International Institute for
**Primary Health Care**
**Resource Center**

*Information that strengthen primary health* care

# IIfPHC-E RC
# content policy

International Institute for Primary Health Care - Ethiopia
April 2019

**TABLE OF CONTENTS**

# IIfPHC-E Resource Center content policy

## I. INTRODUCTION

The IIfPHC-E Resource Center aims to be a global hub for primary health care (PHC) and has a role to increasing knowledge and information services around the world.  The Center builds, curates and preserve published and unpublished resources in PHC from Ethiopia, Africa and beyond.  The Resource Center aims to make its collections on PHC accessible to everyone, for learning, research and private study.

The purpose of this content policy is detail why the Resource Center selects what it selects and set out a guideline for future selection.  The policy provides a framework for the Center to define its collecting role and focus on the development of collections.

The policy document describes main the types of content that IIfPHC-E collects and how the content is treated once collected.  It complements the Collection Policy.

## II. TYPES OF CONTENT THAT THE RC COLLECTS

### SUBJECT CATEGORIES

The Resource Center's audiences are the Institute's trainees, trainers, researchers, academics, health professionals and anyone interested in PHC. The Resource Center will define its content in the way these users understand content.  Thus, the content is classified by subject categories to make it easy for users. The subject of PHC is broad and has interdisciplinary subjects, which defy easy classification.  The RC has recognized the complexity of selection and the process which support it.  The Center has involved Johns Hopkins Bloomberg School of Public Health experts in reviewing the subject areas.  The content is flexible and cut across boundaries by including specialized subjects like global health, public health, health systems, and so on.
The subject categories identified will be used to collect or connect content. (See annex II for subject categories)

### RULES IN DEVELOPING CONTENTS

- The Resource Center will present its content primarily in terms of subject categories.  Each subject category will have further focus and include contents from Ethiopia, Africa as well as global perspectives, whenever possible.  The priority given to content development by subject will reflect users' needs and usage.

- The Resource Center will articulate a small number of subject priories within each subject category.  The small subject priorities will be selected to provide rich content.

- The formats in which the Resource Center will continue to develop content range from traditional paper-based materials and photographs to digital images and files.  The Center's collections include documentation, official publications, news media and sound and vision as well as web archives. The Resource Center will play a key role in digital archiving to ensure future access to historic collections.

- The contents include:  books and book chapters; journal articles (reviewed & non-reviewed); book reviews; learning objects ( training materials, teaching modules and presentations); theses and dissertations; conference and workshop proceedings; technical reports; periodicals; working papers; manuals; government research reports; newsletters; bulletins; audio-visuals/rich media; posters; as well as other materials produced by IIfPHC-E, Ministry of Health and other health organizations.

- The Resource Center will connect to the vast freely-accessible web sites around the themes of PHC.  It has started to implement the selection and connecting e-journals, e-databases and e-Learning resources.  The RC will continue developing the content.  It will use licensing/purchasing agreements to add new connect to content by assigning acquisition budget.

- The Resource Center will select content in terms of its value for training, research and private study.  The value will be assessed by the number of hits/views in the webpage, results from surveys user feedback, and publisher reputation.

- The Resource Center will make the print-to-digital transition.  It will prioritize collection of and connection to digital content over print, wherever possible, to provide better service for users.

- The Resource Center will make its content open access by working with publishers and content providers to increase access to resources.

## IDENTIFYING CONTENTS

By clearly identifying what content is important, and why it is important, the Resource Center can resource and effectively prioritize collection management activities. Before any decision is made, the intent for each collection is confirmed. The content managed by the Center falls into two broad categories: information collections and historic collections.

### Information collections

Information collections are carried out to provide up-to-date information to users, supporting their training, research endeavors or private study.  The Resource Center will make collections to meet the information needs of the users.  The relevant collections include: government documents and information resources; and information collections from Ethiopia, Africa and International resources.  These resources are intended to provide relevant information to the users.

