



Training frontline healthcare workers in Ethiopia

using a mobile solution



In order to provide access to quality care, Ethiopia needs to close its health worker gap

In Ethiopia, there is a large health worker gap towards achieving universal health coverage in 2030, communicable diseases remain a problem, and non-communicable diseases are on the rise. Strengthening primary care in the communities, through health extension worker has proven to be an effective intervention.

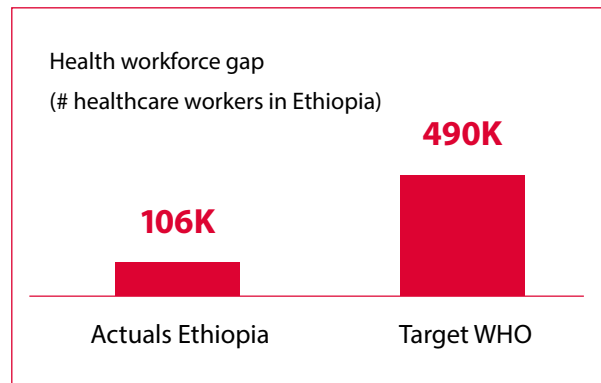
Ethiopia has a large, predominantly rural and subsistence agriculture population of 115 million, with poor access to health services, safe water, housing, sanitation and food. Communicable diseases like HIV/AIDS, TB, malaria, respiratory infection, and diarrhoea remain a serious challenge in Ethiopia. High fertility rates, and low contraceptive prevalence continue to drive a rapidly increasing population in Ethiopia. With a growing middle class, Ethiopia is also facing an increase in non-communicable diseases such as cancer, diabetes, and heart diseases.

Despite the efforts made in the past two decades to increase the number and skill mix of health work forces, Ethiopia still has a very low health workforce density, specifically Medical Doctors, Health Officers, Nurses and Midwives.

This means, with the ever-increasing population, the country needs to produce over 30,000 health workers (Medical Doctors, Health Officers, Nurses and Midwives) every year for the coming 12 years to achieve universal health coverage by 2030.

Nonetheless, the current production capacity from all health professionals training institutions for doctors, health officers, nurses and midwives is not more than 10,000 per annum.

Health extension workers(HEWs), the frontline health workers that provide primary care in Ethiopia, can fill a part of this gap. To that end, the Federal Ministry of Health is seeking to upgrade and increase the number of HEWs, particularly in remote areas, and address concerns about HEWs' education and practices.



Our solution: train community health workers through our mobile learning solution Leap

The traditional face to face learning practices will not be able to train health extension workers at the pace and scale required to fill the health workers gap in Ethiopia. By deploying Leap, a basic phone mobile learning solution, Amref can train health workers rapidly, at scale.

Leap is a mobile application which allows health workers to decide where and when they want to learn. With these education and communication systems, we ensure that health workers are in contact with each other and can share information together. Health workers can also contact colleagues in other hospitals directly via the app. They can quickly share important information with each other, for example about outbreaks or epidemics.

Thanks to the setup of Leap in Kenya, health outcomes improved, such as an increased number of children that are immunised, and a higher number of skilled deliveries. This impact is driven by the following Leap benefits:

Health worker blended learning with Leap



Any time



Any place

Less face to face contact (-60%)

- Less costs to replace health workers
- Less trainers needed to train health workers
- Less costs for training facilities needed
- Less attrition

**30-50%
Less
costs**

Improved quality of training

- Approved training content by Ministry of Health
- Peer-to-peer learning
- Transparency in learner progress

**More
effective
training**



With more than 90 percent of Ethiopia's geographic area having access to mobile service, the mobile phones offer tremendous opportunities in efficient health training delivery.

The impact that can be realized by training health extension workers is tremendous. Two HEWs are assigned to one health post to serve a population ranging from 3,000 to 5,000 people in a village (kebele). By training for example **7,500 health workers**, a population of more than **11 million** can be reached.



Leap & COVID-19

Based on the rapid developments of COVID-19 in Kenya, the Kenyan government asked Amref to use Leap in informing community health workers about COVID-19, and we are successfully doing so. In the past months, we have already trained 60,000 community health workers on COVID-19. Thanks to our close partnership with the Kenyan Ministry of Health, and familiarity of health workers in using Leap, we could deploy fast and make a direct impact.

Based on our outstanding reputation in Ethiopia, strong connections to the Ministry of Health and broad network on the ground, the Ethiopian Ministry of Health has asked Amref to do the same in Ethiopia. In June 2020, Amref Ethiopia started to train health extension workers with Leap on COVID-19, by now 3,000 health workers are enrolled on the platform.

Request for support

Leap is a social enterprise, disrupting the health worker training market in Africa. Initially, it was set up by a consortium of five founding partners, and it has grown out to be a social enterprise, looking to become more independent from donor-driven funding, by setting up a technology-enabled, financially sustainable business model. Leap is currently scaling up in East Africa, and we would like your support to scale up Leap beyond COVID-19, in order to structurally improve health care in Ethiopia. Our activities for scaling up Leap in Ethiopia are:

- Deploying Leap for the COVID-19 response
- Design the scale up of Leap in Ethiopia to 40,000 health workers
- Mobilizing (funding) partners to scale up Leap in Ethiopia

We are looking for €300,000.- to deploy these activities, and train more health care workers with Leap.

For more information, please contact:

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