

HEALTH SERVICE EXTENSION PROGRAMME

***DRAFT IMPLEMENTATION
GUIDELINE***

Ministry of Health

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ACKNOWLEDGEMENT

The Health Service Extension Programme implementation guideline will support the implementation of Health Extension Package at the community /Kebele level/ by providing sufficient working information. Health Service Extension Package implementation is a very instrumental concept and an innovative venture to bring health services closer to the communities.

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The Health Extension Implementation Guideline will be best used at each tier system for showing policy direction and appropriate institutionalization of Health Service Extension Programme implementation in Ethiopia. Health extension workers will use this guideline for their routine activities. This guideline is a complement and a companion to the health extension packages prepared for health extension worker as a guidebook (cookbook).

Finally the Ministry of Health gives its deepest appreciation for all those who dedicated and contributed from far or near. The Ministry realizes that without their time and expertise this implementation guideline would have not been realized.

Ministry of Health

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ACRONYMS

CHA- Community Health Agent

FP – Family Planning

GO – Government Organisation

HEP- Health Extension Package

HEW - Health Extension Worker

HP- Health Post

HSDP- Health Sector Development Programme

HSEP- Health Service Extension Programme

ITN – Insecticide Treated Net

KC - Kebele Council

MoH- Ministry of Health

NGO - Non-Governmental Organization

RC - Regional Council

RHB – Regional Health Bureaux

TTBA - Trained Traditional Birth Attendant

TVETs- Technical and Vocational Education Training Schools

VCT – Voluntary Counselling and Testing

WC - Woreda Council

WHO – Woreda Health Office

“Go with the people:
Live with them.
Learn from them.
Love them.
Start with what they know.
Build with what they have.
But of the best leaders
When the job is done, the task
accomplished
The people will all say,
‘We have done this ourselves.’

1. Introduction

Establishing an effective and responsive health delivery system is an integral part of the over-all development that aims to reduce poverty and achieve economic growth and development. Ethiopia has begun to embark on health sector development programme, a general blue print designed to translate Government's new health policy statement into action. Though Ethiopia is sadly affected by frequent pestilence of infectious diseases, drought and famine, the country is recently exerting vigorous efforts to combat wide spread poverty and bring sustainable development.

The country still remains one of the poorest nations in the world, with very low-income when compared with sub-Sahara African countries. As a result, life expectancy at birth is relatively low and is further expected to decline if present HIV infections rates are not maintained. Infant and under five mortality rates are still among the highest in the world. The health system is underdeveloped and is able to provide health care to only about half of the population and much of the rural population has still limited modern health care.

Environmental health problems and their contribution to the occurrence of 60-80 percent of communicable diseases are still rampant in the country. Vaccine preventable diseases are still high causes of morbidity, disability and mortality. The larger portion of the rural mass and the urban population has limited access to adequate water supply. National sanitation coverage is also very low. About 80 per cent of the health problems in Ethiopia are communicable diseases, which can be easily prevented and controlled by applying basic hygiene and environmental sanitation measures.

Considering the past gains and challenges in the process of the phase one Health Sector Development Programme (HSDPI-1997 – 2000/2001) implementation has realized that necessary basic health services have not reached the people at the grass-root levels as envisaged. The Government of Ethiopia has therefore decided to introduce an innovative community-based approach aimed at creating healthy environment as well as healthful living by introducing a Health Extension Package as a sub-component of Health Sector Development Programme II (HSDP II 2002– 2005).

The main objective of Health Service Extension Programme is to improve equitable access to preventive essential health intervention through community /kebele/ based health services with strong focus on sustained preventive health actions and increased health awareness. The health extension service is being provided as a package focusing on preventive health measures targeting households particularly women/mothers at the kebele level.

Cognizant of the fact that Health Service Extension Programme implementation throughout the country should be consistent; the Federal Ministry of Health takes the task to develop an implementation guideline. The guideline will be the best tool for the regional health bureaux, woreda health offices and the health posts /health extension workers/ to implement community based household focused health care services.

2. Essential Elements of Health Service Extension Programme

To improve the health status for its citizens, Ethiopian government has been making efforts to direct its limited resources to the grass-root level. An innovative programme, Health Service Extension Programme /HSEP/ is introduced as one of the key components in Ethiopia's Health Sector Development Programme II /HSDP II /. The core of HEP is to identify and provide a list of essential health services to households at the kebele level.

Essential health services packages include: -

Disease Prevention and Control

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

The main objectives of the above component programme are: - to reduce morbidity, disability and mortality.

Family Health Service

- Maternal and child health
- Family Planning
- Immunisation
- Adolescent Reproductive Health
- Nutrition

The main objectives of above component programme are: - to strengthen and gradually expand family planning, mothers, children and youth and nutrition services.

Hygiene and Environmental Sanitation

- Excreta Disposal
- Solid and liquid waste disposal
- Water supply safety measures
- Food hygiene and safety measures
- Healthy home environment
- Control of insects and rodents
- Personal hygiene

The main objectives of the above component of the programme are: - to increase coverage of hygiene and environmental health services to the population at large.

Health Education and Communication

The main objective of this component of the programme is to increase community

awareness in health through the involvement of communities and provision of continued health education to bring about positive changes in the knowledge, attitude and behaviour.

To implement the HSEP, the government plans to upgrade the existing health posts and build new health posts for 10,000 rural kebeles in 5 years. Mean while 20,000 health extension workers /HEWS/ will be trained and deployed to the health posts. By implementing HEP, the government expects to increase the health services to people

3. Objectives of the Guideline

This guideline serves as a practical guide for those who are implementing health service extension package programmes. The guideline offers an opportunity for the Ministry of Health, Regional Health Bureaux, the Woreda Health Offices, the Health Posts and other stakeholders to implement HSEP programmes.

Specific Objectives

- To introduce menu based health service extension packages,
- To strengthen NGOs Sector growth and development in resource mobilisation to support Health Service Extension Programmes implementation,
- To deepen and strengthen the decentralisation process to shift decision making closer to the grass root population to improve responsiveness and delivery of health service extension programmes in the communities,
- To strengthen community empowerment and set frame work/ provide enabling environment to mobilise resources for the construction of health posts and other health development activities,
- To solicit support of other sectors who can serve as an entry point for development in the implementation of their programmes through the use of the implementation guideline,
- To ensure equitable preventive and promotive health services for the optimum benefit to the rural people at all levels,
- To strengthen local capacity building for the implementation of HSEP as a means and as an end,
- To increase accountability of the federal ministry of health, sector ministries, regional health bureaux, woreda health offices, health posts, NGOs and private sectors, to adapt implementation modalities to local circumstances and existing resources,
- To create a united action for health by all concerned stakeholders,

4. Strategic Issues In The Health Service Extension Programmes

- Maintaining sustainable financing to the health service extension programme,
- Strengthening health infrastructures at all levels,
- Strengthening decentralisation and democratisation of the health services,
- Promoting intersectoral and multisectoral collaboration,

- Reorganisation of the various health offices from central to the woreda level,
- Reorientation and strengthening of the health service delivery system that can facilitate the health service extension implementation,
- Defining roles and functions of stakeholders for the implementation of health extension package programme.
- Enhancing community involvement for united community action for health,
- Enhancing political will, commitment and support for health service extension programmes,
- Reorientation of staff (outlook, commitment, accountability, approach, integrated skills training) at various levels,
- Strengthening referral system at all levels,
- Strengthening supervision system at all levels,
- Strengthening health information system at all levels,
- Strengthening monitoring and evaluation system at all levels,

Principles

Health service extension programme strategy can be seen as a part of the wider movement or reform from the more traditional forms of top-down development practice to the participatory development direction. In the health extension the following principles will be pursued: -

- Communities best identify and prioritise their own health needs,
- There is untapped skills and knowledge in the communities that can be used for the implementation of health extension,
- The supremacy of the people's involvement – peoples priorities, interest, needs and wishes must be respected and accommodated in all aspects,
- People's knowledge and skills must be seen as a potential contribution to the health service extension,
- Women involvement in all decision making process should be the central issue in the health service extension programme,
- Community ownership, empowerment and autonomy on the programme and self-reliance need to be promoted.

