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Community Health Workers: Ethiopia

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Community Health Workers: Ethiopia

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ABSTRACT: This document provides resources on Ethiopia's experiences with community health worker programs, specifically USAID-supported projects. The first section provides a policy framework for community health workers and community-based programs in Ethiopia. In the next section, USAID-supported community health worker programs in Ethiopia are highlighted. The third section contains current research studies on community health workers globally and specifically in Ethiopia. These resources include literature reviews on feasibility and effectiveness of community health worker programs. In the final section are additional useful resources on community health workers.

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Overview

The use of community health workers to increase the reach of health services has been a part of various health programs in both developed and developing countries since the 1970s. As more countries face critical health workforce shortages, increased involvement of community health workers as a strategy to address some of these human resource issues is being discussed. Ethiopia is one country example in which multiple community health worker programs have been implemented, supported by Government of Ethiopia's Federal Ministry of Health and USAID.

This document contains resources on Ethiopia's experiences with community health worker programs, specifically USAID-supported projects. The first section provides a policy framework for community health workers and community-based programs in Ethiopia via the Federal Ministry of Health website. In the next section, USAID-supported community health worker programs in Ethiopia are highlighted such as Essential Services for Health in Ethiopia (ESHE) and Reproductive Health and Family Planning Project. The third section contains current research studies on community health workers globally and specifically in Ethiopia. These resources include literature reviews on feasibility and effectiveness of community health worker programs. In the final section are additional useful resources on community health workers.

I. Government of Ethiopia, Federal Ministry of Health (FMOH)

Ethiopia's Federal Ministry of Health website provides information on the health programs being implemented under the Health Sector Development Programme (HSDP). It contains links to FMOH's various departments, regional health bureaus, current news and events, country health fact sheets, and announcements. The Publications webpage has links to useful policy documents, including health strategies, curricula, and specific program documents.

http://www.moh.gov.et/index.php?option=com_frontpage&Itemid=1

Health Extension Program (HEP)

Under the Health Sector Development Programme (HSDP) II (2002-2005), the Health Extension Program (HEP) was introduced to provide a quality package of health services at the community level. This set of health interventions included basic and essential preventive and curative services to reach all households, with a particular focus on mothers and children. Thus, all maternal and child health interventions would be addressed through the HEP. Several cadres of community health workers would be trained and deployed to provide these services to households: health extension workers (HEWs) and voluntary community health workers (VCHWs). The resources below describe the Health Extension Program in more detail:

- Health Extension Program in Ethiopia Profile 2007
http://www.moh.gov.et/index.php?option=com_remository&Itemid=47&func=fileinfo&id=228
- Health Service Extension Programme: Draft Implementation Guideline 2005
http://www.moh.gov.et/index.php?option=com_remository&Itemid=47&func=fileinfo&id=230

II. USAID-supported Community Health Worker Programs in Ethiopia

This section contains resources on USAID-supported programs with a community health worker component in Ethiopia. These programs have typically utilized community health workers in primary health care and maternal and child health services; more recently, community health workers are becoming more involved in more specific areas such as HIV/AIDS and TB home-based and community-based care models.

Basic Support for Institutionalizing Child Survival (BASICS)

Although the following documents are from the mid-1990s when the first BASICS project was implemented, these resources are useful as background information for understanding how community health workers began to be integrated into health service delivery programs.

Betre, Mulugeta and Murray, John. 1996. Regional primary health care planning workshop: Ethiopia Ministry of Health and BASICS/ESHE [essential services for health in Ethiopia project]/USAID -- Awassa, April 3-5, 1996. BASICS trip report
6 Apr 1996, 21 p. + 4 appendices [37 p.]
Technical directive no. 000-ET-01-005

Freund, Paul J. 1995. Health facility survey in the Southern Nations and Nationalities People's Region (SNNPR). Partnership for Child Health Care, Inc. BASICS trip report.
Project No: 9366006 HRN-6006-C-00-3031-00 HRN-C-00-93-00031-00

Abstract: This paper presents findings from a health facility survey conducted in the Southern Nations and Nationalities People's Region (SNNPR) of Ethiopia. These survey results were used to determine priority activities for the Essential Services for Health in Ethiopia (ESHE) project. Some of the main topic areas the survey covered were: coverage, access, and reach of health services; human resources capacity to delivery these health services; and provision of health supplies and equipment.

