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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](#)).

Background

In general, mortality and fertility are very high in Ethiopia. The crude birth rate (CBR) and crude death rate (CDR), defined as annual births and deaths per 1000 population respectively, estimated at 41 and 13. Other mortality indicators show that mortality is even higher at infancy and childhood. In addition, the maternal mortality ratio is unacceptably high at an estimated 673/100,000 live births. The women population in the reproductive age group (15 –49) is about 16 million, indicating that there is such a large women population who need comprehensive Reproductive Health services. The women enter into union at very young age, the median age at first marriage for the country is estimated at 16 years.¹

Family planning acceptors coverage as measured in terms of contraceptive acceptance rate has reached from 6% in 2002 to 56.2% in 2008. There has been an increase in the percentage of deliveries assisted by skilled health personnel reaching 24.9% from the baseline of 12%. From a total of 111 hospitals on which emergency obstetric and neonatal care (EmONC) assessment was conducted 51% of the hospitals provide comprehensive, 65% of the hospitals provide basic emergency obstetric services while 34% of the hospitals partially function. Similarly, a total of 684 health centers provide obstetric and neonatal services out of which only one health center provides comprehensive, nine basic and 674 provide partial EmONC services which is far behind the target set.²

The primary health care delivery in Ethiopia

The primary health care unit (PHCU) is composed of a primary hospital, a health center (HC) and five satellite health posts (HPs). These provide services to 25,000 population altogether. HP is staffed with two health extension workers (HEWs). The HEWs are expected to spend less than 20% of their time in health posts, and more than 80% of their time will be with households, mothers and children. HEWs provide family planning, EPI, OTP, clean delivery and essential newborn care services, diagnosis and treatment of malaria, diagnose and treatment of pneumonia and dehydration (using ORS).³

A HC provides both preventive and curative services. It serves as a referral center and practical training institution for HEWs. A HC has an inpatient capacity of 10 beds.

A primary hospital provides inpatient and ambulatory services to an average population of 100,000. In addition to what a HC can provide, a primary hospital provides an emergency surgery service including cesarean section and gives access to blood transfusion service. It also serves as a referral center for HCs and a practical training center for nurses and other paramedics. A primary hospital has an inpatient capacity of 25-50 beds.³

Designing Sexual and Reproductive Health (SRH) services at the PHCU

General Initiatives need to focus on:

- Strengthening the health extension program: build the capacity of HEWs through trainings, supplies, supportive supervision and monitoring of activities.
- Strengthen facility based maternal and neonatal health (MNH) services: scale up midwife training, improve equipment and supplies through mobilizing resources.
- Promote gender equality and combat sexually transmitted infections including HIV.
- Scale up friendly SRH services including family planning service.

SRH services at the PHCU

Following are the services available at PHCU level:

- Family planning: short and long term contraceptives.
- Education, counseling and assessment of SRH need.
- Education and counseling on HIV and other STI services.
- Antenatal care.
- Skilled delivery and newborn care.
- Basic and comprehensive EmONC.
- Comprehensive abortion care.

Human resources who provide SRH services

HEWs are the backbone of primary care in Ethiopia, in the HP and community level, they provide education and service on family planning (oral & injectable) and will refer those who need permanent or long term contraception to HC or primary hospital. They also provide education and counseling on HIV and other STI, and refer to HC for laboratory services and further management. They are also responsible for antenatal care follow up, delivery and identifying of high risk pregnancies.

At HC level, short and long term contraceptives, HIV and STI testing and management, skilled delivery and basic EmONC, and comprehensive abortion care are provided by nurses, midwives and health officers.

At the primary hospitals, basic and comprehensive EmONC, cesarean section, diagnosis & management of referred cases, service provided by nurses, midwives &and medical doctors.

Challenges / barriers to access SRH services

There are many barriers to access SRH services in Ethiopia:

- Incompetency of service providers. HEWs and nurses are mostly inexperienced and less competent in identification and management of high risk or complicated pregnancies
- Interruption and inadequacy of supplies and equipment.
- Shortage of skilled and motivated health workers.
- Unavailability of user friendly SRH services (e.g. adolescent SRH services).
- Low awareness and misconception by the community (e.g. cultural, traditional factors, etc.) on SRH issues.
- Low socio-economic empowerment of women especially in rural areas.

References

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