

COMMUNITY-BASED ACTION IN HAWASSA, ETHIOPIA:

How Participatory Information-Gathering Can Improve Utilization of an Urban Health Center



WHAT IS CBIA?

Ethiopia is implementing the Urban Health Extension Program (UHEP) at the household level to increase health service utilization.

CBIA (Community-Based Health Information System for Action) is a low-cost tool developed by USAID/UHEP to help community members collect basic health indicators and use the information for local decision making.



The goal of CBIA is to increase utilization of health services by allowing communities to set their own health priorities, and to ensure continuous quality improvement through collaborative evaluation and feedback. It is implemented by community nurses – Urban Health Extension (UHE) Professionals – and by the city health department, health centers and USAD/D/HEP.

HOW DOES IT WORK?

Step 1: USAID/UHEP meets with local government officials and health facility staff to discuss CBIA and identify community volunteers. USAID/UHEP staff train UHE Professionals to support community volunteers.

Step 2: UHE Professionals train community volunteers to collect information.

Step 3: Community volunteers go house-to-house to collect information.

Step 4: UHE Professionals analyze the data and prepare a report for the local Health Committee composed of volunteers, UHE Professionals, local leaders and officials.

Step 5: UHE Professionals hold participatory planning meetings where the local Health Committee decides what small, do-able actions can influence positive health outcomes in the community and how to proceed.

Step 6: The UHE Professionals support the community to implement the recommendations by the local Health Committee.









RESOLIS	Before CBIA	After CBIA
Indicator	15	70
Daily outpatient visits	72	93
PMTCT clients seen	78	106
Antenatal care visits	153	313
HIV testing and counseling	632	1045
Family planning users	49	105
BCG vaccinations	53	86
Penta 3 vaccinations	35	94
Meacles vaccinations		

Comparison of health service utilization in a health center in Hawassa City during baseline study (April - June 2011) and that three months of CBM Implementation (July-September 2011)



Based on interest of local health managers and assessment findings, the CBIA approach is now scaled up to more geographical areas.

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