ADVANCING PARTNERS & COMMUNITIES

COMMUNITY HEALTH SYSTEMS CATALOG COUNTRY PROFILE: ETHIOPIA

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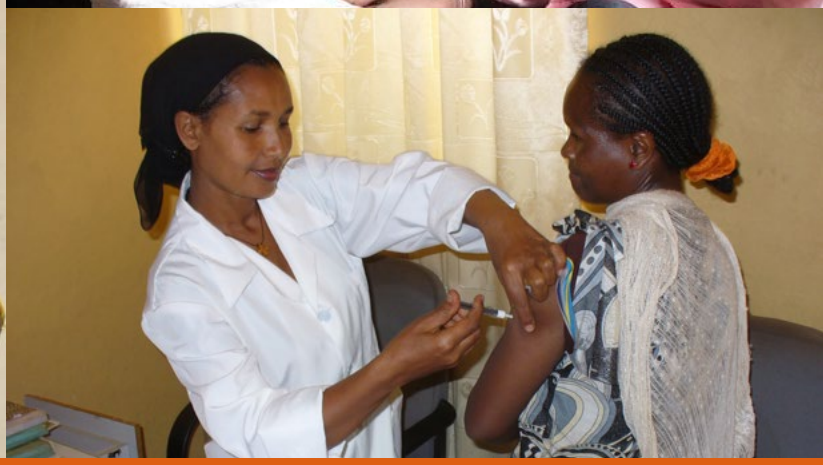

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ACRONYMS

APC	Advancing Partners & Communities
CHS	community health system
CHW	community health worker
FMOH	Federal Ministry of Health
FP	family planning
HDA	health development army
HEP	Health Extension Program
HEW	health extension worker
HSTP	Health Sector Transformation Plan
iCCM	integrated community case management
IUD	intrauterine device
NGO	nongovernmental organization
RHB	regional health bureau
TB	tuberculosis
USAID	Unites States Agency for International Development
WASH	water, sanitation, and hygiene

INTRODUCTION

This Community Health Systems (CHS) Catalog country profile is the 2016 update of a landscape assessment that was originally conducted by the Advancing Partners & Communities (APC) project in 2014. The CHS Catalog focuses on 25 countries deemed priority by the United States Agency for International Development's (USAID) Office of Population and Reproductive Health, and includes specific attention to family planning (FP), a core focus of the APC project.

The update comes as many countries are investing in efforts to support the Sustainable Development Goals and to achieve universal health coverage while modifying policies and strategies to better align and scale up their community health systems.

The purpose of the CHS Catalog is to provide the most up-to-date information available on community health systems based on existing policies and related documentation in the 25 countries. Hence, it does not necessarily capture the realities of policy implementation or service delivery on the ground. APC has made efforts to standardize the information across country profiles, however, content between countries may vary due to the availability and quality of the data obtained from policy documents.

Countries use a wide variety of terminology to describe health workers at the community level. The CHS Catalog uses the general term "community health provider" and refers to specific titles adopted by each respective country as deemed appropriate.

The CHS Catalog provides information on 136 interventions delivered at the community level for reproductive, maternal, newborn, and child health; nutrition; selected infectious diseases; and water, sanitation, and hygiene (WASH). This country profile presents a sample of priority interventions (see Table 6 in the Service Delivery section) delivered by community health providers and for which information is available.

APC regularly updates these profiles and welcomes input from colleagues. If you have comments or additional information, please send them to info@advancingpartners.org.

ETHIOPIA COMMUNITY HEALTH OVERVIEW

For decades, Ethiopia has engaged community health providers to deliver services to underserved, hard-to-reach populations. These health worker cadres have evolved over time, building on previous experience and adapting to changing national and local priorities. In 2005, the country established the Health Extension Program (HEP) using salaried female health extension workers (HEWs) to reach communities with health services. It has since been touted as a successful national community health service delivery model in sub-Saharan Africa.

The HEP's *Draft Implementation Guideline* aimed to improve equitable access to essential health services, a service delivery challenge due in part to the country's large and dispersed population. From the outset, the HEP focused on four health service packages, defined in the Service Delivery section of this profile, that HEWs deliver at health posts and in communities. The original HEP also emphasized sustainable financing, intersectoral collaboration, community involvement, and strengthening health system processes and inputs, such as referrals, supervision, health information, and monitoring and evaluation.