The value of these collections lies primarily in their usage. The collecting focus is responsive to the needs of the users. Particular attention is given to the quality and currency of information provided by these collections.

## Historic collections

The Resource Center is engaged in historic collections to contribute to a greater understanding of earlier PHC programs and practices. Information on the historical perspectives of PHC, the different conceptual models of PHC that existed over decades and the global country perspectives will be collected. A wide range of content, both contemporary and retrospective, is collected to reflect programs, people, places and ideas that continue to shape PHC. These collections are resource for current and future generations wishing to understand PHC and adopt the best practices.

Historic resources are collected for their research value and historical significance. Other factors that may be considered for the collection are source, context, representation and interpretive potential. The Resource Center will actively build and connect with leading actors in PHC with the historic collections, encouraging debate and discussion across the breadth of topics relevant to PHC and the Resource Center.

## ASSESSMENT OF RESOURCE CENTER COLLECTIONS

The RC collections are assessed according to three broad criteria: content, usage and viability. In undertaking any content-related activity, these three criteria must be considered collectively and in conjunction with the collection's intended purpose.

**Content** - An assessment of content will look at the importance or benefit of a collection or an item. Factors that may contribute to the overall assessment include: level of significance; source; uniqueness (availability of content through other institutions); representation (ability to provide new information above what is currently in the collection); quality of information; currency of information; documentary value and research value. The Resource Center will engage users to assess content.

**Usage** - Usage is a key consideration for making decisions around the collections. Factors that contribute to determining the extent of an item's benefit to users include: level of current usage; level of anticipated usage; ability to meet needs of target audiences; alignment with broader agendas or strategies; and potential for re-use and creation of new knowledge.

**Viability** - In making any collection decision, consideration that must be given include: copyright status; access restrictions (that limit access, usage and engagement opportunities); level of description required; level of arrangement and ordering required; preservation requirements (physical and digital); storage requirements (physical and digital); and cost of acquisition.

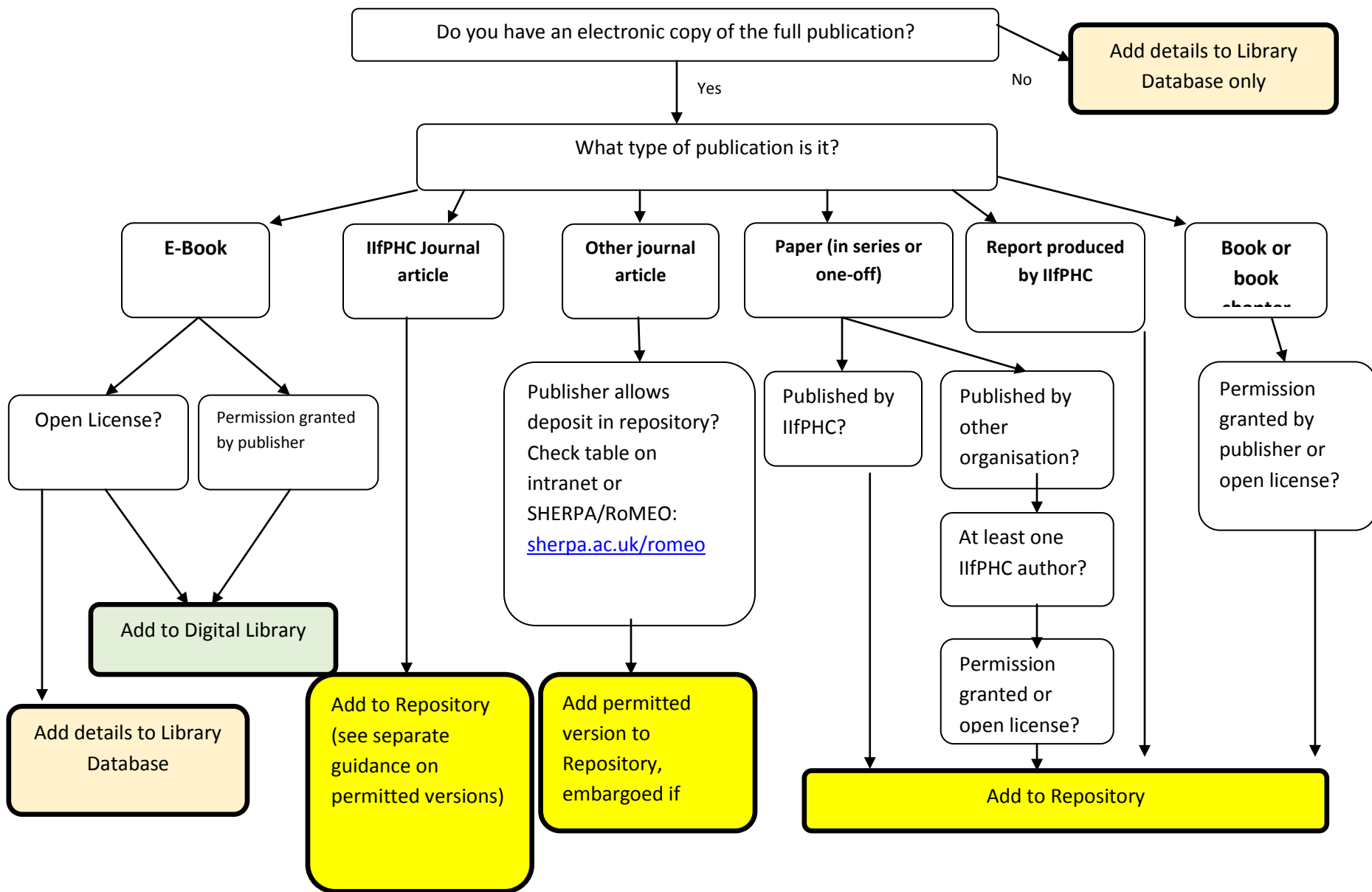## III.  HOW THE CONTENT IS TREATED ONCE COLLECTED

