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

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Contents

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

Ethiopia has issued a Reproductive Health Strategy was for 2006–2015. This strategy identifies ix priority areas: social and cultural determinants of women's reproductive health; fertility and family planning; maternal and newborn health; HIV/AIDS; reproductive health of young people; and reproductive organ cancers. This strategy is now on revision to include evidence based strategies.[1]

The country has demonstrated a significant improvement in the sexual and reproductive health of the country. The contraceptive acceptance rate has grown from 33.6% in 2006 to over 56% in 2009. Antenatal care service increased from about 50% in 2006 to over 67% in 2009.[2,3] Despite these achievements, there is a long way to go.

The Government of Ethiopia through its Health Sector Development Plan (HSDP) has a target to increase Focused ANC to 83%, Contraceptive Prevalence Rate (CPR) to 65% , decrease teenage pregnancy from 20% to 5% and increase institutional delivery from 12% in 2006 to 92% and postnatal care from 15% in 2006 to 92% by 2014/15.[4]

Location of SRH services

In Ethiopia at Primary Care level, SRH services are given in Health Posts (HP) and Health Centers. Health Posts are primary level of contact to get and SRH and other health services to the community. For every 5,000 people there are two female Health Extension Workers in the country. Under each HP, there are Voluntary Community Health Care Workers (VCHWs). These VCHWs report to the HEWs. D2D visits are made in the community by these VCHWs. A health center is staffed with Nurses, Midwifes, and sometimes Health Officers.[5]

Sexual and Reproductive Health services are well integrated at HC level in our country. In the ANC, labor and delivery, and post partum units in a health center, HIV, STI, FP services are integrated and the services are given by the assigned nurses and midwives in the units. In the abortion clinics in a health center also, FP, HIV Counseling and Testing (HCT), and STI services are integrated and thus routinely offered to clients.

Health care providers of SRH services

Voluntary Community health workers (CHWs) including Community Sexual and Reproductive Agents do door-to-door (D2D) visiting providing family planning counseling, education, Oral Contraceptives and sometimes condoms at a community level. These health cadres also refer women to the nearby health facilities for injectable and other family planning methods. These health cadres are not supposed to give ANC, attend deliveries, nor give abortion care.

Competencies of the staff who provide SRH services

The competencies that the staff/team has to provide the SRH service at PC, varies between cadres. From my observation, my review of the job descriptions and the training materials the following are the competencies of the team.

Voluntary Community Health Workers (VCHWs) and Health Extension Workers (HEWs)

- Domain 1: They lack the fundamental component of all competencies – behavior.
- Domain 2: Competency 1: They have very limited leadership and management responsibility. Their role is limited to information gathering.
- Domain 3: General sexual and reproductive health competencies for health providers:
    - Competency 3: comprehensive and integrated sexual and reproductive health care, working efficiently in and with the community: These health cadres do recognize health concerns in the community through capturing information directly from the women and other parts of the community.
    - Competency 4: High quality health education related to SRH: The VCHWs by virtue of their living with the community knows the socio-cultural, legal and gender concerns of the people and issues related to SRH implementation. They also convey SRH information within their capacity.
    - Competency 5: high-quality counseling related to sexual and reproductive health and sexual and reproductive health services: VCHWs and HEWs lack this competency.
    - Competency 6: Assess the SRH needs of the community: The HEWs take health history and do physical examination for ANC, Labor and Delivery. They also refer patients which they think need health care above their capacity.
- Domain 4: Specific competencies:
    - Competency 7: Family planning: This is one area that the above health cadres have better competency than the others. They collect information from clients, assess client eligibility for FP, provide information and do FP procedures. However the quality of the provision of the service is under question.
    - Competency 8, 9, and 10: STI and reproductive tract infection care; Screening and treatment/referral for reproductive tract cancer; and comprehensive abortion care services are not provided by VCHWs and HEWs in Ethiopia.
    - Competency 11: Antenatal care: HEWs training curriculum has contents addressing history (both obstetrics and personal and family), physical examination, counseling and education for pregnant women, and management or referral of cases. The curriculum has both theoretical and practical sections. The HEWs are practicing the above tasks in their real assignment with their limited capacity. The quality of the service however is arguably very poor.[6]
    - Competency 12 and 13: Care during labor, delivery, and immediately post partum; and postnatal care for women and neonates: Health Extension Workers provide a range of preventive and some curative services in the community. Their role in attending labor and delivery is limited. There are reports claiming the very poor service offered by these health cadres.[6]

