Improving Family Planning Utilization by Repositioning FP/RH Program through Strengthening Community-Based Health Service Extension Program (HSEP) in Ethiopia.

/Best practice/

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16th November 2008, Mekere University, Uganda
Outline of Presentation:

- Introduction
- The Project
  - Project Area and Population
  - Main Objective of the Project
  - Gaps Identified (baseline assessment)
  - Major Activities
  - Major Accomplishments
  - Project Successes
- Conclusions/Recommendations
- Acknowledgement
Introduction

- Ethiopia is one of the countries
  - high rate of morbidity and mortality
  - high fertility
  - Population = 73.9 million people (2nd largest population in SSA, growing at 2.5% resulting in 2 million people added per year)
  - CBR = 37.3 per 1000 with RNI of 2.5
  - IMR = 77/1000
  - CMR = 50/1000
  - U5MR = 123/1000
  - MMR = 673/100,000
  - NMR = 39/1000 live births
Introduction (cont…)

- Marriage at early age is slowly declining, from 65% of the married women being married by age 18 in 2000 to 61.8% in 2005
- The contraceptive prevalence rate increased from 8.1% in 2000 to 14.7% in 2005, but at 34% unmet demand remains high
- Potential health service coverage by public health facilities
  - National - 76.9%
  - ANRS (project region) - 74.5%
- Poor health service utilization
  - Only 15% of married women are using some method of contraception the majority of which relying on modern methods (2005 DHS)
Government endeavors to improve F/P services: Expanded coverage of family planning services to remote rural areas through:

- Deploying 30,000 female Health Extension Workers (HEWs) who are working at the household level
- Engaging the private sector and NGOs (abolishment of taxation on contraceptives)
- Linking HIV/AIDS and FP/RH services
- Expand the range of contraceptives available, including long term methods using the HSEP
Introduction (cont...)  

Health Service Extension Programme (HSEP):  
- Introduced in 2004; 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 service delivered as a package of essential services targeting the households particularly women/mothers and children at the village/Kebele level.
Introduction (cont…)

… Health Service Extension Programme (HSEP):

- Four major health service package
  - Family health services
  - Communicable disease prevention and control services
  - Hygiene and environmental health services
  - Health education and communication services

- The family health service component encompasses
  - Maternal health service,
  - Delivery service
  - Postnatal care
  - Child care services
  - Family planning services
  - Adolescent reproductive health services
  - Promotion of essential nutrition action
The Project
North & South Wello zones
## Project Area and Population:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total Population</td>
<td>4,571,345</td>
</tr>
<tr>
<td>2 No of Woredas</td>
<td>34</td>
</tr>
<tr>
<td>3 No of Kebeles</td>
<td>524</td>
</tr>
<tr>
<td>4 No of HEWs on Job</td>
<td>1566</td>
</tr>
<tr>
<td>5 No of Hospitals</td>
<td>5</td>
</tr>
<tr>
<td>6 No of Health Centers</td>
<td>59</td>
</tr>
<tr>
<td>7 No of Health Posts</td>
<td>635</td>
</tr>
<tr>
<td>8 Cluster Health Center</td>
<td>120</td>
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</tbody>
</table>
Main Objective of the Project:

To strengthen family planning program by improving performance of Health Extension Workers on reproductive health/family planning through training, supportive supervision, and dissemination of best practices, North & South Wello zones, 2006 – 2008/9.
Gaps Identified (baseline assessment):

- HEWs appear to have less theoretical knowledge on reproductive health
- Poor integration of services at the health post level
- Insignificant involvement of HEW’s in terms of service delivery for both maternal and child health care activities
- Low prevalence of current users (44.2%)
- High unmet need (26%)
- Low level of maternal health services (ANC, delivery, PNC)
Major Activities:

- Refresher training for Health Extension Workers
- S,M&E training for HEWs supervisors
- Training on RH/FP Leadership skills training for health managers at the district level
- Operational researches
- Production and dissemination of informational materials HEW Newsletter
- Advocacy campaigns
- Conduct supportive supervision
Fig 1: RH/FP Repositioning Project Framework