The Resource Center is aware that users' expectations increase over time with 'open access' movement.  Users have expectation that the Resource Center will deliver content beyond its premises.  Publishers are also choosing digital format these days.  Hence, the Center will have more digital resources. Whenever possible, research publications will be made available more widely.

## IV. CONTENT DECISION TREE

The following chart will be used to make a decision on publication workflow and copyright issues.  See Annex I for publication workflow/decision tree.

## ANNEX I: PUBLICATION WORKFLOW/DECISION TREE

For authors and IIfPHC staff responsible for adding publications to the IIfPHC-E RC Digital Services

**Do you have an electronic copy of the full publication?**

Yes → **What type of publication is it?**

No → Add details to Library Database only

What type of publication is it?
- E-Book
- IIfPHC Journal article
- Other journal article
- Paper (in series or one-off)
- Report produced by IIfPHC
- Book or book chapter

**E-Book**
- Open License?
- Permission granted by publisher

→ Add to Digital Library

→ Add details to Library Database

**IIfPHC Journal article** → Add to Repository (see separate guidance on permitted versions)

**Other journal article** → Publisher allows deposit in repository? Check table on intranet or SHERPA/RoMEO: sherpa.ac.uk/romeo → Add permitted version to Repository, embargoed if

**Paper (in series or one-off)**
- Published by IIfPHC?
- Published by other organisation? → At least one IIfPHC author? → Permission granted or open license?

→ Add to Repository

**Report produced by IIfPHC** → Add to Repository

**Book or book chapter** → Permission granted by publisher or open license? → Add to Repository

**Subject categories**

The themes listed under refer to the IIfPHC-E RC current content policy.

