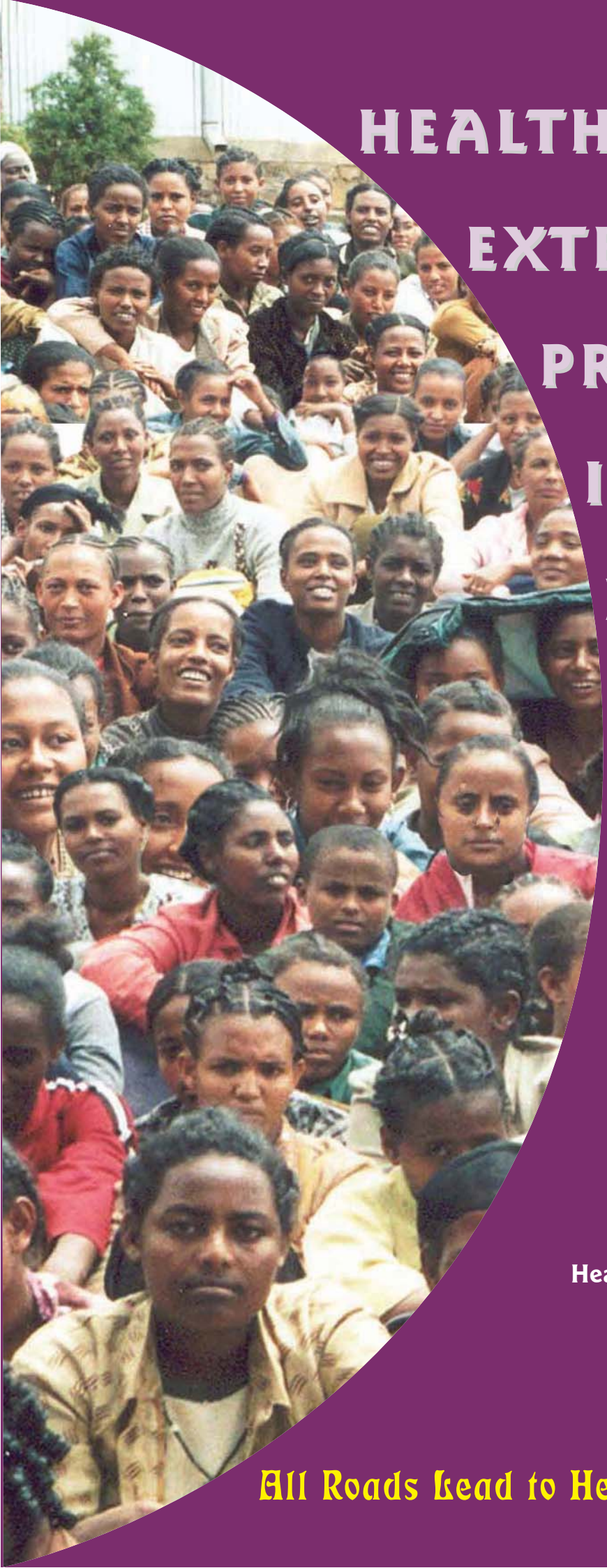

HEALTH EXTENSION PROGRAM IN ETHIOPIA

PROFILE

Health Extension and Education Center
Federal Ministry of Health
Addis Ababa, Ethiopia
June 2007

All Roads Lead to Health Extension Program!

The Health Extension and Education Center would like to extend its appreciation to Health Communication Partnership (HCP) for the technical assistance including the graphics work of this profile. We would also like to thank the United States Agency for International Development (USAID) for its financial support.

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Infection
CBRH	Community Based Reproductive Health
CHA	Community Health Agent
CHP	Community Health Promoters
EPHA	Ethiopian Public Health Association
FGD	Focus Group Discussion
GDP	Gross Domestic Product
HEW	Health Extension Worker
HIV	Human Immunodeficiency Virus
HEP	Health Extension Program
HMIS	Health Management and Information System
HSDP	Health Sector Development Program
IEC/BCC	Information, Education, Communication/Behavior Change Communication
IRT	Integrated Refresher Training
ITN	Insecticide Treated Net
MCH	Maternal and Child Health
M & E	Monitoring and Evaluation
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salt
PASDEP	Plan for Accelerated Sustainable Development to End Poverty
PHC	Primary Health Care
PNC	Post Natal Care
SNNPR	Southern Nations, Nationalities and Peoples Region
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendants
TT	Tetanus Toxoid
TVET	Technical Vocational and Educational Training
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
VCHW	Voluntary Community Health Workers
VCT	Voluntary Counseling and Testing
VHC	Village Health Committee
WHO	World Health Organization

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1 Background

It is clear that multifaceted steps have to be taken by the government and the people to eradicate poverty in Ethiopia. Millions of Ethiopians, especially those who live in rural areas, are exposed to a variety of preventable diseases, including malaria, tuberculosis (TB) and childhood illnesses. Ethiopia's maternal, infant and under-five mortality rates are still among the highest in the world.

The Ethiopian Government has formulated a series of Health Sector Development Programs (HSDP I, II and III 1997-2010) in line with the Plan for Accelerated and Sustained Development to End Poverty (PASDEP) and to achieve the health-related Millennium Development Goals (MDGs).

Despite the gains that were made in the implementation of HSDP I, it became clear that basic health services had not reached those in need, owing to lack of primary health care (PHC) services at the community level.

[1] All dates in this document are based on the European Calendar.

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 of physical access. Evaluation of HSDP I also revealed constraints in the availability of trained, high-level health professionals.

Therefore, inresponse to the country's health problem the government introduces "Accelerated Expansion of Primary Health Care Coverage" and the Health Extension Program (HEP). The new 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 the 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.

