

Capacitating is Enabling:

Strengthening Ethiopia's Urban Health Program helps Urban Health Extension Professionals to provide households with quality health care services



Maria Dessa's life has greatly improved as a result of support from Urban Health Extension Professional. She is now invested in supporting others.

Maria Dessa resides in Wolaita Sodo town in Ethiopia's Southern Nations, Nationalities and Peoples Region. She bakes and sells Injera for living. Maria was 32 when she received a positive HIV diagnosis. She remembers the first two years post-diagnosis as incredibly difficult; she was unable to work and struggled with depression. With the help of an Urban Health Extension Professional (UHE-p), Meskerem Daniel, she has learned to embrace her diagnosis and make a difference in the lives of similarly affected women.

Meskerem met Maria while conducting community outreach work six years ago. Since then, she has been advising Maria on the need for adherence to antiretroviral treatment (ART), a balanced diet, and proper sanitation and hygiene. Now Maria has reached the stage where she can support others. She teaches and advises her community members based on her own experiences. "I am trusted among the HIV positive community members. I am glad to be able to share the knowledge I got from Meskerem with them," Maria describes. Meskerem greatly appreciates Maria's help in contacting those who have defaulted on ART and convincing them to continue treatment.

Meskerem provides home-based health education and health care services for 460 households (43% of all households) in her community in Damota Kebele, Wolaita Sodo.

Poor adherence and defaulting on ART treatment is a major challenge for the ART program in Ethiopia. These practices increase the risk of drug resistance and treatment failure as well as AIDS-related morbidity, mortality and hospitalizations. Only 70.3% of individuals who have ever started ART are currently on treatment. UHE-ps like Meskerem serve as bridges between health facilities and communities. They diagnose and refer people to



Urban Health Extension Professional, Meskerem Daniel, and Maria present a united front to prevent HIV positive people in their community from defaulting on ART services.

health centers, and also receive follow up and defaulter tracing requests from health centers for HIV, tuberculosis, maternal and child health, and other health care services.

To strengthen this link and ensure its sustainability, the USAID-funded Strengthening Ethiopia's Urban Health Program (SEUHP) has supported the establishment of efficient referral systems and strengthened linkages between health facilities and UHE-ps. In collaboration with Federal and Regional Health Bureaus, the program facilitated the use of standard referral forms and created platforms for monthly meetings between UHE-ps and health center staff.

According to Meskerem, this system has helped UHE-ps to make efficient referrals and receive feedback from health facilities. In FY15, more than 80,000 referrals were made by UHE-ps to health centers in SEUHP supported cities/towns and more than 1,133 defaulters were traced and referred back to ART.

One of the main challenges in Ethiopia's Urban Health Extension Program is that the UHE-ps have limited training on public health as they are trained clinical nurses. They participate in a three month pre-service training to join the Urban Health Extension Program. In some instances, UHE-ps are deployed without receiving the pre-service training. This in turn affects UHE-ps' capacity build rapport, conduct family health needs assessments and provide standard health education services.

To address these issues, SEUHP collaborated with city/town health offices to develop an in-service training series. The competency-based *Core Public Health Training* improves UHE-p skills, knowledge, and motivation to deliver HIV, tuberculosis, maternal and child health, water, sanitation and hygiene, inter-personal communication, and monitoring and evaluation services. Thus far, 1,823 UHE-ps have participated in the training in SEUHP-targeted cities/towns.

Recently, the program provided refresher training on HIV, focusing on targeted service provision for priority populations. According to Meskerem, "The training on HIV coupled with the ongoing technical support I received from the program helped me provide better home-based HIV services."

The program also assisted with the process of institutionalizing the supportive supervision mechanism to strengthen the capacity of UHE-ps and their supervisors to deliver quality health services, make referrals and linkages to facility-based health services, build rapport with beneficiaries and prioritize needs.

Through SEUHP's efforts, Meskerem's confidence and skills have grown. Today, Meskerem is held in high esteem by her clients, Maria among them. "The training on core public health services was an eye opener regarding on what to prioritize and focus on," Meskerem affirms.