

1- **Title of the project: The Contribution of the Health Extension Program in Promoting Comprehensive Primary Health Care in Tigray, Ethiopia: the case of maternal health.**

2- Research members:

Researcher:

Mr Araya Abrha, lecturer, Department of Public Health, Mekelle University, Ethiopia

Research Users:

Mr Yohannes Tewelde, Deputy Head, Tigray Regional Health Bureau, Ethiopia

Mentor:

Prof. Yemane Berhane, Professor of Epidemiology and Public Health, Director, Addis Continental Institute of Public Health, Ethiopia

3- Possible manuscripts (papers) extracted from this project (see attached documents)

a. *Specially trained community health workers improved utilization of family planning,*

antenatal care and HIV testing in rural areas in Ethiopia: a quantitative cross sectional survey

b. *Extent of universal access to health services, community participation and intersectoral collaboration in a comprehensive primary health care program in Ethiopia: an explorative qualitative study*

4- Literature review (see attached manuscripts(A-B))

- Social/political context (rich in detail and policy: what enables/what constrains)

5- Research questions (see attached manuscripts(A-B))

- Ensure that you locate your questions in the literature and conceptualization of *comprehensive* primary health care (that is, why the questions are important to ask and answer)

6- **A brief narrative of how the project changed over time and why: throughout the process of the research process there has been some changes.** Mentionable ones were in the methodology and objective parts of the study. Initially we had a plan to have a comparative study among areas with health extension program and those without the program. However when we started our study we realized all areas in the region of our study were covered with program. Later on we made the comparison within our study subjects. Comparison of women who were enrolled earlier and latter into the program. The objectives of the study were refined throughout the development of the

research protocol to fit into CPHC research. At the beginning of the development of the proposal the objectives were only addressing single health problems. Our ideas were not comprehensive enough to address CPHC. Thanks to the trainings we received our understanding of CPHC particularly of the researcher has increased a lot.

7- Methods*(see attached manuscripts(A-B))*

Include a reflection on the methods used

A brief reflection on the ethics involved in the research; not just formal research ethics review, but also broader ethical concerns, e.g. risks of rising expectations due to the research, research exhaustion amongst participants surveyed or interviewed, political concerns that the study might surface, etc.

8- Results *(Results of manuscript A are finalized and see attached doc. Results for Manuscript B are not yet completed. Only preliminary results are available)*

9- Analysis *(see attached manuscripts(A-B))*

10- Discussion of Findings

Focus on how the findings relate to the principles/outcomes of CPHC:

- increased equity in access to health care and other services/resources essential to health
- reduced vulnerabilities through changes in community empowerment (capacities)
- reduced exposures to risk through changes in social and environmental determinants of health
- improved participatory mechanisms and opportunities and political capabilities of marginalized population groups reached by comprehensive primary health care initiatives
- Increased intersectoral actions on the social determinants of health
- equitable increase in population health outcomes

Access, equity and utilization of essential health services is discussed in manuscript A (see attached). This paper has also addressed intersectoral collaboration. Manuscript B (not yet completed) discusses access to health services, community participation and intersectoral collaboration.

11- Strengths and weaknesses of the study design and research instruments *(see attached manuscripts(A))*

12- Conclusion *(see attached manuscripts(A))*

13- Discussion of KTE

- Triad experiences: working in triad has been helpful in many aspects. Having a researcher user in the triad helps for understanding the real situation on the ground before the actual data collection. Maximum efforts were done to involve research user from the very beginning. This

gives a great opportunity to work together in every step in the research process. Preliminary findings of the study were easily shared with the user. It creates a shared responsibility among all members of the triad. It strengthens accountability upon the researchers. However working in a triad has never been free of difficulties. Every member of the triad had other compelling responsibilities. There were difficult times to get time to get together. The involvement of a research mentor has been very crucial in guiding the research and building the research capacity of the research beginner.

- **Outcome mapping exercise:** the exercise was helpful to identify partners, to whom to disseminate our findings and what is expected from each partner. Here is a table that shows the outcome mapping boundary partners that we develop through the exercise.