Carlson, Dennis. 1995. Review of the human resource development plans of the Regional Health Bureau in the Southern Nations, Nationalities, and Peoples Regional Government in Ethiopia: options for USAID/ESHE [essential services for health in Ethiopia] project involvement -- trip report : Awassa, Addis Abeba, and Jimma, Ethiopia, November. BASICS trip report
17 Dec 1995, v, 11 p. + 8 appendices [60 p.]
BASICS technical directive no. 000-GU-01-004, 000-HN-01-004/000-GU-01-025

Amde, Wondimu; Baraki, Genet; et al. 1995. Analysis of data from the community demand study for essential services for health in Ethiopia (ESHE) project: final report
BASICS technical directive: 000 ET 01 018

Capacity Project

Capacity Project in Ethiopia. 2008. Capacity Project Country Brief series, No. 8. IntraHealth International.
http://pdf.usaid.gov/pdf_docs/PDACL619.pdf

Abstract: This country briefing paper on Ethiopia summarizes the Capacity project's expansion activities in prevention of mother-to-child transmission (PMTCT) services. As part of this initiative, traditional birth attendants and health extension workers will have a larger role in PMTCT. Community action facilitators are used to mobilize pregnant women and their partners for HIV counseling and testing, and delivering at a health facility.

Essential Services for Health in Ethiopia (ESHE) Project

The ESHE Project works in collaboration with the Federal Ministry of Health to improve child health in three regions: Amhara, Oromia, and SNNPR. ESHE is being implemented by John Snow, Inc. (JSI) with the following sub-contractors, Abt Associates Inc., Academy for Educational Development (AED), and Initiatives Inc. This ESHE website contains links to information about the project and its activities. Of particular interest is the Community Health Promoters' Initiative (CHPI) in which community health promoters (CHPs) promote health behaviors in places where community members gather, e.g., coffee ceremonies and markets.
<http://www.eshe.org.et>

Selected resources from the ESHE website:

- National Child Survival Strategy Document July 2005
<http://www.eshe.org.et/childsurvival/Child%20Survival%20Strategy.pdf>
- Year 5 Quarter 1 Report (July-September 2007)
http://www.eshe.org.et/reports/Quarter%20Reports/Year_5_Quarter_1.pdf
- ESHE Annual Report 2005-2006
http://pdf.usaid.gov/pdf_docs/PDACL268.pdf
- Behavior Change Communication and Community Mobilization
<http://www.eshe.org.et/reports/Brief%20Notes/BCC%20Community.PDF>

ESHE. 2001. Making community health workers cost-effective and sustainable. Federal Democratic Republic of Ethiopia Ministry of Health reports, Analytical report, 2.

Essential Services for Maternal and Child Survival in Ethiopia

Save the Children. 2002. Essential services for maternal and child survival in Ethiopia: mobilizing the traditional and public health sectors and informing programming for pastoralist populations. Ethiopia CS-17 [child survival-17] detailed implementation plan.
http://pdf.usaid.gov/pdf_docs/PDABW017.pdf

Abstract: This project document from Save the Children outlines a maternal and child health intervention plan to promote basic and essential health services for rural target populations. Several groups of community members are involved in the implementation of community-based interventions: Bridge-to-Health Teams (BHTs), Traditional Birth Attendants (TBAs), Case Management Worker (CMWs), and Health Action Committees (HACs). Trainings for community health workers were conducted on case management of childhood illnesses, including malaria.

Farta Woreda Child Survival Project

Whitson, Donald. 2007. Farta Child Survival Project: Amhara National State, South Gondar Administrative Zone, Farta Woreda, Ethiopia: Final Evaluation. CARE/Ethiopia.
http://pdf.usaid.gov/pdf_docs/PDACL378.pdf

Abstract: This final evaluation report of the Farta Child Survival Project (2002-2007) implemented by CARE/Ethiopia examines whether project achievements were met to improve maternal and child health through interventions on nutrition, pneumonia case management, and control of diarrheal diseases. One of the project objectives was to ensure high-quality level of care by health personnel, Community Health Workers (CHWs), and other service providers. A constraint identified through the assessment was that CHWs were not allowed under Ministry of Health policy to dispense ORS at health posts. However, behavior change communication (BCC) and community mobilization activities on key health issues were found to be successful through community-based groups like mother groups, and reinforcement of these BCC messages from volunteer community health workers and community health promoters.