2 Introduction

The Extension Program (HEP) is a defined package of basic and essential promotive, preventive and selected high impact curative health services targeting households. Based on the concept and principles of PHC, it is designed to improve the health status of families, with their full participation, using local technologies and the community's skill and wisdom. HEP is similar to PHC in concept and principle, except HEP focuses on households at the community level, and it involves fewer facility-based services.

The philosophy of HEP is that if the right knowledge and skill is transferred to households they can take responsibility for producing and maintaining their own health.

The HEP is the main vehicle for bringing key maternal, neonatal and child health interventions to the community. It is expected that almost all of the activities listed in the National Child Survival Strategies are to be implemented through the HEP.

To provide coverage for the whole country, the government has decided to accelerate the implementation of the HEP by training and deploying 30000 Health Extension Workers (HEWs) by 2009.

A Kebele is the smallest governmental administrative unit, and on average has a population of 5000 people. By 2009, each Kebele will have a Health Post which will be the operational center for two HEWs, who will be responsible for providing outreach services. Construction of Health Posts and training of HEWs are being accelerated to reach these targets.

In addition to creating 30000 jobs for women at grassroots level, the HEP requires the creation of posts with responsibility for effective supervision and operation of the program. The manpower of the health departments at Federal, Regional, and Woreda (district) level is being increased to support the newly deployed HEWs.

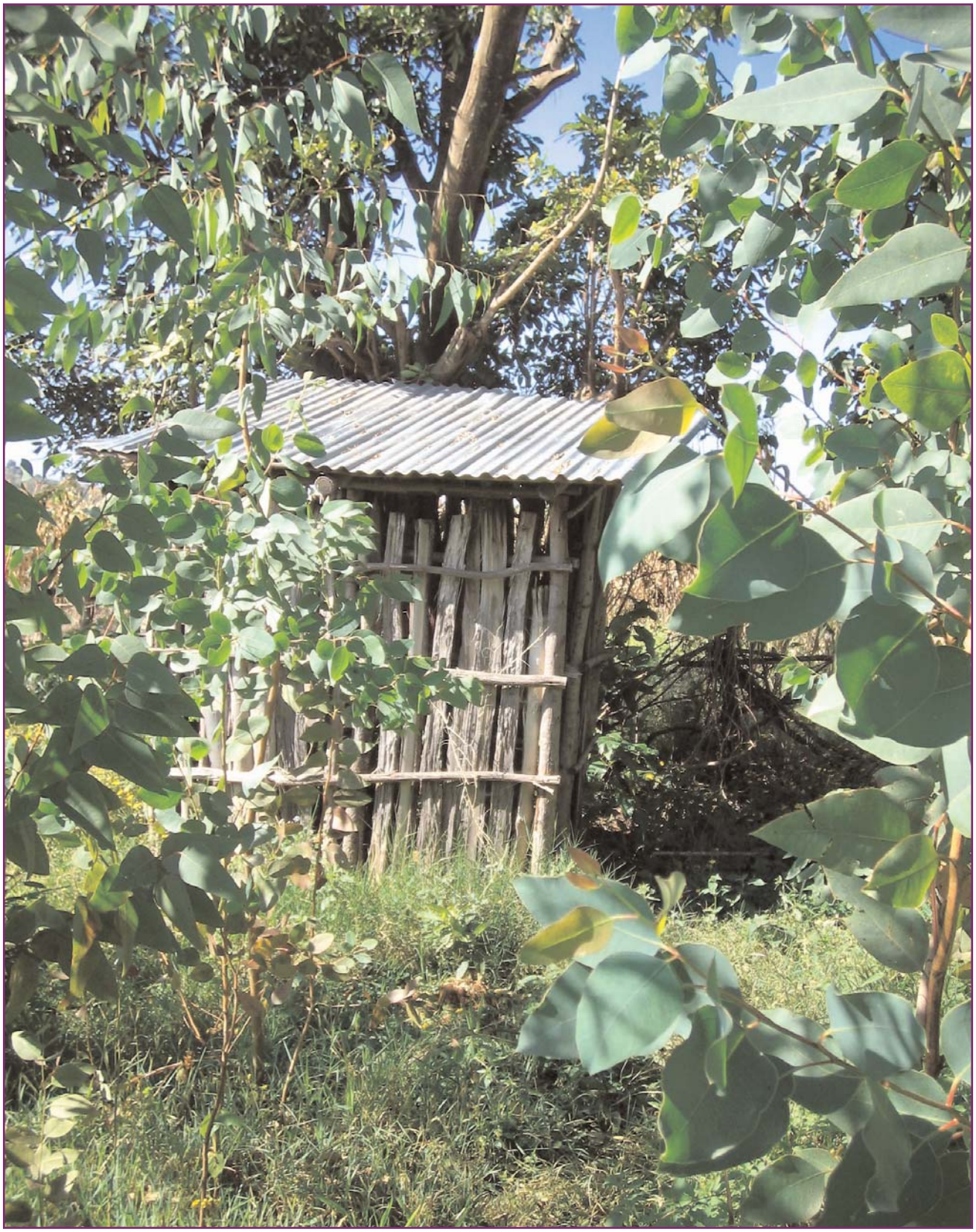
At the community level, in addition to HEWs, there are also groups of Voluntary Community Health Workers (VCHW). It is important that HEP links VCHWs to HEWs and ensures each group supports the work of the other. HEWs are most effective when working in collaboration with VCHW both to extend contact with families and the community, and to share different skills.