Middle Level Health Workers (MLHW)

- Domain 1 behavior: The course for these health cadres adequately addresses medical ethics, professional code of ethics, human rights, learning styles and communication methods etc. However, the problem lies in applying this knowledge and principles in their routine SRH practices. Generally, this is one of the competencies that the above health cadres lack. The Ethiopian Demographic and Health Survey reported that poor attitude of health professionals as one and major barriers to SRH services.
- Domain 2: Leadership and Management.
    - Competency 2: MLHWs are commonly entitled to carry out leadership and management responsibilities at both service delivery point and at district level. They exercise the knowledge and skills they acquire through both formal and informal educations. They manage the human resource, the finance, and logistics. As managers they assure the quality of health services provided; monitor and supervise proper data recording, compilation and reporting to the next higher level. They also forecast, analyze need, and procure logistics including drugs to the district and health facilities. The challenge is in analyzing the data generated, interpreting it and using this data for decision making to improve the sexual and reproductive health services.
- Domain 3: General sexual and reproductive health competencies for health providers:
    - Competency 3: comprehensive and integrated sexual and reproductive health care, working efficiently in and with the community: At the community level, there is the so called Community Health Community where by key community members have the role to overlook the health services for the community. Therefore, MLHWs have the chance to learn about the health concerns in the community. MLHWs do facilitate community learning about different topics which promote SRH health and prevent unnecessary health outcomes for the community.
    - Competency 4: High quality health education related to SRH: The MLHWs knows the socio-cultural, legal and gender concerns of the people and issues related to SRH implementation. They also convey SRH information to their clients. In most cases, the method of conveying the SRH messages is not well planned and well organized. There is no assessment to adopt or develop appropriate method for educating the community.
    - Competency 5: high-quality counseling related to sexual and reproductive health and sexual and reproductive health services: The health workers do have the competency to counsel their clients on SRH issues both individually and in group. However, different factors influence the competency of the health workers. High work load, inconvenience physical set up of the health facilities, and shortage of supplies and tools affect the competency of the health workers.
    - Competency 6: Assess the SRH needs of the community: The MLHWs take health history and do physical examination for FP, ANC, Labor and Delivery, STI, and abortion cases; Screen to identify health problems and refer for appropriate laboratory test. They also treat cases and refer for further care and support as necessary. These

days there are reports which claim that most health workers do not do physical examination to clients.

- Domain 4: Specific competencies:
    - Competency 7: Family planning: This is one area that the above health cadres have better competency than the others. They collect information from clients, assess client eligibility for FP, provide information and do FP procedures. MLHWs do provide variety of FP methods including IUCD and impranol.
    - Competency 8: STI and reproductive tract infection care: Syndromic management of STI and HIV Counseling and Testing (HCT) services are given by MLHWs. Accordingly, they take history, do physical examination and treated STIs. In doing so, they use the classification and treatment algorithm to facilitate their syndromic management of cases. They also address partner referrals.
    - Competency 9: Screening and treatment/referral for reproductive tract cancer: This is one of the least competencies that MLHWs have. There is no screening of reproductive tract cancer, HPV vaccine is not available, and there is no screening for cervical and prostate cancer in PCs.
    - Competency10: Comprehensive abortion care services: MLHWs do have the competency to manage abortion complications. They counsel clients on how to prevent unwanted, unplanned pregnancies and induced abortion. Post abortion FP is offered by these cadres and they also refer clients for other SRH needs like GBV.
    - Competency 11, 12 and 13: MLHW have the knowledge and skill to do ANC, assist in labor and delivery and offer care for the women during post partum time. As it was reported on various reports including on DHS report, health workers in Ethiopia, including MLHWs do not have positive attitude for women coming for the above health services. This makes their competency for prenatal care very sub-standard.[7]

SRH services which are not provided at PC level

Although the service provision depends on the availability of trained health worker, the following SRH services are not provided at PC level:

- Tubal ligation.
- Vasectomy.
- Infertility service.
- Screening for breast, cervical, and prostate cancer.
- Researches.
- Program development.

Barriers to access SRH services in Ethiopia

Various factors affect access to SRH services in Ethiopia. This includes distance, weak infrastructure, quality of health services, socio-cultural factors, stigma and discrimination, male dominance and poor decision making power of women.[1,8,9,10]

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