4.1 Enhancing Team Development And Motivation of HEWs

This will facilitate the working capacity of staff working in health service extension programmes through creating and organising discussion fora, experience and information networks, team development sessions, shared vision and mission development meetings. Enhancing team development can be operationalized by:

- Introducing motivating and reward system for the HEWs for a better achievement,
- Implementing collective and progressive leadership,
- Developing mechanisms that lower or minimise the attrition rate or turn over of the HEWs,
- Introducing incentives for the best performance in the service,

- Introducing health management system,
- Developing mutually respectful attitude among the HEWs,
- Create harmonised relation and integration among HEWs and other health facility workers and the woreda Health office.

These measures result in motivation of the health extension workers to be fully committed to improve the health status of the rural population.

Based on the ongoing civil service reform, there is a need for proper procedural process that includes employment, retention, and support, on the job training, coaching, performance appraisal/ reviews. Ensure that information network, designation of tasks and job descriptions, taking disciplinary measures, creation of better working condition, creating reward and motivating system are in place.

The immediate responsible supervisor or head of the programme needs to carryout periodic assessment of work performance and based on the assessment take the necessary corrective and preventive measures. These can be simple feedback for better future performance, recommendation for promotion or reward, on-job training or disciplinary action.

Factors that influence the motivation and work behaviour of health extension workers

- **Immediate working environment** which include interaction with the health extension work mate, interaction with the community members, other sectors extension staff, kebele councils, and others.
- **Personal behaviour and interests** which may include personal interests, preferences, values, characteristics of the health extension workers,
- **Opportunities and facilities** which may include educational, training, promotion, remuneration, career development,
- **Administrative environment** which may include government regulations, laws, and rules, procedures, working condition, support, logistic supplies and facilities available for the work etc.,
- **Community-related factors** which include understanding, acceptance, and participation or involvement of the community in the health service extension programmes,
- **Political and policy environment**, which may include creation of supportive structures that, may influence the work of the health extension workers.
- **The strength of woreda council and woreda health office** at local levels, which are responsible to co-ordinate and implement the health service extension programme will influence the work motivation and behaviour of the health extension workers.
- **The training /education/ and guidance** given to the health extension workers from training schools, health extension supervisors and managers and attitude of the health professionals can influence or change the skills and attitude of the health extension workers.

4.2 Enhancing Community Involvement

HSEP can be achieved through community involvement and collaboration of wide range of stakeholders. Participation of the community in decision-making process is a reflection of the political power of the people for mobilisation of resources. This promotes empowerment, self-reliance, responsibility and ownership for health actions.

Community involvement can be in different forms which includes gaining of individuals or community members greater responsibility for their health, decision-making on health issue, identifying priorities, mobilisation, allocation, contributions, management and control of resources.

Benefits of community participation

- Ensures better or maximum use of health service extension programmes,
- Ensures sustainability of health service extension programmes,
- Better mobilisation and utilisation and management of resources,
- Promotes better healthy behaviour (when they are involved in exploring diseases determinants),
- Creates and enhances better understanding among communities and health extension workers,

Conditions that help/facilitate community involvement

- Respecting community values and norms (diversity)
- Winning community trust and respect,
- Working through/with opinion leaders,
- Promoting the idea of creating partnership between the health extension workers and the community,
- Availability of resources (skilled health staff, logistic support, interactive teaching materials) that attract and meet the needs of the people,
- Enhancing information, education and communication about health and other development issues to create understanding with community,
- Enhancing the capacity and skills of the health extension workers how to effectively work with communities,
- Creating participatory community dialogue or forums to discuss issues, where success in health service extension programme are discussed and success will be shared and owned by the community,
- Giving top priority to women and youth involvement in health service extension programmes,
- Collaborating with other sectors as they share their experiences and agenda, which is essential to address the community needs,
- Celebrating success story with the community,
- Promoting or creating experience sharing visits among communities (visits can be by their representative leadership organisations),
- Carry out periodic monitoring and evaluation to identify the level of community

participation.

4.3 Strengthening Multisectoral Collaboration

Rationale

As the health determinants are enormous in nature, the issue of health service extension programme requires the co-ordinated action of all concerned sectors. Collaboration and networking with others is a must. Especially effective prevention of diseases and promotion of health requires the collaboration of several professions and sectors. This reinforces the indispensability of intersectoral co-operation and networking for the improvement of the health status of the population at large.

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The strength of leadership organisations in the community and their level of involvement in health and other development endeavours determine the success in collaboration among the different sectors. If the leadership of the community organisations is strong and their involvement is active there is an opportunity for better multisectoral collaboration.

Areas of application of collaboration/co-operation

- Planning common goals, objectives and strategies
- Lobbying and advocacy work,
- Information, education and training activities,
- Information and experiences sharing schemes
- Implementation of the guideline for effective implementation of health service extension programmes,
- Gaining political support and commitment to put Health Service Extension Programme agenda high,
- Joint monitoring and evaluation of Health Service Extension Programmes.

The merits of collaboration and networking

- Brings departments or sectors to work together,
- Enhances common vision,
- Enhances pooling, mobilising and proper use of resources,
- More unified voice for advocacy that can influence and change in health action,
- Sharing of information, experiences, knowledge and skills
- It increases effectiveness and efficiency and reduces duplication of efforts
- Enhances openness and good forums for dialogue and come to an agreement
- Promotes open and clear and well-established communication system or network between meetings, at all levels in which members of the partnership can communicate,
- Enables periodic reporting of progress and success
- Resuscitates individual/organisational commitment

5. Targets Of Health Service Extension Programme

Targets in individual care will include:

- a. **For children:** - reduction in percentage of low birth babies, in infant mortality and in child mortality rate, and increase number of children less than one year who get immunized,
-Increase in number of children who uses Insecticide Treated Nets, who breastfeed, who have access to ORS and anti malaria drugs.
- b. **For adolescents:** - decrease in the prevalence of special health problems like unwanted adolescent parenthood, alcohol and drug abuse, accident, HIV and sexually transmitted infections,
- c. **For the elderly:** - continued use of skills and maintenance of physical, mental fitness and social contacts.

Targets in family health care will include: -

- a. Increase in percentage of individuals trained in first aid and practicing self care; in the percentage of patients whose problems are solved or referred; and in the percentage of individuals with access to preventive and promotive health service,
- b. Increase in percentage of women: - receiving adequate antenatal care, delivered by health extension workers or trained traditional birth attendants, accepting contraceptive methods/devices, getting tetanus toxoid immunization, using ITN, getting malaria treatment during pregnancy (in malarious area only),
- c. Increase in percentage of homes/families with an adequate level of hygiene and sanitation, practicing self-care and participating in community health activities.

Targets in community health will include:

- a) Increase in percentage of families adequately housed, with facilities for liquid/solid waste disposal, having access to adequate and safe drinking water,
- b) Increase in percentage of families who uses preventive and promotive health service extension services and those who are referred and can reach adequately staffed and well maintained health care centers through established system for further diagnostic services and treatment,
- c) Increase in percentage of community groups/organizations cooperating in the collection of basic health/demographic data, and participating in the economic support and management of health post,
- d) Increase in the percentage of target groups who completed the TB treatment, re-treatment of TB,
- e) Increase in the percentage of the community members who use ITNs.

6. Programme Management And Support

6.1 Planning processes

- The Health Extension worker in collaboration with the members of kebele council will conduct baseline survey, based on the survey findings and community diagnosis, health problems will be identified, prioritized and plan of action will he prepared.
- The draft plan of action shall be submitted to kebele council for approval. The approved plan of action shall be dispersed to the woreda council and woreda health office,
- Plan of actions collected from different kebele health councils of the woreda shall be

compiled for endorsement,

- Approved plan of actions for different kebele health councils shall be dispersed to the woreda health office and the respective kebele councils for implementation and further follow up,
- The approved plan of action for health service extension programme shall be delivered to the regional council and the regional health bureaus
- The regional council will compile the plan of actions and disperse to the Federal Ministry of Health,
- The Federal Ministry of Health will finally compile the plan of actions of health service extension programmes. The plan of actions shall be best suited to assess the success of HSEP programmes during the Joint Review Mission/Annual Review Mission.

