

ETHIOPIA'S URBAN HEALTH EXTENSION PROGRAM



BACKGROUND

The Urban Health Extension Program (UHEP) was started in 2009 at the national level to create health equity by generating demand for essential health services through the provision of health information at a household level and access to services through referrals to health facilities. UHEP is expected to provide 15 packages of services that are grouped into four thematic areas (see box).

URBAN HEALTH EXTENSION PROFESSIONALS (UHE-PS)

UHE-ps are trained at diploma-level nursing (10th grade completed plus three years of university education) when they are recruited, and are trained on the principles of urban health extension program. Currently, more than 5,000 female UHE-ps have been trained and deployed in approximately 400 cities/ towns.

MODALITY OF SERVICE PROVISION

On average, one UHE-p is assigned to 500 households. UHE-ps provide door-to-door health education and related services and refer clients to health centers as necessary. They also cover schools and youth centers.

The UHEP is a core component of the broader urban health system. The recently revised UHEP implementation manual directs health centers to provide referral services and technical and practical support to UHE-ps in their catchment areas.

In addition to trained UHE-ps, the urban health program need strong community support. In 2011, the Ministry of Health launched the women development army (WDA) to promote health and create demand for health services. The WDA creates networks of up to five households, led by one that is recognized as and designated a "model family." The model family is expected to lead the group of households by example and influence them with positive attitudes and skills for healthy behaviors.

URBAN HEALTH EXTENSION PROGRAM PACKAGES

(1) Hygiene and environmental health

- Solid and liquid waste disposal
- Personal hygiene and healthy home environment
- Food and water safety
- Latrine construction and utilization

(2) Family health

- Maternal and child health
- Nutrition
- Family planning
- Youth and adolescent health
- Immunization

(3) Disease prevention and control

- Malaria
- TB and leprosy
- HIV and AIDS
- Non-communicable disease
- Mental illness

4) Injury prevention and control, first aid, and referral services



DUTY STATION OF UHE-ps

The duty station of UHE-ps varies by region; in some places their duty station is located in the kebele administration office; in others, it is located within health centers.



EQUIPMENT AND SUPPLIES

UHE-ps are provided with the materials and supplies required to deliver the various packages of essential services to the community from town health offices or health centers. Partners like the USAID- funded Strengthening Ethiopia's Urban Health Program, implemented by John Snow, Inc., provide gap-filling supplies as needed. In general, UHE-ps get day-to-day support and routine supplies and drugs from their catchment health centers.



PROFESSIONAL DEVELOPMENT CAREER OF UHE-PS

Nurses who are serving as UHE-ps and want to advance their professional career must take competency examinations and become certified. Cognizant of the challenges of recruiting and retaining professional nurses as community health workers, the Ethiopian government in 2015 launched a generic UHE-p diploma-level training program through the Regional Health Science Training Colleges.



CHALLENGES

Various reports and assessments of UHEP indicate the following program challenges:

- Inconvenient working environment: some UHE-ps do not have the necessary equipment or adequate space to do their jobs effectively.

- Limited motivation and commitment of some UHE-ps related to work, personal, or health system problems.
- Weak link between UHE-ps and health centers in some primary health care units negatively affects provision of necessary support to UHE-ps.
- Inconsistent pre-service training and lack of regular and standard training materials for on-the job training /refresher training.
- Lack of coordination among different sectors, such as municipality, water and sanitation, and education programs hinder program progress.
- Lack of community-based health information system to monitor UHE-p performance.
- Limited promotional opportunities for UHE-ps to upgrade their position within the health system.
- Complex urban context make it difficult for UHE-ps to effect desired change.

STRENGTHENING ETHIOPIA'S URBAN HEALTH PROGRAM'S CONTRIBUTIONS TO ADDRESS THE CHALLENGES THE URBAN HEALTH EXTENSION PROGRAM IS FACING

1. SEUHP advocated for a better work environment to be set-up for UHE-ps by government bodies at different levels. In areas where it was not possible to do this by government bodies SEUHP made limited office maintenance activities. SEUHP also provided office furniture, supplies and other necessary office materials based on need.
2. To enhance and boost commitment and motivation of UHE-ps, SEUHP in collaboration with government bodies at different levels organized recognition events for best performing UHE-ps, facilitated experience sharing events, identified administrative bottlenecks that demotivated UHE-ps and worked with responsible bodies to address them, organized training opportunities and supported them to grow in their professional career.
3. To establish stronger linkage between UHE-ps and health centers, SEUHP provided evidence based recommendation to FMOH to shift reporting and supervisory relationships of UHE-ps from Kebele/village administration to health centers. This facilitated stronger support and

work relationships between health centers and UHE-ps. In addition, SEUHP supported pilot testing of a new Primary Health Care Reform model that rely on team based approach to outreach service delivery based on a family health team established among health center staffs and UHE-ps.

