissemination of information are core functions of EPHA where the Association can communicate and educate its members, stakeholders and the public.

Strengthening the professional capacity of members and partners is essential to effectively contribute to the health sector development. This can be done through annual conferences, workshops and trainings. To handle this task research, training and publication and documentation activities are organized by this new department.

4.1 The Research Coordination Unit

EPHA has been widely engaged in advancing applied research activities in public health. It has supported masters' theses, carried out numerous studies in the areas of HIV/AIDS, received and reviewed more than 80 abstracts and conducted survey on various public health issues.

EPHA is accredited by the Ministry of Science and Technology (MST) and has established its own Institutional Review Board (IRB) whereby it reviews and gives ethical clearance for research proposals for different organizations. Accordingly, in 2010 to 2011 it received 37 research proposals out of which it approved 27 and declined 5 on ethical grounds. It has now renewed its accreditation and requested for more mandates.

EPHA shall approach its research activities in a broad participatory manner and engage its members. It shall also collaborate with the MoH, sister associations and other key stakeholders.

The ultimate purpose of EPHA's endeavor in applied research programs to generate evidence based information/data that can inform policy formulation, program, human resource development and improving service delivery.

This unit too is newly established and a coordinator is assigned to it. It is presently in the process of developing the scope of work and annual work plan for EPHA's applied research activities focused on identifying and prioritizing problem areas of public health importance, establish network and collaboration, developing proposals and mobilize resources, developing/ updating/ research guidelines / manuals and provide training, undertake assessment and make available the etc.

4.2 Publications and dissemination coordination unit

4.2.1 Publication

4.2.1.1. Objective of the unit

Publishing and disseminating the EPHA publications to advance 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.

4.2.1.2. Main activities accomplished

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



EPHA's regular publications

A special Newsletter Advisory Committee (NAC) of five members is established to oversee and guide the publication of *Felege Tena* and has started work as of the last three months. The committee has tried to revise the overall aspect of the newsletter such as content, design, size and format etc. The NAC is on the process of developing a publication Manual that will help to set consistent standard of the newsletter.

Since the appearance of the *Felege-Tena* newsletter, it is the first time for it to be revised and reformed by the newly formed Newsletter advisory committee (NAC), a committee consisting 5 members has worked for 3 months (10 meetings) and tried to come up with the recent issue of the newsletter (V.20.No.3).The committee has tried to revise the overall aspect of the newsletter such as Content, Corners, Design, size and etc. A publication Manual is also in a due course of development so as to set consistent standard of the Newsletter.

To overcome the problems of the printing process, EPHA is working on establishing its own in house printing press. In this regard, a project proposal was prepared and submitted to partners for funding. A bid document for procuring the printing equipment and related material was prepared, submitted to prospective bidders. Presently, the contractual agreement is under process.

4.2.1.3. Challenges

Printing presses habitually delay the printing the publication production time which resulted in delay in the regular publications distributions. On the other hand, lack of skilled manpower for the unit makes it difficult to produce quality publications.

4.2.1.4. Planned Activities for the Coming Year

For the coming year (October 2011 to October 2012), the Association has planned to produce a total 7500 copies of the *Ethiopian Journal of Health Development* (3 issues); a total of 8,400 copies of *Felege Tena Newsletter* (4 issues); 12,000 copies of *Public Health Digest/HIV/AIDS/STI/TB Bulletin* (4 issues); 2,100 copies of EJHD Special issues; 2,500 copies of EPHA annual conference proceeding; 2,500 copies of EPHA Abstract Book. It has also planned to conduct capacity building (trainings on health communication management) for publication

officers, publishing the last 2 volumes (No.15& No.16) of master's thesis extracts and finalizing the publication manual.

4.2 Library and e-Learning Center

4.2.1 Objective

- Build up a strong and up to date collection in public health field
- Increase 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.

4.2.2 Major Activities Accomplished During the 2010/2011

During this reporting period, this unit received 52 copies of 123 different titles of books; purchased server rack and prepared the purchasing order of antivirus. In collecting materials from partner organizations/ institutions, the library unit received 10 titles of publications and training publications of 21 copies, 10 titles of journal with 13 copies and 46 titles of theses with 96 copies.

4.2 The Training Coordination Unit

4.2.2 David and Lucille Packard Foundation Reproductive Health Project

4.2.1.4. Component I: Strengthening the Link between Households and Primary Health Care Units for Improved Reproductive Health

Objectives

1. Enhance the capacity of HEW and ensure an effective referral system that enable 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.

Overview of accomplishments

Contributions made on guideline preparation:

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 of this guide. After being approved by the FMOH the guide will be made available in the project woredas. Another important contribution by EPHA has been provided to the FMOH and UNICEF in developing the plan of strengthening the health extension program in 100 selected woredas in the country that require special attention. To this end, a draft plan was revised and commented on.

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 Amhara region. The survey was successfully completed and a draft report submitted.

Results

- 77% of adolescent were reported that 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%) are considered as major factors.
- Knowledge and facility readiness for the provision of Youth Friendly Reproductive health services is almost nonexistent in the facilities

Conclusion and selected programmatic recommendations

- Referral linkage between health posts and higher health institutions, especially for clinical methods should be strengthened.

Familiarization workshop on the project

The South Wollo project office in collaboration with the zonal health department prepared a half day workshop to familiarize the new project (strengthening the link between households and primary health care units for improved RH/FP services) and disseminate the end term evaluation of the RH/FP project. Similarly, the familiarization of the project and dissemination of end term evaluation was conducted in North Wollo zone. Participants, mainly zonal and woreda heads and leaders, showed interest to work for solutions in response to the recommended issues.