6.2 Resource Requirement

Human resource

The Kebele Council in collaboration with woreda council will recruit/females who completed grade 10 and be able to speak the local language. Candidates who meet the recruitment criteria set by the ministry of education will be accepted for one year training in vocational and technical schools (TVETs).

Deployment:- The health extension workers will be employed by the woreda health office. Registration and panel of assessors procedures will follow after the deployment of two female health extension workers at each health post. All employment related documents shall be available to the RHBs. Besides two guards will be employed by the woreda health offices for the health posts.

Health post building

Health posts will be built at each kebele for the implementation of Health service extension programmes. Woreda Council in collaboration with the woreda health office and the respective Kebele Councils will build health posts. Financial allocation and contribution will be made from the woreda council and the respective Kebele Councils. Construction of the health posts will be in compliance with the standard and design set by the Federal Ministry of Health.

Supplies and commodities

The following are basic supplies and commodities: -
Contraceptives (oral and injectable), condoms and penis models,
Disposable/reusable syringes and needles,
Child and adult scales, Salter scale/hanging scale/
Vaccines, ice boxes kerosene refrigerators; AD syringes,
ORS, ergometrine tablets, oral malaria drugs,
Blood pressure apparatus,
First Aid kits, delivery kits
Examination tables, chairs, and stretchers, benches for patients,
Filing cabinets, shelves, notice board and dustbins,

Educational materials/kits,
Thermometers and tongue depressors,
Dishes of different sizes, forceps and scissors,
Female gowns,
Stationeries (Pencils, and pens, registration books, folders, antenatal and family planning cards, inventory cards, referral forms, report formats, writing pads, duplicating papers, staplers, staples, pins, graph papers, poster size butcher paper for graphic presentations, Sanitation tools,
Dry batteries and megaphones,
Kerosene lamps, fuel (kerosene),
Alcohol, savlon, and other detergents,
Cotton, bandage and plasters,
Female bicycles.
Stethoscope, sterilizer/pressure cooker, delivery bed, hand reflector/torch, dressing instrument set, tape measure, spoon, glass for drinking, graduated measuring jar of one liter, screen two fold, coat and umbrella hanger, office desk, stool, chair, working Counter, book case, ladder, refuse lane, store shelf, bench for waiting area, cotton waste bin, candle filter, notice board,
Growth monitoring card/ EPI cards, health extension packages books, reference books.

N.B The Woreda Health Office will procure standardized supplies and commodities.

7. Enhancing Supportive Supervision

Rationale

Supervision enhances to correct any constraints encountered in the implementation of the health service extension programme. Effective supervision requires team of experts with an appropriate skill mix, continuity among team members and strong management skills.

To ensure best quality of health service extension package programme, an ongoing in-service training, continuing education, regular supportive supervision, good supplies of materials are essential elements that are required. Supervision programmes shall be planned, scheduled, budgeted, and conducted regularly.

The supervisory teams, whose members shall be drawn from several services/units or professional expertise shall be designated from various organisations and administrative levels, in such a way that it is possible to see to the programmes planning, implementation, monitoring, evaluation and documentation of the health service extension programmes. Through these planned and co-ordinated supervisory activities at various levels, it will be possible to ensure that the quality and quantity of work is to the standard and in line with the general government policy and strategy direction and the local conditions and interests of the rural mass. The output of the supervision activities will be documented and released to the woreda health office for subsequent measures.

Supervision for all round support and logistics supply

The health extension workers need several supplies including vaccines, contraceptives,

medicines for preventive activities, other medical supplies, and sanitation tools that are provided by the health centre or woreda health office. These supplies have to be appropriately selected and requested in time and submitted to the woreda health office for approval and the requested materials have to reach the health extension workers in time and in the amount requested and be available for the purpose intended. Any delay or shortage may cause a problem on the programmes or dissatisfaction of the community members and loss of confidence or frustration of the health extension workers.

Conditions that facilitate effective supervision

- Effective multisectoral collaboration and coordination at different levels,
- Creation of effective supervisory system in place,
- Selection and designation of proper and qualified staff with technical and managerial skills,
- Periodic performance appraisal of the supervisors and supervised health extension workers,
- Good communication and understanding, and participatory discussions among the staff for maximum gain from the supervision,
- Development and creation team-working and team spirit among the staff involved in the supervision activities,
- Availability of checklists to be used to measure performance,
- Rewards or incentives to HEWs with better performance in place.

Organization of supportive Supervision

At Federal level

The supervisory team may consist of: -

- Epidemiologist
- Public health management expert
- Maternal and child health expert
- Administration and finance expert
- Environmental health expert
- Health Education expert
- Health service and training expert

At Regional level;

The supervisory team may consist of: -

- Disease prevention and control expert
- Public health expert
- Maternal and child health expert
- Administration and finance expert
- Environmental health expert
- Health education expert
- Health service and training expert

At Woreda Level

- Public health officer
- Public Health Nurse
- Environmental health Expert
- Health education expert

Preparation for supervision

A supervisory team drawing its members from different disciplines will be established at Federal, Regional and Woreda levels to direct and support HEWs so that they perform their duties effectively.

Members of the team shall be trained on skills needed for supportive supervision (facilitation, interpersonal communication, problem solving and analytical skills) orient them to various tools and method (such as peer review, performance assessment tools) and frequently upgrade their technical skills.

The tasks of the supervisory team

- Set individual performance objectives (the activities)
- Monitor and evaluate performance
- Manage performance problems that arise
- Motivate HEWs and provide feedback, solve problems and provide guidance, and support
- Provide training, and
- Assist with resources and logistics

N.B At each level the supervisory team prepares its own annual plan, checklists and detailed schedule for each supervisory visit.

During the supervisory visit the team is expected to: -

- Discuss with HEWs the aim of the supervision, on the content and use of supervision checklists, and other related issues,
- Discuss with representatives of the members of the Kebele Council and the beneficiaries of the programme on the problems that require appropriate solutions,
- Observe HEWs while working their duties based on their job description, and guide, direct, counsel and encourage them,
- Check whether activities are properly recorded, and system reports, cards and other documents are placed properly,
- Check whether the provision of supplies and commodities are in accordance with registry and stock lists, and know the gap,
- Take note on the day-to-day activities. At the end of the mission the team will present its findings to the HEWs, which includes the strong and weak side of the programme, the problems encountered, issues that need improvement in the future. Based on the agreed issues, plan of action that should be implemented till the next supervision period, shall be prepared together,
- After the mission is completed, the team prepares its field report and sends to woreda health office, kebele council and health post within a week time to enable them follow up and take action if needed,

- The woreda supervisory team will conduct supervisory visit on quarterly basis while the Federal and the regional supervisory teams will conduct on biannual basis.

8. Governance of the Health Service Extension Programme

At present the implementation of economic policies and development programmes has shifted to a large extent from the centre to the communities. To deepen the decentralization process, the government strategy is to empower woredas as the centre of socio-economic development. To ensure their autonomy, woredas are given a block grant to cover recurrent and some capital expenditures.

Good governance is imperative for effective planning, implementation, monitoring and evaluation of the health service extension programmes. Governance embraces the entire framework of decision-making process at central, regional, woreda and community/kebele levels. Hence duties and responsibilities of different parts of governance at each level are described below.

8.1 Duties And Responsibilities Of the Federal Ministry of Health

- Develop health service extension programme guideline and follow up its implementation,
- Provide technical and professional guidance and assistance,
- Design, select, produce, update, distribute IEC materials,
- Conduct and co-ordinate monitoring and evaluation activities,
- Organise and conduct capacity building forums,
- Strengthen collaboration with other stakeholders for resource mobilisation,
- Organise experience-sharing forums,
- Co-ordinate and strengthens international relations for all round support (foreign aids and donor assistance and funds) and experiences of other,
- Communicate information to the Federal Government, line ministerial offices, Regional Councils and Regional Health Bureaux and other relevant stakeholders,
- Develop standards for in-service training, further education, registration and career structure for the health extension workers,
- Develop standard data collection, reporting and monitoring reformats,
- Develop national referral guideline.