## PRIMARY DOCUMENTS

MAIN AND SUBSIDIARY SUBECTS IN PRIMARY HEALTH CARE

### PRIMARY HEALTH CARE
. Primary health care- general
. Primary health care - Ethiopia
. Primary health care - Africa
. Primary health care - global perspective

### COMMUNITY HEALTH CARE
. Community health care - general
. Health extension program - Ethiopia
. Community health care/health workers - Africa
. Community health care/community health workers – global perspective

### DISEASES/DISEASE CONTROL
. Disease and disease control – general
. Diagnosis and management
. Immunization – vaccine safety
. Infections control

### COMMUNICABLE DISEASES
. Communicable diseases – general (infectious diseases; disease outbreaks; emerging
  communicable diseases)
. Tuberculosis
. Sexually transmitted infections
. HIV/AIDS
. Hepatitis
. Water-borne diseases
. Diarrheal diseases
. Respiratory diseases
. Parasitic diseases
. Malaria
. Polio
. etc

### NON-COMMUNICABLE DISEASES (NCDs)
. Non-communicable diseases- general
. Cancer (breast cancer; cervical; colorectal; prostate; skin; lung; oropharyngeal cancer)
. cardiovascular diseases – heart disease; hypertension; stroke

. congenital conditions
. diabetes - endocrinology
. rheumatism/arthritis
. Musculoskeletal disorders
. Renal & urinary tract diseases
. Oral health/dentistry
. Vision & hearing
. Podiatric health
. etc

## MENTAL HEALTH & PSYCHO-SOCIAL SERVICES
. Mental health & psycho-social services – general
. Depression and anxiety
. Substance abuse (alcohol, etc)
. Tobacco use and control
. Trauma recovery

## INJURIES
*For more resources on injuries, see Limb loss or impairment*
. Injuries - general
. Road accidents/injuries
.**3**Physical rehabilitation

## NEGLECTED TROPICAL DISEASES (NTDs)
. NTDs- general
. Eye health (Trachoma; Onchocerciasis /river blindness)
   *For more resources on eye health, see Visual impairment and blindness*
. Lymphatic filariasis
. Soil-transmitted helminthes/schistosomiasis
. Pondoconiosis
. Dracunculiasis (guinea-worm disease)
. Leishmaniases
. Leprosy
. Rabies
. etc

## NUTRITION
. Nutrition – general (
. Child nutrition/malnutrition
   *For more resources on child health, see Child health; Mother and child health*
. Adolescent nutrition/malnutrition
. Adult nutrition/malnutrition
   . Obesity; eating disorders; over/underweight

## WOMEN'S HEALTH
*For more information, see Gender-based violence*

. Women's health – general
. Maternal health
    *For more information, see; Reproductive and sexual health*
    - Maternal health - general
    - Maternal morbidity/mortality reduction
    - Breast-feeding
    *For more resource, see Child nutrition/malnutrition; Child health*
    - Maternal nutrition
    *For more resource, see Mental health and psychosocial services*

## CHILD HEALTH
. Child health – general
    *For more resource, see Child nutrition; Diarrheal diseases; Immunization*
. Neonatal morbidity/ mortality
    *For more resource, see Maternal health*
. Health promotion in schools

## MOTHER, NEWBORN AND CHILD HEALTH
. Mother, newborn and child health – general
    *For more resources, see Child health; Maternal health; Reproductive and sexual health*

## MEN'S HEALTH
Men's health - general
    *For more resource, see Mental health and psychosocial services*

## ADOLESCENT HEALTH
. Adolescents' health - general
. For more resource, see *Reproductive and sexual health*

## ELDER HEALTH
. Elder health - general
. Aging

## REFUGEE & IMMIGRANT HEALTH
. Refugee & immigrant health - general

## DISASTER MANAGEMENT & EMERGENCY SERVICES
. Disaster management & emergency services - general
. Emergency health services
. Disaster & emergency preparedness
. Natural disasters

## REPRODUCTIVE AND SEXUAL HEALTH
. Reproductive health and sexual health - general
. Reproductive health/family planning
    *For more resource, see HIV/AIDS; Sexually transmitted infections*