Refresher training to HEW on AYRH, Gender and HIV/AIDs Prevention

The Federal Ministry of Health is working on the Integrated Refresher Training (IRT) Manual for HEW. Therefore, EPHA has to wait till the document is finalized. EPHA requested 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 trainings will follow.

Supervisor's trainings on Inplanon insertion and removal

The plan for 2010/2011 was to train 20 supervisors. A total of 23 received the training. Two rounds of supervisors training on RH/FP including Implanon insertion and removal was conducted at different woredas, the first being Woreilu. A total of 13 supervisors from 13 health centers were trained for 6 days. A total of 65 mothers received RH/FP. The second round was in Tehuledere woreda, Haik town. A total of 10 supervisors from 10 health centers were trained for 6 days. A total of 89 mothers received RH/FP services in which 74 received Implanon and 15 had gotten 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 sessions. 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 insertion as long acting contraception. There was a plan to supervise 635 health posts; during the reporting year only 46 health posts were visited.

4.1.1.2. Component II: Scaling Up Community–Based Long Acting RH/FP Service

This project was intended to scale up community-based RH/FP service delivery including Implanon in the SNNPRS through the health extension program. Its long term expected outcome is to achieve sustainable and improved RH/FP for women aged 15-49 years with which to advance Ethiopia towards meeting for Millennium Development Goals (MDGs) Four and Five.

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 SNNPRS.

Achievements

Table 3: Summary of Achievements in Implanon Scale Up

<i>Short-Term Outcome 1:</i>	Provision of long term methods of contraception service especially implanon at community level		
Indicator	Description	Target /	
1.1	Number of HEWs trained on RH family planning including Implanon insertion	6624	1505
1.2	Number of HEWs supervisors trained on supervising RH/ FP activities including Implanon insertion and removal	241	90
<i>Short-Term Outcome 2:</i>	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, Woreda and Health center RH/ FP focal persons) working in the SNNRS	200	158
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	8680
2.3	Number of health posts strengthened and able to provide FP services including Ipmlanon insertion	3,312	752

2.4	Number of health centers provided supportive supervision and serve as referral points for FP including Implanon removal	241	90
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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 was not available for work. This also delayed the planned refresher training for the HEW at the project zones.

Plan for the Period October 2011 to September 2012

Table 4: RH/FP Related Training Plan for October 2011 to September 2012

	Activity/ Task	Three Year Plan	2nd year Plan
1	Assist health centers opened, YF health service wing within the existing family health unit in the HC	20	20
2	Refresher training to HEW on RH/FP	1566	635
3	Leadership training for 66 AYRH leaders	64	60
4	Sensitization workshop for community volunteers	100	500
5	Training for HEW on Implanon insertion	200	100
6	Supportive supervision to health posts	635	80
7	Operational researches	3	2
8	Annual reports.	3	1

5. MEMBERS AFFAIRS AND NETWORKING DEPARTMENT

5.1 *Objectives*

The main objectives of the department are related to increase the number of members at least by 50% and collect arrears from members; define roles, duties and responsibilities of chapters; promote publications and disseminate relevant health information to members and the Public; develop and foster working relationships with government, international agencies, international associations and NGOS including sister associations and health professionals.

5.2 *Background*

5.2.1 *EPHA Chapters*

The Ethiopian Public Health Association (EPHA) has four types of membership: - 1) full/regular 2) associate 3) honorary membership 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 conference 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. It was a successful conference and the advantages and disadvantages of having annual conferences in different regions were realized. The association continued to the practice with Jimma University, Gondar University and Bahir- Dar Health Bureau. By 1998m 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 CPHA support terminated at the end of 2002.

Following the recommendation of the General Assembly at the 13th Annual Conference of the Ethiopia Public Health Association in 2002, 12 new EPHA Chapters were established bringing the total to 16. An official letter of assignment and a TOR entitled Terms of Reference for EPHA Chapters was sent to each Chapter. However, many of the newly established EPHA Chapters could not become operational for various reasons, and only the following chapters were allowed to continue to function: Jimma Univesity, University of Gondar, Haramaya University, Tigray

Regional Health Bureau, Amhara Region, South Nations Nationalities and Peoples Region and Oromia Region. Thereafter, new EPHA chapters were established in North Wollo, South Wollo, Dire-Dawa, Somali, Gambella, Benshagul and Afar Regional Chapters.

The Board of the Ethiopian Public Health Association in its monthly meeting of 29 January 2004 reviewed the performance of these Chapters (focal persons and core groups) and the revised TOR was sent to the regional Chapters.

Regarding the selection of sites, 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 on staffing potential professionals for running the chapters.

5.2.2 Organization of EPHA Chapters

EPHA Chapter can be organized from the universities, RHB/ZHB and health science colleges with one focal person that will form a core group of about 3-4 individuals interested to serve as an intermediaries between the EPHA and its constituents in specific areas. Members of the core groups should be full or associate members of EPHA. We encountered a problem of high turnover of staff (focal persons and core groups) and advised the chapters how to fill the vacancies. We also informed them on how to establish new Chapters.

Since June 2010, Members Affairs and Information and Dissemination of Publications offices had a monitoring / working visit to different Regions, Zones, Woredas, colleges, universities, hospitals and health centers to strengthen EPHA Chapters, promotional work for membership and dissemination of publications.

