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**Ethiopia profile of the sexual and reproductive health
services available at primary care level**

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Assignment

Design your country profile of sexual and reproductive health services available at primary care level ([The role of primary care in enhancing sexual and reproductive health – Laura Guarenti](#)).

Primary health care system

The primary health care system in Ethiopia is comprised of a health center with five health posts attached to it. The primary health care units are designed to serve 25,000 people, i.e., one health post serves 5000 while the health center serves 25,000 people.¹

Human resources who provide SRH services

The health posts are the first contact points between the community and health provider based on the community-based component centered on the Health Extension Program (HEP). The HEP makes essential health care universally available through a package of preventive, promotive, minimum curative and rehabilitative services provided by Health Extension Workers (HEWs). Two HEWs who are trained for one year on basic primary health care topics are assigned to serve in each health post. The topics include four major components: family health, disease prevention and control, personal hygiene and environmental health, and health education and first aid. Provision of reproductive health education and counseling, family planning methods, antenatal care and clean delivery services are the main SRH services provided by the HEWs. These services are provided both at health posts and through home to home visits.¹

Health care centers

The health centers mainly focus on curative services, especially emergency obstetric care (EmOC), antenatal care, prenatal care, STI/HIV and abortion care services among others. They also serve as first referral point for the health posts attached to them. The health centers are staffed by nurses, midwives, health officers and physicians to provide skilled primary health care services.²

Drawbacks of primary care system

Ethiopia is a poor country with weak health care systems and other infrastructure. Reproductive health, like most aspects of health in Ethiopia, is generally poor, with significant regional disparities in access to services and in health outcomes. Though some progresses have been made in recent years to improve access to emergency obstetric and neonatal care services (EmOC) at health center levels, provision of caesarian section (surgery) and safe blood transfusion is still limited and lacking in almost all of the health centers operating in the country.³

Barriers to access the SRH services

The major barriers to access SRH services in the country include the following areas:

- Poor infrastructure and lack of physical access to services.
- Poor quality of services such as insufficient contraceptive supplies and limited practice of method mix.
- Low family planning knowledge, including awareness of method choice and side effects.
- Lack of trained health care providers and uneven distribution, particularly in rural areas.

- Limited financial resource to address the ever growing SRH needs of adolescents and youth, including the psychosocial and edutainment needs.

Challenging the barriers to access the SRH services

To address the complex SRH needs of the population, strengthening the primary health care system and decentralizing health service provision needs due attention particularly to reach those living in remote and hard to reach rural areas. At the same time, mobilizing, educating and training communities and individuals, paying attention to quality of services and community participation would empower individuals to access and utilize SRH services.³

References

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3. World health Organization and World Bank. An Assessment of reproductive health needs in Ethiopia. Geneva: World Health Organization and World Bank; 1999.