8.2 Duties And Responsibilities Of the Regional Health Bureau

In general the Regional Health Bureau is charged with overseeing the implementation of the health service extension programme in the region.

- Bring the health service extension programme and related issues as top agenda,
- Facilitate and co-ordinate the recruitment of health extension trainees,
- Carryout and co-ordinate, and sponsor research and development on the health service extension programme implementation,
- Create appropriate organisational and functional structure, and designate staff,
- Provide technical and administrative support to woreda health offices,
- Design, develop, produce, distribute and use health learning materials,

- Organise experience sharing forums,
- Collect, compile and prepare periodic reports and submit to the ministry of health and other stakeholders,
- Develop report formats and data collection system for the health service extension programme in the region,
- Organise health service extension programme evaluation and review meetings,
- Strengthen and promote intersectoral collaboration among stakeholders,
- Secure resources for the health service extension programmes,
- Organise and conduct capacity building forums, workshops, seminars, training of trainers,
- Carry out planned monitoring and evaluation activities,
- Communicate information on the implementation of health service extension programme to the Federal Ministry of Health and the Regional Council.

8.3 Duties And Responsibilities of Woreda Health Office

- Plan, implement, follow up, co-ordinate, monitor and evaluate planned activities,
- Allocate and manage resources,
- Provide materials needed for demonstration purpose,
- Conduct, co-ordinate supervision and give feedback,
- Collect data by carrying out onsite assessment and work assessment,
- Collect monthly and other reports and compile documents,
- Prepare and submit periodic reports to the Regional Health Bureaux,
- Carryout and co-ordinate advocacy activities,
- Carryout and coordinate in-service training,
- Manage health care facilities such as hospitals, health centres and health posts,
- Coordinate and lead supervision, monitoring and evaluation,
- Coordinate and provide technical, administrative, financial and material support,
- Identify and prioritise the major health causes of morbidity, mortality and disability in the woreda,
- Coordinate, design, develop, produce and distribute health service extension IEC materials,
- Strengthen and promote networking, collaboration and co-operation among several sectors or stakeholders,
- Coordinate and carryout small scale research and development,
- Implement the national health service extension programme guidelines,
- Ensure availability of essential resources, facilities, staff, materials and vehicles,
- Employ and deploy health extension workers,
- Procure pharmaceutical, medical supplies and other commodities.

8.4 Duties and Responsibilities of the Kebele Council

- Coordinate the over all health service extension programme,
- Plan, implement, monitor and evaluate health service extension programme,

- Solicit resource (mobilize, allocate and utilize),
- Mobilize community organizations and community members for health action,
- Strengthen community involvement and participation in decision making
- Promote sectoral collaboration
- Manage health information system
- Ensure the availability of health service extension commodities (contraceptives, vaccines, anti-malaria drugs, other medical supplies and commodities, etc.).

8.5 Functions and Responsibilities of Health Post

A standard Health Post is a grass root level formal health unit. It serves 5,000 people living in adjacent villages, within walking distance. It shall be staffed by two female health extension workers. If there are community agents, trained birth attendants, community based reproductive health agents and other community based agents in the community, they shall be designated as collaborators and facilitators.

The health service extension programmes that shall be delivered at the health post are described below: -

8.5.1 Promotive and Preventive Health Services

- Give relevant and regular health education to the community,
- Make Regular Home Visits,
- Undertake supervision and inspection of the cleanliness of houses, work places and market places and report on the status of food and drink establishment,
- Participate in demonstration and promotion of spring and shallow water well and instruct in protection and construction of refuse and pit latrine,
- Promote breast feeding, supplementary infant feeding and general nutrition education,
- Conduct home visits for antenatal care, home deliveries and postnatal care,
- Provide integrated MCH/FP services including community based contraceptive distribution,
- Identify and refer high risk pregnant mothers,
- Give prophylactic antimalarial drugs for pregnant mothers,
- Educate patients /clients and the community about the proper use of prescribed drugs,
- Dispense medicines along with adequate information,
- Mobilize communities in source reduction of vector breeding places.

8.5.2 Curative Health Services

- Treat common illnesses (diarrhoea, malaria etc.) and minor injuries, refer difficult cases,
- Trace defaulters of Tuberculosis and leprosy cases,
- Give first aid to victims,
- Follow-up of cases referred from the Health Centre / hospital.

8.5.3 Management Services

- Register and report notifiable diseases,

- Supervise village based CHAs and TTBAAs,
- Record and report vital health events (Birth and deaths),
- Record and report all community health activities,
- Organize and participate in health committee activities,
- Sensitise, motivate and mobilize the community to generate resources to support the services,
- Participate with other sectors development workers in all community based development activities.

8.5.4 Health Service Extension Programmes

Family Health Services

- Provide proper ante-natal care
- Identify and refer high risk pregnant mothers for conditions indicated below: -
 - (Oedema (pitting),
 - Vaginal bleeding,
 - Short stature (below 1.50cm),
 - Large weight variations -Rapid weight gain
 - -Under nutrition,
 - Prolonged labour (more than 24 hrs.),
 - Febrile illnesses,
 - Headache and blurring of vision,
 - Excessive vomiting,
 - Anaemia,
 - Age below 18 and above 35 years,
 - Parity - grand multiparty (para 5),
 - Primigravida.
- Give TT immunization to all women of child bearing age,
- Provide prenatal malaria prophylaxis,
- Conduct and promote home delivery services,
- Attend spontaneous and normal deliveries,
- Resuscitate asphyxiated new born,
- Promote and give ORS to children with diarrhoea,
- Provide eye care for all new born,
- Provide OPVO and BCG vaccinations to all new born,
- Conduct immunization against the six childhood diseases,
- Carry out home visits to immunization defaulters,
- Give Vitamin A supplement to along with promotion of nutrition,
- Carry out growth monitoring activities,
- Identify vitamin A deficiency and severe malnutrition cases for referral,
- Provide counselling and Family Planning Services (refer clients seeking IUD,

- permanent contraception and Norplant,
- Educate the public on Harmful Traditional Practices.

Environmental Health Activities

- Inspection of food, food and drinking establishments, sanitation of house, work places and market places,
- Initiate and participate in the promotion of small scale water sources (springs and hand dug wells) and pit latrines and in vector and rodent control programmes,
- Provide hygiene education to the community,
- Prepare activity report,
- Work closely with, trained traditional birth attendants, CHAs and other community - based health organisations.

Diseases prevention and control

HIV/AIDS /STIs Prevention and control

- Health education on HIV/AIDS/STIs prevention and control
- Condom Distribution
- Distribution of educational materials
- Refer Clients and patient to Health Centre /Hospital
- Trace and follow up of patients/clients after treatment
- Record keeping

TB Prevention and control

- Health education on TB prevention and control,
- Distribution of educational materials
- Refer Clients and patient to Health Centre /Hospital
- Trace and follow up of patients/clients after treatment
- Record keeping

Malaria control and prevention

- Identify malaria high risk groups such as pregnant mothers, young children, non-immune migrant labourers etc... and give prophylactic antimalarial drugs;
- Identify all types of vector breeding grounds, propose the type of environmental control measures appropriate for each type and mobilize the community for implementing the proposed measures;
- Promote personal protection and precaution measures such as the use of insecticide-treated bed-nets, screening of houses etc... for prevention of malaria;
- Provide technical advise on the selection of human settlements site;
- Give appropriate health education in relation to malaria control activities;
- Collect blood slides along with some basic epidemiological and demographic information from suspected malaria cases and refer the specimens for examination to health centre.
- Assist health service personnel in village surveys;
- Treat malaria patient based on signs and symptoms according to signs and symptoms,
- Refer patients that cannot be managed at this level with a brief record of findings and

treatment to the health centre /hospital.