In 2012, the Federal Ministry of Health (FMOH) revised the HEP to address new health sector targets and guide continued scale-up of the program. The *Health Extension Program Implementation Guideline (Revised)* lays out the updated program, including the key stakeholders and their responsibilities, implementation strategies, and related frameworks and procedures. One key revision is a restructure of the country's community health model. Previously, the HEP recommended that volunteer community health promoters work with HEWs to reach the population with prevention messages. The revised HEP envisions a more grassroots approach to improving family health, in which households within the same neighborhood are organized in one-to-five networks. Each network comprises six households led by a 'model' household, from which one female member has undergone a 15-day training led by the HEW and local health center and health office staff on practical skills for implementing the health extension packages. Each *kebele*, or community, has approximately 150–200 "model" women. Across

Table 1. Community Health Quick Stats

Main community health policies/strategies	*Essential Health Services Package for Ethiopia*	*Health Extension Program Implementation Guideline (Revised)*	*Health Sector Transformation Plan (HSTP) (2016–2020)*
Last updated	2005	2012	2015
Number of community health provider cadres	1 main cadre: Health extension workers (HEWs)		
Recommended number of community health providers	41,664 HEWs[1]		
Estimated number of community health providers	Over 38,000 HEWs		
Recommended ratio of community health providers to beneficiaries	1 HEW: 2,500 people[2]		
Community-level data collection	Yes		
Levels of management of community-level service delivery	National, regional, zone, woreda, kebele		
Key community health program(s)	Health Extension Program		

[1] Estimate of the number needed by 2020.
[2] Policies express this as two HEWs per health post, which covers approximately 5,000 people.

the country, these women are collectively known as the health development army (HDA). The woman leading the model household helps the five other households in her network to develop, implement, and monitor health plans at the household and community levels. Five of these networks, or approximately 30 households, form a development team to undertake communal health and development work within the kebele.

Table 2. Key Health Indicators, Ethiopia

Total population[1]	101.7 m
Rural population[1]	80%
Total expenditure on health per capita (current US$)[2]	$27
Total fertility rate[3]	4.6
Unmet need for contraception[3]	26.4%
Contraceptive prevalence rate (modern methods for married women 15-49 years)[3]	35.3%
Maternal mortality ratio[4]	412
Neonatal, infant, and under 5 mortality rates[3]	29 / 48 / 67
Percentage of births delivered by a skilled provider[3]	27.7%
Percentage of children under 5 years moderately or severely stunted[3]	38.4%
HIV prevalence rate[5]	1.3%

[1]PRB 2016; [2]World Bank 2016; [3]CSA and ICF 2016; [4]World Health Organization 2015; [5]UNICEF 2013.

The HEP is a government-led and financed program, though it also receives technical and financial support from development partners, such as international donors and nongovernmental organizations (NGOs). However, all government partners working in Ethiopia must abide by the jointly agreed-upon *Health Sector Harmonization Manual*, which describes a strategy for using one harmonized plan, reporting system, and monitoring and evaluation framework at every level of the health sector. Partners support implementation only at the request of the government and in line with policy. The HEP operates nationwide in rural areas, but is in the process of expanding into urban areas under the Urban Health Extension Program. It is linked to the education sector, which develops the HEW training curriculum and participates in the school-based interventions included in the health extension package. The agricultural and private sectors are also designated as key planning and implementation partners for the program.

Other key documents that guide community health in Ethiopia are the *Essential Health Services Package for Ethiopia*, which defines HEP services and where they should be delivered; and the *Health Sector Transformation Plan (HSTP) (2016–2020)*, which aligns to the country's economic growth and development plans. The *HSTP* builds on the success of a series of health sector reforms in Ethiopia since 1997. It emphasizes improving equity and quality of care; strengthening woreda-level services; supporting the health workforce, and 'revolutionizing' the methods and practices for data collection, management, and use.