5.3 The existing EPHA focal persons and Core Groups

At the present, EPHA has a total of 18 chapters some of which are not actively working as expected because of various reasons like high turnover of staff, overload of work and volunteerism and so on. They are being urged to work actively in order to strengthen all EPHA

Chapters and expanding membership. Some are doing an excellent job of strengthening their Chapters and expanding EPHA membership.

5.4 Main Activities Accomplished

The department has coordinated and supported the activities of EPHA representatives in different regions while mobilizing inactive members to pay their arrears. Members registered in 2011 were totally 293 (male 215, females 58), life members (males 16, females 4). In general, EPHA's membership has increased steadily in the past years reaching 4340 at the present.

Table 5: EPHA Member as of October 12, 2011

Description	Year of payment	Sex		Institutional members	Total Members
		Male	Female		
Active members	2008-2011	1995	429	14	2438
Inactive members	2001-2007	1065	201	19	1294
Life members	Life time	240	44		284
Dead files	1985-2000	280	42	2	324
Total		3580	725	35	4340

During the reporting period, there were working visit to some of the Chapters, RHBs, universities, zonal and woreda health offices to see EPHA offices in the regions, replace chapters' representatives and recruit new EPHA members. EPHA was registered as a national residence association.

EPHA is a member of the Consortium of Reproductive Health Associations (CORHA) since 1996 and delegated EPHA Members Affairs and Networking Dept. as a member of the board member of CORHA participated in the realization USAID Assistance to Health Systems Expansion Guidelines for the design and construction of health care facilities. In strengthening its Chapters, EPHA had purchased and distributed equipment and furniture to 12 Chapters.

TOR of EPHA Chapters was finalized and distributed for additional comments and required actions. EPHA, especially the Members Affairs and Networking Department, is also working on

income generating schemes and to this effect discussed with selected NGOs who have an excellent experience in such activities. It is also strengthening the good working relationship with national and international health associations.

With regard to EPHA awards, nomination forms were sent with the main theme of EPHA 22nd annual conference to all members and the completed forms were collected and ready to award committee. The department is working as a resource person for the award committee and facilitating the selection of the awardees. Moreover, the department is working jointly with other departments and other organizations as well as represented the Association in a partner's conferences and workshops; in particular the department:

- ❖ Participated the whole year as a board member of CORHA
- ❖ Took part as a member and co-chair of climate and health working group
- ❖ Attends the EPHA Advisory Council meetings
- ❖ Attends the Anti-malaria Association meeting
- ❖ Attends the as a secretary for WFPHA Congress sub-committee meetings.

5.5 Challenges

1. 50% of Members are not paying their membership fees.
2. Turnover (members, focal persons, core groups) is high. Because of this, nobody could distributed research work to EPHA members in some regions.
3. In the past including last year there was no allocated Fund (budget) for EPHA members Dept. and chapters
4. Delay of selecting themes, panelists and moderators for conferences.

5.6 Main Plan for Next Year

1. Health Professional Associations Union/Federation: contact all health professionals associations and establish a taskforce to revise the former constitution and submit to Charity organizations and associations for registration.
2. Working Visit to all EPHA Chapters from November, 2011 to October, 2012 to assign focal persons and establish EPHA core groups in different parts of the country.
3. Strengthen the close ties between EPHA and public health training institutions.
4. Establish close ties with national and international sister associations and also with the Ethiopian public health professionals in the diasporas and create networks with CBOs and NGOs involved in public health.

6. ADMINISTRATION AND FINANCE DEPARTMENT

Responsibilities of the Administration and Finance Department are to plan, organize, direct, coordinate, control and supervise human resources including financial management, procurement, logistics and materials management of the EPHA.

6.1. *Main Activities Accomplished*

6.1.1. *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 and expected from the department. 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.

EPHA developed and introduced new organizational structure in order to address the needs of its Secretariat to better carry-out its day-to-day activities. The objective of the changed organizational structure was to ensure efficiency; clarity of responsibilities and better integration of activities that contribute to the achievement of its strategic objectives. According to the new structure, EPHA has now 5 departments: The Office of the Executive Director; Members Affairs and Networking Department; Administration and Finance Department; Research, Training and Publications Department and Projects Management Department and two units: Communication and the Information Unit and the Planning, Monitoring and Evaluation Unit. Currently, EPHA has 62 permanent (31 male and 31 female) and 3 temporary employees.

All existing policies and procedures manuals are complete, updated and implemented by the department. In this regard, the followings were accomplished in the reporting period:

- **Human resource policies and procedures manual:** a written reference of all policies, procedures and guidelines is provided to all staff members and management for uses in their day-to-day activities.
- **Finance/Accounting policies and procedures manual:** The financial and accounting policies and procedures are clearly defined in a way to ensure that transactions of the organization were recorded in accordance with the Generally Accepted Accounting Principles. They also serve as a source of information for future planning, and creating a

system that will enable EPHA meet effectively the reporting requirements to management, donors, government and other stakeholders.

- **Procurement and material management policy and procedures manual:** To enhance the efficiency of the overall management of EPHA's activities and serve as a reference document against which the procurement and materials management practices are evaluated in a systematic way. This manual was prepared.
- **The Human Resource manual and job descriptions** are distributed to all staff members.

6.1.2. Acquisition of a New Office and Other Materials

EPHA moved to a new office

EPHA moved its office from Dembel City Center to a new location on the way to the Meskel Flower Hotel, close to the Dream Liner Hotel.



Present EPHA Secretariat Office

Purchase of Land

EPHA purchased leased 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 site of the land

2010/2011

6.1.3. Other procurements and renovations

EPHA purchased one generator for office use. To cope with the transport problem, the Association has been making efforts and in response to these efforts a Honda vehicle obtained from WHO through donation while one new car and one motor cycle were purchased in the year. Various office furniture and equipments were bought for office use. The department undertook the renovation of offices for 13th WCPH and AFPHA.