## TRADITIONAL HEALTH CARE AND ALTERNATIVE THERAPIES
- . Traditional health care & alternative therapies – general
- . Incorporating traditional healers into formal health system
- . Traditional and herbal medicines

## DISABILITY AND REHABILIATION
- . Disability and rehabilitation – general
- . Social services and provisions for disabilities
- . Visual impairment and blindness
    - *For more resource, see* Eye health
- . Limb loss or impairment
    - *For more resource, see* Injuries
- . Prosthetic limbs
- . Intellectual disabilities/ brain impairment
- . Hearing impairment
- . Epilepsy

## MEDICAL SERVICES
*For more resource, see* Health services
- . Medical services – general
- . Medical equipment and health facilities
    - *For more resource, see Health information technology and information management*
- . Health infrastructure (hospitals, health centers and health posts)
    - *For more resource, see Health personnel and training*
- . Pharmaceutical and medical supplies
- . Emergency medical services (information on ambulance, call systems etc)

## HEALTH INFORMATION TECHNOLOGY AND INFORMATION MANAGEMENT
- . Health information technology & management- general
- . Electronic medical records (EMR)
- . Health information system (HMIS)
- . Integrated Financial Management Information System (IFMIS)
- . Integrated Pharmaceuticals logistics System (IPLS)
    - *For more resource, see Pharmaceutical and medical supplies*

## HEALTH PLANNING AND MANAGEMENT
*For more resources, see Health strategies and policies; Health sector implementation guidelines & procedures in the Repository*
- . Health planning and management – general
- . Leadership, management and governance
- . Health care financing/resource mobilization
    - - Development partners in the health sector
        - *For more resources, see Health organizations webpages*
    - - Community based health insurance

. Supply chain and logistics management (eg. PFSA)
    *For more resources, see Pharmaceutical and medical supplies*
. Integrated community case management (ICCM)
. Systematic reviews and evidence-based practices
. Health systems & policy
. Health economics


## ENVIRONMENTAL HEALTH
    *For more resources, see WASH; Energy*
. Environmental health – general
        (Toxicology; ecology; environmental epidemiology…)
. Climate change/climate related hazards
. Environmental pollution (hazardous chemicals; air pollution, water pollution; soil
    pollution; land pollution; industrial pollution; waste water management; noise
    pollution; buildings & health; indoor pollution; food protection; safe drinking water)
. Natural disasters
    *For more resources, see Injuries; Trauma recovery*

## OCCUPATIONAL HEALTH & SAFETY
. Occupational health & safety – general
    *For more resources, see Injuries*
. Industrial hygiene

## HEALTH WORKFORCE AND TRAINING
. Health workforce – general
. Pre-service education
        - Health extension workers training programs
. In-service training and continuing professional development (CPD)
. Mental health and job satisfaction for health care workers
    *For more resources, see Mental health and psychosocial services*

## HEALTH COMMUNICATION/INFORMATION
. Health communication/information – general
    *For more resources, see Health information technology*
. Telemedicine/Tele education
. Social behavior change communication (SBCC)
322.4 Health behavior change

## HEALTH PROMOTION & EDUCATION
. Health promotion & education - general
. Health promotion & education in community setting; school setting; worksite setting
. Health advocacy

HEALTH SERVICES

*For more resources, see Medical services*

. Health services – general
. Public health emergency

*For more resources, see Disease/disease control; Ethiopian Public Health Institute*

. Health care in humanitarian emergencies
. Quality health services
. Health monitoring and evaluation
. Health equity

*For more resources, see Gender equity/women's empowerment*

. Regulation of health care (services, personnel, facilities, product safety)

URBAN HEALTH

. Urban health – general
. Clean cities
. Urban planning/built environment and public health

*For more resources, see Environmental health*

RURAL HEALTH

. Rural health - general

PUBLIC HEALTH

. Epidemiology (risk assessment; population-based health research)
. Biostatistics (statistical methods & theory)


**Main subjects related to IIfPHC-E**

GENERAL INFORMATION

. Newsletters and brochures
. Press releases & keynote speeches

CAPACITY BUILDING

. Field visits & trip reports
. IIfPHC-E training resources
. Proceedings & reports

PHC IMPLEMENTATION RESEARCH

. IIfPHC-E publications
. Research work (unpublished)

GENERAL REFERENCE MATERIALS

. ETHIOPIA HEALTH MILLENNIUM DEVELOPMENT GOALS (MDGS)

. ETHIOPIA HEALTH STRATEGIES & POLICIES
   . Health strategies & policies- general
   . HSDP
   . HSTP (Envisioning….)