All government partners working in Ethiopia must follow government guidance to work through one harmonized plan, reporting system, and monitoring and evaluation framework.

Community groups, such as religious, women's, youth, and farmers' associations, increase community engagement in health activities, such as health promotion and education. Women's organizations are encouraged to help establish the HDA and enable women to head model households. Civil society also has a role as health sector partners, namely in governance, accountability, resource mobilization, and community engagement.

Ethiopia's policies and strategies provide guidance across many health areas, including malaria, HIV and AIDS, and FP, and for community health system strengthening areas such as training, supervision, and monitoring and evaluation. Policies are mostly available, clear, and comprehensive. However, the HEP guidelines lack detail on implementation modalities in pastoralist communities.

Ethiopia's health policies emphasize gender issues. The *HSTP* acknowledges that women have higher rates of sexually transmitted infections, including HIV, and that the country's high maternal mortality and morbidity is partly a consequence of practices such as early marriage, sexual violence, and use of unlawful traditional healers. It reinforces the necessity of gender equity and the health sector's commitment to gender mainstreaming. Additionally, Ethiopia's *Health Sector Gender Mainstreaming Manual* aims to improve equity by improving the strategic direction, coordination, and harmonization of efforts and by strengthening the ability of all stakeholders to address gender issues and integrate gender into critical health issues. HEWs are trained on gender-based violence prevention.

LEADERSHIP AND GOVERNANCE

Community-level service delivery in Ethiopia is managed and coordinated across the national, regional, zone, woreda, and kebele levels. Each has a role in supporting policy and program efforts.

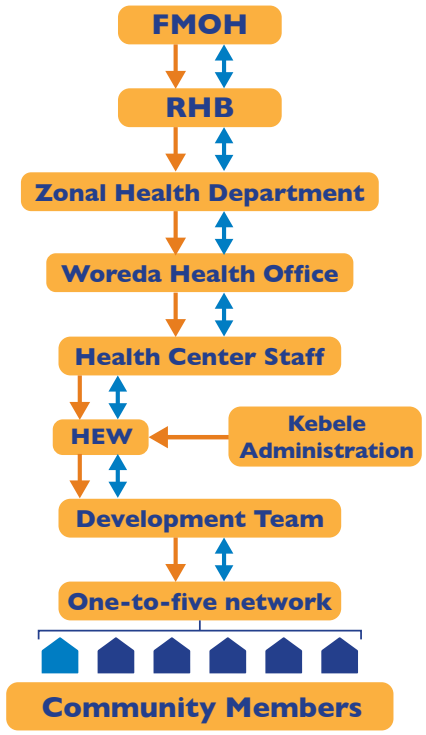
- At the **national level**, the FMOH prepares guidelines, training manuals, and other materials to support HEP implementation; develops standards for HEW training, career development, and incentives; develops and manages data information systems; designs and implements integrated supportive supervision activities; evaluates HEP implementation with partners; documents and analyzes best practices; and strengthens collaboration and improves communication among different HEP implementation partners, such as federal ministries, regional councils, and regional health bureaus (RHBs), and NGOs.
- At the **regional level**, the RHB supports primary health care units, which comprise one health center and five associated health posts; adapts policies, guidelines, and protocols developed by the FMOH to the regional context; coordinates HEP implementation stakeholders; provides technical and administrative support to zonal health departments; conducts supportive supervision activities; implements initial and in-service integrated refresher trainings for HEWs; develops and submits HEP progress reports to the FMOH; documents and analyzes best implementation practices; and organizes a bi-annual multi-stakeholder forum to evaluate HEP progress and acknowledge HEWs for outstanding performance.
- The **zonal** health department ensures implementation of FMOH and RHB guidelines and protocols; prepares and submits regular reports to the RHB; provides technical and administrative support to woreda health offices; monitors the construction and renovation of health posts and HEW residences; and implements many of the same HEP activities as the RHB related to coordination, documentation, recruitment, and supporting and recognizing HEWs.
- The **woreda** health office ensures implementation of FMOH and RHB guidelines and protocols; provides technical and administrative support to a network of health centers and health posts; prepares and submits regular progress reports to the RHB and zonal health department; builds and strengthens the HDA and leads organized community mobilization; and implements many of the same HEP activities as the RHB related to coordination, documentation, recruitment, and supporting and recognizing HEWs. Health center staff collaborate with the woreda health office to lead community mobilization in the catchment kebeles; support health posts; and conduct in-service training, supportive supervision, monitoring and evaluation, and documentation of best practices. Staff submit regular reports to the woreda health office.
- HEWs at the **kebele level** provide services and lead interventions from health posts and in communities; manage drugs and supplies; and train, monitor, and support one-to-five networks. HEWs prepare HEP implementation plans; conduct regular meetings with the development

