

# The Contribution of the Health Extension Program in Promoting Comprehensive Primary Health Care in Tigray, Ethiopia: the case of maternal health.

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## INTRODUCTION

Community health workers are widely used to provide care for a broad range of health issues. Since 2003 the government of Ethiopia has been deploying specially trained new cadres of community based health workers called health extension workers (HEW) through a national program called health extension program (HEP).

HEWs are females who have completed high school and received additional training for 1 year at an undergraduate level. They are deployed to rural kebeles. A kebele is the smallest administrative unit in Ethiopia. On average a kebele comprises 1000 households or 5000 people. Each kebele is expected to have a health post which is the operational center for two HEWs. HEWs are required to spend 75% of their time conducting outreach activities by going from house to house in their respective kebele, while the rest of their time they are supposed to be at the health post.

Fig. 1- Cumulative number of HEWs trained and deployed in health posts (2006-2010)

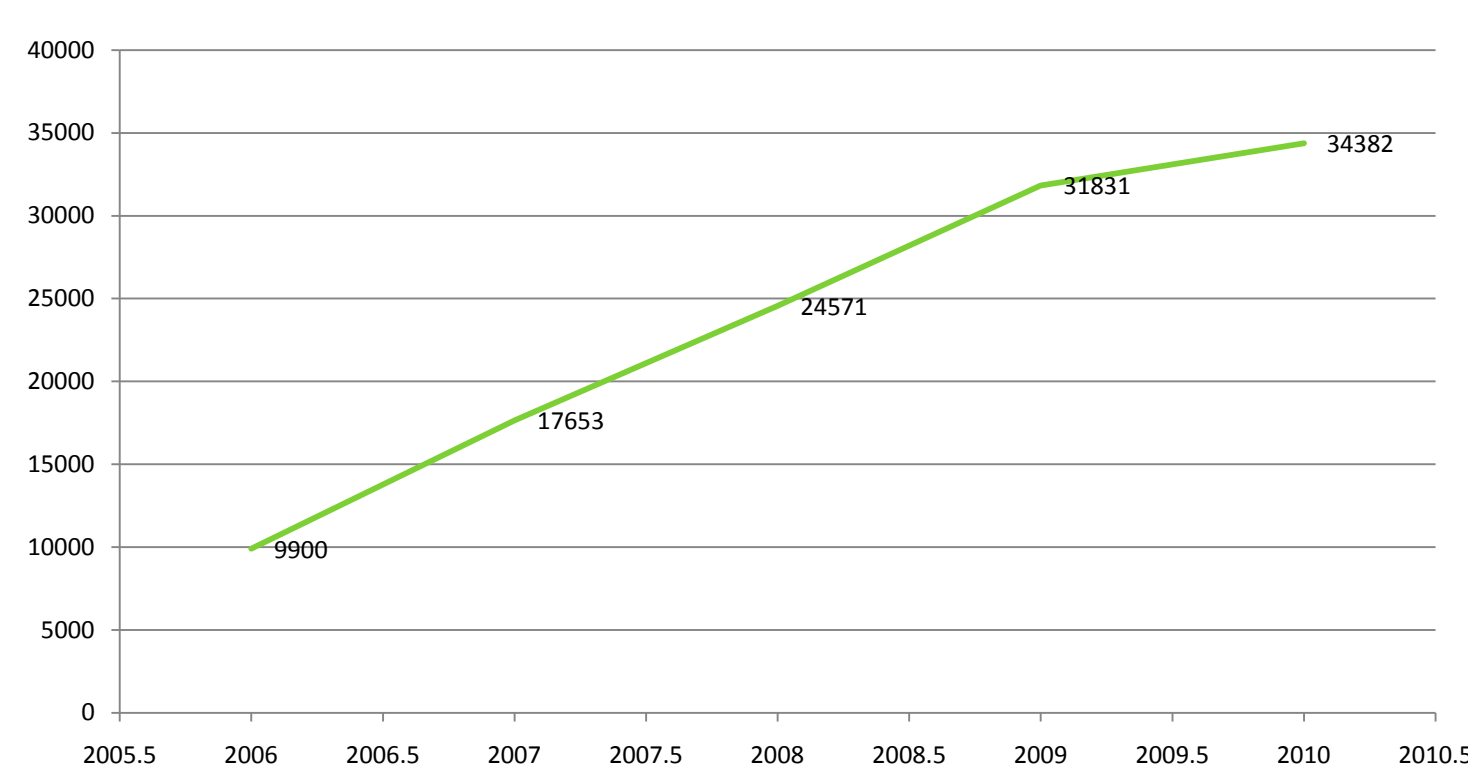
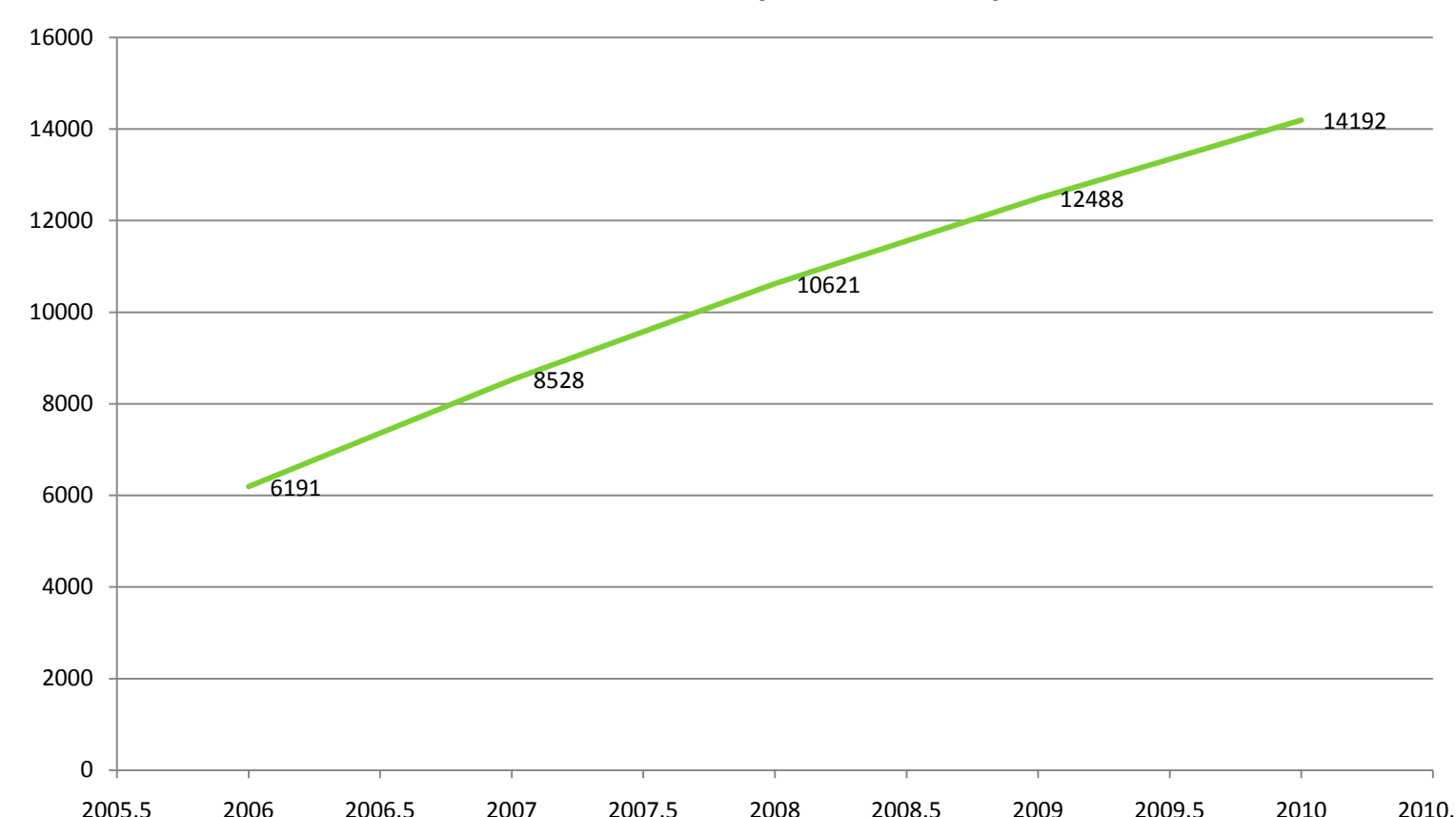


