

FACT SHEET

March 2015

# Strengthening Ethiopia's Urban Health Program (SEUHP)



Urban health extension professional, Sr. Genzebe, visiting a household in Hawassa City. Photo: Eric Gottesman.

"For the first time in human history, the majority of the world's population is living in urban areas – and the proportion continues to grow. By 2050, estimates suggest 42 percent of Ethiopians will live in urban settings." – World Urbanization Prospects, 2007

Ethiopia's urban areas are diverse in terms of population size and demographic composition, social complexity, infrastructure development, and economic activity. Compared to the country's rural residents, urban residents have better

access to health, social, and education services, a wider variety of employment prospects, and more complex social and community networks. In spite of these advantages, a great number of urban dwellers face hardships and inequities accessing health, education, and social services; adequate housing, water, and sanitation; and appropriate and adequate food supply. Rapid population growth has placed a great strain on urban planning, basic service systems, and the development of critical infrastructure.

Overall, infrastructure and systems have failed to grow or adapt to keep pace with the rapidly growing needs of the population. Ethiopia's urban poverty, characterized by poor sanitation conditions, social fragmentation, overstretched infrastructure, pollution, high mobility, overcrowding, and social exclusion, creates significant vulnerabilities for the overall urban population, and particularly the urban poor.

## SEUHP GOALS

To address health challenges related to rapid urbanization in Ethiopia, the USAID-supported Strengthening Ethiopia's Urban Health Program (SEUHP) promotes urban health leadership and enhances capacity in cities and towns across seven regions of Ethiopia. SEUHP provides the cost-effective, high quality, and appropriately targeted support and services to improve the implementation of the Government of Ethiopia's Urban Health Extension Program (UHEP) and related urban services. The program promotes health access and improved health status for more than 1.6 million households in 49 cities, focusing on building sustainable urban systems, bringing together urban stakeholders across multiple sectors, and fostering stronger community and private sector involvement in primary care and community health service delivery.

## SEUHP IMPLEMENTATION APPROACH

## SEUHP FACTS

- Activity duration: July 2014 June 2018
- Budget: \$20 million
- Goal: Improve the health status of the urban population in Ethiopia by reducing HIV/TB-related maternal, neonatal and child morbidity and mortality, and the incidence of diseases
- Geographic coverage: Addis Ababa, Amhara, Dire Dawa, Harari, Oromia, SNNP, and Tigray

SEUHP's work supports the shared goals of improved UHEP leadership, governance, and management; full service standardization; increased community uptake; full technical competence; and functional coordination, partnerships, and linkages. These goals make up the program's key impact areas, which guide programming. When these are achieved,

USAID, together with city/town health offices, regional health bureaus, the Ministry of Health, the Government of Ethiopia, and civil society stakeholders, will truly have contributed to an improved urban health program in Ethiopia.

#### **Activity Objectives**

To strengthen the Government of Ethiopia's UHEPs, SEUHP focuses on incorporating new programmatic directions and innovations to build capacity, strengthen the health system, and ensure scale, quality, and sustainability. Objectives include:

- Improving quality of community-level-urban health services
- Increasing demand for facility-level urban health services
- Strengthening regional platforms for improved implementation of the national urban health strategy
- Improving sector convergence for urban sanitation and waste management



Urban health extension professionals in Dire Dawa collecting catchment area data for targeting vulnerable populations. Photo: Eric Gottesman.

#### **Activity Successes**

During the first year of implementation SEUHP has already marked progress toward its objectives. Highlights include:

- Provided technical support to the Ministry of Health to reform the primary healthcare system and develop a detailed concept paper, which provides guidance on how to reform the primary healthcare system; i.e., shifting to a family-centered approach where a team composed from different cadres of health professions will take the responsibility of assigned families.
- Provided mentoring and coaching to 1,400 urban health extension professionals and 92 urban health extension
  professional supervisors. As a result, city/town health offices actively liaised with zonal health offices and/or regional
  health bureaus to ensure availability of HIV test kits and equipment for urban health extension professionals; city/town
  health offices provided consistent services; and supervisors identified mismanagement and took corrective actions,
  identified common errors occurring during service data recording and provided mentoring, scheduled regular and timely
  supportive supervision of urban health extension professionals, and ensured close follow-up on beneficiaries receipt of
  services referred for at the health centers as well as with urban health extension professionals.
- Supported pre-service training in Tigray Region, where 93 nurses graduated to become urban health extension professionals.
- Developed competency-based in-service training materials for 331 urban health extension professionals and 43 supervisors on core public health services including HIV, TB, maternal neonatal and child health, non-communicable diseases, urban WASH, as well as data recording and reporting and inter-personal communication. The training improved the knowledge, skills and motivation of urban health extension professionals.
- Strengthened the ability of city/town health offices and urban health extension professionals to provide services and facilitate access to services through referrals. With the technical support of SEUHP, urban health extension professionals provided the following services: health education (75,400 people); family planning services (6,300 people); immunization (1,800 children) and Vitamin A supplementation (15,000 children); nutritional screening (15,000 people); de-worming (11,800 people); non-communicable disease screening (3,380 people) and follow-up services (1,400 people); and community-based HIV testing and counseling (1,900 people); assistance on liquid waste disposal (10,500 households); and assistance on latrine maintenance and usage (6,390 people).
- Developed manuals and tools for the urban health extension professionals and implemented it in 28 cities/towns. The regional health bureaus and city/town health offices approved the tool as standard service data recording tool and endorsed its implementation in all cities (including non-SEUHP targeted cities) where the UHEP is implemented.
- Conducted baseline assessments on human resource management, key health-seeking behaviors, and urban sanitation and waste management. The findings will enable SEUHP and its government partners to identify key activities for urban sanitation and waste management, and build consensus among the different stakeholders on ways to address issues of sanitation and urban waste management.

#### Implementation

SEUHP is implemented by John Snow, Inc., in partnership with Addis Ababa University, and Emmanuel Development Association.