4. To standardize capacity building activities and on the job trainings of UHE-ps; SEUHP in collaboration with FMOH and other stakeholders developed standardized competency based training modules also called; Integrated Refresher Training Manuals, and all UHE-ps in the country were trained based on these manuals.
5. To address the fragmentation and uncoordinated work engagement by key sector offices; SEUHP supported establishment of Urban Health Forums/WASH forums chaired by the respective Mayor offices.
6. To fill the gap created due to the lack of a standard reporting system for the urban health extension program, SEUHP in collaboration with the respective regional health bureaus developed health information recording and reporting system that served for the last five years. Based on this lesson and in line with FMOH's information revolution agenda; SEUHP supported the development of a paper based national urban community health information system and it is now ready for implementation and digitalization.
7. The lack of professional development opportunities and prohibition of transfer opportunities to other duties have been serious challenges. To address this SEUHP supported FMOH's effort to develop and cascade health extension program optimization guide that is expected to solve these and other challenges.
8. As the urban setting is very challenging for UHE-ps to bring the desired change, SEUHP supported FMOH by organizing evidence to make UHE-ps provide targeted services for the neediest urban population rather than going to every household which has been very challenging.
9. To ensure consistent service provision by UHE-ps in the different parts of the country, to improve the types of services provided and to facilitate common understanding among program leaders, SEUHP supported FMOH to revise the national Urban Health Extension Program Implementation Guide.



BUILDING URBAN HEALTH EXTENSION PROFESSIONAL CAPACITY: CRITICAL TO ENSURING IMPROVED HEALTH CARE SERVICES

Aster Moges, 34, is a mother of four who lives in Dessie, a town in northern Ethiopia. Because her community is not well acquainted with the health care services available to them, many women deliver babies in their homes. Hence, like the majority of mothers in her area, Aster delivered her first three children at home, with no antenatal and postnatal care.

Despite remarkable progress made in maternal and newborn health care services in Ethiopia in the last five years, the 2014 Ethiopia Mini Demographic and Health Survey indicates that 18 percent of women residing in urban areas still do not receive antenatal care. Only 63 percent urban births are delivered in a health facility. A large proportion of maternal and neonatal deaths occur during the 48 hours after delivery, yet 52 percent of women in urban areas do not receive postnatal care within the first two days after delivery.

During the early stage of her fourth pregnancy, Aster met with Rukiya, an Urban Health Extension Professional (UHE-p) who serves in Dessie town. Rukiya, 23, is one of 4,600 UHE-ps working as part of Ethiopia's Urban Health Extension Program (UHEP), which aims to extend the reach and effectiveness of urban health care to the community through the provision of household-level services. Rukiya, during her regular visit, made Aster aware of the importance of institutional delivery and advised her on other basic maternal health care components. Rukiya also linked Aster to the nearby Buan-Buha Health Center for antenatal and follow-up postnatal care services. According to Aster, Rukiya's advice changed her perceptions on the safety of home delivery: "Now I know the critical need for attending birth at a health facility and how it is important to follow all antenatal and postnatal care. After knowing all this now, I can't imagine how my three children and I passed through all the deadly risks during my previous deliveries."



Rukiya, an Urban Health Extension Professional supported by SEUHP, advises Aster on proper breast feeding practices.

Thanks to Rukiya, throughout her latest pregnancy Aster attended regular antenatal visits, safely delivered at the health center, and has received follow-up and postnatal services for her and her newborn baby. According to Rukiya, though the UHEP had been in place for quite some time, it was only recently that demand for health care services from health facilities started to increase in her catchment area -following the changes in attitudes and the level of community awareness. As Rukiya explains, “The absence of linkages between the UHE-ps and health facilities coupled with gaps in knowledge and skills in providing community services hindered our efforts to promote accessing health services. Even if I went to ten houses a day to provide health education and services, there was no protocol or standard that I followed to provide those services. And even if I succeeded in educating the community on the importance of utilization of health facilities, there was no way to follow up to confirm whether or not the awareness resulted in action.” With the aim of addressing this gap, the USAID-funded Strengthening Ethiopia’s Urban Health Program (SEUHP) provided technical assistance and capacity development activities including in-service training

on HIV, tuberculosis, non-communicable diseases, maternal, newborn and children health (MNCH), interpersonal communication, and data recording for 1,289 UHE-ps in 2014. According to Rukiya, the training has empowered her with skills to provide better, more impactful services.

In addition, SEUHP’s supportive supervision interventions provide UHE-ps with technical assistance on current service provision practices, making referrals and linkages to health services, and building rapport with beneficiaries. SEUHP also provides the UHE-ps with support for reaching and providing maternal, newborn, and child health services for pregnant women and children under the age of one. Rukiya indicates that the supportive supervision she receives from SEUHP has helped her implement a new, more efficient reach and referral approach to community health service provision; currently, Rukiya provides health care services and follow-up for 63 pregnant mothers in her catchment area where there are 2,638 households. A total of 614 UHE-ps and their supervisors in SEUHP-targeted regions regularly receive supportive supervision from SEUHP. As part of its work to strengthen the overall UHEP referral system, SEUHP also produced a standardized referral tool and offered on-site coaching on proper utilization of the tool to enable UHE-ps like Rukiya to build important linkages between community and facility-based support. According to Rukiya, the standardized referral system streamlines UHE-p efforts in promoting MNCH services among pregnant women: “We [UHE-ps] are becoming well accepted by the community as we are now able to make referrals that health facilities recognize. And we are using the referral tool to promote utilization of health facilities for MNCH services. As the tool also allows us to make follow-ups, we are able to provide health services as required.

” As Rukiya indicates, “Capacity development unlocks all problems but in sustainable way.”

For more information please contact:

Hibret Alemu (PhD)

Chief of Party

USAID’s Strengthening Ethiopia’s Urban Health Program (SEUHP)

John Snow, Inc.

Cell: +251-911-618497

Office: +251-11-470-0402

Email: hibret_tilahun@et.jsi.com

Skype: hibretalemu.tilahun

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