



Ethiopia's Health Extension Program: Pathfinder International's Support 2003-2007

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The Ethiopian Health Extension Program

In 2003, the Ethiopian Federal Ministry of Health (FMOH) launched a new health care plan, the "Accelerated Expansion of Primary Health Care Coverage," through a comprehensive Health Extension Program (HEP). Recognizing the huge gap between need and health care services available, the FMOH has focused 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 places particular emphasis on establishing an effective and responsive health delivery system for those who live in rural areas."¹

More than 84 percent of Ethiopians live in rural areas,² many remote and difficult to access. The government recognized the need to develop health care delivery capacity, "designed to improve the health status of families, with their full participation, using local technologies and the community's skill and wisdom."³ The HEP draws on the same principles as Primary Health Care, but focuses on the improvement of prevention skills and behaviors within the household, and involves fewer facility-based services. Most of the activities listed in the National Health Sector Program (HSDP) Strategies are to be implemented through the HEP.⁴



Above: A Team of Health Extension Workers and Community-Based Reproductive Health Workers in the Hadya Zone of SNNPR. photo:Pathfinder International Staff



“We (HEWs) move around in the community together, teaching and providing services for women referred by CBRHAs. When some matters are beyond the capacity of CBRHAs we provide assistance. Where our work is similar we work in collaboration, where it differs we complement each other.”
 — Health Extension Worker (HEW)
 Marnat Adugna, Debre Tabour,
 South Gonder

photo: Pathfinder International staff

The HEP’s focus on community-based interventions, including the promotion of family planning, aligns effectively with Pathfinder International’s community-based approach to the delivery of quality reproductive health and family planning (RH/FP) services, which Pathfinder has implemented in the four most populous regions of Ethiopia for more than a decade with generous funding from USAID. Following years of close collaboration with the FMOH, regional, zonal, woreda and kebele sector offices, and community leaders, Pathfinder began supporting the HEP soon after its launch. FMOH experts in HEP were invited to provide orientation to local Pathfinder staff and implementing partner NGOs to clarify HEP goals and program design and to plan for collaborative implementation.

Structure of the HEP

At the core of Health Extension Program implementation is a sizeable cadre of new Health Extension Workers (HEWs), who are trained to implement a Health Extension Package of 16 healthcare activities at the kebele (village) level. The Government of Ethiopia (GOE) plans to train 30,000 HEWs by 2010. All HEWs are women, at least 18 years of age, with a minimum of 10th grade education and recruited from the communities in which they will work.⁵ HEWs must complete a one-year course of instruction and field training, provided by Technical and Vocational Education Training Schools (TVETs), operated by the Ministry of Education. Upon completion of training, HEWs are assigned, in pairs, to kebeles where they staff health posts and work directly with individual families. Health posts, therefore, are becoming the first level of healthcare for the community, emphasizing preventive care.

As a preventive health program, the HEP promotes four areas of care: Disease Prevention and Control, Family Health, Hygiene and Environmental Sanitation, and Health Education and Communication. 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, among others. To address strong community demands for basic curative care, HEWs are trained to provide first aid; treat malaria, dysentery, intestinal parasites, and other ailments; and to refer cases to the nearest health center when more complicated care is needed.

Table 1: Components of Health Extension Package

| Disease Prevention and Control | Hygiene and Environmental Sanitation |
|---|---|
| • HIV/AIDS & other STIs and TB prevention & control | • Excreta disposal |
| • Malaria prevention & control | • Solid and liquid waste disposal |
| • First aid emergency measures | • Water supply and safety measures |
| Family Health | • Food hygiene and safety measures |
| • Maternal and child health | • Healthy home environment |
| • Family planning | • Personal Hygiene |
| • Immunization | Health Education and Communication |
| • Nutrition | |
| • Adolescent reproductive health | |

To enhance their health education efforts, HEWs must enlist capable families previously involved in community work and train them as model households, adopting healthy behaviors that set a positive example for their neighbors. HEWs initially train 40-60 families in the Health Extension Package activities (see Table 1), followed by two more groups to collectively reach 360 families a year.⁶ At the conclusion of this training, families that implement 75 percent of the program activities will graduate and receive a certificate recognizing them as model families. They are expected to actively promote these lessons among their neighbors and family members.

As of February 2008, more than 24,000 HEWs had been trained and posted to kebeles, serving about 80 percent of the planned coverage.

The heavy emphasis on community outreach for HEWs highlights their primary mission to carry preventive health education directly to people in their homes. Their efforts are supported by a trained body of Voluntary Community Health Workers (VCHWs), many of whom were already present in the communities upon initiation of the HEP. These include Pathfinder's Community-Based Reproductive Health Agents (CBRHAs), Trained Traditional Birth Attendants (TTBAs), Community Health Promoters (CHPs), and community volunteers for prevention of malaria and other health problems. Under the HEP, the HEWs are to organize, train, and supervise all of these volunteers as one coordinated group that supports their goals and further integrates understanding of healthy behaviors into the community.