6.1.4. Human resource development

Personnel recruited for the office during the year; and the secretariat grew from 40 to 62 permanent and 3 temporary staff members at the present. 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.

6.1.5. Finance Management

EPHA's finance grew; in 2010/2011 budget year, by securing from different donors ETB 40,025,151.82 and collected from members a total of 214,404.14 Birr.

- Authorized various 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 transaction in accordance with the - Generally Accepted Accounting Principles.
- Funds were collected from donors on time according to the agreement.
- Payments were made for different activities after formal authorization and approval of concerned personnel.
- Advances were settled timely and properly
- Reports prepared and submitted timely to donors
- The monthly payroll prepared timely and payments done after approval.
- Government taxes deducted from employees and customers and 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.

6.1.6. Audited Balance Sheet and Income Statement

Financial accounts are audited by external auditors. The balance sheet and income statement of the Association as at 31st July, 2011 are indicated here below in table 6 and 7.

Table 6: Audited Balance Sheet of EPHA

ETHIOPIAN PUBLIC HEALTH ASSOCIATION (EPHA)			
BALANCE SHEET			
AS AT 31 ST JULY, 2011			
Currency: ETHIOPIAN BIRR			
	Notes		2010
FIXED ASSETS	3(4)	714.00	444.00
<u>CURRENT ASSETS</u>			
Cash and bank	5	16,277,366.09	13,451,610.55
Arada Sub City –Blocked bank account		1,032,500.00	
Debtors	6	2,372,093.16	712,980.99
		19,681,959.25	14,164,591.54
<u>CURRENT LIABILITIES</u>			
Creditors	7	5,890,891.03	2,039,099.63
NET CURRENT ASSETS		13,791,068.22	12,125,491.91
		13,791,782.22	12,125,935.91
<u>REPRESENTED BY:</u>			
Fund balance as per the attached income and expenditure statement		13,791,782.22	12,125,935.91



Awoke Gebre Selassie & Co
Certified Public Auditor

Table 7: Audited Income and Expenditure Statement

ETHIOPIAN PUBLIC HEALTH ASSOCIATION (EPHA)			
INCOME AND EXPENDITURE STATEMENT			
FOR THE YEAR ENDED 31 ST JULY 2011			
		Currency: ETHIOPIAN BIRR	
	Notes		2010
INCOME			
Project income - Grants	8.1	38,475,960.08	31,120,011.00
Administrative income (10% charge)		488,782.83	198,091.27
Membership fee	8.2	214,404.14	109,817.00
Interest income		145,482.04	106,566.12
Sundry income		830,436.17	460,301.71
EPHA/PATH Income		<u>718,755.57</u>	<u>-</u>
		40,873,820.83	<u>31,994,787.10</u>
EXPENDITURE			
Personnel cost	9.1	5,315,341.95	4,243,360.54
Travel and per diem		2,236,363.62	1,770,105.96
Office supplies and printing		694,204.32	462,763.49
Occupancy cost	9.2	1,063,359.56	501,709.36
Communication	9.3	682,066.50	479,497.74
Workshop, meeting & training	9.4	4,505,283.57	5,673,144.77
Repair and maintenance	9.5	179,653.86	106,062.20
Advertising expense		231,125.72	44,158.21
Consultancy fees		2,248,652.60	2,322,078.40
Insurance		38,934.02	17,086.20
Transferred to sub-recipients		13,124,006.30	9,145,673.89
EPHLA expense		61,762.92	204,807.90
Bank service charges		26,684.70	15,293.62
Fuel		124,767.78	133,088.02
Purchase of fixed assets	9.6	3,152,378.13	2,613,865.53
Audit fee		15,150.00	30,121.00
Administration cost/others		668,157.71	376,914.88
Refreshment		21,661.67	12,852.44
Publication		1,285,829.42	760,311.95
Professional fee		633,115.27	90,750.00
Annual convince		1,279,660.39	-
Leasehold land payment		<u>1,619,814.50</u>	<u>-</u>
		39,207,974.51	<u>29,003,646.10</u>
Excess of income over expenditure		1,665,846.32	2,991,141.00
Add: Fund balance on 01.08.10		<u>12,125,935.91</u>	<u>9,134,794.91</u>
Fund balance 31-07-10		13,791,782.23	12,125,935.91
Fund balance transferred to balance sheet		<u>(13,791,782.23)</u>	<u>(12,125,935.91)</u>
		-	-

Awake Gebre Selassie & Co
Certified Public Auditors



7. THE PLANNING, MONITORING AND EVALUATION UNIT

The EPHA monitoring and evaluation was officially established in 2008/2009 fiscal year. With the restructuring in 2010, the M&E Unit was given more emphasis and became Planning, Monitoring and Evaluation Unit directly accountable to the ED. Major accomplishments of the unit during the reporting period are summarized hereunder.

7.1 The 3rd EPHA Strategic Plan (2010-2014)

Having implemented its first and second five-year strategic plans, which focused on program and organizational developments, the Third Strategic Plan 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.

An external consultant was commissioned to prepare a draft strategic plan. This strategic plan (SP) exercised a range of data collection methods including self-administrative survey questionnaires, focus group discussions (FGD), and key-informant interviews to gather relevant and valuable information from different bodies and associates. Primary data was collected from a range of EPHA stakeholders including the EPHA regional chapters, EPHA Advisory Council and Executive Board members, the secretariat, pertinent government organizations, partners, and sister professional associations. The data collection exercise also used secondary sources.