The HEP is a core component of the broader health system. While the strategies for the interventions focus on the household and community, the success calls for coordinated action at all levels. Health Centers in particular have a crucial role to play in providing referral care, technical and practical support to the HEP. The Woreda Health Offices similarly have an important role to play in support of the Health Centers and the Health Posts. The government has shown high commitment in prioritizing the HEP program by ensuring it receives the necessary financial and political support.

3 Goal

The overall goal of the HEP is to:

- Create a healthy society and reduce rates of maternal and child morbidity and mortality.

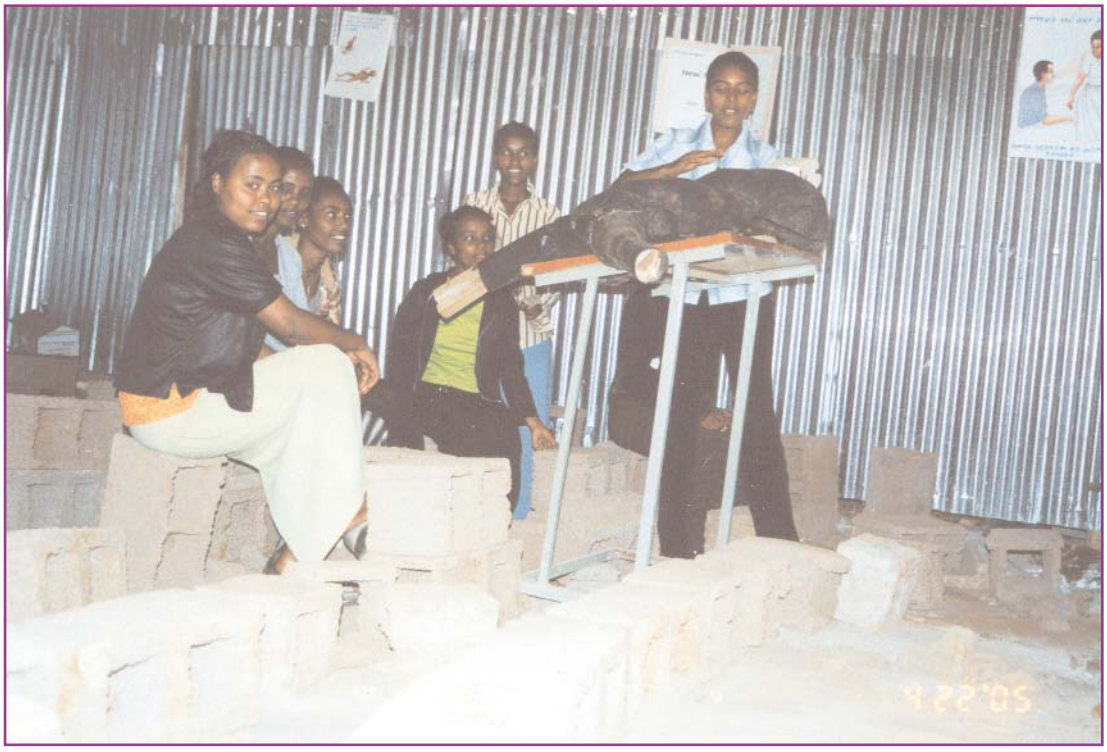


Latrine Construction

4 Objectives

The objectives of the HEP include:

- to improve access and equity to preventive essential health interventions at the village and household levels in line with the decentralization process to ensure health care coverage to the rural areas.
- to ensure ownership and participation by increasing health awareness, knowledge, and skills among community members.
- to promote gender equality in accessing health services.
- to improve the utilization of peripheral health services by bridging the gap between the communities and health facilities through HEWs.
- to reduce maternal and child mortality.
- to promote health life style.



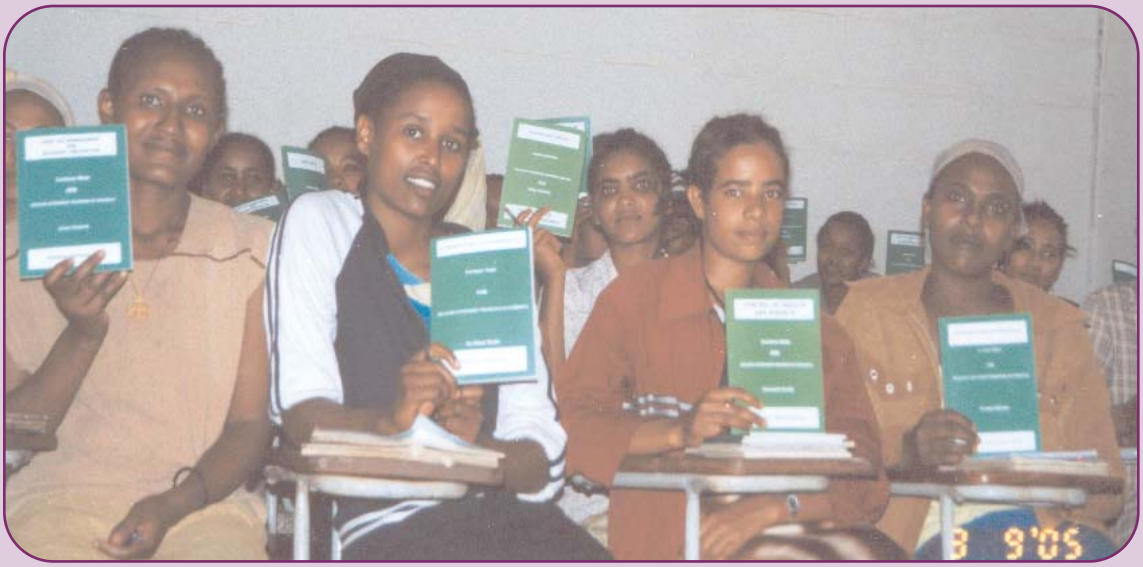
Training of HEWs

5 Implementation Strategy

As a major nationwide health program, HEP requires substantial investment in human resources, health infrastructure, and provision of equipment, supplies and commodities, as well as other operating costs.