Pathfinder Community-Based Reproductive Health Agents

Since 2002, Pathfinder has recruited nearly 10,000 CBRHA as part of its USAID-funded RH/FP project. Chosen by their communities, women and men receive two weeks of training focused on RH and FP, covering the human reproductive system, contraceptive methods, maternal and child health (ante- and postnatal care, safe delivery, child spacing and immunization of children and women), identification of and referral for childhood illnesses (especially diarrhea and common infections), malaria prevention, personal and environmental hygiene, and prevention of HIV/AIDS and other sexually transmitted infections. Schooled in counseling and techniques to approach difficult topics, such as sexuality, in a conservative culture, they visit families door-to-door, explaining FP methods, distributing condoms and pills, and making referrals for clinical FP methods. They sensitively discourage harmful traditional practices, such as female genital cutting, early marriage and childbearing, marriage by abduction, and gender-based violence. They identify and help women needing emergency medical care following an incomplete abortion, and they encourage families to prepare for possible difficulties with delivery and the need for skilled birth assistance. Some are marketplace agents, who distribute FP methods and messages while selling household commodities and products in the local marketplace, kiosks, or shops. Others provide information in factories and other workplaces like farm estates.



Above: Abeth, a CBRHA in Chefarobit, is also a traditional birth attendant. She has convinced many parents to delay marrying their daughters to allow them to finish school, using her own daughter as an example. When she first started going house to house, people threatened to shoot her for talking about contraception. Now the culture has changed and many women seek family planning. She enjoys a prominent role in her community and exercises considerable influence with both women and men.

photo: Jennifer Wilder
Pathfinder International



Above: Lemma Chemed, a CBRHA in Ambo, with his son. “I teach people that FP is connected to schooling and healthcare, and also to land use, the environment, and deforestation. People can see that there is not enough land. I tell people that spacing children is like planting seeds in the field – when you put two of them too close together, they do not thrive.”

photo: Jennifer Wilder
Pathfinder International

Reaching both adults and adolescents, the CBRHAs are primary sources of information about the prevention of HIV/AIDS for scores of community members. In some communities, they receive special training on community home-based care, so they can provide care and teach family and friends to care for people infected with and affected by the virus.

In cooperation with local health facilities, the CBRHAs also mobilize the community during immunization campaigns, as they know the families and the children in need of vaccinations. Though they are volunteers, taking valuable hours away from their own farming and jobs, the retention rate among CBRHAs is remarkably more than 90 percent, stemming from a deep commitment to the important role they play and the respect they earn from their neighbors.

Concentrated in the most populous regions of Tigray, Amhara, Oromia, and Southern Nations and Nationalities People’s Region (SNNPR), the CBRHAs currently reach a population of close to 32 million, living in 6,315 kebeles (about 50 percent of the population in these regions). They have been instrumental in bringing clients to Pathfinder’s service delivery-based trainings for long-acting FP methods,⁷ where more than 47,600 women have received implants or IUCDs since 2004. The total number of long-acting method adoptions through training- and non-training-based services is more than 134,000. Since 2002, CBRHAs have referred more than 6.5 million children and 2.27 million women for facility-based health care. Many of these clients had never been to a healthcare facility before their CBRHA referrals; their access to services illustrates the important and effective role CBRHAs play in introducing rural families to skilled health care providers.

Pathfinder and the Health Extension Program

Following the launch of the Health Extension Program, Pathfinder initiated a series of efforts to provide concrete assistance to the FMOH.

At Pathfinder’s request, initial orientation and follow-up meetings were held for Pathfinder staff and IPOs by FMOH Health Extension Program experts, to create a common understanding of and mutual support for the goals outlined for the HEP. Pathfinder supported the development and contributed to the writing of *Roles and Responsibilities of Stakeholders for Effective Implementation of Community-Based Reproductive Health Care in Ethiopia*, together with NGO partners, CORHA, and the FMOH. This collaboration continues as Pathfinder and its IPOs participate in joint planning with members of the public health sector from the federal level, through Regional Health Bureaus, down to Woreda & Kebele levels.

The CBRHAs and the Health Extension Program

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 condoms locally, they welcome the presence of the HEWs, who have far more training and knowledge about healthcare in general. They now have a local resource at the nearby 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 labor between CBRHAs and HEWs has raised the status and enhanced the impact of both groups in the community.

While Pathfinder currently works in 357 woredas (as per the new woreda configuration of the country), the ESHE Project has built a network of 30,000 Community Health Promoters (CHPs) in 101 woredas. Nearly 60 percent of the woredas in these two programs overlap, and



Above: Effective training in RH/FP depends on clinical practice with anatomical models. Pathfinder provided the government training programs with more than \$305,900 worth of models and teaching aids.