- Keep careful records of all activities of malaria control carried out in the village;
- Submit timely epidemic reports to the health centre /woreda health office /the kebele council.

8.5.5 Management of commodities and supplies

- Receive, store shelf and handle pharmaceuticals and medical supplies according to the requirements,
- Record and keep documents that are relevant to pharmaceutical and medical supplies,
- Perform inventory of pharmaceutical and medical supplies and other commodities,
- Identify, request and receive drugs, pharmaceuticals and medical supplies, commodities and supplies from the health centre /woreda health office,
- Communicate overstocked and those approaching expiry date pharmaceuticals to

the health centre/ woreda health office.

8.6 Duties And Responsibilities Of The Health Extension Workers

- Conduct baseline survey on health, social, economic and physical facilities and services in the kebele at the beginning of the programme and record and compile the data,
- Keep record of the number of population and households of the kebele,
- Register daily activity in the registration book,
- Prepare and produce periodic reports and submit to the kebele council and woreda health office,
- Organise documentation and filing system,
- Conduct regular home visits,
- Educate and motivate community members,
- Carryout immunisation, family planning, health education, nutrition education and promotion, promote breastfeeding and supplementary feeding, provide antenatal care, conduct home deliveries and postnatal care, promote adolescent health services; carryout disease surveillance, first aid, basic sanitation and hygiene, and prevention, control and treatment of malaria, prevention and control of HIV/AIDS/ STIs, and tuberculosis, promote school health services,
- Refer patients or clients for any preventive or curative services to the nearest health facilities,
- Conduct training of community members to be health promoters,
- Conduct community mobilisations and campaigns in the community,
- Manage resources (finance, materials, vaccine, medicine, equipment),
- Implement the woreda, regional and federal health policy and strategy guidelines.

9. Developing and Strengthening Referral System

Purposes of referral at the health post

- **Referral for diagnostic examination:** where a patient requires laboratory or other diagnostic techniques which are not available at the health post (e.g. HIV testing, pregnancy testing),

- **Referral for expert advice:** when establishing an individual treatment plan requires skills beyond the level of competence of the health extension worker (e.g. family planning methods-insertion of loops, permanent contraception, Norplant),
- **Referral for medical and surgical interventions:** when the treatment plan is not available at the health post (e.g. complicated malaria, TB, Delayed labour, homicidal injuries, etc),
- **Referral for inpatient services:** when a patient cannot be cared for an ambulatory setting and hospitalisation is necessary (chronic malnutrition, debilitated TB patients, meningitis etc.).

The role of the health extension worker in a referral system

- Have good information, knowledge and skills about cases what to refer and what cases not to refer,
- Ensures availability of referral formats,
- Establish early diagnosis,
- Provide accurate and helpful information and advice,
- Incorporate the relevant and necessary information on the referral format,
- Registration of all the referred cases and make follow up,
- Facilitate referral through discussion with the community leaders,
- Develop strong working relation and communication with the nearest health facilities
- Develop good relation with the community members and win their confidence,
- Ensure continuity of services,
- Report all the referred cases.

Challenges

- Problem in identifying justified and unjustified referrals,
- Failures to refer cases when needed,
- Patients delay for referral,
- System induced delays for referral,
- By pass in referral system,

Overcoming challenges

- The tasks between the first contact and the first referral levels needs to be clearly defined by the Woreda Health Office in line with national and regional health services guidelines,
- The Woreda Health Office in collaboration with other stakeholders should periodically carryout an assessment on the referral system to identify the root cause and come up with appropriate solutions for the problems.

Patients/clients to refer

a) Serious Complications During Pregnancy

- Intermittent high fever,
- Severe pain in the abdomen,
- Bleeding from the vagina,
- Severe headache with blurred vision,

- Rupture of membranes 3 weeks or more before the due date (before 37 weeks),
- Pale eye lids, tongue and palms,
- Swollen hands, ankles, and especially the face,
- Severe vomiting that does not stop,
- Not enough weight gain.

N.B Counsel the woman /husband/ families on danger signs during pregnancy and on the need to plan for means of transport and/or funds to pay for medical fee in the event complications arise and referral is a must.

b) Family Planning services

- Norplant /implant/ insertion
- Intra uterine contraceptive device (IUCD)
- Permanent contraception/tubal ligation and vasectomy /

N.B Counsel the spouses /partners/ about the methods before referral.

c) Adolescent reproductive health services

- HIV/AIDS/STIs,
- Drug and alcoholic addiction,
- Criminal Abortion due to unwanted pregnancy,
- Profuse bleeding from mutilated genital organ.

N.B. Counsel the victim and the victim's family to plan for means of transport to the health center/district hospital.

d) Child Health Services

- Convulsion, lethargy, unable to feed, unconsciousness
- Severe malnutrition (Kwashiorkor, Marasmus)
- Diarrhea and vomiting resulting in severe dehydration
- Severe pneumonia
- Complicated tonsillitis
- Severe malaria
- Otitis media.

N.B. Counsel the family to plan for means of transport.

e) Diseases Prevention

- Complicated severe malaria,
- Suspected meningitis,
- Suspected Tuberculosis,
- Suspected HIV/AIDS,
- Confirmed cases of sexually transmitted infections,
- Severe skin conditions,
- Known epileptic persons.

N.B. Suspected cholera cases, epidemic bacillary dysentery and other sudden, severe

dehydrating diseases must be managed by organizing the community to seek shelters, where victims could be captured for intravenous infusions by the staff from the health center. The health extension workers can go house to house in the community to sensitize the dwellers to urgently report to the provisional shelter for further follow up and management. Severe diarrheal diseases can only be either managed by providing oral rehydration salt followed by intravenous infusions supplemented by appropriate antibiotics by the health centre staff in collaboration with the health extension workers.

f) First Aid

- Prolonged unconsciousness,
- Confirmed poison intake by children (insecticides, local alcohol, etc),
- Fractures of all kinds from fall or homicidal injuries,
- 2nd and 3rd degree burn,
- Deep animal bite to extremities,
- Suicidal injuries,
- Foreign body in the ears, eyes and throat.

10. Strengthening Monitoring and Evaluation

Monitoring and evaluation are integral and important part of the health service extension programme and contains both technical and managerial functions or purposes. To carry out monitoring and evaluation activities, the critical issues are setting goals, clear objective, targets, inputs, outputs, indicators, programme activities and management support and resources and good information network system.

Monitoring health service extension programmes

Monitoring is the process of regularly reviewing achievements and progress towards the goal. In this context monitoring is the process of measuring, co-ordinating, collecting, processing, and communicating information on the implementation of the planned health service extension programmes. It also involves the use of resource to the management and decision-making by the stakeholders.

For effective monitoring system there needs to be: -

- Definite monitoring structures with appropriate staff,
- Good information network system,
- Appropriate reporting formats/registers/ and procedure,
- Instituting monitoring as part of the planned action

Purposes of monitoring

- To ensure that planned health service extension programmes are implemented according to the set plan,
- To derive lessons from the way the programme is implemented,
- To ensure that health service extension programmes are effectively implemented.

Monitoring at the health post

- Develop annual plan,
- Set detail daily, monthly and annual activity schedules,

- Prepare periodic report (monthly, quarterly, biannual, annual),
- Conduct meetings with kebele council,
- Carryout regular assessment of activities performed including activities of trained traditional birth attendants, community health agents and other community-based agents.

Monitoring at the Kebele Council

- Annual plan approval,
- Review meetings,
- Conduct community organisation leaders and community meetings,
- Report preparation, compilation, and analysis and submit to the woreda council.

Monitoring at Woreda Health Office.

- Approve the annual plan of the Health Service Extension Programmes.
- Carryout planned periodic field visits,
- Receive and compile monthly, quarterly bi-annual and annual report of the health service extension programmes,
- Conduct annual biannual and annual review meetings,
- Provide periodic feedbacks.

Monitoring at Woreda Council

- Approve annual plan and send to kebele councils, woreda health office and regional council,
- Conduct periodic review meetings,
- Take corrective measures and provide feedback.

