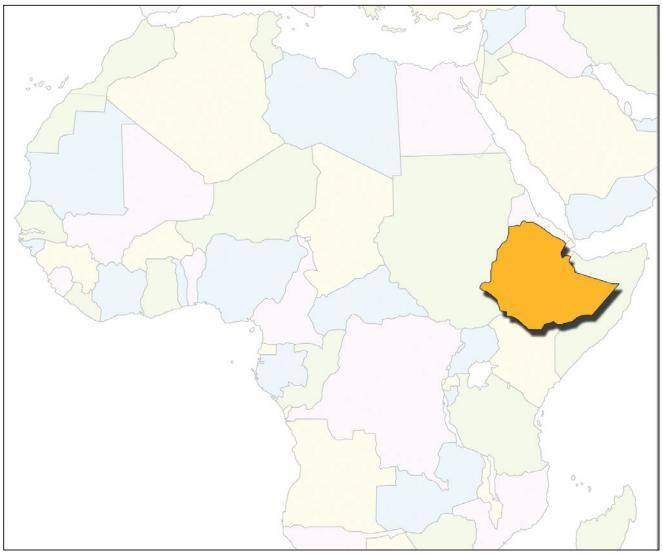
MEASURE Evaluation in Ethiopia

Ethiopians face several significant health risks, often made worse by high levels of poverty and food shortages. Malaria and HIV/AIDS pose a particularly high health threat. The most recent malaria epidemic in this eastern African nation occurred between 2003 and 2004. According to the World Health Organization's Ethiopian profile, malaria accounted for nearly 24 percent of all hospital admissions and 36 percent of reported deaths. By 2009, the malaria admission and inpatient death rates declined from their 2000–2005 levels by 33 percent and 43 percent, respectively. The nature of the epidemic exacerbates the disease's impact. Malaria in Ethiopia is mainly seasonal and transmission is unstable throughout the country, inhibiting the build-up of protective immunity. Therefore, all age groups face a high risk of infection.

Since its initial reported case in 1984, HIV/AIDS has also become a major public health concern in Ethiopia, compelling the country's government to declare a public health emergency in 2002. With an adult prevalence rate of 2.1 percent, Ethiopia has a low-level, generalized epidemic. Heterosexual transmission accounts for most new infections and women face a higher risk than men, partly because of the country's growing sex trade. According to the 2010 UNGASS Report, issued by the United Nations General Assembly Special Session on HIV/AIDS, 25.3 percent of Ethiopian sex workers carry the virus. Other populations at high risk of infection include members of the military, police officers, displaced people and refugees, truck drivers, migrant workers, day laborers, street children, high school and university students, and out-of-school youth.

MEASURE EVALUATION IN ETHIOPIA

MEASURE Evaluation's activities in Ethiopia have focused on both malaria and HIV, with the help of those in



COUNTRY FLAG

DEMOGRAPHY

Population: 90,873,739
Population Growth Rate: 3.194%
Age Structure:
0–14 years: 46.3%
15–64 years: 51.0%
65 years and over: 2.7%
Death Rate: 11.04 deaths/1,000 population

MALARIA-RELATED DATA

Malaria Annual Cases: 9,400,000
Percent of Population Living in Areas At Risk for Malaria: 68%

OTHER RELEVANT DATA

Infant Mortality Rate: 77.12 infant deaths/1,000 live births
Total Fertility Rate: 5.2 children born/woman
Maternal Mortality Ratio: 670 maternal deaths/100,000 live births

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MEASURE Evaluation

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power in Ethiopia as well as ordinary members of local communities.

"One way that I find Ethiopia to stand out," said Tariq Azim, "is the leadership's commitment to see improvement in the health system and the receptiveness at the grass-root level to bringing positive change in the health sector." Azim serves as MEASURE Evaluation's Resident Advisor in Ethiopia.

Sentinel Surveillance

In 2008, MEASURE Evaluation began providing technical assistance to Ethiopia's National Malaria Control Program in Oromia, the country's largest and most populous region. Assistance has focused especially on conducting sentinel site surveillance. Under an Associate Award led by MEASURE Evaluation partner Tulane University, MEASURE Evaluation has worked with the national malaria program and other USAID partners to establish a network of 10 health facility sites throughout Oromia to track morbidity and mortality related to the disease. An important component of this assistance is to help build capacity within Ethiopia to conduct monitoring and evaluation (M&E) of malaria interventions.

Health Management Information System Scale-Up

In April 2010, MEASURE Evaluation activities in Ethiopia expanded to include the Health Management Information System (HMIS) Scaling Up Project. The project supports scaling up the HMIS and M&E systems in the South Nations, Nationalities and People's Region, a very populous region in southern and southwestern Ethiopia. A scaled-up HMIS is expected to improve planning, management and efficient decision making at all levels of government.

Resident advisor Azim emphasized the importance of the government's involvement in this project to ensure sustainability after MEASURE Evaluation leaves.

"The project is working toward the government's ownership of HMIS at each of its various tiers," Azim explained. "Our approach promotes long-term sustainability of the HMIS through internal capacity building, and by facilitating a transition to an automated system that fits within the socio-economic situation of the country, but still brings to bear an innovative technology."

And it isn't just government personnel who are engaged in the project. Individuals in local communities have also contributed to the scale-up. Azim described the process of implementing the community-based health information system, an important part of the HMIS scale-up. The system requires that each household in a community be numbered and families registered. It was piloted in several districts, which served as models for the future. In one pilot district, it became clear that health workers would not be able to carry out this task alone. Community volunteers came forward to help almost immediately.

"It took only a five-minute discussion with the district's civil administrator, and his one-minute phone call to the sub-district organizer to set things moving," Azim recalled. "The motivation came when they understood that the work is the government's initiative for improving health service delivery."

Training health workers is another important element of the HMIS scale-up. At last reporting, 344 regional, zonal and woreda (local administrative districts) health managers had been trained throughout the South Nations, Nationalities and People's Region. More than 1,000 health center staff had received training. Moreover, 39 percent of health centers and 26 percent of hospitals in the region had started using the reformed HMIS.

In a separate but related activity, MEASURE Evaluation is also assisting Ethiopia's Federal HIV/AIDS Prevention and Control Office to reform, pilot and scale-up the HIV/AIDS Community Information System (CIS) for non-clinical, multi-sectoral purposes.

"This puts MEASURE Evaluation in a unique position to influence the harmonization of HIV/AIDS information systems for both clinical (HMIS) and non-clinical (CIS) responses," Azim said.