## <u>**A2**</u>

## 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).

#### Introduction

Ethiopia is a Federal Republic having a 9 Regional States and 2 City Administrations, 611 woredas and 15,000 kebeles with a population of 79.2 million and growth rate of 2.7%. Regional State is divided in zonal, woreda and kebeles.

In Ethiopia maternal mortality ratio has decreased from 871/100,000 live births in 2000 to 673/100,000 live births in 2005. Skilled attendance at birth is only 6 % and access to the emergency obstetrical care is still limited. Hemorrhage (25%), puerperal infection (15%) eclampsia (13%) and complicated abortion (10%) are the leading causes of maternal death, with the leading underlying factors associated with the three known delays. High teenage pregnancy, insufficient contraceptive prevalence rate of 34% and relatively high incidence of sexually transmitted infections (STIs) in young people are also known contributing factors.

As part of the health sector development strategy the Government of Ethiopia (GOE) initiated the Health Extension Program (HEP) in 2003 to improve access to and equity of basic health services to the rural population through expanding physical health infrastructure (i.e., establishing a health posts) and training and deploying a cadre of female Health Extension Workers (HEWs).over 11 thousand health posts has been established and over 30 thousand HEWs have been trained. The HEWs are trained and equipped with appropriate supplies to provide the HEP package of services which include basic and essential promotive, preventive and selected curative services which include communicable disease prevention and control, family planning, maternal and child health, immunization, nutrition, adolescent reproductive health, first-aid and emergency measures, hygiene and environmental sanitation, and health education and communication. <sup>1</sup>

#### Primary health care in Ethiopia

Primary health care seeks to extend the first level of the health system from sick care to the development of health. It seeks to protect and promote the health of defined communities and to address individual problems and populates health at an early stage. Primary health care services involve continuity of care, health promotion and education, integration of prevention with sick care, a concern for population as well as individual health, community involvement and the use of appropriate technology.

#### SRH services available at primary care level<sup>3</sup>

Sexual and reproductive health services available at primary health care level are following:

- Family planning services.
- Antenatal care.
- Childhood immunization.
- Treatment of childhood illnesses.
- Maternal, neonatal and child health.

- Delivery and postnatal care.
- Neonatal care.
- Breastfeeding practices.
- Health education on HIV/AIDS, STI's and Family planning.
- Assessment of SRH needs, screening, treatment and referral.
- Counseling services.
- SRH awareness raising services for the population.

#### **Location of health SRH services**

Most of the sexual and reproductive health services are conducted in health facilities such as health posts, clinics, health centers, hospitals, youth centers, community based organizations, high schools, universities, different governmental and non governmental organizations etc.

#### Human resources who provide SRH services

In the front line the extension health workers have a great role and responsibility for providing sexual and reproductive health services but other professionals such as nurses, midwives, health officers, doctors, counselors and social workers are also the responsibility of the sexual and reproductive health services. Most of the services are provided according to the clients needs when they face different problems in sexual and reproductive health.

#### Competencies of the health care providers

It is difficult to judge about the competencies of health care providers because it depends on their attitude, skills and knowledge. All SRH care providers have different experiences, educational level and background. For example, doctors are highly equipped in knowledge, skills, attitude and training to provide SRH services of high quality.

#### SRH services not being provided at PC level

For the assessment of sexual and reproductive health needs screening and counseling services are not common. As well as this services like vasectomy and tubal legation are not provided at PC level.

# Barriers to the access the sexual and reproductive health services<sup>4</sup>

Barriers to access SRH services in Ethiopia are following:

- Shortage of skillful and motivated health care providers.
- Limited number of health facilities especially in the rural areas.
- Shortage of basic equipment and drugs in the health facilities.
- Lack of budget for sexual and reproductive health services.
- Socio-cultural and traditional practices.
- Population unawareness of benefits from SRH services.
- Lack of coordination and integration of the SRH care providers and managers to give high quality services.
- Incompitient health care providers.

- Lack of appropriate leadership and management system.
- Lack of good policies for SRH managers, health care providers and the services themselves.
- Lack of continuous training for the SRH care providers.

#### References

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