Monitoring at Regional Health Bureaux

- Compile and assemble annual plan of the Woreda health service extension programmes,
- Compile monthly, quarterly, bi annual and annual reports forms the Woreda Health Office,
- Take corrective measures and provide feedback.

Monitoring at the Federal Ministry of Health level.

- Monthly management committee meetings to track the on going HSEP implementation,
- Weekly notification of epidemic diseases (malaria, diarrhoeal diseases, plague, cholera, meningitis, yellow fever),
- Compile and assemble regional health bureau annual plans,
- Compile biannual and annual Regional Health Bureaux Reports,
- Take corrective measures and provide feedback to Federal Ministry of Health departments and the Regional Health Bureaux.

Evaluation of health service extension programmes

Evaluation is carried out to assess results, to check whether objectives are met, find out the appropriateness and efficiency of the method used. This serves as an input to correct

and improve the whole planning process.

Evaluation has to be built into programme from the outset as an integral part of the planning process. For an effective evaluation it is vital to have clear objectives, workable strategies, specific tasks, expected outcome and indicators. Evaluation is needed at federal, regional, woreda and health post levels based on the HSDP governance.

Methods used in evaluation

Both qualitative and quantitative methods can be used to evaluate health extension programmes. Qualitative methods are used to measure success in participation, collaboration, changes in views of people, policy development and implementation. Qualitative data provide crucial information on values, norms, knowledge, attitude, behaviours, experiences, practices, and social interactions in the health service extension programme implementation. Tools or techniques used in collecting qualitative data are observations, in-depth interviews, and group or focus group discussions. In quantitative methods tools used include large surveys for programme evaluations. Both quantitative and qualitative data are used together to give a clearer picture of the situations about the performance of the programme.

Information management system

The health extension workers shall collect information on the health and health related issues with designed report formats. The health extension workers collect information to keep accurate and timely record of their activities that may help plan, monitor and evaluate health service extension programmes. The information captured has to pass to the kebele council and woreda health office for action.

11. Strategic priority & programme thematic areas & their indicators

11.1 Strategic priority area- *Enhancing political will and commitment*

Objective

To promote, strengthen, and enhance political will and commitment at all levels for the successful implementation of health service extension programme.

Indicators for progress

- Creation of appropriate organisational infrastructures,
- Allocation, mobilisation and use of resources,
- Coordination of multisectoral collaboration in place,

11.2 Strategic priority area- *Strengthening multisectoral collaboration and co-operation*

Objective

To create and strengthen collaboration with and among other sectors

Indicators for progress

- Proportion of resource allocated from different sectors for the health service extension programme,
- Creation of joint working environment with sectors in the promotion of health service

extension programme

11.3 Strategic priority area- *Enhancing community involvement*

Objective

To promote, strengthen, and enhance community involvement and ownership.

Indicators for progress

- Level and type of involvement of the community in health service extension programme,
- Community resource mobilisation and management for the health service extension programme,
- Women representation in decision making on the planning and implementation of health service extension programmes.

11.4 Strategic priority area- *resource mobilisation and utilisation*

Objective

To solicit and secure the required resources for the implementation of health service extension programme in a sustainable way and managed and utilized efficiently and effectively

Indicators for progress

- Existence of proper and efficient management of financial and other resources,
- Existence of joint planning forum on financial issues for resource mobilisation,
- Existence of resource utilisation and management review meetings or forum,
- Existence of capacity building measures including training and guideline on the efficient use of resources.

11.5 Strategic priority area- *Team development and staff motivation*

Objective

To increase the motivation, human relation and communication skills of health extension workers and woreda health office staff.

Indicators for progress

- Change and improvement in communication skills and participatory and empowering methods,
- Level of development of team work or spirit among health extension workers,
- Level of collaboration and cooperation with other stakeholders,

11.6 Strategic priority area-*Enhancing supportive supervision*

Objectives

- To ensure that the planned activities are implemented accordingly,
- To build capacity of the health extension workers,
- To reaffirm that there are effective mobilisation, utilisation and management of allocated resources.

Indicators for progress

- Availability of annual plan of action for supportive supervision at all level,

- Availability of personnel trained with supervisory skills,
- Availability of developed standard supervision checklists,
- Availability of supervision reports and feedback to HEWs and woreda health office,
- Action taken based on the supervision reports,
- Involvement of concerned bodies (Woreda Health Office, Health Centre, other health facilities, Community leaders) in supportive supervision programme.

11.7 Strategic priority area- *Developing and strengthening referral system*

Objectives

- To ensure accessibility of health services,
- To ensure continuity of health services,
- To build capacity of the health extension workers,
- To create good working relations between the health post and other health facilities,

Indicators for progress

- Availability of referral formats at the health post,
- Availability of referral guideline in all woreda health facilities,
- Number of referral letters received at the first referral level,
- Number of referral feedback reports received at the health post.

11.8 Programme thematic area- *Family planning extension package*

Objectives

- To increase awareness and knowledge and skills on the use of family planning services,
- To motivate and help women to increase utilisation of family planning services,
- To motivate and mobilise community opinion and religious leaders,
- To promote active participation of males in the use of family planning programme.

Indicators for progress

- Number of community members who received information on the family planning services and can tell the potential risks of unsafe abortion,
- Number of households who became user of the family planning programme,
- Number of women who use contraceptives,
- Number of males who participate in the family planning programmes,
- Reduction of unplanned and unwanted pregnancies,
- Number of family planning defaulters,
- Motivation and mobilisation of opinion leaders to promote the use of FP services,
- Number of sessions conducted with opinion and religious leaders.

11.9 Programme thematic area- *Prevention & control of Tuberculosis extension package*

Objectives

- To increase awareness and knowledge on the mode of transmission, prevention and control of TB
- To increase awareness and knowledge of the community members on major symptoms and signs of TB

- To educate, motivate and help TB patients in order to adhere to anti TB treatment
- To collaborate and cooperate with nearby health institutions in tracing defaulters
- To increase awareness and knowledge on the consequences or complications of TB

Indicators for progress

- Number of community members who received education and information on the prevention and control of TB
- Number of symptomatic community members detected with cough > 2-3 weeks /total outpatients
- Number of smear – positive cases detected /number of symptomatic patients detected with cough over 2-3 weeks
- Number of new smear positive cases detected /number of estimated new smear positive cases (WHO target > 70%)
- Percentage of registered TB cases who completed treatment (WHO target =>85%)
- Percentage of registered TB cases defaulted traced and restarted on re-treatment regimen
- Percentage of re-treatment TB patients who completed TB re-treatment regimen.

11.10 Programme thematic area- *Nutrition extension package*

Objectives

- To increase awareness, knowledge and skills to change attitude and behaviour on the use and value of nutrition,
- To enable and empower the community in identifying and preventing the problems caused by malnutrition,
- To motivate and help the community to take the nutritional care and measure that mothers and children require,
- To educate mothers on complementary feedings until the child is six months old,
- To educate and motivate the community to prevent harmful traditional food preparation and consumption practices.

Indicators for progress

- Increase in awareness, knowledge, and skills of the communities on the use and value of nutrition,
- Increase in the participation of communities in the prevention and control of nutritional deficiencies,
- No of advocacy and sensitisation meetings, seminars and workshops organised,
- Increase in the number of people who have garden,
- Reduction in the number of children with malnutrition,
- Number of morbidity and mortality due to malnutrition in children,
- Number of mothers who breastfeed (minimum up to 6 months),
- Number of children between the Normal Growth Curve,
- Number of children who attend Growth Monitoring Programme,

11.11 Programme thematic areas- *prevention and control of malaria extension package*

Objectives

- To increase awareness, knowledge and skills of the communities on the transmission, prevention, and control of malaria,
- To motivate, enhance, and promote participation of the communities in the prevention, control of malaria and suppress malaria epidemics,
- To reduce the number of cases and deaths due to malaria,
- To motivate and educate the communities for examination and treatment of malaria.