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.



Consultative workshop on the 3rd strategic plan of Ethiopia, Debrezeit, 2010

7.2 Other Activities Performed Under the PM&E Unit during the Reporting Period

Some other activities performed under the PM&E unit were:

- Participated in the reviewing and evaluating committee for the consultancy proposals to identify the winner consulting firm for EPHA-CDC studies.
- The quarterly, SAPR, APR plans and reports for each EPHA - CDC projects were prepared timely by communicating with each project officer in collaboration with the project coordinator.
- Participated in the evaluation process of EPHA evaluations/studies to be used by EPHA and CDC-Ethiopia
- The annual performance report was prepared and presented at the annual conference in 2010.

- Separate posters for each project describing the objectives, activities and achievements were prepared, published and presented at the annual conference.
- On site supportive supervisions in the pain management assessment, in the data collection periods were given.
- Technical assistance to newly employed project officers and SYGE about the detail project descriptions and its monitoring and evaluation activities was provided.
- Participated in the organizing the 21st EPHAs annual conference
- Evaluated the annual conferences using scientific methods and produced a document as part of the 21st annual conference proceedings.

7.3 Monitoring and Evaluation Plan of EPHA

7.3.1 Introduction

In 2010/2011 EPHA went through two basic changes that make a difference on the procedure and structure of the Association, i.e., the new strategic plan (SP) and the new organizational structure. In line with these changes, the Planning, Monitoring and Evaluation (PME) unit was prepared a new Monitoring and Evaluation (M&E) plan for the Association in general and for the implementation of the new SP in particular. Moreover, it is necessary to develop an M&E system that is responsive to the changing environment and the special conditions of projects.

7.3.2 Objectives of the Monitoring and Evaluation Plan

The overall objective of the Monitoring & Evaluation Plan is to ensure the proper implementation of the strategic plan by enabling the Association to identify its level of achievement, problems and make evidence-based decisions in continuing its activities. Based on this general premise, the M&E unit intended to develop and institute an appropriate M&E system in EPHA and developed this M&E plan with the following specific objectives:

1. Institutionalize appropriate M&E system with standardized tools for monitoring and evaluating the implementation of the strategic plan at all levels.
2. Make evidence-based review of the strategic plan to take timely corrective measures on factors that obstruct proper implementation.

3. Introduce system of accountability among personalities and work units of the Association for the proper implementation of the plan.
4. Capacitate the Association to internally monitor and evaluate its performance and achievement
5. Increase its credibility by transparently communicating its achievements, strengths and weaknesses to donors and other partners.

7.3.3 Implementation of the M&E plan

As stated in the SP document, a reviewing process provides an auspicious opportunity for members to take stock of program implementation, exchange views and experiences and facilitate problem solving and possible reorientation of programs. To these ends, EPHA arranges review meetings. The most important assessment of these review meetings ought to be sustainability of the association, in-depth analysis of the implementation of strategies, planned activities, projects and related problems.

Evaluation of EPHA's strategic plan implementation was also planned to be undertaken at midcourse by the key stakeholders in 2012. The objective of this midcourse evaluation is to review progresses made. It is to assess how resources are used, checks whether planned activities are carried out and objectives are met. The midterm evaluation is expected to enable EPHA to review its intervention, 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. 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. In addition, the implementation of EPHA's strategic plan was planned to be monitored on the basis of timely and regular collection and reporting of data. For this purpose, quarterly, annual and semi-annual monitoring and reporting cycles are to be strictly followed. Thus this M&E plan comprises all these and related activities.

All work units at the secretariat of EPHA and its Chapters are responsible for the implementation of the M&E plan. However, the Planning, Monitoring & Evaluation Coordination Unit is responsible for preparation, coordination and implementation follow up of the M&E plan. The

unit is specifically responsible for developing M&E system, coordinating mid-term and end-term evaluation of the SP and compiling and producing relevant reports periodically. As per the expectations stated in the SP, the reports should give a summarized comparison of planned activities and achieved outputs and utilization of resources. The Executive Director (ED) is responsible for the overall implementation of the M&E plan. The ED together with the management committee will discuss on the final output to make important and relevant decision.

It is also stated in the SP document that the details on the role and content of the monitoring reports 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; and it will serve as M&E manuals and frameworks of the Association so that 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.

8. THE COMMUNICATION AND INFORMATION UNIT

8.1. Background

The unit focuses on press and media relations, advocacy, and communication. With regard to Communication, it formulates and implements practical communication strategies aimed at increasing the knowledge of targeted audiences about EPHA programs and activities. It also develops, maintains and updates internal briefing and communication activities; ensures filming and video recording of EPHA's projects and activities; documents and maintains EPHA activities using video, photo and electronic presentations; and advises work units and staff members on communications matters.

In relation to policy advocacy, it initiates and leads staff and members capacity assessments and develops capacity building plans; it also familiarizes advocacy strategy and plans among relevant stakeholders; undertakes other advocacy activities in the area of public health. In the areas of press and media relations, in close collaboration with technical teams, the Unit promotes EPHA's

activities and disseminates findings (including success stories) to members, the appropriate community, government authorities, donors and other stakeholders using written and electronic media; attends relevant meetings and conferences to keep informed about current trends, issues, and methods of implementing public relations; maintains database of local, national and international correspondents and media persons. The Unit undertakes other many related activities of press and media relations.

