

## **The implementation of Ethiopia's Health Extension Program: An overview**

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### **Acronyms**

CBRHAs: Community Based Reproductive Health Agents.

CSA: Central Statistical Authority.

EDHS: Ethiopia Demographic and Health Survey.

FMOH: Federal Ministry of Health.

HEP: Health Extension Program.

HSDP: Health Sector Development Program.

MDG: Millennium Development Program.

PHC: Primary Health Care.

RH/FP: Reproductive Health/ Family Planning.

TBAs: Traditional Birth Attendants.

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## **1. INTRODUCTION**

With an area of 1.1 million Sq.k.m and an estimated total population of 77 million in 2008, Ethiopia is the second most populous country in Sub-Saharan Africa. (CSA, 2000). A very large proportion of the population (84%) Live in the rural areas (EDHS, 2005) the country experiences a heavy burden of disease mainly attributed to communicable infectious diseases.

The Ethiopian Government has formulated a series of Health sector Development programs (HSDPI, II and III 1997-2010) in line with plan for accelerated and sustained development to end poverty (PASDEP) and to achieve the health-related Millennium Development Goals (MDGs).

An audacious plan to achieve universal access to primary health care has been prepared and embedded in HSDP III. This plan aims to address the service coverage problem of the health system through an accelerated expansion and strengthening of primary health care services. It focuses on both physical availability and accessibility of essential health services by sufficiently reducing physical distance between primary health care facilities and health care users and by making essential health services available in the facilities. The prime target is expansion of essential health system inputs towards the achievement of the Millennium Development Goals (MDGs) (FMOH 2005-2009)

The 1993 Health Policy Focuses mainly on providing quality Promotive, Preventive and selected curative health care services in an accessible and equitable manner to reach all segments of population, with special attention to mothers and children. The policy has a particular emphasis on establishing an effective and responsive health delivery system for those who live in rural areas.

In the past, public health financing gave priority to the curative sector. This led to a considerable increase in the number of health facilities but with limited rates of utilization, partly because of lack physical access.

Evaluation of HSDP-II also revealed constraints in the availability of trained, high-level professionals and failure of essential services to reach the people at the grass roots level that showed there is huge gap between need and health care services available.

In response to the country's health problem, in 2003 the Ethiopian Federal Ministry of Health launched a new health care plan, the "Accelerated Expansion of Primary Health Coverage," through a comprehensive Health Extension Program (HEP), which serves as effective mechanism for shifting health care resources from predominantly urban to rural areas, where majority of the country's population resides. Therefore, HSEP could be considered as the most important institutional framework for achieving the MDGs. Moreover, the government has focused on " providing quality promotive, preventive, and selected curative health services in an accessible and equitable manner to reach all segments of population, with special attention to mothers and children. (FMOH, 2005/6-2009/10).

## **2. Focus Areas of The Health Extension Program**

As a preventive program, the HEP promotes four areas of care: Disease Prevention and Control, Family Health, Hygiene and Environmental Sanitation, and Health Education and Communication.

Health service extension program introduced 16 packages in four main areas that include.

A. Hygiene and Environmental Sanitation (Seven packages). There are: -

- Proper and safe excreta disposal system;
- Proper and safe solid and liquid waste management;
- Water supply safety measures;
- Food hygiene and safety measures;
- Healthy home environment;
- Arthropods and rodent control;
- Personal hygiene;

B. Disease Prevention and Control (four packages). There are

- HIV/AIDS prevention and control;
- TB prevention and control;
- Malaria prevention and control;
- First AID;

C. Family Health Services (Five packages)- There are

- Maternal and child health;

- Family planning;
- Immunization;
- Adolescent reproductive health;
- Nutrition;

#### D. Health Education and Communication

The Health Service Extension Program is implemented in the following modalities: -

- An outreach programme centered around rapid vocational training of health extension workers, two per Kebele, and construction and equipping of health posts (a health post per kebele) through accelerated expansion of PHC facilities.
- A community promotion programme centered around volunteer/private sector community promoters/TBAs., working under the supervision/guidance of health extension workers and providing support to households for behavioral change (e.g. breast feeding, complementary feeding, immunization, use of bed nets, clean delivery etc). The former Frontline Health workers (CBRHAs, TBAs) are incorporated into the system by serving as volunteers that work under the supervision of the Health Extension Workers.
- A programme strengthening the quality of and demand for clinical care particularly treatment of diarrhea, malaria in children, assisted delivery, early referral for mothers and children with danger signs, HIV testing and counseling as well as prevention of mother to child transmission in existing health stations and health centers.