Indicators for progress

- Number of advocacy and sensitization meetings, seminars and workshops organized to create awareness,
- Number of health education sessions planned & accomplished
- Number of people who participated in health education session
- Number of mosquito breeding sites clearing sessions planned & implemented,
- Number of people who participated in mosquito breeding source reduction activities,
- Total number of unit structures sprayed.
- Number of unit structures re-plastered before six months after spraying,
- Number of households in village with one ITN .. Two ITNs...More than two ITNs...
- % of pregnant women and children under five years sleeping under ITNs,
- Number of malaria patients treated (under five, above five, pregnant women)
- Number of malaria epidemics detected within two weeks of onset,
- Number of people treated for malaria during epidemics (under five, above five, pregnant women),
- Number of malaria patients referred to higher health facility.

11.12 Programme thematic areas- HIV/AIDS prevention & control extension package

Objectives

- To increase awareness, knowledge and skills and bring about behaviour changes on the mode of transmission and prevention, treatment and care and support for victims of HIV/AIDS/ and other sexually transmitted infections,
- To reduce morbidity and mortality caused by HIV/AIDS and other Sexually transmitted infections,
- To sensitise, motivate, enhance, and promote the community to give the necessary care and support to people living with HIV/AIDS patients, and children orphaned by AIDS and reduce stigma and discrimination,
- To motivate, enhance, and promote participation of the communities in the prevention and control of the spread of HIV/AIDS,
- To motivate and educate the communities for voluntary counselling and testing for HIV/AIDS.
- To motivate and mobilise the community opinion and religious leaders in the prevention and control of HIV/AIDS.

Indicators for progress

- Increase in awareness, knowledge, and skills of the communities and change behaviour on the prevention and control of HIV/AIDS,
- Number of community members who are exposed to the education and communication on the mode of transmission and prevention of HIV/AIDS,
- The number of IEC materials used in the prevention and control of HIV/AIDS,
- The number of the community members who use voluntary counselling and testing services for HIV/AIDS.
- The number of the opinion and religious leaders who participate in the prevention and control of HIV/AIDS.
- Number of individuals who disclose their HIV/AIDS/ serostatus and start educating the community,
- Number of people who provide support and care to people living with HIV/AIDS patients, and adopt AIDS orphaned children,
- No of advocacy and sensitisation meetings, seminars and workshops organised to create supportive environment for the prevention and control of the spread of HIV/AIDS,
- Number of morbidity and mortality due to HI/AIDS,
- Increase in the VCT seeking behaviour of the communities for HIV.

11.13 Programme thematic area- *First Aid extension package***Objectives**

- To increase awareness and knowledge of the community on the causes, signs and symptoms of accidents and emergency illnesses,
- To develop skills and enable the community members to give first aid on the spot to reduce disability and death of victimised individuals,
- To develop and strengthen referral system to move the victim to the next higher health facility,
- Minimise or prevent the prevalence of accidents and emergency illnesses.
- Control and remove potentially accident-causing conditions and installation of safety measures.

Indicators for progress

- Increase in awareness and knowledge of the community on the cause, signs and symptoms of the accidents and emergency illnesses,
- Number of people exposed to education and communication on the cause, signs and symptoms and management of accidents and emergency illnesses,
- Number of education sessions held on the cause, signs and symptoms and management of accidents and emergency illnesses,
- Number of health learning materials used/distributed for education and communication on the cause, signs and symptoms and management of accidents and emergency illnesses,
- Number of victims of accident and emergency illnesses referred,
- Reduction in the prevalence of accidents in the community.

11.14 Programme thematic area- *Maternal and child health extension package*

Objectives

- To increase awareness, knowledge and skills of the mothers on the integrated family health services,
- To motivate and encourage mothers to be beneficiaries of vaccination services for their children and for themselves,
- To motivate and encourage families on breast feeding, supplementary feeding, balanced foods, family planning, child care, prevention of home accident,
- To encourage and promote community participation in maternal and child health service,
- To enhance the involvement and commitment of community leadership organisations, opinion leaders and other sectors on maternal and child health service.

Indicators for progress

- Number of pregnant mothers who know danger signs of complications of pregnancy,
- Number of pregnant mothers referred to higher facility by HEW,
- Number of meetings or sessions carried out on maternal and child health services,
- Number and type of health learning materials used on maternal and child health services,
- Number of mothers who get focused antenatal services,
- Number of mothers who received delivery services,
- Number of mothers who received postnatal services including family Planning, information and services,
- Number of mothers who received TT vaccination twice,
- Proportion of infants aged less than 6 months who were exclusively breastfed,
- Proportion of infants aged 6-9 months receiving breast milk and complementary foods.
- Proportion of children aged 12-15 months receiving breast milk.
- Proportion of children whose growth is being monitored
- Proportion of children under five who sleep under insecticide treated bed nets (ITNs) in malaria risk areas.
- Proportion of children aged 12-23 months who received a high dose of Vitamin A in the last 6 months.
- Proportion of children with fever who received an appropriate anti malarial (in malaria risk areas).

11.15 Programme thematic area- *Adolescent reproductive health extension package*

Objectives

- To increase awareness and knowledge of the community to reduce or eliminate traditional harmful practices related to adolescent reproductive health problems,
- To motivate and encourage adolescents to protect themselves from HIV/AIDS and

other STIs, unwanted pregnancy, high risk abortion, and other adolescent reproductive health related problems,

- To motivate and encourage the adolescents to protect themselves from using addictive plants, narcotics, alcohol and tobacco use,
- To motivate, encourage and assist the adolescents to utilise available reproductive health services.

Indicators for progress

- Increase in awareness, knowledge, and skills of the communities on the use of adolescent health services,
- Number of adolescents who were given education on the adolescent health problems,
- Number of meetings or sessions carried out on the adolescent health services,
- Number and type of health learning materials used on the adolescent health services,
- Number of adolescents who have developed healthy behaviour on the use of adolescent health services (resistance of peer pressure, abstinence before marriage, contraceptive use, abandoning alcohol, drug and tobacco use,),
- Type and level of women's participation in the adolescent reproductive health services (advocates for the programme, provision of material and technical support),
- Level of involvement and commitment of community members, community leadership organisations, opinion leaders and other sectors.

11.16 Programme thematic area- *Vaccination service extension package*

Objectives

- To increase awareness and knowledge of the community on the use of vaccination services.
- To encourage and promote community participation in all vaccination programmes,
- To reduce and control vaccine preventable illnesses, death and disability among children,
- To enhance the involvement and commitment of community leadership organisations, opinion leaders and other sectors on vaccination.

Indicators for progress

- Increase in awareness, knowledge, and skills of the communities on the use of vaccination services,
- Number of families who were given education on vaccination services,
- Number and type of health learning materials used,
- Proportion of children aged 12 months who are fully immunized,
- Proportion of children aged 12-23 months vaccinated against measles before 12 months of age,
- Number of children defaulted,
- Proportion of ill children for whom the caretaker offered increased fluids and continued feeding.

11.17 Programme thematic area- *Food hygiene and safety measures*

extension package

Objectives

- To increase awareness, knowledge, and skills and bring about change in attitude and behaviour,
- To motivate, help and enable community to adopt and practice food hygienic and safety methods or measures to keep food safe from contamination and spoilage.
- To promote food hygiene and safety practices and thereby prevent and control food-borne diseases.
- To develop and set community tacit agreement on the use and acceptance of food hygiene and safety measures based on government food regulation.
- To motivate and mobilise opinion leaders for the support of food hygiene and safety programmes.

Indicators for progress

- Increase in awareness, knowledge, and skills of the communities on food hygiene and safety measures,
- Number of community members who received education and information on food hygiene and safety measures,
- Number and type of health learning materials used,
- Good practice of food hygiene and safety measures (hygienic preparation, storage, handling, eating and personal hygiene),
- Number of trained community members on food hygiene and safety measures,
- Prevalence of food-borne diseases in the target community.