5.1 Human Resources

Candidate HEWs must be women aged 18 years or older with at least 10th grade education. HEWs will be selected from the communities in which they reside in order to ensure acceptance by community members. Selection committees are comprised of a member nominated by the local community, representatives from the Woreda Health Office, Woreda Capacity Building Office and Woreda Education Office. Following selection, the HEW completes a one-year course of training which includes coursework as well as field work to gain practical experience.



Courses for HEWs are held at Technical and Vocational Education Training Schools (TVETs) of the Ministry of Education with the support from the Health Bureau and health service management at different levels. Forty TVET schools provide training to HEWs, and 140 TVET tutors have been trained to deliver pre-service training.

5.2 Construction of Health Posts

The operational center of the HEP is the Health Post, which functions under the supervision of the Woreda Health Office, Kebele administration, with technical support from the nearest Health Center. Health Posts are located at Kebele level to serve a population of 5000 people. Where possible, Health Posts are located near other public services and institutions (e.g. Kebele Administration offices) to foster enhanced coordination among government service providers. In localities where Health Posts are not yet built, the service are provided in provisional posts.

Each Health Post is staffed by two HEWs. If there are VCHWs (e.g. trained birth attendants, community based reproductive health agents) in the community, they work together with HEWs.

5.3 Procurement of Contraceptives, Medicine and Supplies

Health Posts must be adequately provided with equipment materials and supplies required to deliver the different packages of essential services to the community. Medicines and supplies are procured and distributed to the health posts by the Federal Ministry of Health, Regional Health Bureaus and Woreda Health Offices. Supplies are provided by Health Centers or Woreda Health Offices to the Health Posts.

5.4 Components of the Health Extension Package

HEWs are responsible for explaining and promoting the following preventive actions at community level.

Disease Prevention and Control

- HIV/AIDS and other sexually transmitted infections (STIs) and TB prevention and control
- Malaria prevention and control
- First Aid emergency measures

Family Health

- Maternal and child health
- Family planning
- Immunization
- Nutrition
- Adolescent reproductive health

Hygiene and Environmental Sanitation

- Excreta disposal
- Solid and liquid waste disposal
- Water supply and safety measures
- Food hygiene and safety measures
- Healthy home environment
- Control of insects and rodents
- Personal hygiene

Health Education and Communication

5.5 Health Extension Approaches

HEWs are required to spend 75% of their time conducting outreach activities by going from house to house. During these visits, HEWs are expected to teach by example (eg by helping mothers care for newborns, cook nutritious meals, construction of latrines and disposal of pits). HEWs utilize the following three approaches.

Model Families

HEWs identify and train model families that have been involved in other development work, and /or that have acceptance and credibility by the community, as early adopters of desirable health practices to become role models in line with heath extension packages. Model families help diffuse health messages leading to the adoption of the desired practices and behaviors by the community.