IMPACT Project

IMPACT. 2007. Ethiopia Final Report: September 2001 to September 2006 -- USAID's Implementing AIDS Prevention and Care (IMPACT) project.
http://pdf.usaid.gov/pdf_docs/PDACK070.pdf

Abstract: This final country report for Ethiopia presents project achievements under the IMPACT Project to decrease HIV prevalence and improve quality of life for people living

with HIV/AIDS (PLHAs) in Addis Ababa, Amhara, Oromia, and Southern Nations and Nationalities Peoples Region (SNNPR). Community mobilization was one of the methods used to promote messages of safer behaviors to communities, e.g., youth associations and peer educators encouraged discussions on sensitive issues such as HIV/AIDS and sexual behavior.

IMPACT. 2002. Human capacity development for an effective response to HIV/AIDS: the community response -- Addis Ababa, Ethiopia
http://pdf.usaid.gov/pdf_docs/PNADA470.pdf

Abstract: This IMPACT project report describes discussions conducted with various groups of community members, e.g., *idir* representatives, women's groups, youth, religious leaders, on the issue of human capacity to address the HIV/AIDS epidemic. Findings from this assessment indicate that community members are engaged in HIV/AIDS prevention, care, and treatment programs and would like to improve their abilities to work better together to address this important issue.

LINKAGES Project

LINKAGES/Ethiopia: 2003-2006 Final Report
http://www.linkagesproject.org/publications/Ethiopia_Final_Report_06.pdf

Abstract: This is a final report of the LINKAGES project in Ethiopia which promoted the integration of essential nutrition actions (ENA) and a package of nutrition interventions to other health and non-health programs. In collaboration with ESHE Project and the Regional Health Bureaus, community outreach activities were conducted with community health workers and volunteers on promoting healthy behaviors to mothers, children, and families.

NGO Networks for Health

Rubardt, Marcie. 2002. CARE International's community-based distribution program in Eastern Ethiopia increases contraceptive use. NGO Networks for Health.
http://pdf.usaid.gov/pdf_docs/PNACS821.pdf

Abstract: This publication describes the efforts of CARE's Population and AIDS Prevention Project which increased modern contraceptive use in the Oromiya region from 4 percent to 24 percent. It presents key elements of its success, including the following: understanding family planning within an economic framework; providing a supportive environment for family planning; involving primary decision-makers (men) in family planning; and using trained CARE extension agents (primarily men) to identify and recruit community-based reproductive health agents (CBRHAs).

PHRplus

Kombe, Gilbert; Galaty, David; et al. 2005. Human and financial resource requirements for scaling up HIV/AIDS services in Ethiopia. Abt Associates, Inc.
http://pdf.usaid.gov/pdf_docs/PNADC109.pdf

Abstract: This report from the PHRplus Project outlines one of the greatest challenges to scale-up HIV/AIDS services in Ethiopia: human resource shortages. For example, the physician-to-patient ratio is one of the poorest in the world. Thus, discussions are taking place in some countries like Ethiopia about task-shifting, in which physician-focused models would be shifted to other care-focused models. Although this type of model would delegate certain responsibilities from the physician to nurses and to a lesser extent

to community health workers, it is uncertain how quality of care for these services would be affected.

Reproductive Health and Family Planning Project

Wilder, Jennifer. 2008. Ethiopia's Health Extension Program: Pathfinder International's Support 2003-2007. Pathfinder International.

http://www.pathfind.org/site/DocServer/CBRHAs_HEWs_REVISIED_REPRINT_2_.pdf?docID=11303

Abstract: As part of USAID's reproductive health and family planning (RH/FP) program, Pathfinder International has been implementing a community-based intervention to delivery high-quality RH/FP services in four regions of Ethiopia. This publication describes the efforts of community-based reproductive health agents (CBRHAs), traditional birth attendants (TTBAs), and community health promoters (CHPs), who are all integral to the community-based approach to health that the Government of Ethiopia is promoting under the Health Extension Program.