Fig.2- Trend in the cumulative number of health post constructed (2006-2010)



Very few studies have investigated the contribution of these HEWs and HEP in improving utilization of maternal health services and the extent to which the program involves community for health care and collaborating with other sectors.

## OBJECTIVES

To assess the extent to which health extension workers (HEP):

- Have improved the utilization of maternal health services by rural women in Ethiopia.
- Have involved community for health care and collaborating with other sectors.

## METHODS

Both quantitative and qualitative methods were employed. A pre-tested structured questionnaire was used to interview 725 randomly selected women with under-five children from three districts in Northern Ethiopia. We investigated women's utilization of family planning, antenatal care, birth assistance, postnatal care, HIV testing and use of iodized salt and compared our results to a previous national survey from 2005. The qualitative assessment was mainly to describe the extent to which HEP is involving community and collaborating with other sectors. We did a total of 8 FGDs and 15 in-depth interviews.



## RESULTS

HEWs have brought considerable improvement in women's utilization of family planning, antenatal care and HIV testing. However, there is no visible improvement in health facility delivery, postnatal check up and use of iodized salt. Women who were literate (OR, 1.85), listened to the radio (OR, 1.45), had income generating activities (OR, 1.43) and had been working towards graduation or graduated as model family (OR, 2.13) were more likely to demonstrate good utilization of maternal health services. Place of residence, age and year of enrollment into the HEP were not associated. Community participation in and acceptance of the HEP is high and is backed by strong government commitment. Qualitative findings have showed also a strong intersectoral collaboration between the HEP and other sectors.