team and one-to-five networks; collect, organize, and interpret data; and report to the health center. The development team ensures the implementation of health extension packages by its 30 households, and supports other development initiatives through coordination, planning, and data collection, interpretation, and submission to the HEW. Model households that lead the one-to-five networks help prepare the implementation plan; assist each household in the network to prepare its individual plan; monitor and support HEP implementation; collect and organize network data; and report to the development team. Households prepare and implement their family health plans; undergo skill-based training provided by the one-to-five leader; support other families in implementing their activities; and undertake collective health and development work at the kebele level. The kebele administration supports the HEP and all of the actors involved, including monitoring and supervising the HEW's work.

Figure 1 summarizes Ethiopia's health structure, including service delivery points, key actors and managing bodies at each level.

Figure 1. Health System Structure

Level	Managing Administrative Body	Service Delivery Point	Key Actors and Their Relationships
National	FMOH	Referral / Specialized Hospital	
Regional	RHB		
Zone	Zone Health Department	General Hospital	
Woreda	Woreda Health Office	Health Center	
Kebele	Kebele Administration HEW Development Team One-to-five-networks	Health Post / HEW	



HUMAN RESOURCES FOR HEALTH

HEWs are female, salaried community health providers. Working in pairs, they provide an array of health services from health posts and in communities: hygiene and environmental health; communicable and non-communicable diseases; nutrition; maternal health, including delivery; postnatal care; child growth and monitoring; integrated community case management (iCCM); immunization; FP; adolescent and youth reproductive health; first aid; and emergency response. They also collect, manage, and use data, provide health education, conduct community mobilization, and lead communities by supporting development team and one-to-five networks in implementing the HEP.

Table 3 presents an overview of HEWs.

Table 3. Community Health Provider Overview

	HEWs
Number in country	Over 38,000
Target number	41,664[1]
Coverage ratios and areas	Approximately 1 HEW: 2,500 people.[2] They operate in rural areas, though the HEP is in the process of extending into urban areas as well. HEWs work at health posts, five of which are coordinated by one health center. HEWs take turns visiting households in the community and working from the facility.
Health system linkage	HEWs are employed by the Ethiopian government and are connected to government health posts.
Supervision	On a weekly basis, health center staff use a checklist to supervise the HEWs who are assigned to them. The woreda health office supports the health centers and the health posts on a monthly basis using a standard checklist and recommends solutions for challenges. Quarterly, the zonal health department, RHB, and the FMOH jointly support and supervise zones, woredas, health centers, and health posts. Furthermore, actors at all levels of the health system conduct a joint review of the findings from supervision and monitoring activities, including development partners and civil society.
Accessing clients	On foot Clients travel to HEWs
Selection criteria	Female Completed grade 10 18 years or older Recruited from communities
Selection process	To ensure community acceptance, HEWs are selected from the communities in which they reside, though in some circumstances they are permitted to transfer if they meet certain criteria. The selection committee comprises a community representative and representatives from the woreda health office and the woreda education office.