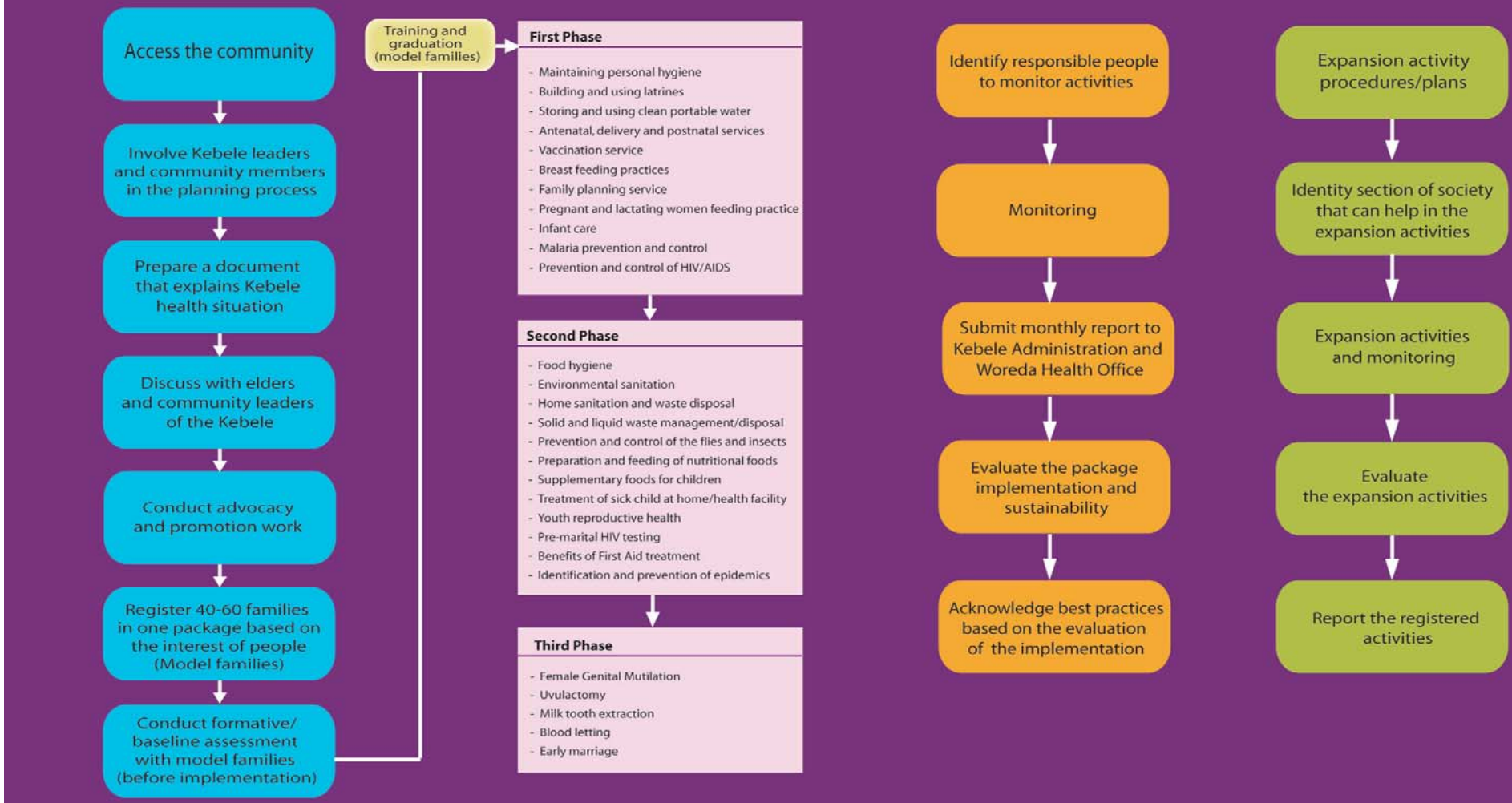
Community Based Health Packages

HEWs communicate health messages by involving the community from the planning stage all the way through evaluation. HEWs utilize Women and Youth Associations, Schools and Traditional Associations such as idir, mehaber, ekub, to coordinate and organize events where the community participate by providing money, raw materials and labor.

Health Posts

At the Health Post HEWs provide antenatal care, delivery, immunization, growth monitoring, nutritional advice, family planning and referral services to the general population of the Kebele.

Health Extension Program Implementation Cycle



5.6 Program Management and Governance

Planning Processes

The HEWs, in collaboration with the members of the Kebele Council, begin work by first conducting baseline surveys. Based on the survey findings, health problems are identified and prioritized, and plans of action are prepared. The draft plans of action are submitted to the Woreda Council through the Kebele Council for approval. Once approved, the plans are disseminated to the Woreda Health Office, Regional Council and Regional Health Bureau.

Roles and Responsibilities

Clear identification of roles and responsibilities is imperative for effective planning, implementation, monitoring and evaluation of the HEP. Duties and responsibilities of different government stakeholders at each level are described below:

Federal Ministry of Health

- Develop overall program concept, standards and implementation guides
- Determine career structure for HEWs
- Mobilize national and international resources
- Provide communication tools and materials
- Procure medical equipment and supplies
- Set up Health Management Information System.

Regional Health Bureau/Zonal Health Department

- Provide technical and administrative support to Woreda Health Offices
- Adapt implementation guidelines to local conditions
- Adapt communication tools and materials into local languages and distribute to Woreda Health Offices
- Obtain reports from Woreda Health Offices and provide information to the MOH
- Mobilize regional resources
- Establish referral systems between Health Posts and Health Centers
- Strengthen Health Management Information System.

Woreda Administration

- Allocate budget and other resources
- Co-ordinate activities implemented by Governmental and Non-Governmental bodies
- Monitoring and Evaluation.

Woreda Health Office

- Provide technical, administrative and financial support to HEP
- Allocate budgets and supplies to Health Centers and Health Post
- Adapt communication materials
- Provide supportive supervision of HEWs and the overall management of Health Centers and Health Posts
- Plan and provide in service training to HEWs and Woreda Health Office staff
- Obtain reports from Health Posts and Health Centers and provide information to Regional Health Bureau/Zonal Health Department.

Health Extension Workers

- Manage operations of Health Posts
- Conduct home visits and outreach services to promote preventive actions
- Provide referral services to Health Centers and follow up on referrals
- Identify, train and collaborate with VCHWs
- Provide reports to Woreda Health Offices.

Monitoring and Evaluation

Monitoring and evaluation are integral and important components of the HEP and contain both technical and managerial purposes. Monitoring is the process of regularly reviewing achievements and progress towards the goal. In this context, monitoring is the process of measuring, analyzing, and communicating information on the implementation of the HEP for effective decision making at all levels.

Evaluation is carried out to assess whether objectives are met and to determine the effectiveness and efficiency of the program. This helps to correct and improve the future planning process.

Monitoring and evaluation have to be built into the program from the outset as an integral part of the planning process. Monitoring and evaluation requires a health management information system to measure progress against objectives indicators and targets. Both qualitative and quantitative methods can be used to evaluate HEP. Tools or techniques to be used in collecting qualitative data are observations, in-depth interviews, and focus group discussions. In quantitative evaluations, tools used should include surveys. Quantitative and qualitative data are used together to give a clearer picture of the situation about the performance of the program.

The HEWs collect information with standardized reporting formats. The HEWs must keep accurate and timely records of their activities. The information captured is passed on to the Kebele Council and Woreda Health Office for review and action. At the Kebele level, the Kebele Committee, HEP and VCHW meet weekly and provide a report to the Kebele cabinet on program implementation. During town hall meetings the community identify weaknesses and strengths and provide ideas for improvement.

Supportive Supervision

Supportive supervision enhances capacity and helps to correct any constraints encountered in the implementation of the HEP. Effective supervision requires a team of experts with an appropriate mix of skills, strong management abilities and continuity among team members.