8.2. Main Achievements during the Reporting Year

Partnership with CPHA

The Ethiopian Public Health Association (EPHA) signed a contractual agreement with the Canadian Public Health Association (CPHA) to manage funds for the protection and control of tobacco in Ethiopia. The Agreement planned to carry out activities that are to build EPHA's capacity in advocating the implementation of the Framework Convention on Tobacco Control (FCTC). EPHA used the fund to advance the execution of article 8 of FCTC, protection from exposure to second hand tobacco smoke. Based on the agreement, 50,000 bollos and 25,000 stickers were printed and distributed to the general public.

The MWESC, in collaboration with the Ethiopian NCD Consortium, Prana Promotion and the Ethiopian Public Health Association organized a walk to rally behind the UN Summit on NCDs. Members and supporters of the five member organizations of the newly formed Ethiopia NCD Consortium (ENCDC) and members of the Ethiopian Scout Association actively participated in the program. Brochures on NCDs, tobacco control and t-shirts were distributed among participants. The program later enjoyed wide media coverage.



Mass Walk to Mark UN Summit on Non Communicable Diseases

Partnership with PMC

The Population Media Center (PMC) entered into agreement with the Ethiopian Public Health Association (EPHA) to implement a project on multimedia communication strategy to tackle alcohol, substance abuse and HIV/AIDS. The objective of the project is to contribute to the national public health concern with alcohol and substance abuse through information and knowledge targeted audiences. The project aims at persuading policy and decision makers to institute policies and legislations on alcohol and substance abuse.

Advocacy workshop on Tobacco

The purpose of the 'Advocacy Workshop on Tobacco Control' was to discuss with members of the House of People's Representatives, representatives of government and nongovernmental organizations and the media, the progress and way forward for the ratification of the Framework

Convention on Tobacco Control (FCTC) which Ethiopia signed in 2004. EPHA also organized awareness raising campaigns in various communities and is doing its share in the effort to control the distribution and abuse of tobacco. One of the Association's commitments is to engage all stakeholders including policy makers and the media to work on alcohol, khat, cigarette and other harmful substances.

EPHA-ATCA Workshop

A workshop was organized by the Ethiopian Public Health Association in collaboration with the African Tobacco Control Alliance (ATCA). EPHA became a member of the Framework Convention Alliance (FCA), Africa Tobacco Control Regional Initiative (ATCRI), Africa Tobacco Control Alliance (ATCA), which is a coalition of NGOs of more than 100 countries dedicated to support the ratification and implementation of the WHO convention. In this regard, EPHA in collaboration with the Africa Tobacco Control Alliance (ATCA), Framework Convention Alliance (FCA) and the Africa Tobacco Control Coalition (ATCC) organized a workshop on tobacco for journalists and civil societies. The purpose of this workshop is to build media capacity for tobacco control so as to increase the quantity and quality of tobacco control activities in African countries.

Meeting on the ratification of the WHO- FCTC

The Ethiopian Public Health Association (EPHA), in collaboration with the African Tobacco Control Regional Initiative (ATCRI), held a meeting on the ratification of the WHO- Framework Convention on Tobacco Control in Addis Ababa, Ethiopia. Local and international experts and implementing partners reviewed the current status, prospects and progresses made in advancing tobacco control in Ethiopia. Participants examined the latest data and guidelines on tobacco baseline information and made recommendations on the need for collecting valid and reliable data to reveal the true picture of tobacco control issues in Ethiopia.

Advocacy workshop on Alcohol and substance abuse

EPHA has organized a consultative and consensus building workshop on alcohol and substance abuse in relation to HIV/AIDS. The workshop aimed to increase the knowledge of stakeholders, enriched the advocacy strategy on alcohol and substance abuse in relation to HIV/AIDS and to discuss the magnitude of the problem in Ethiopia. Members of Legal Justice and Administration Standing Committee, House of Peoples Representatives, governmental and nongovernmental organizations and sister associations media community, and other invited participants have attended the workshop.

Launching of “Melegna” a Radio Program

The Ethiopian Public Health Association (EPHA) signed a contractual agreement with the Fana Broadcasting Corporate Share Company (FBC) to produce and broadcast a radio program on alcohol and substance abuse. The company agreed to produce and broadcast radio programs that are part of the EPHA program strategy to raise awareness of the society on alcohol and substance abuse in relation to HIV/AIDS and influencing targeted institution and the general public to agree on the necessity for comprehensive legal and policy document. Based on the agreement the company performed the following activities:

- Allocated 15 minutes airtime every week for 39 weeks on Alcohol and Substance abuse in relation to HIV/AIDS.
- Produced and transmitted of the one Live-Phone-In program; facilitated the participation of professionals, the public, individuals, civic society members and other interested groups.
- Reached Gondar, Desse, Jimma, Haromaia, Shashemene and Mekelle towns with the program.

Launching of television program on “Tenaystelegn”

EPHA with the support of CDC has been engaged in different advocacy activities involving alcohol and substance abuse policy/regulation to prevent and control HIV/AIDS. One of the planned and approved activities is to produce and broadcast television advocacy program on alcohol and substance abuse. For this purpose, Time Media and Communications were selected to host EPHA’s television program on alcohol and substance abuse.

Awareness on non-communicable diseases (NCDs) for journalists

EPHA conducted a consultative workshop on non-communicable diseases (NCDs) to increase awareness of local journalists on NCDs. The consultative workshop help inform journalists about the upcoming UN member states high level summit on NCDs.

Publicity

The Ethiopian Public health Association sponsored the Taxi Festival that took place at the Federal Transport Authority. EPHA in addition to direct promotion was able to receive more publicity via digital banners and printed promotional publications. Over 320 invited guests and gusts of honor, 58 taxi owners, drivers and their assistants were attended the festival.