Photo: Mengistu Asnake, Pathfinder/Ethiopia

Table 2: Pathfinder/USAID Support to HEP in 4 Regions, 2004-2007

| Activity | Cost in U.S. Dollars |
|--|----------------------|
| Training for 42 tutors for HEWs in Oromia | 7,900 |
| TOT training in RH/FP for 79 tutors and roll out training for 1,2000 HEWs | 89,800 |
| Refresher training on RH/FP for 5,320 HEWs in all regions | 289,160 |
| Purchase/distribution of anatomical models and audio-visual teaching aids (including delivery sets, first aid kits, CD/DVD and VHS players, and overhead projectors and screens) | 305,900 |
| Apprenticeship field placement support for 770 HEWs in Oromia | 8,800 |
| Furniture for 529 health posts, including exam beds, desks, chairs, and waiting room benches | 400,000 |
| 440 reference books for Oromia Region TEVTs | 6,590 |
| Furniture for Durame and Wenago TEVTs in SNNPR | 15,300 |
| 10,000 FP flip charts | 45,400 |
| 10,000 RH and MCH counseling cue cards | 35,300 |
| 16,000 HEW backpacks | 82,360 |
| National Health Extension Day celebration | 11,800 |
| TOTAL | 1,298,301 |

“The CBRHA knows the most about the work of the HEW. They are the most integrated into the community and they mobilize the people to come to the HEW.”

– Getahun Mamo, District Health Manager and member of Woreda Advisory Committee, Basso Woreda, Debebrahan

the CBRHAs and HEWs have collaborated with the CHPs to extend their outreach even more effectively. With two to three days of training, the CHPs reach out across the community and motivate families to adopt healthy behaviors. They have become a valuable addition to the integrated team of community-based healthcare providers, as their focus has been primarily on awareness creation and practicing healthy behaviors, primarily related to child survival.

“The CBRHAs are the right hands of the HEWs in the communities.”

—Ato Tilahun Yemaldu, Deputy Bureau Head and Head of Health Programs and Capacity Building of Amhara Regional Health Bureau

In addition to the HEWs, CBRHAs, and CHPs, community members have been trained as traditional birth attendants, volunteers for malaria prevention, mobilizers for immunization days, home care providers for people living with HIV/AIDS, and supporters for people with TB. Each HEW is expected to organize and train 10-15 volunteers, and enlist their collaboration (along with that of the model families) in training community members to value and adopt the HEP behaviors.⁸ HEWs must track and report VCHW efforts, while ensuring that they receive important recognition and encouragement across the community.

Looking Forward

“We are proud to have Pathfinder International/Ethiopia as one of our major partners in improving the health service in the region. In the past few years, Pathfinder’s intervention on community-based reproductive health service program, through support for thousands of CBRHAs and their linked referral health facilities, contributed to a great extent to improving the health status of communities in the project areas... Your assistance on the provision of training materials for TVET tutors and support of the apprenticeship program helped us a lot in strengthening the Health Extension Program.”

- Letter from Dr. Hasan Mohammed Nuru, Head, Oromia National Regional State Health Bureau
20 October 1998.



Above: Mesert Abate is an HEW from Wushawushing Kebele:

“The CBRHAs act as our guides, mobilizing and paving the way for us.”

photo: Jennifer Wilder
Pathfinder International

The Government of Ethiopia has launched a highly innovative effort in the form of community-level structures designed to improve primary health care coverage for underserved communities. Today, the CBRHAs, along with other VCHWs, are supervised by the HEWs. This system promotes close and frequent follow-up of community volunteers, as well as support to the HEWs in sharing responsibilities. With their varied levels of training and expertise, the community volunteers are effectively dividing the labor according to their knowledge and skills.

Pathfinder will continue to support the Government of Ethiopia in achieving the expected results of this innovative program through joint activities and creating partnership with stakeholders involved in the support and implementation of the Health Sector Development Program (HSDP). It will also continue to use its national and international expertise in documenting promising practices and sharing information for program replication and wider use.

Endnotes

- 1 Health Extension Program in Ethiopia: Profile. Health Extension and Education Center, Federal Ministry of Health, Addis Ababa, Ethiopia. June 2007, p. 2.
- 2 Population Reference Bureau: PRB 2007 World Population Data Sheet.
- 3 Health Extension Program in Ethiopia, Footnote 1, p. 3.
- 4 Ibid, p.3.
- 5 Implementation Guidelines of Health Extension Program, The Federal Ministry of Health: Addis Ababa, February 2007.
- 6 HEP in Ethiopia: Profile. (Footnote 1).
- 7 See *Service-Delivery-Based Training for Long-Acting Family Planning Methods: Pathfinder International in Ethiopia*, Pathfinder International, December 2007. (www.pathfind.org).
- 8 *Implementation Guidelines of Health Extension Program, Ethiopia Federal Ministry of Health, Addis Ababa, February 2007.* p. 26.

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