

## Ethiopia's Community Health Workers

▶ Access to a health worker is something that we all take for granted. But if you live in Ethiopia, where there are just **2.5 doctors for every 10,000** people, the chances are that you may not get to see one in your lifetime.

**Community health workers are changing that.**

A community health worker (CHW) is trained to provide the most essential life saving interventions—such as emergency front line care—and can **save children's lives** from many if not most of the major preventable child mortality causes like diarrhoea, pneumonia and malaria. CHWs also equip families with the knowledge and skills to prevent disease. They promote good nutrition, sanitation, and hygiene, and link families to essential services.



### WHY COMMUNITY HEALTH WORKERS?

How a child is cared for in their own home has a profound impact on their ability to survive and thrive during their first few days, months and years of life. Mothers need practical and social support so they can look after their child appropriately as they grow and develop. Families need knowledge and skills to best care for their children. Communities need people who know their needs and are trained to provide essential health advice and support.

This is where World Vision's **community health workers** in Ethiopia create their impact.

#### World Vision in Ethiopia

World Vision reaches over **nine million lives** (9,218,856) in Ethiopia. Within World Vision's coverage areas, there are an estimated **737,508** children under the age of five, **313,441** pregnant women, and **2,120,337** women of childbearing age.

### WHY ETHIOPIA?

Living in a rural area of Ethiopia can be deadly, especially for a pregnant mother or very young child, and much of Ethiopia is rural. Over three-fourths of Ethiopia's population lives in rural areas (81%), and Ethiopia is a **global health workforce crisis country**: For every 10,000 people, there are only 2.5 doctors and 2.5 nurses and midwives (WHO, 2014). Additionally, 730,000 Ethiopians are living with HIV/AIDS and 110,000 are children (UNAIDS, 2014). When a health worker is desperately needed in Ethiopia—such as during a difficult labor, infection, or when a newborn has a high fever—there may not be one.

Only 11.1% of all births in Ethiopia are attended by a skilled health worker of any kind, a stunning reality that contributes to Ethiopia's high child mortality rate: for every 1,000 live births in Ethiopia, 184 children will die before they reach their fifth birthday (WHO, 2015). As a result of underfunding within the health sector, the minimal numbers of health facilities and inefficient distribution of medical supplies make it difficult to access healthcare. WHO estimates that over half of Ethiopia's population lives **more than 10km away from the nearest health facility**—usually in areas with poor transportation.

### A PORTRAIT: ETHIOPIA'S COMMUNITY HEALTH WORKERS

**Today, World Vision supports an estimated 35,000 community health workers in Ethiopia.** (October 2015). World Vision Ethiopia works in partnership with the Ministry of Health to increase CHW effectiveness through training and technical assistance.

*Community health workers carry critical health knowledge, skills, and tools into communities and homes and are essential to World Vision's work of saving lives, preventing disease, and helping children, mothers, fathers and communities to reach their full potential and flourish.*

#### Who is a Community Health Worker?

A community health worker is a man or woman who is respected and trusted by his or her community. They are the first point of contact for many with the health system and are elected by the community. They live within the community and so they know and understand people and cultures.

The CHW structure includes Health Extension Workers (HEW) and a recently developed nationwide Women's Development Army (WDA). Two HEWs are assigned to oversee one health post in Ethiopia, which serves 3,500 people. The HEWs also oversee volunteer CHWs within the Women's Development Army, who are each assigned 25 people (5 households). Each WDA volunteer is linked to 5 others, forming a network of CHWs. World Vision provides training, joint supervision, mentoring, materials, and job aids to HEWs.