- Regional Health Bureau
- Zonal Health Department
- Woreda Health Office
- Private Consultancy Firms
- NGOs Working in the Project Sites
- Local Community

Network Established

Zone and Woreda Health Managers

Repositioning RH/FP through Strengthening the Health Extension Program

RH/FP Leadership Skills Training

In-Service Training for Health Extension Workers on RH/FP

Health Extension Program Supervisors

Supervision, M&E training
Major Accomplishments: Publications

- Trainer’s Guide for the refresher training of HEWs on RH/FP, HIV/AIDS, and Gender developed.
- Reference text for HEWs on RH/FP, HIV/AIDS, and Gender developed.
- Training manual and guideline on Supervision, Monitoring, and Evaluation for Health Extension Programme coordinators developed.
- Participant’s reference manual and work book and facilitator’s manual on “Leadership for health professionals working on RH/FP at Zonal and Woreda levels”.
- Quarterly Health Extension workers Newsletter distributed throughout the country.
- Three operation researches are conducted & published.
## Major Accomplishments: Trainings

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Planned</th>
<th>Achieved</th>
<th>Organizations involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDGs, Poverty reduction</td>
<td>31</td>
<td>31</td>
<td>World Bank, D&amp;LPF, UNFPA, EPHA</td>
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<tr>
<td>RH Program Management</td>
<td>15</td>
<td>15</td>
<td>CAFS, Amhara RHB, EPHA</td>
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<tr>
<td>Supervision, M&amp;E for HEW supervisors</td>
<td>40</td>
<td>37</td>
<td>AAU/SPH, Z&amp;WHOos, EPHA</td>
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<tr>
<td>RH/FP Leadership skills</td>
<td>111</td>
<td>93</td>
<td>Z&amp;WHOos, EPHA</td>
</tr>
<tr>
<td>RH/FP, HIV/AIDS, Gender (TOT)</td>
<td>30</td>
<td>30</td>
<td>Z&amp;WHOos, EPHA</td>
</tr>
<tr>
<td>RH/FP, HIV/AIDS, Gender for HEW</td>
<td>1566</td>
<td>1568</td>
<td>Z&amp;WHOos, Pathfinder, FGAE, ADA, EPHA</td>
</tr>
</tbody>
</table>
Fig2: Trainings (planned vs achieved, 2007-2009)

- Training of Trainers' (TOT) on RH/FP, HIV/AIDS and Gender
- RH/FP Leadership skills training
- Supervision, Monitoring and Evaluation for Health Extension Programme Supervisors
- RH Programme Management
- Achieving MDG, poverty reduction and reproductive health and Institutionalization of FP/RH
Fig3: In-service training of Health Extension Workers on RH/FP, HIV/AIDS, and Gender
Project Successes
Project Successes:

- HEWs gained knowledge and new skills on family planning service provision
- FP is integrated with other Health Extension packages and RH services at the household and HP level
- Improved clients demand for contraceptive methods
- Improved referral linkages
- Started sharing of resources and minimized duplication of efforts among stakeholders
Project Successes (cont…)

- Joint supportive supervision with the local health authorities became effective.

- Ownership of the Health Extension Newsletter is transferred to the Ministry of Health, which resulted in an increase of copies from 2000 to 32,000 and increased coverage from the 38 villages (two zones) to 15,000 (nationwide).
Conclusions/
recommendations
Conclusions and recommendations:

- This innovative collaborative model is improving family planning utilization.
- Improving knowledge and skills of HEWs and their coordinators is critical to improve family planning services & coverage.
- Reaching HEWs through Health Extension Newsletter to be used as one of the Ministry of Health outlet for disseminating important health issues, best practices & updates.
- Supportive supervision and the system created for involving each actors working at the community level are critical to improve FP/RH.
Acknowledgement:

This project was a collaborative endeavor by;
- Ministry of Health
- The David & Lucile Packard Foundation
- Ethiopian Public Health Association