A supervisory team drawing its members from different disciplines is established at the Federal, Regional and Woreda levels to direct and support HEWs so that they effectively perform their duties. The teams will be involved in all aspects of program management including planning, implementation, monitoring and evaluation. Through these planned and coordinated supervisory activities at various levels, it will be possible to ensure that the quality and quantity of work is to the standard and in line with the general government policy.

Members of the team are trained in skills needed for supportive supervision (facilitation, interpersonal communication, problem solving and analytical skills), oriented on various tools and methods (such as peer review, performance assessment tools), and provided with opportunities to frequently upgrade their technical skills. The supervisors are trained on a specially designed curriculum.

At each level the supervisory team prepares its own annual plan, checklists and detailed schedule for each supervisory visit.

Organizational Composition of Supportive Supervisory Team

Federal supervisory team

- Disease prevention and control expert
- Maternal and child health expert
- Administration and finance expert
- Environmental / hygiene expert
- Health education expert

Regional supervisory team

- Disease prevention and control expert
- Maternal and child health expert
- Administration and finance expert
- Environmental / hygiene expert
- Health education expert

Woreda supervisory team

- Health officer
- Public health nurse
- Environmental / hygine expert
- Health education expert

5.7 Indicators of HEP

- Immunization, breastfeeding, use of Oral Rehydration Salt (ORS), adolescent parenthood, antenatal care, assisted delivery, contraceptive use, and tetanus toxoid immunization.

- Use of Insecticide Treated Nets (ITNs), anti-malarial drugs, HIV and sexually transmitted infections, TB follow-up and First Aid and self care.

- Facilities for liquid/solid waste disposal, safe drinking water, healty home environment, sanitation and hygiene.

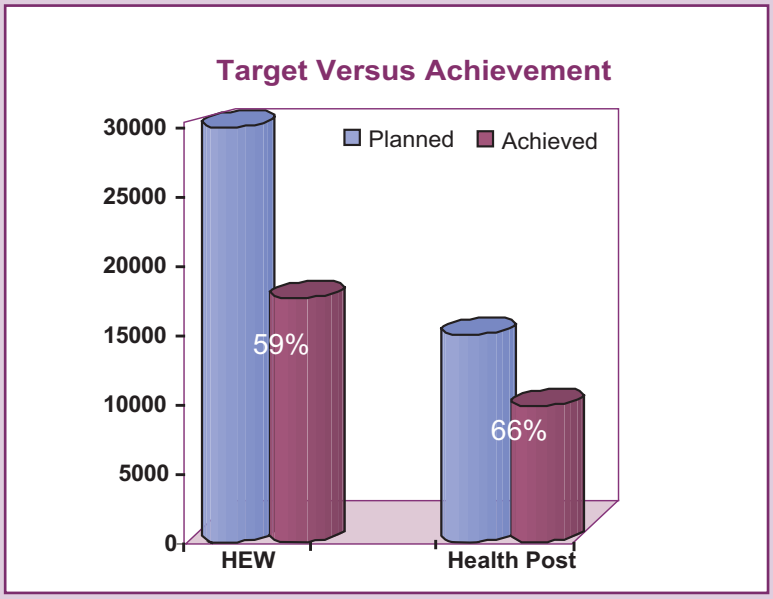
- Access to and utilization of preventive and promotive health services, referrals, adequately-staffed and well-maintained health posts, participation in basic health/demographic data collection, provision of financial support for Health Posts.

6 Status of Health Extension Program

6.1 Current Program Status

Training and deployment of health extension workers

The total number of HEWs required for the country is 30000. To date, three batches of HEWs have already completed their one-year training course and have been deployed to the Kebeles. The total number of health extension workers deployed as of June 2007 is 17653, which is 59% of the total required.

