

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



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





# Cont:

- Women involvement in all decision-making process is the central,
- Preventive and promotive interventions are more cost-effective 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, self-reliance & 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 sectoral collaboration,



## Cont:

- 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 measures
- 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**





Health extension worker visiting a household

Health extension

# 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,





## Cont:

- 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,



# Cont:

## **2. A significant:**

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



# Cont:

- 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 whether 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!