Table 3. Community Health Provider Overview

	HEWs
Training	HEW training takes place over the course of 1 year. Trainees undergo 1,632 hours of classroom-based learning and 320 hours of internship/practical experience. Thereafter, HEWs undergo integrated refresher trainings every 2 years. Additional trainings may be provided as needed. Most HEWs have been trained as level III providers within the National Vocational Education and Training System, though some have been trained to level IV, which qualifies them to provide more complex services (e.g., insert intrauterine devices [IUDs]).
Curriculum	*Ethiopian Technical and Vocational Education and Training System Model Curriculum Health Extension Service Level III* (2013). Includes units on community data; community mobilization and health education; hygiene and environmental health; communicable diseases; non-communicable diseases; community nutrition; antenatal care; deliveries; child survival, growth, development, and iCCM; immunization; FP; adolescent reproductive health; first aid; community health service; and emergency response. *Integrated Refresher Training for Health Extension Workers* (2011). Includes the same topics as the 2013 model curriculum.
Incentives and remuneration	HEWs receive per diems and salaries that are provided by the FMOH with the support of NGOs. They also may receive formal social recognition, opportunities for career advancement, and benefits such as annual leave. In some areas, community members and local government actors build residences for HEWs.

[1] Estimate of the number needed by 2020.
[2] Policies express this as two HEWs per health post, which covers approximately 5,000 people.

HEALTH INFORMATION SYSTEMS

HEWs collect and record community-level data using a family folder, a family-centered tool that feeds into the national health management information system, which the FMOH is scaling up. It is designed to help HEWs manage their work delivering an integrated package of services to families. Specifically, the folder includes forms and cards to record information on the household's demographic and health status, including environmental health and sanitation; malaria; maternal, newborn, and child health; home-based care and support of HIV and AIDS, tuberculosis (TB), and other diseases; and FP services.

Health extension workers use family folders, or a series of health cards that track health and demographic information on households and family members. This information is then integrated into the national health management information system.

HEWs also monitor information related to the development team and one-to-five network implementation plans. Finally, HEWs collect data at the health post level, which they compile quarterly into standard forms along with the community data. These reports are passed up the health system to the health center, the woreda health office, the zonal health department, and finally to the FMOH, where they are aggregated with other levels.

HEWs use the data they collect to identify implementation challenges and make adjustments as needed. They share feedback through meetings with all local stakeholders, such as the kebele administration and one-to-five network household members. Sharing data and providing feedback about HEP performance is expected across all levels of the health system.

Table 4. Selected Medicines and Products included in Ethiopia's *National Essential Medicine List* (2014)

Category		Medicine / Product
FP	☐	CycleBeads®
	☑	Condoms
	☑	Emergency contraceptive pills
	☑	Implants
	☑	Injectable contraceptives
	☑	IUDs
	☑	Oral contraceptive pills
Maternal health	☑	Calcium supplements
	☑	Iron/folate
	☑	Misoprostol
	☑	Oxytocin
	☑	Tetanus toxoid
Newborn and child health	☑	Chlorhexidine
	☑	Cotrimoxazole
	☑	Injectable gentamicin
	☑	Injectable penicillin
	☑	Oral amoxicillin
	☑	Tetanus immunoglobulin
	☑	Vitamin K
HIV and TB	☑	Antiretrovirals
	☑	Isoniazid (for preventive therapy)
Diarrhea	☑	Oral rehydration salts
	☑	Zinc
Malaria	☑	Artemisinin combination therapy
	☐	Insecticide-treated nets
	☑	Paracetamol
	☐	Rapid diagnostic tests
Nutrition	☑	Albendazole
	☑	Mebendazole
	☐	Ready-to-use supplementary food
	☐	Ready-to-use therapeutic food
	☑	Vitamin A

HEALTH SUPPLY MANAGEMENT

HEWs obtain supplies using an official request procedure from the health center. They must register the supplies, drugs, and equipment they obtain at the health post. HEWs also access emergency backup supplies from the health center.

HEWs dispose of medical waste using needle disposal boxes and pits located at health posts. Some health posts also have incinerators. The HEW curriculum includes a section on health care waste treatment and disposal, but details are not available.

The full list of commodities that HEWs provide is not available, but information about selected medicines and products included in Ethiopia's *National Essential Medicine List* is provided in Table 4.

SERVICE DELIVERY

Ethiopia's health extension package comprises four sub-packages: family health service; disease prevention and control; hygiene and environmental health; and health education and communication.

HEWs refer clients to a health center for services they are unable to provide. Health center staff are expected to counter-refer to the HEW for any necessary follow-up care.

