

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 below).

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.

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

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, urban health programs 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.

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 salaries and 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.
- Lack of 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.

WAY FORWARD

As socio-economic, demographic, and epidemiological transitions occur and urbanization accelerates, the demand for quality health services will also grow. The recently introduced primary health care reform; which under pilot stage, is expected to come up with an innovative primary health care service delivery model that will respond to the growing health care needs of urban communities.