Communication Network

The unit is a member of the following taskforces at the national level.

- The National Health Communication Taskforce
- The Behavior Change Communication Technical Working Group
- The Mental Health Taskforce
- The Material Development Taskforce

Information technology

In the reporting period, the unit under information technology accomplished these tasks:

- Maintained the EPHA Library computers
- Installed and configured EPHA Library New server
- Connected each client computers in the library to the newly configured domain of the server
- Managed for the 13th congress to have website of its own domain name.
- Updated the EPHA website and the 13th world congress website continuously
- Developed network diagram and installing server based configuration for the new office of EPHA
- Maintaining and arranging computer for the new server (office)
- New BPX Extension Installation

Challenges faced

In implementing these activities, the Unit encountered transportation problems, lack of Assistant communication officer and lack of IT officer.

Next plan

In realizing its mission and vision, EPHA's Communication and Information Unit planned to develop a communication strategy and produce documentary films on alcohol and substance abuse, EPHA annual conference, on LSI and FLTP, and on RH and FP.

9. CONFERENCES AND MEETINGS

9.1. The 21st EPHA Annual Conference

EPHA held its annual conference under the main theme of "Maternal and Newborn Health in Ethiopia" from 26-28 October 2010 at the Martyr's Hall in Mekelle, Tigray Regional State. The conference brought together more than 500 participants including representatives of Minister of Health of the Democratic Republic of Ethiopia, PEPFAR, Transport Authority, 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 charged with the responsibility and safekeeping 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.

9.2. Organizing the 13th World Congress on Public Health

9.2.1. Background

The 13th World Congress on Public Health will take place in Addis Ababa Ethiopia at the United Nations Conference Center (UNCC) from 23-27 April 2012 in which over 3000 researchers, academicians, scientists, trainers, programmers, policy makers and students of public health and medicine from all over the world will participate.

The Congress is expected to be a platform for facilitating closer collaboration and partnership among public health associations, international organizations, NGOs and the private sector working at the national, regional and international levels and to improve networking and partnership among public health associations in Europe, Africa, America and Asia.

The main theme of the Congress is **“Moving Towards Global Health Equity: Opportunities and Threats”**. Meeting the health Millennium Development Goals (MDGs) will be a major topic that will be heavily discussed as we are now only four years away from the target year of 2015. Achievement of the MDGs necessitates concerted efforts through increased equitable and sustainable access to health services to poor and marginalized populations all over the world. Health policy makers, programmers and scientists working around the globe and in different entities will have an opportunity to participate and interact on overcoming the challenges and achieving the MDGs. It will be organized jointly by EPHA and WFPHA.

9.2.2. Objectives of the Congress:

- Ensure effective platform for exchange of knowledge and experience.
- Showcase, Ethiopia’s and Africa’s contribution and challenges in moving towards health equity.
- Establish and strengthen networks among professionals, development partners and stakeholders in public health.
- Build consensus for actions towards global equity in health.

9.2.3. Key Achievements

9.2.3.1. Governance structure and Secretariat

The following governance structures are established 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 established under the patronship of the Minister of Health of Ethiopia
- A Core Congress Coordinating Committee (CCOC) that meets monthly established to coordinate and steer the overall planning and organization of the congress.

- Five sub-committees with their own TORs to meet at least monthly were established.
- A congress secretariat has been established and has now a core staff of four that includes a congress executive coordinator, assistant coordinator, communication officer and program assistant.
- 22 EPHA staff members who spend 20-70% of their time on the Congress have been assigned to assist the core secretariat staff.
- Part-time staffs from the Canadian Public Health Association (CPHA), and WHO are also working for the secretariat of the congress.
- The sub-committees are being strengthened by bringing staff 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 plan of action with 136 specific activities has been prepared for 2011
- A provisional budget estimate of US\$ 1.2 million is prepared and discussed with CCOC and WFPHA.
- A congress logo has been developed and is being used
- A congress website www.worldcongresshealth2012.com which is interfaced with EPHA, WFPHA and Confex is reconstructed. Congress related news and information are being uploaded on the website on a regular basis.
- Congress venues for all sessions are booked
- TOR for the employment of event organizers has been developed and finalized. The TOR is also uploaded on the Congress website
- Local and international event organizers/managers have been approached to take part.
- A call for participation in the Congress's exhibition and event organization is put on electronic and print media
- Guidelines and formats for participants' registration and scholarship application are finalized and will be soon on the Congress website soon.

9.2.3.2. Advocacy and promotion

An extensive advocacy and promotion work is being carried out in connection with the 13th Congress. The following have been done so far:

- A communication strategy was developed

- A brochure, congress folder and bookmark of 3000 copies of each printed and are now under distribution (at WFPHA consecutive meetings and World Health Assembly).
- Adverts made over WFPHA, CPHA , EUPHA, MIDDC newsletters and on congress website
- Preparation of other promotion and communication materials are on process
- Online call for submission of abstracts is uploaded on website with the deadline for submission set for 21 October 2011.

9.2.3.3. Fund raising and sponsorship

- A fund raising strategy has been developed for the Congress.
- A plan of action for US\$ 200,000 CDC funding prepared and submitted to CDC
- A Project proposal was submitted to USAID for US\$509,000
- Joint EPHA and WFPHA meetings were undertaken in Geneva and Addis Ababa
- Meeting with 26 donors was held and a similar meeting was held with chief executive officers of 40 private sector establishments.
- Request for sponsorship has been submitted to 15 INGOs and 5 transnational companies

9.2.3.4. Abstract submission and review

A total of 21 national abstract reviewers were selected and approved by WFPHA Board. More reviewers are expected to be brought in. Moreover, A Leavel Lecture award has been selected from Ethiopia whose name will be disclosed in the future. Guideline on the organization of the exhibition was also developed and uploaded on the congress website.