Fig.3- Households' Participation in income generating activities (IGAs),2009

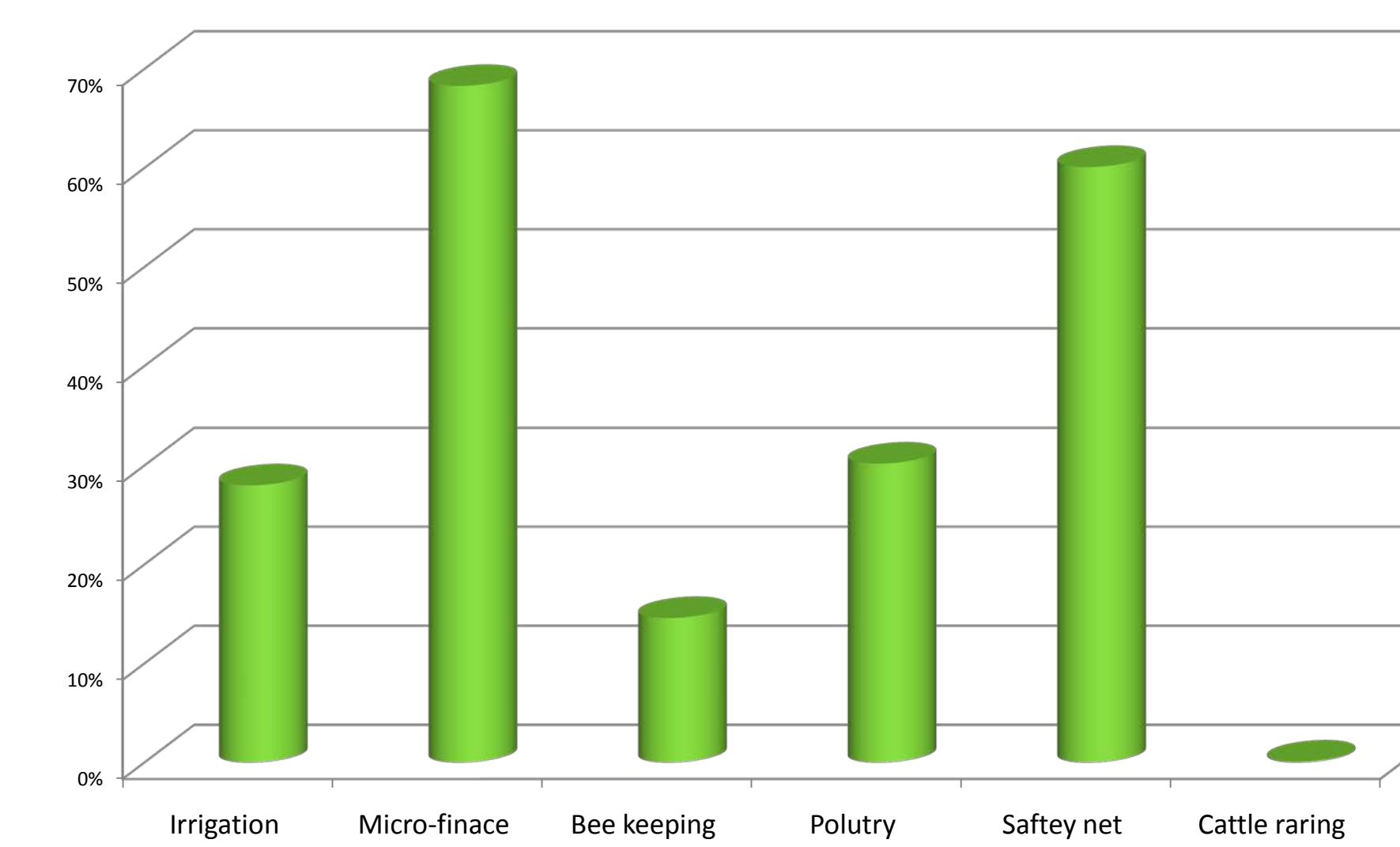
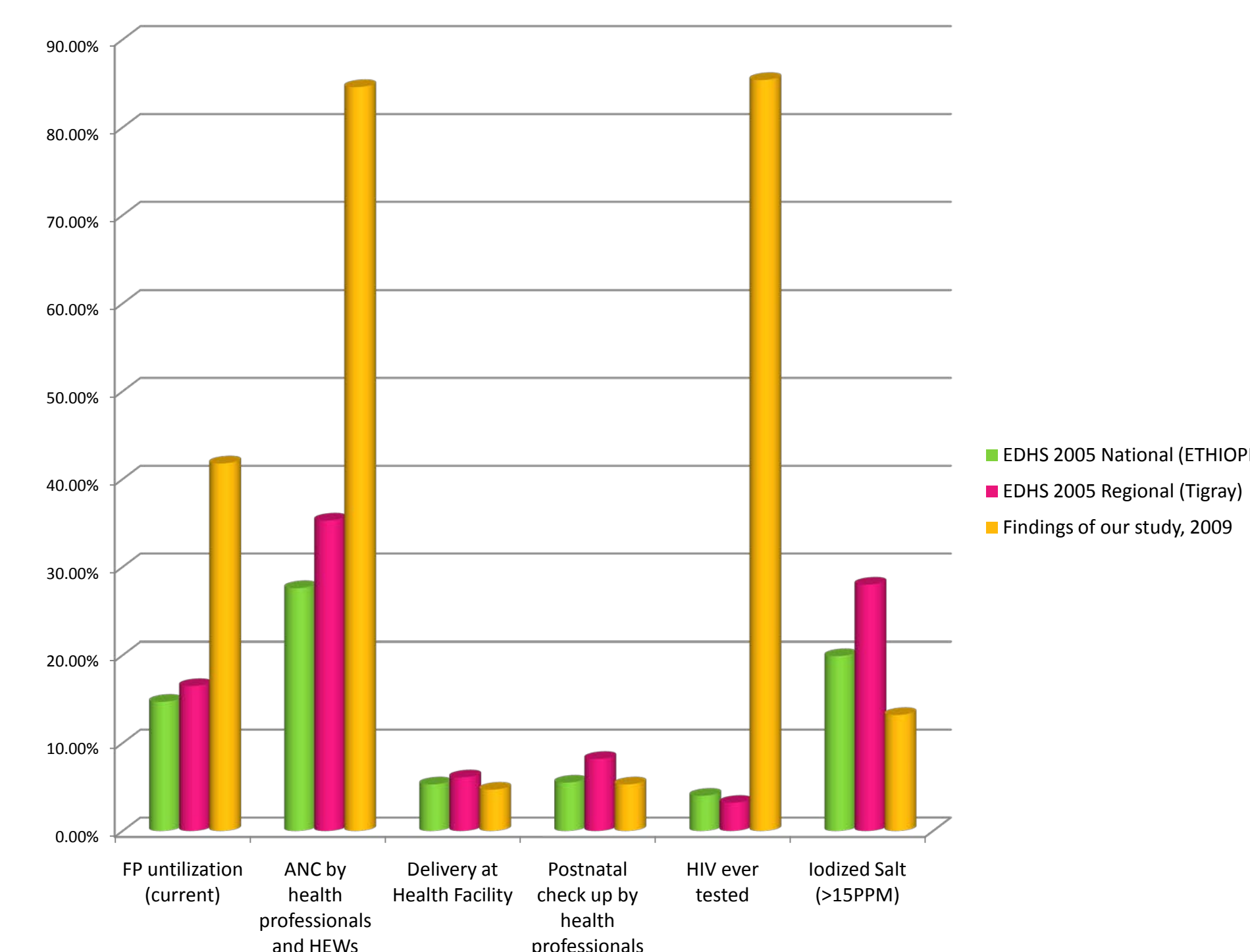


Fig.4- Comparison of findings of EDHS 2005 versus our study (2009)



## CONCLUSIONS

The HEP and HEWs seem effective in several aspects, but professional help during delivery remains an important problem. More effort is needed in order to reduce the high maternal mortality rate. Strengthening HEWs' support for pregnant women for birth planning and preparedness and referral from HEWs to Midwives at health centers is recommended. Women's participation in income generating activities, access to radio and education could be targets for future interventions. The existing strong community involvement in HEP and intersectoral action is good and should be sustained.

### Three Take-Home Messages

- HEWs have brought considerable improvement in women's utilization of family planning, antenatal care and HIV testing but not in health facility delivery, postnatal check up and use of iodized salt.
- Community participation in and acceptance of the HEP is high: communities build health posts and select volunteer community health workers (VCHWs), purchase of ambulance, budget for fuel etc. Strong governmental and community commitment to improve health status of the population contribute to the success of HEP and HEWs.
- All sectors at village levels are represented in the village administrations (committee): one of the HEWs in a kebele is a member of the village administration. The concepts of "DEVELOPMENT TEAM" within a kebele and MODEL HOUSEHOLDS explain intersectoral action.

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