11.18 *Programme thematic areas- Solid & liquid waste management extension package*

Objectives:

- To increase the awareness, knowledge and skills to bring about attitude and behaviour changes about proper disposal of wastes,
- To develop or set community tacit agreement on the use and acceptance of proper disposal of waste based on government waste disposal regulation,
- To mobilize resources for the implementation of the proper handling of waste disposal system,
- To motivate and help community members to develop or adopt and create safe/ sanitary disposal of wastes,
- To help community members to prevent environmental pollution and health economic associated risks.

Indicators for progress

- Increase in awareness, knowledge, and skills of the communities on the safe handling and disposal of wastes,
- Number of community members who received education and information on the safe handling and disposal of wastes,
- Number and type of health learning materials used
- Cleanliness of the total environment and control of pollution (cleanness of house and its

surrounding environment, availability and use of refuse pits, availability of drainage of liquid waste), and free from pest, mosquito breeding sites, rodents by observing harbouring sites, burrows, damage caused by rodents and droppings.

- Number of trained community members on safe handling disposal of wastes,
- Number of community meetings and sanitation campaigns held on safe handling and disposal of wastes.

11.19 Programme thematic areas- *personal hygiene extension package*

Objectives

- To increase awareness, knowledge and skills to change attitude and behaviour on the importance and use of personal hygiene,
- To motivate, help and enable community to adopt and practice personal hygiene to prevent and control communicable diseases that are related to poor personal hygiene,
- To gain community support and participation in the personal hygiene activities,
- To enable the community to have and use the facilities necessary for the practice of personal hygiene,

Indicators for progress

- Increase in awareness, knowledge, and skills of the communities on food hygiene and safety measures,
- Number of population who received information, education and advice on improved personal hygiene,
- Number and type of health learning materials designed and used for the promotion of personal hygiene
- Number of facilities necessary for personal hygiene (washing clothes, bath),
- Prevalence of communicable diseases related to poor personal hygiene.

11.20 Programme thematic area- *Control of insects, rodents & other stinging animals extension package*

Objectives

- To increase awareness, knowledge and skills of community on the control of disease vectors, rodents and biting animals,
- To prevent and control the disease vectors, rodents and arthropods and biting animals in the residential areas,
- To encourage, motivate and assist communities to take preventive and control measures against diseases vectors and harmful biting animals, and reduce economic loss by these,
- To encourage and motivate and strengthen community leadership organisations in the control of vectors & biting animals,
- To reduce prevalence of vector-borne diseases and biting incidence due to biting animals in the area.

Indicators for progress

- Increase in awareness, knowledge, and skills of the communities on diseases vectors, biting animals and rodents

- Number of community members who received education and information on diseases vectors, biting animals and rodents,
- Number and type of health learning materials used,
- Reduction of diseases vectors, biting animals and rodents,
- Community motivation and participation in the control of disease vectors, rodents and biting animals (labour, materials, decision-making),
- Creation of better physical environmental or surrounding that does not serve as a breeding and harbourage site for disease vectors (rodents and arthropods) and biting animals,
- Number of sanitation campaigns conducted for the prevention and control of vectors, biting animals, and rodents.

11.21 Programme thematic area- *Healthy home environment extension package*

Objectives

- To increase awareness, knowledge and skills of community on the importance of healthful housing,
- To encourage, motivate and enable the community to build healthful housing where kitchen and animals are kept separately,
- To motivate, guide and assist the community to adopt and follow and use sanitary housing plans and basic sanitary requirements in building new houses and renovate existing houses,
- To encourage and enable the community members to select proper residential sites & durable building materials for constructing houses,
- To encourage and enable the community members to create healthful living & working environment free from disease transmitting vectors and rodents, and accidents.

Indicators for progress

- Increase in awareness, knowledge, and skills of the communities on the importance of healthful housing,
- Number of households who developed skills to build, and renovate healthful house,
- Number of households who adopted practice of following the healthful housing plan and requirements of the community to keep animals shelter & kitchen separately from human beings,
- Number and type of health learning materials used
- Number of community members who received information and education on the importance of healthful housing,
- Number of people who received specific advice and plans to construct house,
- Number of houses constructed with toilet facilities, necessary partition, improved stove & better ventilation.
- Incidence of accidents (fall, fire, collapse of house, animal fighting) related to poor construction of house,

11.22 Programme thematic area- *Water supply safety measures extension*

package

Objectives

- To increase awareness and knowledge to promote healthy behaviour of the community about the importance and need of safe water supply
- To motivate and encourage the community to prevent water contamination at water sources, during collection, transportation, storage and use,
- To promote construction and protection of simple wells and springs and harvesting of rain water and development of ponds and other water sources,
- To encourage and promote simple home level water purification techniques,
- To enhance the involvement and commitment of community leadership organisations, opinion leaders and other sectors on small scale water supply and hygiene promotion.

Indicators for progress

- Increase in awareness, knowledge, and skills of the communities on the importance and benefit of safe water supply.
- Number of people who were given education on the importance and benefit of safe water supply.
- Number and type of health learning materials used,
- Community involvement and commitment on the operation and maintenance of water supply system (community agreements, water committee, cleaning, fencing, attendants, community financing),
- Hygienic measures and environment management for the prevention of water contamination and water hygiene promotion (absence of water contaminants around water sources such as refuse, human waste and animal waste, availability of clean water container, cover and utensils),
- Number of inspections and periodic maintenance carried out on the water supply sources,
- Number and type of water sources constructed, maintained or cleaned,
- Prevalence of water -related diseases in the community.

11.23 Programme thematic area- proper and safe excreta disposal extension package

Objectives

- To increase awareness and knowledge, and promote positive attitudes and behaviour of the community towards the importance of proper excreta disposal system,
- To encourage, motivate, enable and assist the community to construct, improve or upgrade, maintain and use latrines properly,
- To motivate and encourage the community to wash hands after visiting latrines
- To enhance the involvement and commitment of community leadership organisations and other sectors on the importance of proper safe excreta disposal system (properly building, upgrading or improving, maintaining and using latrine),
- To prevent health risks related to poor excreta disposal, which include contamination of water sources and soil, creation of breeding sites for flies and other insects,

creation of unsightly conditions, contamination of hands and skin.

Indicators for progress

- Increase in awareness, knowledge, and skills of the communities on the importance of safe excreta disposal system,
- Number of community members who received education and information,
- Number and type of health learning materials used
- Number of meetings carried out on the importance and benefits of safe excreta disposal system,
- Number of latrines properly built, maintained and used,
- Number of inspections carried out on toilet facilities,
- Absences of urine & faces in the compound,
- Prevalence of excreta -related diseases in the community.

10.24 Cross-cutting thematic area -*Health education and communication*

Objectives

- Provide correct and right health information and develop skills to take informed decision,
- Enable the community to assess the situation, identify and prioritise health problems,
- Create community dialogue, guide, motivate, encourage and mobilise communities for health actions,
- Enhance sectoral collaboration and coordination among government sectors and other stakeholders,
- Strengthen community involvement (with especial emphasis to women's and youth's involvement) on health issues,
- Strengthen the commitment of community leadership organisations for health extension package programme,
- Disseminate and explain relevant health and health related issues to the public and all other concerned sectors.

Indicators for progress

- Pattern of change in knowledge, attitude and behaviour (HIV/AIDS, TB, Malaria, family planning use, immunisation, assisted deliveries, first aid, latrine use, personal domestic and environmental hygiene, water hygiene, food hygiene),
- Number and type of health learning materials used on the health extension package,
- Participation/involvement of the community in the health extension package,
- Number of health education sessions organised,
- Number of messages disseminated,
- Number of participants who attended education sessions,
- Number of seminars/workshops organised (to community leaders, other sectors, women and youth groups, school community),
- Number of community leadership organisations or committees formed,
- Total number of the community members who were exposed to health information and education programme,
- Number of community diagnostic studies (community survey), KAP studies.

Conclusion

The Ministry of Health hopes that this implementation guideline, would be used as a procedure/guide to implement Health Service Extension Programmes. The Health Extension Workers will also use the guide for their day-to-day activities in the Health posts. Others do also use this guideline to track the ongoing Health Service Extension Programmes in the country.