Pathfinder International. 2008. Service Delivery-based Training for Long-Acting Family Planning Methods: Client/Provider satisfaction assessment.

http://www.pathfind.org/site/DocServer/LAFP_Pathfinding_Jan_2008_for_printing_2_.pdf

Abstract: In order to assess quality of care issues for long-acting family planning (LAFP) methods, the RH/FP Project conducted a survey with LAFP users and discontinuers, community-based reproductive health agents (CBRHAs), health care providers, and managers of health facilities where LAFP methods are provided. One of the key findings was that CBRHAs were cited by clients as the primary source of information on LAFP methods than health workers (85 percent compared to 21 percent).

Burket, Mary. 2006. Improving Reproductive Health through Community-Based Services: 25 Years of Pathfinder International Experience. Pathfinder International.

http://www.pathfind.org/site/DocServer/Pathfinder_CBS.pdf?docID=7441

Abstract: This publication presents highlights of Pathfinder International's family planning and reproductive health community-based distribution programs funded by USAID and other donors over the past 25 years. Lessons learned from the field include examples from Ethiopia: for example, community health workers (CHWs) worked together with woreda advisory committees (WACs) to reduce the incidence of female genital cutting, promote safer sexual behaviors, and increase knowledge on benefits of family planning and reproductive health services. Another example of how CHWs are integral to community-based service delivery is that they are trained to recognize and refer women seeking long-term contraceptive methods to trained providers.

III. Research Studies on Community Health Worker Programs

In this section, current research studies on community health worker programs are presented, including review papers and best practice examples. Of particular note are several literature reviews on feasibility and effectiveness of community health worker programs: Prasad et al.'s paper entitled "*Community Health Workers: A Review of Concepts, Practice and Policy Concerns*" and WHO's publication entitled "*Community health workers: What do we know about them?*" are very useful examples.

Global

Friedman I et al. 2007. Moving Towards Best Practice: Documenting and Learning from Existing Community Health Care Worker Programmes. Health Systems Trust.

http://www.hst.org.za/uploads/files/chws_bestpractice.pdf

Abstract: In this paper, Friedman et al. examine various community health care worker (CHW) programs across nine regions in South Africa to gain a better understanding of the successes and challenges in designing and implementing community health worker programs. CHWs play a vital role in mobilizing communities and making health services more accessible, serving a complementary role to health professionals. In addition to providing primary health care services, CHWs are increasingly becoming involved in home-based care for HIV/AIDS and tuberculosis. Based on the results of this study, recommendations include strengthening areas of policy, leadership, accountability, recruitment, support, and remuneration.

Haines A, Sanders D, Lehmann U, Rowe AK, Lawn JE, Jan S, Walker DG, Bhutta Z. Achieving child survival goals: potential contribution of community health workers. *Lancet*. 2007 Jun 23;369(9579):2121-31. *Comment in: Lancet*. 2007 Jun 23;369(9579):2058-9.

Abstract: "There is renewed interest in the potential contribution of community health workers to child survival. Community health workers can undertake various tasks, including case management of childhood illnesses (e.g., pneumonia, malaria, and neonatal sepsis) and delivery of preventive interventions such as immunisation, promotion of healthy behaviour, and mobilisation of communities. Several trials show substantial reductions in child mortality, particularly through case management of ill children by these types of community interventions. However, community health workers are not a panacea for weak health systems and will need focussed tasks, adequate remuneration, training, supervision, and the active involvement of the communities in which they work. The introduction of large-scale programmes for community health workers requires evaluation to document the impact on child survival and cost effectiveness and to elucidate factors associated with success and sustainability." PMID: 17586307 [PubMed - indexed for MEDLINE]

Prasad BM, Muraleedharan VR. 2007. Community Health Workers: A Review of Concepts, Practice and Policy Concerns. HRH Global Resource Center.
http://www.hrhresourcecenter.org/hosted_docs/CHW_Prasad_Muraleedharan.pdf

Abstract: The authors of this paper present a general overview of the concepts, application, and policies of community health workers (CHWs) with examples from both developing and developed countries. It also contains an inventory of CHW programs by country, framework, and results. At the end of the paper, the authors present a strengths, weaknesses, opportunities, and threats (SWOT) analysis of CHW programs based on features described in programs with a CHW component.

WHO. 2007. Community health workers: What do we know about them? The state of the evidence on programmes, activities, costs and impact on health outcomes of using community health workers.
http://www.who.int/hrh/documents/community_health_workers.pdf

Abstract: This review paper provides an excellent overview of the key issues concerning community health workers in the literature since the late 1970s, as well as the feasibility and effectiveness of community health worker programs.