### CHW Activities supported by World Vision Ethiopia

Adolescent health, Chlorhexidine cord care, Community disease surveillance, Community IMCI, Community management of acute malnutrition (CMAM) support, Community PMTCT support, Deworming, Essential newborn care, Family planning and Healthy Timing and Spacing of Pregnancies (HTSP), Growth monitoring of children, Health promotion / BCC, HIV prevention, HIV treatment support, Immunization (giving vaccines, not just mobilisation), Infant young feeding (IYCF) and Breast Feeding Support, Integrated Community Case Management Maternal and Newborn care (MNC), Newborn care, PD Hearth, Postnatal and Newborn Care (PNC), TTC, Vitamin A supplementation, WASH



## CHW PROGRAMMING TECHNICAL OVERVIEW

- ☑ CHW programmes harmonized at national level under a single CHW policy – partially operational
- ☑ National policy of 1 CHW per 25 people
- ☑ World Vision predominantly supports CHW programmes by technical assistance and capacity building
- ☑ TTC currently implemented

## EVIDENCE FOR IMPACT

The Global Health Workforce Alliance in collaboration with USAID commissioned a review (Bhutta et al, 2010) to support recommendations for scaling CHW programs, and focused on Ethiopia as case study, summarizing 6 studies published from Ethiopia. Collectively, these case studies provide strong support for evidence that CHWs are making significant impact in community and child health in Ethiopia. In the first of three selected studies for this document, volunteer mothers trained to teach other neighbor mothers to recognize possible malaria symptoms in children under 5 and provide age-appropriate treatment with Chloroquine reduced under-5 mortality by 40% in the intervention localities (Kidane & Morrow, 2000). In a study supporting the critical need to provide refresher training for CHWs, previously trained CHWs were provided a 5 day refresher training and monthly supervision. Compared to CHWs who did not receive the refresher training, functional status of CHWs significantly increased for outreach activities, health education, environmental health, maternal and child health activities, births and death registered, referrals, and epidemic control (Ayele et al, 1993). Results from Ethiopia TTC programming for an IYCF trial show a positive dose-response effect which further demonstrates that TTC, the preferred curriculum for training CHWs, is a strong vehicle for behavior change.

### Improvements in feeding practices associated with ttC visiting in rural Ethiopia.

TTC was applied in rural Ethiopia under the Alive and Thrive initiative with FHI-360, focussing on infant and young child feeding practices. The ttC approach was adapted for delivery through peer mothers carrying out household visits and counseling, thereby relieving the work burden of Health Extension Workers (HEWs).

After two years of implementation the evaluation revealed significant improvements in women's knowledge of infant nutrition and their breastfeeding practices, as well as reductions in children needing therapeutic feeding, and treatment of diarrhoea. The data showed that households with more frequent visits had the greatest improvement from baseline<sup>1</sup>. Such 'dose-response' trends support the idea that ttC visits improved the knowledge and practice of improved breastfeeding. The Ministry of Health has now approved ttC's scale-up into 28 districts. <http://www.wvi.org/health/ethiopia-stories-field>

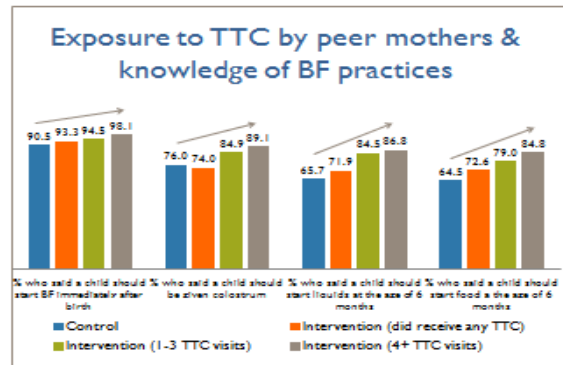


Figure 1 Increases in IYCF knowledge through ttc visits

## WHAT'S NEXT?

World Vision Ethiopia is poised to expand CHW training, supervision, and mentoring, pending further funding. Plans include focusing on 80-100 districts, each district expected to have 25-30 villages of 3,000-5,000 population, which corresponds to 2 Health Extension Workers overseeing approximately 200 CHWs (Women's Development Army volunteers). A grant would support WV Ethiopia's routine Integrated Refresher Training (IRT) of the HEWs in addition to supporting routine Joint Supportive Supervision (JSS) and mentoring for HEWs. JSS is estimated to cost about \$300,000 USD within WVE operation areas annually.

## CURRENT FUNDING AND MAJOR GRANTS

Ethiopia/Preventive Care Package Program – USAID (2011-2016)

## REFERENCES

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