



Health Extension Program In Ethiopia

Federal ministry health of Ethiopia

Forum on stunting reduction

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Outline

- Overview on HEP
- Achievement
- Challenges
- The way forward

Overview on HEP

- Millions of Ethiopians, especially those who live in rural areas, are exposed to a variety of preventable diseases.
- Maternal, infant and under-five mortality rates are still among the highest in the world.
- The Ethiopian Government has formulated a series of Health Sector Development Programs(HSDP I, II ,III and IV 1997-2015)
 - ❖ Plan for Accelerated and Sustained Development to End Poverty (PASDEP)
 - ❖ Health-related Millennium Development Goals (MDGs).

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- Basic health services had not reached those in need, owing to lack of primary health care (PHC) services at the community level.
- The government introduces “Accelerated Expansion of Primary Health Care Coverage” and the Health Extension Progra(HEP).

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- The new health policy focuses
 - ❖ quality promotive, preventive and selected curative health care services
 - ❖ accessible and equitable manner to reach all segments of the population,
 - ❖ with special attention to mothers and children.
- The Extension Program (HEP)
is a defined package of basic and essential promotive, preventive and selected high impact curative health services targeting households.

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- Based on the concept and principles of PHC, it is designed to improve the health status of families, with their full participation, using local technologies and the community's skill and wisdom.

The philosophy of HEP

- The right knowledge and skill is transferred to households they can take responsibility for producing and maintaining their own health.
- The HEP is the main vehicle for bringing key maternal, neonatal and child health interventions to the community

Objective

The overall goal of the HEP is to:

Create a healthy society and reduce rates of maternal and child morbidity and mortality.

Specific objective

- To improve access and equity to preventive essential health interventions at the village and household levels

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- To ensure ownership and participation by increasing health awareness, knowledge, and skills among community members.
- To promote gender equality in accessing health services.
- To improve the utilization of peripheral health services by bridging the gap between the communities and health facilities through HEWs.
- To promote health life style.

Implementation Strategy



Train and deploy HEW

Construction of HP

Medicine and supplies

Full Community Participation

Leadership, M & E

Components of HEP

Disease Prevention and Control

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

Family Health

- Maternal and child health, Family planning, Immunization, Nutrition and Adolescent reproductive health

Hygiene and 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 and Personal hygiene

Health Education and Communication

Health Extension Approaches

- HEWs are required to spend 75% of their time conducting outreach activities by going from house to house.
- During these visits, HEWs are expected to teach by example (eg by helping mothers care for newborns, cook nutritious meals, construction of latrines and disposal of pits)..

Health Extension Approaches

- Rural
 - Model Families
 - Community Based Health Packages
 - Health Posts
- Urban
 - Model Families
 - School
 - Youth Centers

The role of HEW in nutrition

- Model family packages include breast feeding, complementary feeding, growth monitoring and maternal nutrition
- Growth Monitoring and Promotion (GMP)
- Vitamin A supplementation,
- De-worming

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- Screening for malnutrition.
- Iron supplementation for pregnant women
- Promotion of use of iodized salt
- Management of moderate acute malnutrition as Outpatient Treatment Program

Achievement

- HEW trained and deployed rural 31,865 and urban 4,124
- Proportion of constructed HPs at rural kebeles 16,018
- Integrated refresher training introduced
- Introduction of health development army
- Health center and health post linkage

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- Level four HEW training introduced
- Household graduated after completing HEP training
13,924,988
- Reduction of under five mortality
- Improvement in contraceptive, EPI & latrine coverage's
- Reduction in Morbidity and Mortality related to major communicable diseases has been achieved

Challenges

- Lack of uniformity in the implementation of HEP across the country
- High turnover
- Some of the Health Posts are not full furnished with the necessary equipment and supplies
- Lack sufficient capacity to provide supportive supervision/monitoring and evaluation
- Weak referral linkage

The way forward

- Strengthen the health development army
- Conduct continuous capacity building activities for HEWs
- Strengthen logistic management system and provide regular and uninterrupted supply of essential commodities
- Strengthen PHCU linkage



Thank You!!!