Liverpool School of Tropical Medicine. 2006. Do Lay Health Workers Improve Healthcare Delivery and Healthcare Outcomes? Evidence Update.
http://www.liv.ac.uk/evidence/evidenceupdate/HSD_Health-workers_CD004015_MAR06.pdf

Abstract: This Evidence Update series summarizes a Cochrane Review of whether lay health workers improve health care delivery and health outcomes.

Doherty, Tanya M.; Coetzee, Minette. Community Health Workers and Professional Nurses: Defining the Roles and Understanding the Relationships. *Public Health Nursing*, Jul/Aug2005, Vol. 22 Issue 4, p360-365, 6p; DOI: 10.1111/j.0737-1209.2005.220413.x; (AN 18035951)

Abstract: "The use of community health workers (CHWs) has been advocated in both developed and developing countries for many years. This article reports the findings of a descriptive research study that explored the relationship between CHWs and nurses working in resource-poor settings in South Africa. The findings of the study highlight dimensions of complex interactions occurring between these two main providers of care at the district level. Understanding the primary interaction of CHWs with nurses offers further understanding of the broader role of CHWs within the district health system. It is evident that CHWs are ideally suited to play a pivotal role in supporting the public health services. However, their role and functions are not formalized and the effectiveness of programs is often not rigorously evaluated. This article discusses some of the issues related to this cadre of health worker and their role in public health care structures." PMID: 16150018 [PubMed - indexed for MEDLINE]

Lehmann U, Friedman I, Sanders D. 2004. Review of the Utilisation and Effectiveness of Community-Based Health Workers in Africa. JLI Working Paper
<http://www.webcitation.org/query.php?url=http://www.globalhealthtrust.org/doc/abstracts/WG4/LehmannFINAL.pdf&refdoi=10.1186/1475-2875-6-11>

Abstract: In this review paper, Lehmann et al. examine how community-based health workers are utilized in health delivery programs, and the effectiveness of these programs. Case studies are presented to illustrate country experiences, successes, and challenges to planning and implementing community-based health worker programs in Africa.

Abbatt F. 2005. Scaling up Health and Education Workers: Community Health Workers. Department for International Development Health Resource Centre
http://www.dfidhealthrc.org/publications/health_service_delivery/05HRScalingUp03.pdf

Abstract: Abbatt reviews the evidence based on the literature of community health workers to determine what impact community workers may have on health outcomes. Several challenges emerged from conducting this literature review: 1) examples of community health worker program successes are reported in the literature but they are often not attributable solely to CHWs; and 2) the role of CHWs may contribute to an indirect impact on health outcomes. A more rigorous analysis of the intermediate impact that CHWs may have on health outcomes is recommended, as well as investing in health systems to better support health professionals and community health workers.

Bhattacharyya K, Winch P, LeBan K, Tien M. Community health worker incentives and disincentives: how they affect motivation, retention and sustainability. Arlington, VA: BASICS II 2001.
http://pdf.dec.org/pdf_docs/PNACQ722.pdf

Abstract: This paper from the BASICS II Project describes country experiences from Afghanistan, El Salvador, Honduras, and Madagascar with using incentives to motivate and sustain community health workers. Findings suggest that a standardized method for utilizing different types of incentives would be more effective, as well as a better understanding of the relationship between a community health worker and the community in which they work.

Ethiopia

Negusse H, McAuliffe E and Malcolm MacLachlan. Initial community perspectives on the Health Service Extension Programme in Welkait, Ethiopia. *Human Resources for Health* 2007, 5:21 doi:10.1186/1478-4491-5-21.

