



Center for National Health
Development in Ethiopia
THE EARTH INSTITUTE AT COLUMBIA UNIVERSITY

***Training of Health Extension Workers:
First Intake Assessment
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Executive Summary

Recognizing the urgency of dealing with the HRH problem in the country and the constraints in the training of high level health professionals, the Ethiopian government has launched a new program for 'Accelerated Expansion of Primary Health Care Coverage' with the health extension program (HEP) as its centerpiece. This implies the training and deployment of over 33,200 health extension workers (HEW) for more than 15,000 health posts (HP) and the construction or upgrading of 3153 health centers (HC) by 2009.

The main objective of HEP is to improve access and equity to preventive essential health interventions provided at village and household levels with focus on sustained preventive health actions and increased health awareness. It also serves as effective mechanism for shifting health care resources from being dominantly urban to the rural areas where the majority of the country's population resides. Therefore, HEP is considered as the most important institutional framework for achieving the MDGs.

The government has now trained 2,612 and 7,000 HEWs in 2005 and 2006 respectively and assigned them to about 5000 Health Posts (villages).

Working conditions are important in terms of creating the conditions for effective and efficient work, boosting morale of the workforce, reducing turnover and attrition. The importance of community-based health workers has been well recognized but promising starts have often foundered on working condition issues.

This study focuses on those deployed in early 2005 and have worked for over six months, with the overall objective of assessing the working conditions of HEW and their job satisfaction.

An in-depth field study was carried out on 60 HEW in 51 health posts (HP) from six regions, 23 zones and 26 woredas.

The need for community based health workers is well established. Placing HEW at community level is a commendable undertaking but fulfilling favorable working conditions is an important challenge which is compounded by long distances and poor transportation and communication facilities. There are challenges in harmonizing the staffing pattern at the HP level, guiding time-use, work schedule and relationship with the community (leadership). There are no clear guidelines on relationship with other health workers at the community level, on career structure, transfer, leave absences etc. Reporting and health management information system in general is weak and the referral system is almost inexistent. An important challenge is the request for curative care by the communities.

Based on these findings, it is recommended to:

- ◆ Avoid repeated shortage/lack of equipment and supplies; build commensurate capacity in equipment maintenance and repair capabilities in the sector; ensure adequate availability and sound management of basic supplies, drugs and vaccines in anticipation of the greater demand of servicing over 15,000 HP; and initiate studies on appropriate and sustainable transport and communication facilities for HEW;
- ◆ HPs should develop work plans as much as possible in consultation with major stakeholders; and establish mechanisms for regular reporting, feedback and sharing the report with the community;
- ◆ The capacity of the woreda health office (WHO) need to be strengthened in way that HEP focal persons as well as other technical staff of the WHO have adequate understanding of the program and capability to provide supportive supervision;
- ◆ The Health Extension Program (HEP) should be the concern of the whole Woreda Health Office. The importance of active participation of the community in its own development should be prioritized. There should be a guideline on the major principles of the relationships between HEW and other community based health workers including traditional practitioners. Operational research should be undertaken to strengthen supervision practices;
- ◆ Ensure adequate time and attention to knowledge and skill development in health education (HE) during training; reference materials, upgrading, new and improved approaches and technologies should be introduced through more flexible formats (Continuing education, Newsletters, leaflets...); explore the possibility of preparing a newsletter dedicated to HEW;
- ◆ Demand for curative care is an important challenge to HEP. Graduated inclusion of selected procedures with the appropriate (in-service) training through HEW and intensive health education to the population on appropriate drug/injection use seems the most likely avenue. In delivery services, measures should be taken to increase the confidence level of both HEW and the community on the delivery skills of the HEW; and increase the awareness and

service seeking behavior of the population. Prepare formats for referral with inbuilt mechanism for feedback; orient and continuously sensitize the relevant staff on referral;

- ◆ Housing should be provided in or very close to the HP compound by all kebeles. Availability of safe water supply and toilet facilities (pit latrine) in or near HEW residence should be the priority of priorities. The possibility of providing HEW with a small credit for installation (acquiring essential commodities) should be explored.