Mapping boundary partners

s.no.	Individuals and institutions	Workshops or presentations	Networks
Political leaders			
1	Regional government Mr. Abay Woldu , president , Regional government state.		
2	Woreda Administrator Mr. Solomon Mr. Soboho Mr. Gebretsdik Mr. Tewede??		
3	Political party: Tigray people liberation front: Alem		
Health Sector			
1	Federal Ministry of Health of Ethiopia: Mihret Hiluf		
1	Head of regional health bureau : Yohannes Tewelde :		

	<p>research user</p> <p>Surveillance and HEP team leader : Hailu Sibagads</p> <p>Continuum of care team leader: Yalem Tsegay</p> <p>HIV/AIDS team leader: Fantahun Bihon</p>		
2	<p>Woreda health offices</p> <p>Mr. Ambachew</p> <p>Mr. Solomon</p> <p>Mr. Tsegay</p> <p>Mr. Berihu</p>		
3	<p>Health extension workers (11)</p>		
Other sectors			
1	<p>Woreda Agricultural offices (Agriculture and rural development)</p> <p>Four heads</p>		
2	<p>Agriculture extension workers : Development Agents (DAs)</p>		
3	<p>Women's affair Tigray</p>		
Local and international NGOs			
1	<p>Relief Tigray of Tigray</p> <p>Deputy manager : Mr.</p>		

	<p>Mokonnen</p> <p>Head of health section: Sr. Tsehaynesh</p> <p>Senior expert: Ato Tekele</p>		
2	<p>IFHP</p> <p>Awala , regional head</p>		
3	<p>L10K</p> <p>Selamawit</p>		
4	<p>Intra Health</p> <p>Yaynshet, Regional head</p>		
5	<p>MSH</p> <p>Dr. Tsegazeab</p>		
6	<p>World Vision , Woreda Head</p>		
7	<p>UNICEF, Tigray region.</p> <p>Beyene</p>		
8	<p>WHO, Tigray region</p> <p>Dr. Aregay</p>		
9	<p>Alive and thrive</p> <p>Dr. Tewelde</p>		
10	<p>Clinton foundation</p> <p>Sr. Haregewoyni Alemu</p>		
11	<p>Micro-finance: Dedebit : Mr. Atakilti</p>		
University and research organizations			

1	Mekelle University : research and community service (6) ACIPH (2)		
2	PHM: Ethiopia focal person Mr. Samson Adera		
3	Bureau of Finance, Economic and Development (BOFED) : Tigray region (1)		
Mass media			
1	Dimtsi weyane		
2	Tigray TV		
3	FM 94.2 and 104.4		
Civil society and faith based organizations			
1	Women's association Tigray		
2	Orthodox		
3	Catholic secretariat		

14- **Other dissemination activities and engagement of research users in the study:** through the support obtained from University of Western Cape /CORDAID, we have a plan to organize a symposium for disseminating final results of the research between May –June 2011. At this symposium, not only researcher user but all relevant stake holders and partners will be invited.

15- **Indications of any uptake of findings:** till now preliminary findings have been discussed with research users; Regional health bureau and district health office heads. Upon request, preliminary results of this study were shared to an NGO/ VSI venture working in the region where our study was conducted.

16- **Reflections on the capacity enhancement aspect of the project (Trainings, mentoring within team, with region):** The three trainings were very important in building the capacity of the research beginner. The arrangement of the research process and trainings was different. The first year and

training was for developing proposal, the second year for data analysis and data management. This helps to undertake the research step by step. The trainings had also a double advantage in that it was an opportunity for all members of triad to meet and work together. It also helped to share knowledge and experience with other triads from other countries.

15- **Summary:** How the findings contribute to a better understanding of CPHC, and/or contribute to advancing CPHC : our study contribute to a better understanding of CPHC through brining an evidence how a Health extension program which is a CPHC approaches is effective in ensuring universal access, community participation and intersectoral action. It also assesses the barriers for implementing a CPHC program. Evidences and recommendations of this study will help policy makers for taking corrective actions to improve the effectiveness of CPHC programs.

16. **Where to from here with the project?** This international research initiative was integrated into the research's PhD study. Based on the findings of this study, he is developing an interventional study which is in line with CPHC approaches. This further study will also involve the researcher user. Further consultations will also be made with relevant stake holders what can be done to improve the effectiveness of health extension program in the study area, Tigray region.

APPENDICES (Manuscripts and All research instruments) (see attached)

- Appendix 1: Manuscript A
- Appendix 2: Manuscript B (Not yet finalized)
- Appendix 3: Questionnaire
- Appendix 4: FGD guideline
- Appendix 5: In-depth guideline
- Appendix 6: Publication plan

Sources of support from beyond T-Corti (human, financial, in-kind, etc: The researcher has received a PhD scholarship grant from "Agencia Española de Cooperación Internacional para el Desarrollo (AECID)", Madrid Spain. This agency has given the research a permission to allocate time to work this CPHC research besides studying his PhD study. Additional mentorship support was also received from professors in Universities of Alcala de Henares, Madrid, Spain and Maastricht, Netherlands. Mekelle University particularly its department of Public Health has contributed a lot in providing logistic and administrative support to undertake the research. Integrated family health program (IFHP), Tigray region has also provided a vehicle support for three days during the pre-test of data collection tools.