. ETHIOPIA HEALTH SUSTAINABLE DEVELOPMENT GOALS (MDGS

. HEALTH SECTOR IMPLEMENTATION GUIDELINES, STANDARDS & PROCEDURES
   . Implementation guidelines & procedures – general
   . Implementation guidelines & procedures – Health Extension Program

. HEALTH INDICATORS

. MANUALS AND PROCEDURES

. MINISTRY OF HEALTH REPORTS AND BULLETINS

. MINISTRY OF HEALTH TRAINING/PRESENTATION MATERIALS

. HEALTH STATISTICS


## TERITIARY DOCUMENTS

COMMUNITY DEVELOPMENT

ENERGY
   *For more resources, see Environmental health*
   . Energy – general
   . Household energy (clean)

WATER, HYGIENE AND SANIATION (WASH)
   . WASH - general
   . Integrated Urban Sanitation and Hygiene (IUSH)
   . Community-Led Total Sanitation (CLTS)
   . WASH infrastructure (latrines, wells, etc)

GENDER AND DEVELOPMENT
   *For more resource, see Health equity*
   . Gender and development - general

. Gender equity/women's empowerment
. Gender based violence in health facilities

FOOD PRODUCTION AND AGRICULTURE
. Food production and agriculture - general
. Food security
*For more resource, see* Nutrition

**Search Terms for Primary Health Care**

**developed by Johns Hopkins Bloomberg School of Public Health**

Concept 1: primary health care practice and terminology

"Primary Care"[tw] OR "Primary Healthcare"[tw] OR "primary medical care"[tw] OR "primary medical healthcare"[tw] OR "Care Continuity"[tw] OR "Continuity of Care"[tw] OR "Care Continuum"[tw] OR "Continuum of Care"[tw] OR "Patient Care Continuity"[tw] OR "community care"[tw] OR "Community Health"[tw] OR "Community HealthCare"[tw] OR "Community Health Services"[Mesh] OR "Community based health"[tw] OR "Community based healthcare"[tw] OR "comprehensive care"[tw] OR "comprehensive healthcare"[tw] OR "Health Services"[tw] OR "Community Mental Health Services"[Mesh] OR "Community Health Service"[tw] OR "frontline healthcare"[tw] OR "frontline health care"[tw] OR "frontline health service"[tw] OR "frontline health"[tw] OR "essential health"[tw] OR "primary service delivery"[tw] OR "health integration"[tw] OR "comprehensive primary health care"[tw] OR "comprehensive primary health service"[tw] OR "primary health care evidence"[tw] OR "primary care evidence"[tw] OR "primary service evidence"[tw] OR "primary level service"[tw] OR "primary level care"[tw] OR "selective primary health care"[tw] OR "services implementation"[tw] OR "population health"[tw] OR "district health"[tw] OR "health assessment"[tw] OR "basic health services"[tw] OR "health service utilization"[tw] OR "ambulatory health service"[tw] OR "first-line surgery"[tw] or "first line surgery"[tw] OR "basic surgery"[tw] OR "basic surgical"[tw] OR "first aid"[tw] OR "essential services"[tw] OR "essential care"[tw]

OR

Concept 2: Alma Ata vision (larger perspective on PHC, which is what the IIfPHC-E is built on)