The health service extension program is placing two government salaried female health extension workers in every kebele in the country. Each kebele may have a health post which will be operational center for two HEWs so as to provide outreach services for 5,000 households.

The program is based on expanding physical health infrastructure of 15,000 health posts in 15,000 kebeles and developing a cadre of health service extension workers of 30,000 by 2009 who will provide basic promotive, preventive and curative health services in the country.

### **3. The Role of CBRHAs in the Health Service Extension Program.**

HEWs spend 75 Percent of their time visiting families in their homes and performing outreach activities in the community. The remaining 25 percent is spent providing services at the health posts, including immunizations and injectable contraceptives,

The roles played by CBRHAs in community health care have broadened under the HEP, as their tasks expand to support and facilitate the work of the HEWs. As trusted local leaders, CBRHAs introduce these new health providers to village leaders and the wider community with their extensive experience in RH/FP. CBRHAs also assist the HEWs in explaining contraception, the concept of informed choice, and specific method selection.

While CBRHAs are able to provide contraceptive pills and condom locally, they welcome the presence of the HEWs, who have far more training and knowledge about health care in general. They now have a local resource at the near by health post to whom they can refer women for injectables, instead of sending them to a distant health center. Because the level of unmet need remains high, a concerted effort to make contraceptives available where they are most needed remains a priority.

CBRHAs also help the HEWs meet their goals for immunization campaigns and malaria awareness days by mobilizing families and getting them to immunize their children. They collaborate in teaching families to install pit latrines and improve household hygiene. This collaboration and division of labour between CBRHAs and HEWs has raised the status and enhanced the impact of both groups in the community.

#### **4. Current Status of the Health Service Extension Program**

The total number of health service extension workers demanded through out the nation is 30,000. The total number of health service extension workers deployed as of March 2008 is 24534, which is 82% of total demanded. More over, 5466 health service extension workers will be trained and deployed until 2009. (FMOH, 2005-2009).

**Table 1: - Percentage Distribution of Health Service Extension Workers Deployed by Region (2008).**

No.	Region	Number	Percentage
1	Tigray	1399	5.7
2	Afar	717	2.9
3	Amhara	8824	35.9
4	Oromia	5973	24.3
5	Somali	2785	11.3
6	Ben-Gumuz	86	0.3
7	SNNPR	4585	18.6
8	Gambella	47	0.2
9	Harari	39	0.1
10	Addis Ababa	0	0
11	Dire Dawa	79	0.3
	<b>Total</b>	<b>24534</b>	<b>100%</b>

*Source: FMOH, Planning and Programming Department.*

According to HSDP II and III, The Country's a comprehensive Health plan stated that the total number of health posts required (demanded) for the country by year 2009 is 15,000.

A total of 10,998 (73.3%) health posts had been constructed by March 2008. The rest of health posts (4002) will be constructed and finalized until 2009 in the country.

**Table 2:- Target Versus Achievement (2008)**

HSEW			Health Post		
Planned	Achieved	%	Planned	Achieved	Percentage (%)
30,000	24,534	82%	15,000	10,998	73.3%

*Source: - Report Made to the Ethiopia Parliament by FMOH, 2008*

There are also significant achievement obtained since the program started. Some of them include:

- 16 various packages (in Amharic and English) have been produced and distributed to concerned bodies.
- Development of regional implementation guidelines, preparation of reporting formats is carried out.
- Better improvements seen in the utilization rate of contraceptive and vaccination services.

### **Program Challenges**

The Following are major challenges encountered during the implementation of the program.

- Lack of attention to the details of working conditions and to human resources management (underdeveloped environment)
- Absence of Institutional arrangements for management of health service extension program at all levels.
- Absence of regular supervision not doing monitoring the quality of training and soliciting cooperation of other social sectors
- In availability of contraceptives, infrastructure, vaccines in sustainable manner
- In some area, health posts are not fully well equipped with needed equipment and supplies
- No research conducted on program area

### **The Way Forward**

- Strengthen planning, supervision at federal, regional and woreda level
- Strengthen monitoring and evaluation including health management information system
- Establish well designed system in managing of the health service extension programs at all levels
- Ensure the sustained availability of infrastructure, vaccines and contraceptives
- Allocate adequate budget to health posts
- Research should be conducted on the hot area of the program

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