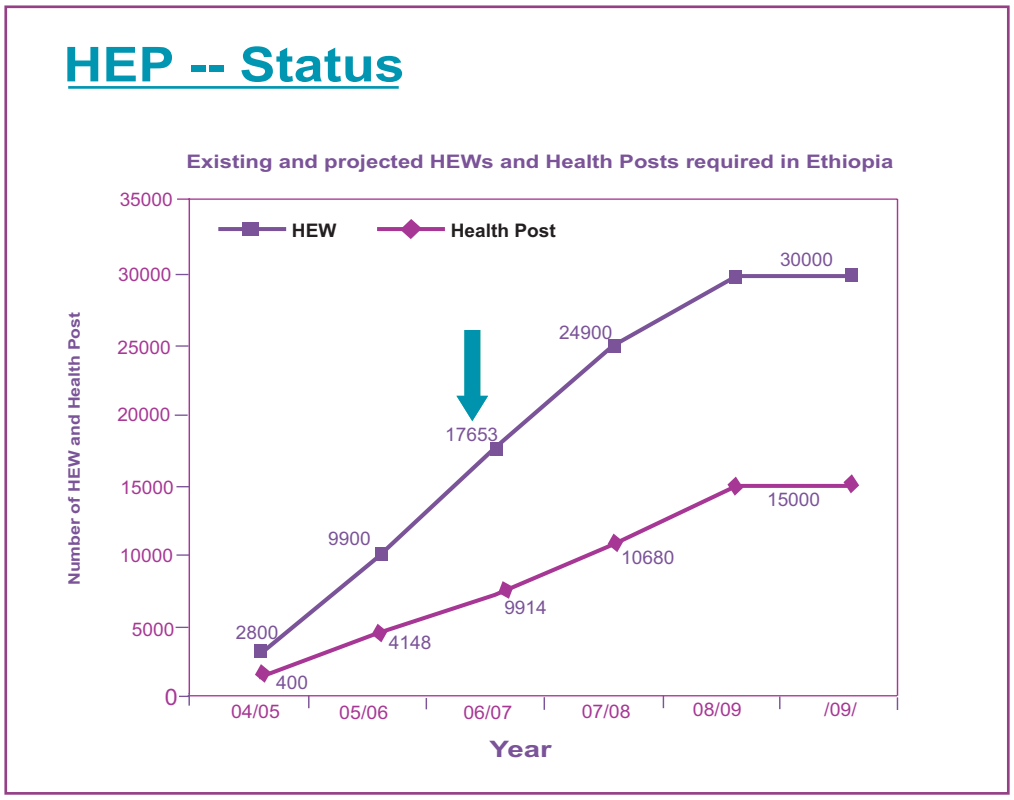


In addition, 7000 HEWs will be trained and deployed each year until 2009. Recruited HEWs receive training in the forty Technical and Vocational Education Training Schools (TVETs) that are found nationwide. The training is provided jointly by the Ministry of Education (MOE) and the Ministry of Health (MOH).

HEP Coverage

There is wide Regional variation in the proportion of rural Kebeles deploying HEWs. For example, Amhara, Tigray, Harrari, Dire Dawa, and SNNPR will have reached 100% coverage of HEWs by the end of 2007, while BeniShangul Gumuz and Oromia have attained coverage of 79% and 65% respectively.

According to HSDP II and III, the total number of Health Posts required for the country by the year 2008/9 is 15000. A total of 9914 (66%) Health Posts had been constructed by June 2007. Health Posts are also being furnished with the proper equipment and supplies to ensure their functionality. In 2006 the Federal Government had procured medical equipments and supplies for 2300 Health Posts. The procurement will continue to equip additional 4263 health posts in 2007.



HEP for Pastoralist and Urban Areas

The MOH has initiated the training of HEWs for the pastoralist areas in Afar, Somali and Gambella Regions, purchased Health Post equipment, supported translation and preparation of training materials, and provided technical support in preparing integrated development plans. The Afar, Gambella, and Somali Regional Health Bureaus has deployed 64, 50 and 135 HEWs respectively.

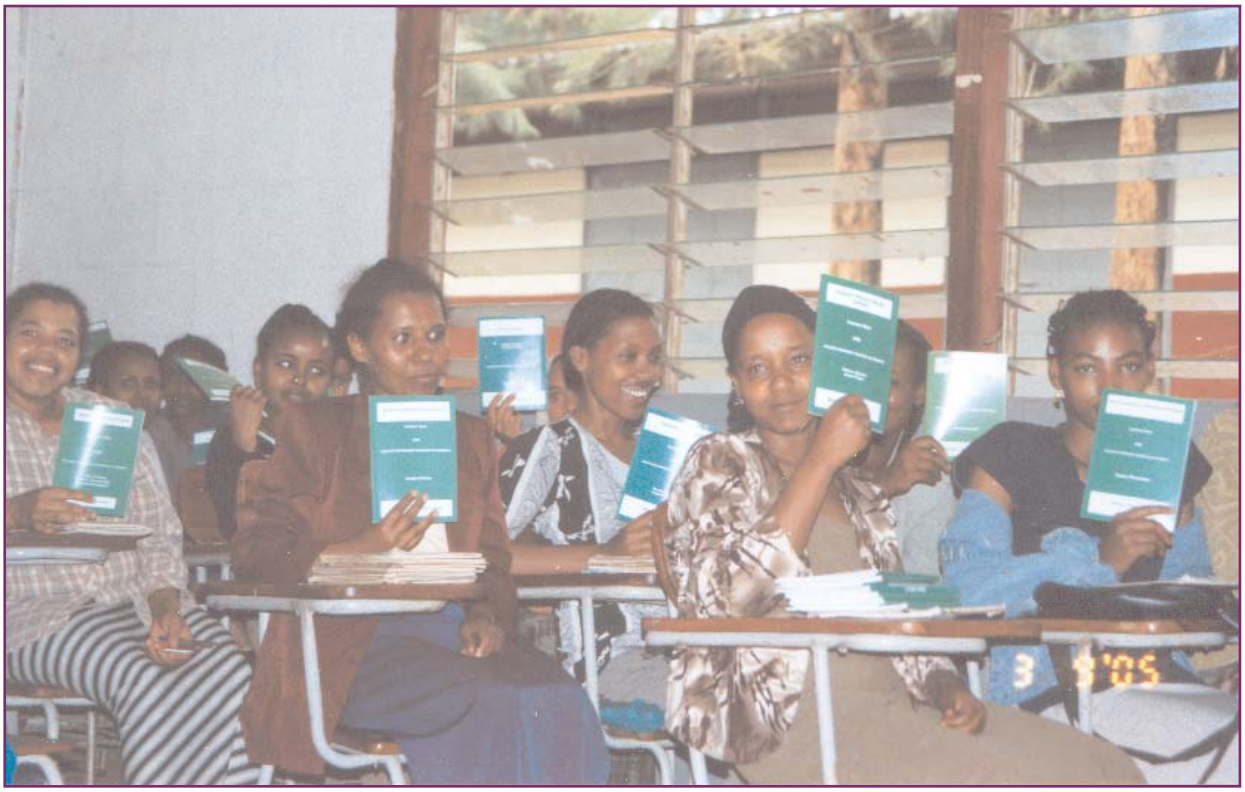
After consultation with Regional Health Bureaus and other stakeholders, a document elaborating the content and direction of Urban Health Extension Services has been prepared. This document will be the basis for the formulation of a HEP for urban areas and a curriculum for the training of urban HEWs.