<http://www.human-resources-health.com/content/5/1/21>

Abstract: "BACKGROUND: The Health Service Extension Programme (HSEP) is an innovative approach to addressing the shortfall in health human resources in Ethiopia. It has developed a new cadre of Health Extension Workers (HEWs), who are charged with providing the health and hygiene promotion and some treatment services, which together constitute the bedrock of Ethiopia's community health system. METHODS: This study seeks to explore the experience of the HSEP from the perspective of the community who received the service. A random sample of 60 female heads-of-household in a remote area of Tigray participated in a structured interview survey. RESULTS: Although Health Extension Workers (HEWs) had visited them less frequently than planned, participants generally found the programme to be helpful. Despite this, their basic health knowledge was still quite poor regarding the major communicable diseases and their vectors. Participants felt the new HESP represented an improvement on previous health provision. HEWs were preferred over Traditional Birth Attendants for assistance with labour. CONCLUSION: While the introduction of HEWs has been a positive experience for women living at the study site, the frequency of visits, extent of effectively imparted health knowledge and affects of HEWs on other health providers needs to be further explored."

PMID: 17718900 [PubMed - in process]

Creanga AA; Bradley HM; Kidanu A; Melkamu Y; Tsui AO. Does the delivery of integrated family planning and HIV / AIDS services influence community-based workers' client loads in Ethiopia? *Health Policy and Planning*. 2007 Nov; 22 (6):404-414.

<http://heapol.oxfordjournals.org/cgi/reprint/22/6/404>

Abstract: "Community-based reproductive health agents (CBRHAs) can increase community knowledge of and offer immediate access to reproductive health services, including HIV/AIDS. Due to growing interest in integration of family planning and HIV services in Ethiopia, it is important to examine whether CBRHAs are efficiently offering both service types. The present analysis uses survey data collected from Ethiopian CBRHAs and examines associations between agents' demographic, personality and work-related characteristics and their capacity to provide integrated services and have high client volumes. Multivariate probit and bivariate probit regression models are fitted for the two outcomes of interest. Nearly half of CBRHAs in our sample offer integrated services, but this is not jointly associated with increased productivity. Personality traits and work experience are more strongly associated with agents' capacity to provide integrated services than demographic characteristics, while agents' gender and work-related characteristics are significantly associated with increased likelihood of serving more clients." PMID: 17901066 [PubMed - indexed for MEDLINE]

Awash Teklehaimanot, Yayehyirad Kitaw, Asfawesen G/Yohannes, Samuel Girma, Aklilu Seyoum, Hailay Desta and Yemane Ye-Ebiyo. Study of the Working Conditions of Health Extension Workers in Ethiopia. *Ethiop.J.Health Dev* 2007; 21(3) pp. 246-259.

<http://www.cih.uib.no/journals/EJHD/ejhd-v21-n3/246%20Study%20of%20the%20Working%20Conditions%20of%20Health%20Extension%20Workers%20in%20Ethiopia.pdf>

Abstract: This paper presents findings from an assessment conducted with 60 health extension workers (HEWs) across six regions on the working conditions of HEWs and

their job satisfaction. Some of the results indicate that facilitating logistics for staffing at health posts and communities is a challenge, as well as coordinating efforts with other health workers in the community. Other issues have arisen in terms of career track, transfer, and leave of absences for HEWs. Structural issues such as long distances, poor transportation, and poor communication are also challenges.

Yayehyirad Kitaw, Yemane Ye-Ebiyo, Amir Said, Hailay Desta, and Awash Teklehaimanot. Assessment of the Training of the First Intake of Health Extension Workers. *Ethiop.J.Health Dev.* 2007; 21(3) pp. 232-239.
<http://www.cih.uib.no/journals/EJHD/ejhd-v21-n3/232%20Assessment%20of%20the%20Training%20of%20the%20First%20Intake%20of%20Health%20Extension%20Workers.pdf>

Abstract: The authors conducted an assessment of the first year of the HEW training program by examining program inputs, processes, and outputs. Some of the challenges included inadequate facilities for HEW training workshops, inconsistent distribution of stipends for HEWs, and minimal practical training for HEWs. However, HEWs were committed to working in rural areas under this program despite the initial start-up difficulties.

Kebede Y. Quality of family planning service in Dembia district, northwest Ethiopia. *Ethiop Med J.* 2007 Jan; 45(1):29-38.

