# Girar site-specific topic: health extension programme

## Male research officer self-designed project

At the beginning of 2010, January, I have been reading the national health policy, mainly that of the HEP which seems a very smart policy to minimize risk of disease than huge investment on curative health care. It was fascinating to me though I was in doubt about the successful implementation of the programme on the ground. My doubt was caused from many tangible realities or noticeable condition of our country Ethiopia. My expectation was that the programme could face the following challenges:

* Shortage of trained HEWs, since the programme requires at least 2 HEWs in each of the kebeles in every corner of the nation
* Though preventive mechanism is known for its being cheaper, the HEP needs huge recourses for the training of HEWs and the construction and facilitation of health posts in each kebele.
* My other fear was that the communities in Ethiopia have different customs and life style, which may cause high level of resistance to the program.
* It is clearly known that the sanitation and exposure to disease in rural parts of the country is caused by both low level of living standard and luck of awareness, hence the HEP could only address the issue of awareness by teaching the community, however the poverty could still remain there and needs long and intensive intervention from other development sectors. I felt that the poverty still will cause challenge on the HEP.

The programme is basically designed to achieve the following outcome:

1. Shift health care resources from predominantly urban to rural areas, where the majority of the country’s population resides
2. Improve access and equity of essential health services at the village and household levels in line with the decentralization process;
3. Ensure ownership and participation by increasing health awareness, knowledge and skills among community members;
4. Promote gender equality in accessing health services;
5. Improve the utilization of peripheral health services by bridging the gap between the communities and health facilities through Health Extension Workers (HEWs);
6. Reduce maternal and child mortality and
7. Promote healthy life style.

The three primary areas that the HEP focused are:

* Hygiene and Environmental Sanitation
* Diseases Prevention and Control
* Family Health Services

## My observation of one of the kebeles in Cheha wereda

I want to put my observation from Girar ena Aferma Zegiba Kebele, in line with the objectives of the program. As it is stated above the HEP has 7 major objectives and the implementation brought about some remarkable results on to the lives of people in this kebele, though a few objectives seems difficult to be achieved with this program.

### Shift health care resources from predominantly urban to rural areas, where the majority of the country’s population resides;

The above objective is the first one set to be obtained the implementation of HEP. However in my observation there could not be such resource shift from urban area to the rural community, since the health posts are left with null resources except delivery items funded by UNICEF, and some furniture given to the health post. The health post itself is located just on the side of the main road while the majority of the population live in far rural part.

The idea of pulling resources from urban to rural itself seems ideal while the health centres and hospitals are already built in urban areas. Besides the human resource access in to deep rural. The health posts are just meeting places for HEWs and minor service delivery centres because of their poor facilities.

### Improve access and equity of essential health services at the village and household levels in line with the decentralization process;

This second objective is partly fulfilled when we see the case of Girar Kebele, because of door to door services of the HEWs that created access to villagers to get essential health services that of health education, family planning and contraceptives, safe delivery services, referral to health centre etc...

However, the decentralization of health service could not be achieved fully because of poor facilities of the health posts since people in the kebele could not be benefited from medical services at health post level.

### Ensure ownership and participation by increasing health awareness, knowledge and skills among community members

This is the 3rd objective that could be achieved successfully in the case of Girar kebele is community awareness raising and full participation on the health extension program. Every household interviewed in Girar kebele appreciates the effort being done by HEWs and they all are introduced the use of toilet by this program. In addition the community highly involved in most of the packages and mainly sanitation is the remarkable achievement in the area, which is very important for the prevention of diseases. No one replied as the participation in HEP caused by forceful command from the kebele or other body, they are all convinced the importance of the program. Even some of my respondents were ashamed about the poor sanitation that there was in their households before the emergence of this program. This doesn’t mean that there was no resistance at the beginning. However, this was one of the challenges I stated above, though it is found less serious problem in Girar kebele. I am not quite sure about how the resistance affected the implementation in other parts of the country. In its 2008 preliminary assessment EHNRI (Ethiopian Health and Nutrition Research Institution) stated different challenges faced in implementing HEP in SNNPR, however the assessment did not mention community resistance as challenge, but only resource limitation, referral system weakness, luck of wereda supervision, turnover of HEWs, absence of clear understanding of the programme by HEWs, and unattractive salary scale.

### Promote gender equality in accessing health services;

Gender equality in accessing health services has been achieved by the HEP in Girar kebele, mainly because of the delivery of family planning education to women, the access of contraceptive, prenatal care and safe delivery, which was not that available in the villages of Girar kebele. The high number of maternal death and complications were the consequences of inaccessibility of the above mentioned services to women. Apart from this there was no gender based discrimination in the health service sector. And the programme did not need to deal with such promotion of equal health service access.

### Improve the utilization of peripheral health services by bridging the gap between the communities and health facilities through Health Extension Workers (HEWs)

I have seen that the HEWs are bridging the community with the services given by the health centre which is sited in Imdibir town which is not far from the kebele. HEWs move around villages and give health education about prevention and early treatment which raised awareness of people to for sanitation and on time visit of physician in the health centre. The HEW that I interviewed replied that they go to every pregnant woman’s house and they give prenatal care, and if they feel as the case needs further care, they refer them to the health centre. There is also formal referral system between the HEWs and the health centre from which the centre gives back feedback. The health centre head stated that the feedback is not given properly to the HEWs because of manpower shortage in the health centre.

### Reduce maternal and child mortality and

The sixth objective of the HEP, has satisfactory result in Girar kebele, by the effort made by HEWs through educating the community about family planning, the use of contraceptives, prenatal care, and referral for safe abortion and delivery to the health centre. According to the health centre head, maternal death and child mortality reduced successfully. In this area family planning, contraceptives and prenatal care were not introduced and people were less aware about these things. Even the HEWs faced challenges/fight from husbands about the use of contraceptives by their wives. Both abortion and delivery had been managed by traditional birth attendants without any safe and professional way.

### Promote healthy life style.

The sanitation created healthy life style in the community of Girar Kebele, the use of toilet use one of the indicators for this. All the effort being made by the HE packages are working towards safe and healthy life style. This doesn’t mean that the entire village is absolutely clean and no fly around. The Enset production near the house and the use of dung under the false banana tree and chat causes some smell and produces fly around the village. In addition to this households share the hut with cattle which also cause some sort of unhealthy environment.

However, when it is compared with the earlier ways of life in the area, we can say that the programme is introducing very helpful sanitation and health prevention mechanism to the villages.

Generally the HEP is working well in Girar kebele, through the three primary health services provisions; hygiene and environmental sanitation, disease prevention and control, and family health services.

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