Community Based Program in Ethiopia: Form CBD to a Massive, State-run Health Extension Program

All Roads Lead to Health Extension Program!

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1. Background
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1. Background

- Ethiopia Located in the Horn of Africa
- Second most populous country in Sub-Saharan Africa with population of 84 million in 2012
- The population is growing at 2.6% annually
- Ethiopia is the least urbanized country with 16% urban population
- 84% rural population, live out of reach of health providers
1. Background

- Substantial efforts have been made in the last two decades to improve the health status of Ethiopian people
- Considerable achievements have been registered particularly in improving the infant and child mortality, reducing fertility, etc.
- Still there is a lot to improve
- To address this the government initiated Health Extension Program
- Since 2003 the HEP has been rolled out step by step to reach full coverage of all rural villages by the end of 2010 and now including urban areas

The objective was to make FP services accessible to those far from the health delivery points,

Mainly focused on creating awareness among the community on FP and distribute FP methods, condom and pills,

Two rural communities of Mana Kersa and Nada Dido, in Jimma Zone of Southwestern Ethiopia.
The CBD agents were selected by the community members through a prior set selection criteria including:

- interest and willingness to volunteer for community work;
- sufficient knowledge about the socio-economic and cultural context;
- respect to community values;
- ability to speak the local language;
- ability to read and write and getting high community respect.
CBD Agents of FGAE at the end of their Training, 1994
The CBD program was expanded to various parts of the country by FGAE and other organizations.

The program continued until 2008.

It was successful, in some rural communities the contraceptive prevalence had reached 50%.

Over the period 1998–2004, the CBD program in FGAE covered as much as 65–70% of the Association’s FP service volume.
3. Health Extension Program (HEP)

- The Government of Ethiopia initiated the HEP to accelerate utilization of primary health care services in rural communities
- Considering the challenges related to distance and access to fixed health facilities among women, men and young people;
- To achieve targets set in in the Five-Year National Development Plans and MDGs
- The lessons drawn from project based success stories of the CBD programs,
  - Health Extension Agents – have now replaced all the volunteer based service delivery schemes
The HEP is designed to improve the health status of families,
With full participation of the community, using local technologies and the community's skill and wisdom.

The philosophy of HEP is that:
- if the right knowledge and skill is transferred to households they can take responsibility for \textit{producing and maintaining their own health}. 
3. Health Extension Program...

- Health extension workers are recruited from the communities
- they are female (except in pastoralist areas), at least 18 years old
- have at least a 10th grade education, and speak the local language
- Health extension workers are for a 12-month course of theoretical and field training
- Females are selected because most of the HEP packages relate to issues affecting mothers and children; thus communication is thought to be easier between mothers and HEWs
3. Health Extension .......

- Two female HEWs are assigned at each Kebele,

- A Kebele is the smallest governmental administrative unit, with on average has a population of 5000 people, 15,000 Kebeles in the country

- The Health Extension Program is now a network of about 35,000 rural HEWs and 4,800 urban Health Extension Professionals [Graduate Nurses].

- Upon completion of training, health extension workers are assigned as salaried government employees to kebeles

- Health Posts are constructed in all the Kebeles with the involvement of the community,
The operational center of the HEP is the Health Post,

Health Posts are located at Kebele level to serve a population of 5000 people. (HEW/Pop = 1:2,500)

The health center serves as a referral center and logistic hub for a health post and also offers technical support

The health post is under the supervision of the district health office and the kebele administration,

Supervisors were trained and deployed in 3,200 health centers. Each supervisor supports 10 health extension workers in 5 satellite health posts,

Five health posts and a health center work in collaboration and for the Primary Health Care Unit (PHCU) that serves 25,000 people.
3.1 The Objectives of HEP

- To improve access and equity to preventive essential health interventions at the village and household levels.
- To ensure ownership and participation by increasing health awareness, knowledge, and skills among community members.
- To promote gender equality in accessing health services.
- To promote health lifestyle
3.2 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**
3.3. Health Extension Approach

HEWs utilize the following three approaches

1) 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 health extension packages.

- Model families help diffuse health messages leading to the adoption of the desired practices and behaviors by the community.