Integrated Refresher Training (IRT)

Preliminary assessments have shown that there is a gap in some of the practical skills of HEWs, since HEWs were trained on a limited set of topics from the broader HEP curriculum including immunization, family planning, HIV/AIDS, monitoring and evaluation. The MOH has therefore decided to provide Integrated Refresher Training (IRT).

Woreda Health Offices and Health Center staff will be trained as trainers for IRT in order to ensure adequate pool of trainers for future refresher training of HEWs, and to strengthen the monitoring and evaluation provided by Woreda level personnel of HEWs. The trainers undertake an eighteen-day course incorporating new and existing information.

The Woreda health team is responsible for conducting similar trainings for HEWs, the Regional Health Bureau and Zonal Health Offices, who will be responsible for the coordination of IRTs in the future. Up to June 2007, a total of 856 trainers were trained and 4772 HEWs have already received IRTs after their deployment. The trained HEWs in turn give the training to VCHWs.



Success Stories

Bezunesh Zewde, Health Extension Worker

"My name is Bezunesh Zewde and I came from Jewe Kebele in Limu Woreda of the SNNPR Region. I am 32 years old and grew up in the same Kebele. I have been working in this Kebele for a long time.

In my Kebele, there are 116 households with a population of 6790. I used to work in the community for 8 years. Then, I became a volunteer Community Health Promoter and worked for 2 years. While I am working as ahealth promoter, I have been selected to work as a Health Extension Worker and have been given a one year training, When I finished the training last year, I started working as a Health Extension Worker and usually visit up to 200 homes per month.

The nearest Health Post is 4 hours on foot. The community appreciates our work very much because of the services HEWs provide. The Health Post is open one fixed day a week for antenatal care and counseling. Currently I am the only HEW working in our Kebele therefore I can't be at the Health Post the whole day and wait for people to come because I go from house to house and visit mothers with newborns to teach them about breastfeeding, immunization and family planning.

Women are given priority to become HEW and empower other women to bring change in their family because in our community women are the primary care givers.

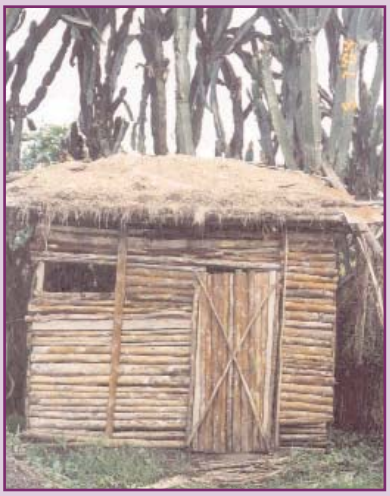
The community's acceptance of me as well as the healthful living has grown gradually.

Of all the things in my Kebele that I feel extremely proud of is hygiene. Almost everyone has constructed a latrine and as a community we have had a campaign to clean the water source and fence it to prevent animals from entering."

Source: Interview

Teguada's Story

Teguada Terefe is a 25 years old and a mother of two children. She is a Health Extension Worker in Libo Kemkem Woreda of Amhara Region. Having completed 10th grade, she was selected to be trained as a HEW in her district's Technical and Vocational Education Training School. She successfully completed the one-year training course and has been working at the Health Post in her kebele for almost two years now. Teguada and her HEW colleague provide health services to the 6670 people in their kebele.



Teguada goes from house to house on Monday, Tuesday and Wednesday each week to teach community members about family planning, distrubute bed nets for malaria prevention, create awareness of the importance of hygiene and sanitation, and give training on first aid. She visits mothers with newborn babies to teach them about breastfeeding, immunization and preparing nutritious meals. She also guides households to construct latrines and improve hygiene, and shows them how they can combat the flies, mosquitoes and parasites that carry disease by keeping their environment clean.

On Thursdays and Fridays Teguada stays at the Health Post to provide services on family planning, immunization, treatment of malaria and diarrhoea, advice on prevention of HIV/AIDS, other sexually transmitted infections, and routine care during pregnancy.

Teguada needs to travel up to two hours on foot every day. She says, "Tough I feel tired I don't mind walking such distances because the community is very appreciative of our work. There is nothing that makes me happier than seeing my community's healthful living improving. The community's acceptance of the program has gradually increased from a low base."

Recalling the thousands who died of malaria in her woreda a few years ago, Teguada says, "Thanks to the the Health Extension Program, my community members have better access to anti-malaria drugs and bed nets and they live in a healthy home environment." Although she takes great pride in having helped to bring about a big increase in use of malaria bed nets, she continues to strive for even greter improvement. "Eighty percent of households in my kebele now use bed nets. The remaining twenty percent are not using them because of lack of awareness. I will work hard to ensure the bed net coverage in my kebele reaches 100% next year" says Teguada.

Source: DFID Web site: http://www.irinnews.org/report.aspx?reportId=72371

6.2 Program Challenges

Based on various reports and assessments of HEP the following program challenges have been identified:

- Some of the Health Posts are not fully furnished with the necessary equipment and supplies
- Inadequate means of communication and transportation impede supervision and reporting
- Woreda Health Offices lack sufficient capacity to provide supportive supervision/ monitoring and evaluation
- The referral system is weak.

6.3 Way Forward

- Allocate adequate budget to Health Posts
- Construct and complete Health Posts to reach all Kebeles
- Strengthen planning, resource allocation and supervision at the Federal, Regional and Woreda level
- Conduct continuous capacity building activities for HEWs and Woreda level staff
- Strengthen logistic management system and provide regular and uninterrupted supply of essential commodities
- Strengthen referral system
- Strengthen monitoring and evaluation including Health Management Information System.