Abstract: "OBJECTIVE: Ethiopia is one of the countries with high population and population growth rate. Providing quality family planning service is the major strategy to control the population growth. Since there were no studies conducted in Northwest Ethiopia regarding quality of family planning services, this study was conducted with the objective of assessing the quality of family planning services in Dembia district, Northwest Ethiopia. MATERIALS AND METHODS: A cross sectional community and health institution based study was conducted in April 2004. One hundred sixty five women were included in the household survey. For the assessment of availability of different family planning methods, technical competence of service providers, and appropriate constellation of services, the District Health (Office, one health center, three health stations, and 8 Community Based Reproductive Health Agents were selected. RESULTS: The maximum number of available methods in the sites was 3. All the 165 clients were informed how and when the method should be used but the information provided regarding the side effects of the methods was insufficient. In all the service delivery points there were 9 (40.9%) service providers who got additional training on family planning. Except one health officer, there was no one who can insert IUCD. All the five health professionals in the health center and 2 (28.6%) health professionals in the three health stations can inject depo-provera. One hundred and six (64.2%), and 50 (30.3%) of the clients rated the providers relation with the clients as very good and good, respectively. All the clients had follow up appointments. One hundred forty two (86.1%) of the current users have used the method for one year and over. The working days for all government health institutions in the district are from Monday to Friday, 8 hours a day. CONCLUSION: Adequate choice of contraceptives was not available and the information provided to the clients was insufficient. Based on the findings it is recommended to increase the number of methods; provide sufficient information to clients; increase community based reproductive health service sites; and give additional training for the providers so that they can give quality family planning service in their area." PMID: 17642155 [PubMed - indexed for MEDLINE]

Tawye Y, Jotie F, Shigu T, Ngom P, Maggwa N. The potential impact of community-based distribution programmes on contraceptive uptake in resource-poor settings: evidence from Ethiopia. *Afr J Reprod Health.* 2005 Dec; 9(3):15-26.
<http://www.bioline.org.br/pdf?rh05036>

Abstract: “Community-based reproductive health services (CBRHS) have been in implementation in Ethiopia for over a decade. This paper assesses the impact of such programmes on contraceptive use. The data were obtained from the 2000 Ethiopian Demographic and Health Survey (DHS) and the 2003 Contraceptive Prevalence Survey (CPS). While the 2000 DHS contained a nationally representative random sample of women of reproductive age, the 2003 CPS focused on areas with active CBRHS programmes. The findings indicate that expanding the current CBRHS programme has the potential of doubling the current national contraceptive prevalence rate.”
PMID: 16623186 [PubMed - indexed for MEDLINE]

IV. Additional Resources: Community Health Workers

Global Health Council (GHC) Conference 2008

The 35th Annual International Conference on Global Health occurred May 27-31, 2008 at the Omni Shoreham Hotel in Washington, D.C. This year’s theme was *Community Health: Delivering, Serving, Engaging, Leading*. Presentations from panel discussions, plenary sessions, and poster sessions are available for download on the link below:

<http://ent.groundspring.org/EmailNow/pub.php?module=URLTracker&cmd=track&j=222784786&u=2324293>

- Human Resources in Health, Community Health Workers Poster Presentations
http://www.globalhealth.org/presenters_2008/poster/hr

Global Health Workforce Alliance (GHWA)

The Global Health Workforce Alliance was formed to address the health workforce shortage facing both developing and developed countries around the world. GHWA is a non-profit organization that accepts membership from governments, the United Nations, civil society, academic organizations, foundations, and other organizations interested in working towards improving the state of the global health workforce. This website contains links to events; media; news; documents; links to partners and members; and other useful information.

<http://www.who.int/workforcealliance/en>

Human Resources for Health (HRH) Global Resource Center (GRC)

As part of the USAID-funded Capacity Project (<http://www.capacityproject.org>) implemented by IntraHealth International, the Human Resources for Health Global Resource Center provides resources for human resources for health partners, managers, practitioners, and decision-makers. This website contains an online library of resources searchable by subject, geographic focus, and resource type. It includes materials such as articles, tools, reports, and manuals to assist in the design, implementation, and maintenance of a health workforce program in health.

<http://www.hrhresourcecenter.org>

Human Resources for Health Journal

This is an open access journal dedicated to planning, producing, and managing human resources for health including community health workers.

<http://www.human-resources-health.com/home>

WHO Department of Human Resources for Health

The mission of WHO’s Department of Human Resources for Health is to establish and strengthen the capacity of national governments to strategize, design, and implement health workforce policies and programs. This website provides background information on the health workforce

shortage and country activities, as well as links to tools and guidelines, resource center, statistics, partners, and other useful links.

<http://www.who.int/hrh/about/en/index.html>

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