Health[mesh] AND "basic services"[tw] OR "prevention"[tw] OR "preventive"[tw] OR "promotion"[tw] OR "equity"[tw] OR "inequity"[tw] OR "disparity"[tw] OR "disparities"[tw] OR "equitable"[tw] OR "inequitable"[tw] OR "community participation"[tw] OR "community engagement"[tw] OR "community empowerment"[tw] OR "community coordination"[tw] OR "education"[tw] OR "access"[tw] "quality of care"[tw] OR "quality of service"[tw] OR "community-based insurance"[tw] OR "local insurance"[tw] OR "district insurance"[tw] OR "local leadership"[tw] OR "district leadership"[tw] OR "community leadership"[tw] OR "local governance"[tw] OR "district governance"[tw] OR "community governance"[tw] OR "local service management"[tw] OR "district service management"[tw] OR "community service management"[tw] OR "local logistics"[tw] OR "district logistics"[tw] OR "community logistics"[tw] OR "local information"[tw] OR "district information"[tw] OR "community information"[tw] OR "exclusion reduction"[tw] OR "inclusion promotion"[tw] OR "inclusion increase"[tw] OR "service reform"[tw] OR "stakeholder participation"[tw] OR "stakeholder

collaboration"[tw] OR "stakeholder coordination"[tw]  OR "stakeholder empowerment"[tw] OR "economic empowerment"[tw]  OR "community empowerment"[tw] OR "right to"[tw] OR "human rights"[tw]  OR "health for all"[tw] OR "community empowerment"[tw]  OR "system development"[tw] OR "access"[tw]  OR "accessibility"[tw] OR "availability"[tw] OR "team-based care"[tw] OR "team based care"[tw] OR "team care"[tw] OR "supportive supervision"[tw] OR "advocacy"[tw] OR "advocate" OR "people-centered"[tw] OR "people centered"[tw] OR "patient-centered"[tw] OR "patient centered"[tw] OR "social accountability" OR "rehabilitation" OR "first-level contact"[tw] OR "first level contact"[tw] OR "social determinants"[tw]

OR

Concept 3: Community health workers

"community health agent"[tw] OR "traditional birth attendants"[tw] OR "Health Development Army"[tw] OR "Woman Development Army"[tw] OR "womens development army"[tw] OR "Urban Health Extension Professionals"[tw] OR  "health auxiliary"[tw] OR "frontline health workers"[tw] OR "frontline health worker"[tw] OR "midwife"[tw] OR "Midwifery"[tiab] OR "midwives"[tw] OR "Birth Attendant"[tw] OR "Midwives"[tw] OR "outreach worker"[tw] OR "outreach workers"[tw] OR "lay health worker"[tw] OR "lay health workers"[tw] OR "village health worker" OR "village health workers"[tw] OR "volunteer health worker"[tw] OR "volunteer health workers"[tw] OR "voluntary health workers"[tw] OR "voluntary health worker"[tw] OR "community health agent"[tw] OR "community health agents"[tw] OR "health promoter"[tw] OR "health promoters"[tw] OR "Community Health Workers"[Mesh] OR "community health worker"[tw] OR "community health workers"[tw] OR "community health aide"[tw] OR "community health aides"[tw] OR "community health nursing"[tw] OR "community health nurses"[tw] OR "community health nurse"[tw] OR "community health officers"[tw] OR "community health officer"[tw]  OR "community health volunteer"[tw] OR "community health volunteers"[tw] OR "community health distributors"[tw] OR "community health distributor"[tw] OR "community health surveyors"[tw] OR "community health surveyor"[tw] OR "community health assistants"[tw] OR "community health assistant"[tw] OR "community health promoters"[tw] OR "community health promoters"[tw]  OR "community IMCI"[tw] OR "community volunteer"[tw] OR "community volunteers"[tw] OR "health extension workers"[tw] OR "health extension worker"[tw] OR "village health volunteer"[tw] OR "village health volunteers"[tw] OR "Community Health Nursing"[Mesh] OR "close-to-community provider"[tw] OR "close-to-community providers"[tw] OR "community-based practitioner"[tw] OR "community-based practitioners"[tw] OR "lady Health worker"[tw] OR "lady Health workers"[tw] OR "Community Practitioners"[tw] OR "Community Practitioner"[tw] OR "community-based practitioners"[tw] OR "community-based practitioner"[tw]] OR "rural health auxiliaries"[tw] OR "traditional birth attendants"[tw] OR "traditional birth attendant"[tw] OR "Basic health worker"[tw] OR "Basic health workers"[tw]