Using FP as an example, HEWs may provide a range of methods to clients: condoms; oral contraceptive pills; injectable contraceptives; implants; emergency contraceptive pills; and information on the Standard Days Method; lactational amenorrhea method; and other fertility awareness methods. Some HEWs who have received training may also insert IUDs. They refer clients to health centers or hospitals for permanent methods. Policy does not indicate where CycleBeads® might be accessed.

Table 6 provides details about selected interventions delivered by HEWs in FP, maternal health, newborn care, child health and nutrition, TB, HIV, malaria, and WASH.

Table 5. Modes of Service Delivery

Service	Mode
Clinical services	Door-to-door
	Periodic outreach at fixed points
	Provider's home
	Health posts or other facilities
	Special campaigns
Health education	Door-to-door
	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups
	Health development army and one-to-five networks
Community mobilization	Door-to-door
	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups
	Health development army and one-to-five networks

Table 6. Selected Interventions, Products, and Services

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
FP	Condoms	HEW	HEW	HEW	HEW
	CycleBeads®	Unspecified	Unspecified	Unspecified	Unspecified
	Emergency contraceptive pills	HEW	HEW	Unspecified	Unspecified
	Implants	HEW	HEW	HEW	HEW
	Injectable contraceptives	HEW	HEW	HEW	HEW
	IUDs	HEW	No[l]	HEW	HEW
	Lactational amenorrhea method	HEW		HEW	HEW
	Oral contraceptive pills	HEW	HEW	HEW	HEW
	Other fertility awareness methods	HEW		Unspecified	Unspecified
	Permanent methods	HEW	No	HEW	Unspecified
	Standard Days Method	HEW		Unspecified	Unspecified
Maternal health	Birth preparedness plan	HEW		Unspecified	HEW
	Iron/folate for pregnant women	HEW	HEW	HEW	HEW
	Nutrition/dietary practices during pregnancy	HEW		HEW	HEW
	Oxytocin or misoprostol for postpartum hemorrhage	Unspecified	HEW	Unspecified	HEW
	Recognition of danger signs during pregnancy	HEW	HEW	HEW	HEW
	Recognition of danger signs in mothers during postnatal period	HEW	HEW	HEW	HEW
Newborn care	Care seeking based on signs of illness	HEW			HEW
	Chlorhexidine use	Unspecified	Unspecified	Unspecified	Unspecified
	Managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)	HEW		No	HEW
	Nutrition/dietary practices during lactation	HEW		HEW	HEW
	Postnatal care	HEW	HEW	HEW	HEW
	Recognition of danger signs in newborns	HEW	HEW	HEW	HEW

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
Child health and nutrition	Community integrated management of childhood illness	HEW	HEW	HEW	HEW
	De-worming medication (albendazole, mebendazole, etc.) for children 1–5 years	HEW	HEW	HEW	HEW
	Exclusive breastfeeding for first 6 months	HEW		HEW	HEW
	Immunization of children[2]	HEW	HEW	HEW	HEW
	Vitamin A supplementation for children 6–59 months	HEW	HEW	HEW	HEW
HIV and TB	Community treatment adherence support, including directly observed therapy	HEW	HEW	HEW	HEW
	Contact tracing of people suspected of being exposed to TB	HEW	HEW	HEW	HEW
	HIV testing	HEW	HEW[3]	HEW	HEW
	HIV treatment support	HEW	HEW	HEW	HEW
Malaria	Artemisinin combination therapy	HEW	HEW	HEW	HEW
	Long-lasting insecticide-treated nets	HEW	HEW	HEW	HEW
	Rapid diagnostic testing for malaria	HEW	HEW	HEW	HEW
WASH	Community-led total sanitation	HEW	HEW		
	Hand washing with soap	HEW			
	Household point-of-use water treatment	HEW			
	Oral rehydration salts[4]	HEW	HEW	HEW	HEW

[1] Ethiopia is piloting provision of IUDs by level IV HEWs.
[2] Includes immunizations for newborns. Under-five immunizations include: BCG, OPV, PENTA, Rota, PCV, and measles.
[3] Only HEWs with level IV training can test for HIV.
[4] Policies only specify that HEWs may provide oral rehydration salts to children under 5 years of age.

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