



# Ethiopia's Urban Health Extension Program: Evolution, Current Status and Implementation Challenge

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# Outline

- Background
  - Goal and Objectives
  - Implementation Strategies
  - Achievements
  - Challenges
  - Way forward
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# Background






# Background

- The Health Extension Program (HEP) is the vehicle for achieving universal coverage of PHC to the Ethiopian population.
  - HEP is innovative, home, family and community based approach for increasing access and utilization of health services
  - The HEP comprise package of basic and essential promotive, preventive and basic curative health services targeting mainly poor and underserved.
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# Background Cont'd

- HEP is a bridge that connects the community and health facilities
  - The UHEP is a core component of the broader urban health system.
  - The Urban Health Extension Program (UHEP) was launched in 2009
  - UHEP is expected to provide 15 packages of services that are grouped into four thematic areas
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# Goal and Objective

- **Goal :** To improve the health status of Ethiopia's urban population through the implementation of family-centered basic health services
- **Objective:** to address 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.






# **Core Implementation Strategies**

- Governance and Management systems
  - Community participation
  - Reliable supply chain
  - Functional referral system
  - Partnership, collaboration and integration
  - Capacity building
  - Targeted approach
  - Equity and Quality Improvement
  - Monitoring, evaluation and research
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# Implementation process

- UHE-ps are trained at diploma-level nursing and refreshed in public health competence for three months
  - Currently, around 5036 female UHE-ps have been deployed in approximately 400 cities/ towns
  - 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
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# Implementation process....

- 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.



# Achievement so far


- UHEP has made a significant impact on:-
- Promoting active community participation
- Behavioral change :- Creating health awareness
- Community organization and mobilization



Door to Door  
service to the needy




# Major Challenges

- Weak of coordination among different sectors, such as municipality, water and sanitation, and education programs
  - Inconvenient working environment and limited capacity building activities for U--HEPs.
  - Limited motivation and incentive mechanisms
  - Lack of community-based health information system to monitor UHE-p performance.
  - Complex urban context make it difficult for UHE-ps to effect desired change.
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# Initiatives

- Family Health Team Approach
  - Target Prioritization
  - Focused Intervention Package
  - Revised Operational Manual
  - Electronics CHIS
  - Urban Integrated Refresher Training
  - Generic Training of U-HEPs started
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# Way Forward

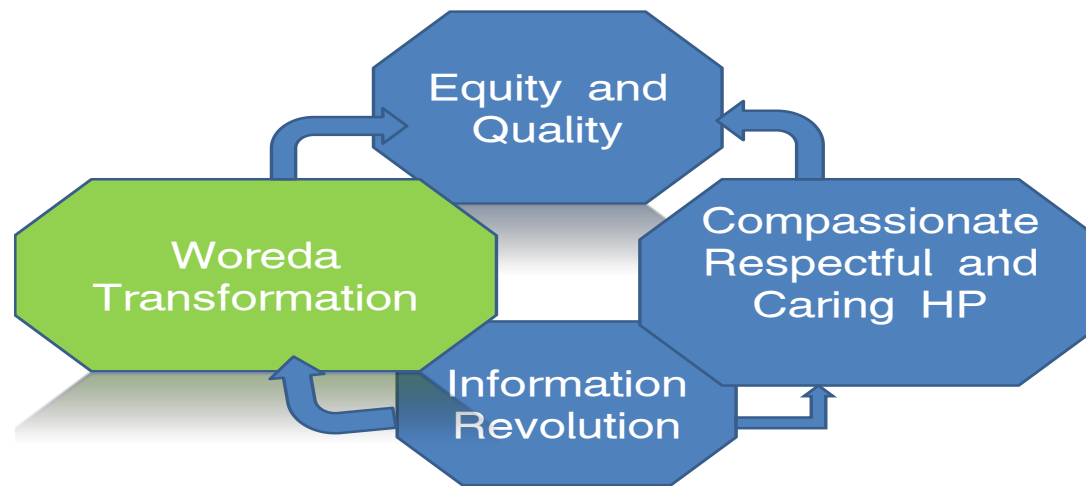
- As socio - economic, demographic and epidemiological transitions occur and urbanization accelerates, the demand for quality health services will also grow
  - Accelerate the implementation of primary health care reform; and Family Health Team Approach
  - Capacity building, clear career structure and favorable working conditions for U-HEPs
  - Strengthen inter-sectoral collaboration and coordination
  - Advocacy and awareness creation on U-HEP



# Way Forward:-Cont'd...

Research and Innovation

Realization of HSTP transformation Agendas





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Thank You

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