2) 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 to coordinate

- organize events where the community participate by providing money, raw materials and labor.
3) At Health Posts

The HEWs provide

- Antenatal care,
- Clean and safe delivery,
- Immunization,
- Growth monitoring,
- Nutritional advice,
- Family planning (condom, pills, injectables, etc,)
- Diagnosis and treatment of pneumonia (added in 2010)
- Child health management (added in 2010) and,
- Referral services to the general population of the kebele.
3.3. Health Extension Approach....

- Recently *Family folders* are developed based on the 17 packages of health interventions,

- Each household has a family folder that records the status of its members
  - for family planning, antenatal care, expanded program of immunization, and so forth) and the household in general
  - Ownership and use of a latrine, clean water supply and use, waste disposal, etc.

- In the process, all households in Ethiopia will have a formal medical record,
- In the absence of vital registration system in Ethiopia, this will be an important source of information
3.4 Program Management

Planning Processes

- The HEWs 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 (district) Council through the Kebele Council for approval.
- Once approved, the plans are disseminated to the Woreda Health Office, Regional Council and Regional Health Bureau.
### 3.5 Roles and Responsibilities

**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.
3.5 Roles and Responsibilities ...

**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.
3.5 Roles and Responsibilities

_Woreda (District) 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
3.5 Roles and Responsibilities

- Federal Ministry of Health
- Regional/Zonal Health Bureau
- Woreda (District) Health Office
- Kebele/Health Post /Health Extension
3.5 Roles and Responsibilities ...

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.
3.6 Monitoring and Evaluation

- Monitoring and evaluation are integral and important components of the HEP
- The HEWs collect information with standardized reporting formats
- Regular monitoring for effective decision making at all levels
- Monthly, quarterly and Annual review meetings at various level
- The Annual Review Meeting involves all stakeholders and lead by the top officials of MoH
- Evaluation is carried out to assess whether objectives are met and to determine the effectiveness and efficiency of the program.
- Helps to correct and improve the future planning process.
Supportive Supervision

- Supportive supervision is conducted to enhance the capacity of Health Extension Workers.
- The supervisor is located at the Health center in the wereda (district) capitals.
Organizational Composition of Supportive Supervisory Team

1. Supervisory team
   Disease prevention and control expert
   Maternal and child health expert
   Administration and finance expert
   Environmental / hygiene expert
   Health education expert

2. Regional supervisory team
   Disease prevention and control expert
   Maternal and child health expert
   Administration and finance expert
   Environmental / hygiene expert
   Health education expert

3. Woreda supervisory team
   Health officer
   Public health nurse
   Environmental / hygiene expert
   Health education expert
HEW informing a client on FP options
4.1 Key Achievements

- HEPs played pivotal role in transforming public understanding on health issues including HI/AIDS

- Until June 2010, 9 million households were graduated as model households

- Unprecedented increase in CPR From 15% in 2005 to 29% in 2011), reduction in infant and child mortality, and fertility in the country

- Expanding access to FP and other primary health care services such as child health management–immunization and others,
4.1 Key Achievements ......

- an average annual increase in the number of fully immunized children of 15 percent since 2006

- the proportion of households with access to improved sanitation substantially increase,

- Use of insecticide-treated nets by children under five and pregnant women increased

- patients with fever or malaria sought treatment with anti-malaria drugs the day of or the day after the onset of symptoms and reduction in mortality related to malaria,

- The strategy empowered women as agents of change and as leaders of social justice and development.
4.2 Program Challenges

- It Requires huge budget and continuous capacity building,
- 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
4.3 Conclusion

- The Health Extension Programme making a substantial difference in the lives of Ethiopian families, particularly those who reside in rural areas,

- Political leadership at every levels are a critical success factor in improving health outcomes,

- Support from various partners, national and international is crucial

- Strengthen South to South Cooperation

- Community ownership is a key to sustainable program

- To make the program sustainable it is critically important to:
  - Ensure continuous logistics supply—equipment, contraceptives, vaccines, insecticide–treated nets, delivery kits, etc.
  - Strengthen capacity building at various levels
  - Continuous training of HEW to replace those who leave the program
  - Strengthen logistic management system and provide regular and uninterrupted supply of essential commodities
  - Strengthen monitoring and evaluation including Health Management Information System,
Thank you for your kind attention!