9.2.3.5. Overall performance status

As reported here above and herewith, out of the 136 activities planned for 2011, 93% have been completed while the remaining is under progress or rescheduled for 2012. By all indications, the planning and organization of the Congress is on track despite some snags related to internal capacity in the areas of development of TORs for outsourcing some important activities and guidelines for the organization and management of an exhibition, fund raising and sponsorship.

10. EPHA's PIPELINE PROJECTS

The following projects of EPHA are new and under way; the summary of the projects and respective status are indicated:

10.1 Child and Youth Injury Prevention and Safety Promotion

Description of the project

The project will collect baseline data during the project implementation phase that will drive the development of specific indicators and project targets. It anticipates two intermediate outcomes: (1) improved evidence-based national- and community-level responses to reduce risks associated with injury in children and youth; and (2) strengthened capacity of civil society to act as catalyst for better national-level practices, programs, and policies related to injury prevention among children and youth.

Expected immediate output include: (1) a better understanding of the determinants that make children and youth vulnerable to injuries; (2) increased capacity of PHAs to design and deliver innovative and effective community-based activities in injury prevention; (3) increased inter-sectoral collaboration in national and regional decision-making, and policy and program development for injury prevention; (4) increased participation of PHAs in community, national, regional and global efforts to address child and youth-related injury prevention; and, (5) improved visibility and recognized expertise of PHAs to advance practices, programs, and policies to address injury prevention

Status of the project: Waiting for approval

10.2 Comprehensive HIV/AIDS Treatment, Care and Support (CHAT CS) Program

Project description

The overall goal of this project is to mitigate the impact of HIV/AIDS and improve quality of life of PLHIV, their families and community through sustainable, comprehensive and coordinated evidence based intervention.

Status of the project: Approved and preparatory activities have been started

10.3 Strengthening the Immunization Component of the Health Extension Program-Ethiopia

Project description

The overall objective of the proposed 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. EPHA proposes to meet this project objective by: Producing and disseminating evidence based best practices, focusing on

- ✓ Immunization through a dedicated newsletter
- ✓ Strengthening HEP on immunization
- ✓ Increasing knowledge of HEWs in immunization
- ✓ Strengthening inter-sectoral collaboration on immunization
- ✓ Strengthening the capacity and voice of EPHA on immunization
- ✓ Enhancing community participation and ownership through advocacy and community mobilization

Status of the project: approved and started

10.4 Fixed obligation: Grant to Professional Associations

Proposed Activities

1. To strengthen the Associations' CPD/CME Technical/Programmatic Capacity

- Establish 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 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 staff(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

10.5 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 GoE and key local partners such as FHAPCO** and other senior central GoE partners (20 persons); regional HAPCO's; and large sub award partners
- **Creation/activation of a central HIV prevention research TWG under FHAPCO**
- **Status of the project:** waiting for approval

10.6 Protection from Exposure to Tobacco Use

Project Aim and Objective:

Aim: The aim of the proposed project is to further progress in the application of Article 8 of the FCTC, which is protection from exposure to tobacco smoke.

Objective: The objective of this project is advocating protection from exposure to tobacco smoke and effective enforcement of smoke free policy in Ethiopia

Expected results:

- Increased capacity of EPHA to advocate for improved policy and program on enforcement of smoke free Ethiopia;
- Effective enforcement of smoke free policy in Ethiopia;
- Better understanding of the House of Peoples Representatives and decisions makers on protection from exposure to tobacco smoke;
- Public awareness on the rights of protection from exposure to tobacco smoke will be increased;
- Protected public from the harm of exposure to tobacco smoke and reduced tobacco consumption in the whole population as a whole.

Status of the project: Approved and preparatory activities started

10.7 Enhancing Efforts of Selected Professional Associations in the National Response against HIV/AIDS

Project description

The need for strengthening the capabilities of professional associations, unleashing their potential and enhancing their role and active participation in the national multi-sectoral response is essential. Thus, 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 of professional members of these associations.

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.

Immediate Objective

Review the organizational status/ capacity and level of participation of the major professional associations in the overall HIV response and identify their organizational limitations and needs.

Based on the findings of the assessment, provide technical support and training to strengthen their capacity, unleash their potential and thereby enhance their organized role and participation in the national multi-sectoral HIV/AIDS prevention and control activities in their respective sectors.

Enable them to develop HIV/AIDS related program management systems, design projects, strategic plans and implement them in their respective sectors. Create a joint forum to strengthen their joint and organized efforts and empower their members for better participation.

Status: waiting for approval.

10.8 Assessment of Health Communication Management, Media Production and Dissemination

The purpose of the assessment is to undertake a comprehensive assessment of the status and quality of all health communication management, media production and dissemination operations being undertaken in Ethiopia, and to outline recommendations towards optimization of Ministry of Health communication management, multimedia strategies, approaches and technologies for health communication with specific focus on advocacy and behavior change communication.

Status: Currently, the project is under process in signing contractual agreement

EPHA Executive Board Members

Dr. Tewabech Bishaw	President
Dr. Wakgari Deressa	V/ president
Dr. Assefa Sime	Member
S/r Workinesh Kerata	Member
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