# ETHIOPIA'S HEALTH EXTENSION PROGRAM (HEP): EXPANDING ACCESS TO FAMILY PLANNING



SOSSENA BELAYNEH
DCN,BSC,MSC in Nurs. Pada .& D PH
FMOH - ETHIOPIA

Imperial Royale Hotel, Kampala-Uganda September 28/2011

#### **OUTLINE OF PRESENTATION**

- 1. DEFINITION OF HEALTH EXTENSION PROGRAM (HEP)
- 2. Health policy and the HSDP
- 3. RATIONALE
- 4. PRINCIPLES
- 5. OBJECTIVE
- 6. STRATEGIES
- 7. COMPONENTS
- 8. OPPORTUNITIES
- 9. SOME PICTURES OF HEP during Training and WHILE PERFORMING THEIR TASK
- 10. HEP to Expand the access to FP and/ or RH
- 11. Observations
- 12. SUMMARY

# **Definition**

HEP is an innovative community-based health care delivery system making essential health care universally accessible to individuals and families in the community by means acceptable to them through their full participation and at the cost that the community and the country can afford,

- It is a package of <u>PROMOTIVE</u>, <u>PREVENTIVE</u>, and <u>BASIC</u> <u>CURATIVE</u> services,
- It is a service <u>targeting households</u> particularly <u>women/mothers and children</u> at the kebele / Community level,
- It is the mechanism of <u>shifting health care resources</u> to rural <u>majority</u> people,
- It is the smallest institutional framework for <u>achieving</u> development goals MDGs,

# **HEALTH POLICY OF ETHIOPIA**



- Health policy in 5yrs HSDP cycle was designed:
- > HSDP I 1998 2002
- > HSDP II 2003-2005
- > HSDP III 2005/6 -2009/2010
- ➤ HSDP IV 2010/11 2014/15

#### CONT:

- Democratization and decentralization of the HS,
- Strengthening preventive and promotive HS,
- Ensuring accessibility of health care to all people,
- Promoting collaboration and cooperation of all sectors, NGOs, private in health,

#### **RATIONALE**

- Existing imbalance between preventive & curative services,
- Weak health service delivery system to reach the rural people at the grass root level as envisaged,
- The allocation of resources being heavily biased towards curative services,
- Health was not addressed holistically, hence it was high time to revise the direction in the health service (STARTING THE BEGINNING OF HSDP II),

# **PRINCIPLES:**

- Communities can best identify and prioritise their own heart felt health needs and problems,
- There is untapped indigenous knowledge and skills in the community,
- The supremacy of the people's priorities, interest, needs and wishes must be respected and accommodated in all aspects,

- Women involvement in all decision-making process is the central,
- Preventive and promotive interventions are more costeffective and,
- HEP can be seen as a part of the wider commitment and reform from the more traditional forms of top-down development practice to the participatory development direction in the Health sector,

# **OBJECTIVES:**

- improves equitable access to essential preventive & promotive health interventions,
- increases Health Service Coverage,
- increases awareness, knowledge & brings about sustainable behavioral changes which leads to promotion of healthy lifestyle,
- enhances community involvement, ownership, selfreliance & responsibility,
- brings about maximum utilization of the health services,
- enhances collaboration and partnership,

# **STRATEGIES:**

- Maintaining sustainable financing
- Strengthening infrastructures at all levels,
- Strengthening decentralisation and democratisation of the health services,
- Promoting intersect oral and multi sect oral collaboration,

- Enhancing political commitment and support,
- Enhancing motivation and Team-working,
- Strengthening referral system and appropriate Feedback at all levels,
- Strengthening monitoring, evaluation and supportive supervision system,
- Appropriate utilization of locally available resources,

#### **COMPONENTS OF HEP:**

#### 1. FAMILY HEALTH SERVICE

- Maternal and child health
- Family Planning
- Immunisation
- Adolescent Reproductive Health
- Nutrition

# 2. DISEASE PREVENTION & CONTROL

- HIV/AIDS and other STIs prevention and control
- TB prevention and control
- Malaria prevention and control
- First Aid emergency measures

#### 3. HYGIENE &ENVIRONMENTAL SANITATION

- Excreta Disposal
- Solid and liquid waste disposal
- Water supply and safety measurers
- Food hygiene and safety measures
- Healthy home environment
- Control of insects and rodents
- Personal hygiene
- 4. HEALTH EDUCATION & COMMUNICATION