OR "Community drug distributor"[tw] OR "Community drug distributors"[tw] OR "Community health agent"[tw] OR "Community health agents"[tw] OR "Community health promoter"[tw] OR "Community health promoters"[tw] OR "Community health representative"[tw] OR "Community health representatives"[tw] OR "Community health volunteer"[tw] OR "Community health volunteers"[tw] OR "Community resource person"[tw] OR "Female multipurpose health worker"[tw] OR "Female multipurpose health worker"[tw] OR "Health promoter"[tw] OR "Health promoters"[tw] OR "Mother coordinator"[tw] OR "Outreach educator"[tw] OR "Outreach educators"[tw]  OR "Village health helper"[tw] OR "Village drug-kit manager"[tw] OR "Animator"[tw] OR "Auxiliary Nurse"[tw] OR "Auxiliary Nurse-midwife"[tw] OR "Bridge-to-Health Team"[tw] OR "Care Group"[tw] OR "Care Groups"[tw] OR "Care Group Volunteer"[tw] OR "Care Group Volunteers"[tw]  OR "Community Case Management Worker"[tw] OR "Community Case Management Workers"[tw] OR "Community Health Agent"[tw] OR "Community Health Agents"[tw]  OR "Community Health Care Provider"[tw] OR "Community Health Care Providers"[tw] OR "Community HealthCare Provider"[tw] OR "Community HealthCare Providers"[tw] OR "Community Health Extension Worker"[tw] OR "Community Health Extension Workers"[tw] OR "Community Health Officer"[tw] OR "Community Health Officers"[tw]  OR "Community Surveillance Volunteer"[tw] OR "Community Surveillance Volunteers"[tw] OR "Family Health Worker"[tw] OR "Family Health Workers"[tw] OR "Family Planning Agent"[tw] OR "Family Planning Agents"[tw] OR "Family Welfare Assistant"[tw] OR "Family Welfare Assistants"[tw] OR "Female Community Health Volunteer"[tw] OR "Female Community Health Volunteers"[tw]  OR "Health Agent"[tw] OR "Health Agents"[tw] OR "Health Assistant"[tw] OR "Health Assistants"[tw] OR "Health Extension Worker"[tw] OR "Health Extension Workers"[tw] OR "Health Surveillance Assistant"[tw] OR "Health Surveillance Assistants"[tw] OR "Lead Mother"[tw] OR "Malaria Agent"[tw] OR "Malaria Agents"[tw]  OR "Maternal and Child Health Worker"[tw] OR "Maternal and Child Health Workers"[tw] OR "Mobile Clinic Team"[tw] OR "Mobile Clinic Teams"[tw] OR "Nutrition Agent"[tw] OR "Nutrition Agents"[tw] OR "Nutrition Counselor"[tw] OR "Nutrition Counselors"[tw] OR "Peer Educator"[tw] OR "Peer Educators"[tw]

AND

Concept 4:

Ethiopia[mesh] OR Ethiopia[tiab] OR Ethiopian[tw]

**Review of the policy**

This policy will be reviewed as needed to ensure that policy is serving the mission of the Institute.  It is the Resource Center's responsibility to ensure that the content has relevance to changing user needs.  It will regularly seek the opinion and expertise of professional, scholarly, and scientific stakeholders in the Resource Center's to update content.


This document was compiled by Emebet Zerfu (Resource Center Officer) with technical support from an IT Consultant.

IlfPHC-E
April 2019