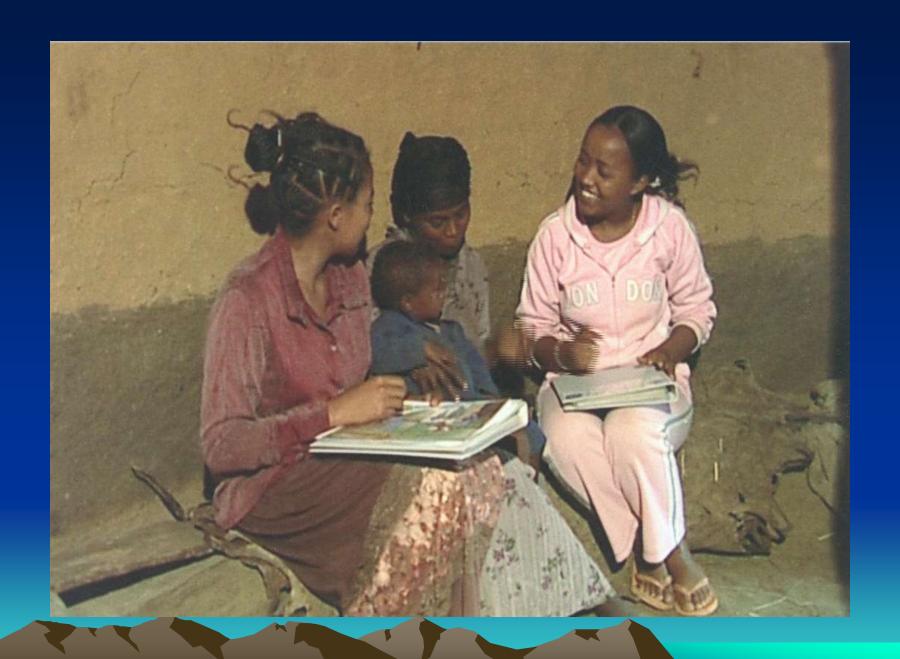
Females are preferred for the provision of HEP because:

- At the beginning it was part of an Affirmative action,
- They are more appropriate to look after the health issues of mothers and children,
- On grounds of our culture female are more accepted in the society to discuss with women at house hold level,
- They yield less attrition rate,

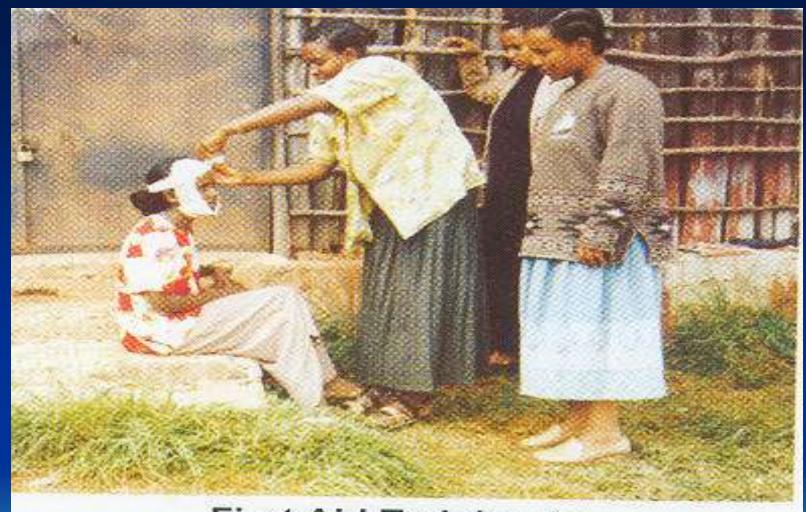
# **OPPORTUNITIES:**

- Government's commitment, as development priority issue, decentralization and democratization system
- Community acceptance, involvement and support,
- Global initiative like Almata declaration and the MDGs,
- Supportive policy environment like,
  - Civil Service Reforms,
  - Public sector management,

# SOME PICTURES OF HEP during Training and PERFORMING THEIR TASK







First Aid Training to Health Workers



nsion worker visiting a household

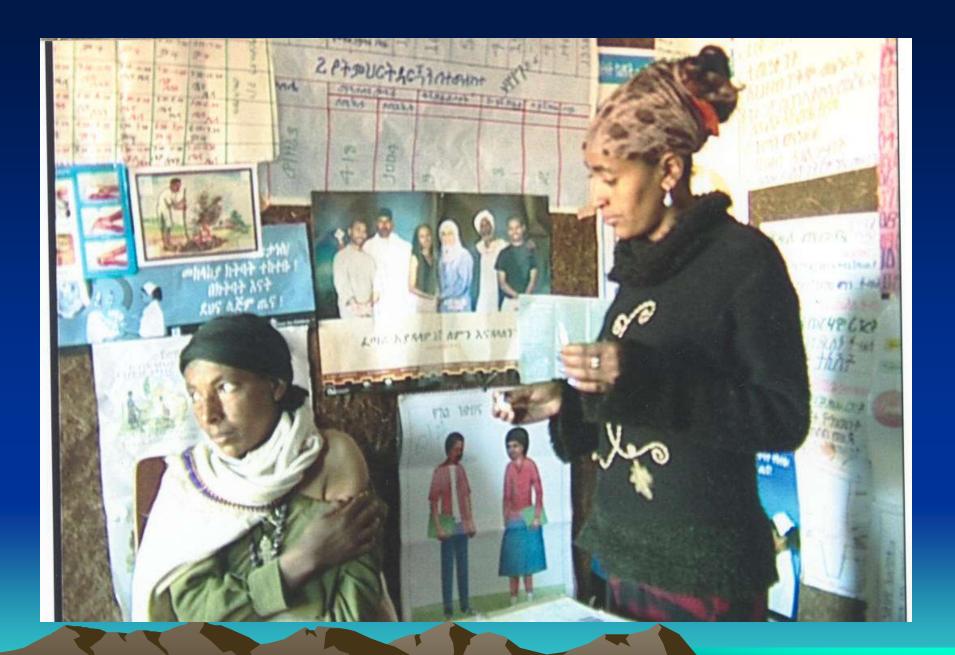
# TO Expand the access of FP:

# The HSDP IV has set a target of:

- 1. increase CPR from 40% to 66%
- 2. decrease the Unmet need from 34% to 10%
- To make this realistic HEP was chosen as the appropriate strategy to bring the service to the great majority population at the community,
- Awareness work using the community, opinion and also religious leaders was vigorously done by HEWs/UHEPs,
- HEWs /UHEPs are members of the local gov't council, they bring the Health issue top priority in the political Agenda,

- Currently there are 35,660 Rural Health Extension workers (HEWs) and 3916 Urban Health Extension Professionals (UHEPs) /a total of 39,576 trained and deployed Health cadres,
- Both work in the smallest segment of the Health service delivery system at community level,
- Each HEW/UHEP is responsible for 500 House holds /2500 population,

- They work in raising the Health seeking behavior of the community particularly they do couple counseling to increase male involvement,
- They give basic Family planning services including the inject able once,
- Newly there are about 4,400 + 4,558 HEWs
   (by GOV.HI and PHI) for insertion of Imp anon trained and a total of 21961 women have received the service till June 2011 (only in Gov HI),
- They also trace defaulters and give the necessary counseling to re- continue the FP service and dedicate themselves to increase male involvements,









# Observations made on following perspectives:

- 1.Women/Mothers are accessing the available FP services and they have more time for themselves to:
- regenerate,
- breast feed their children,
- engage them selves in the development of the country,
- be empowered and share the available resources,

# 2. A significant:

- increase in childhood vaccination rates,
- decrease of childhood diseases,
- Increase in Health seeking behavior and early referral to Health Institutions,

- Increase in the overall awareness of the community for the improvement of their quality of life by having smaller family size and engage in self-development initiatives,
- Increase in demand and use of family planning and other RH services,
- decrease to the need of abortion particularly in HEP accessing community members, (because weather it is safe or unsafe, abortion has its own side effect!)

# SUMMARY

- HEP is an appropriate Health Service intervention to increase awareness, empower women, increases Health seeking behavior to all RH services and expands the FP service sustainably,
- Contributes to HIV Free generation Target by 2020,
- Of coarse it is demanding approach and needs high level Commitment,
- Never the less, we are confident HEP makes a difference in improving the health status of the people within the framework of holistically approach,

# THANK YOU SO MUCH!