Kidan's **W**orth **A**dvocating, **E**ducating and **R**eaffirming **O**blivious Lived Experiences of the Health Extension Program Package

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Abstract

Background: Palpable progress has been achieved in improving quality and access to the basic health services in Tigrai since the start of the Health Extension Program in 2013/14. However, there is limited evidence and/or documentation on the lived experiences of women who fully implemented the packages of the Health Extension Program in Tigrai, Northern Ethiopia.

Objective: Describe lived experiences of a mother from a female headed household which fully implemented the packages of the Health Extension Program in Debrehiwot Tabiya, Hawzien Woreda, Eastern Zone, Tigrai, Northern Ethiopia.

Methods: A case study was purposively selected to get a detailed description of the experiences of the full implementation of the Health Extension Program package in Tigrai. The case study is based on the lived experiences of a mother of four children from one of the female headed households in Megab Tabia, Hawzien Woreda, Eastern Zone, Tigrai, Northern Ethiopia. The mother was purposively selected from the few model farmers with improved livelihood through the full implementation of the Health Extension Program package. Illustrative case study approach intended for critical descriptive of observed instances were used which it basically gives opportunity to generate meaning and thick description of the lived experiences, indigenous knowledge, creativity, philosophical assertions and social interactions of the mother called Weizero Kidan. Interviews with Kidan were audio recorded and transcribed into Tigrigna, the local language and back translated into English. The transcripts were exported to ATLAS7.5.13 software for analysis. Recurring themes were described with accompanying explanatory quotes.

Result: Inherent to Kidan's view, the implementation of the health extension program package basically requires strong shared responsibility, commitment and determination, working synergistically, open to learn and experiment new things and able to focus on available local resources. More specifically, Kidan appreciates the Health Extension Program activities are opportunities to create the good mix of her innovative idea with indigenous knowledge to produce new things by which such innovation were found to be impactful to improve her family's livelihood. Gender equality, women empowerment and balancing socio-economic differences and eventually improved rural livelihoods were confirmed impacts of the full implementation of Health Extension Program package.

Conclusion: The innovations, approaches and success stories related to improved livelihoods from Kidan's lived experiences are testimonies to close links between the full implementation of the Health Extension Program and rural development. Hence, Kidan proved that the HEP can best implement using the local resources, it will be easy to scaling up of Kidan's lived best experiences to the majority of the rural households. Failure to appreciate the close links between the Health Extension Program and rural development will continue to perpetuate the poor implementation of the package and further

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widen the health disparities between rural and urban households and eventually linger rural poverty in Tigrai.

Keywords- Kidan, lived experience, health extension program package, indigenous, scaling up, poverty.

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Background

The primary health care philosophy is a fundamental element in improving access, coverage and utilization of health services through the principles of social awareness, community participation, self-reliance, and decentralization of the health system to lower administrative units (1, 2). As part of implementing PHC, various global initiatives have been developed and several member states in the world have brought a breakthrough change in improving access and ensuring universal health coverage (3, 4). Despite enormous global initiatives, low health service provision and utilization in low income countries has been on the research agenda of the global community for decades. Long distance, unavailability of transport, high costs, poor decision making of women, low level of education, traditional and cultural influences, critical shortage of skilled health workers and poor quality of care are reported among the determinants for poor health service utilization (5, 6).

Ethiopia was among the sub-Saharan African countries with poor health outcomes, poor health service access, low coverage and health service utilization and it is most affected with high disease burden that reflected high maternal and child morbidity and mortality. A centralized top down management and a fragmented health service delivery hindered the implementation of PHC in Ethiopia and the health system in the country (7, 8).

In response to these challenges, the Ethiopian government developed a national health policy in 1993 (9). Besides, the new government was highly committed to develop a 20-year health sector development program in 1997(10).

HSDP was implemented with the aim of increasing access, coverage and improve utilization of health services through the prioritization of disease prevention and decentralization. Despite the improvement of the overall performance of the health sector in the first five years of HSDP, the ability to deliver essential services in rural settings was reported less successful and many of HSDP I objectives remained unachieved (11). The low number of health care facilities which are ill-equipped, mal-distributed and with inefficient health care delivery system was reported as the major limitations of the program (12, 13). During the final year of HSDP I (2001/2 EFY1993) the potential health service coverage in Ethiopia was estimated 51.2 % (14). The formal utilization of health services was reported at 27% per capita per year which is very low. Among the major health indicators, the infant, under five and maternal mortality report shows 97/1000 LB, 166/1000 LB and 871/100,000 LB respectively (15). In response to the poor health service utilization, poor access and low health coverage, the Federal Ministry of Health launched the Health Extension Program (HEP) in 2003(16).

The Health Extension Program (HEP), launched in 2003, is a flagship of the Ethiopian Health Sector development program designed to provide basic health

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services in an accessible and equitable manner to all segments of the population, with special attention to mothers and children and thereby improve their livelihoods. Tigrai is the pioneer to develop the concept of Health Extension Program (HEP) and take the initiative of its implementation (17).

Health Extension Program (HEP) was specifically designed to deliver a community based promotive, preventive and basic curative services at household level and to be implemented by the Health Extension Workers (HEWs). Moreover, the philosophy of the program was to improve the health status of the family at the household level through their full participation using local technology, skill and community's wisdom (18). The HEWs were responsible to deliver training to the selected household members on implementation of the 16 HEP packages jointly with the then village voluntary community health workers and currently called women development groups. The program takes an initiative of recruiting early adopters to be trained to demonstrate some healthy practices at household level (19). Health Extension Program (HEP) was launched initially in rural communities and subsequently tailored and scaled up into the pastoral and urban communities as the main vehicle for achieving universal coverage of primary health care (20).

The philosophy behind the HEP is that households are capable of taking full responsibility for producing and maintaining their own health if and only if the right knowledge and skills are appropriately transferred to individual households. Since its rollout, HEP has brought palpable improvements in health promotion, disease prevention, family health, hygiene, and environmental sanitation (21). Despite these improvements, there have been limitations to the equitable implementation of the HEP packages across the region due to various reasons.

The main purpose of this case study is not either to evaluate the effectiveness of HEP or to examine the current status of the HEP. In its place, the intent of this study is voicing the success stories and best lived experiences of one model female headed household and describe the household's philosophies and values behind the successful lived experiences by which it can help to replicate and scaled up to other similar households.

Methods

Settings

This lived experience unearthing in-depth illustrative cases study is conducted in Debrehiwot Tabiya, Hawzien district, Easter Zone of Tigrai. Debrhiwot Tabiya is approximately 15 kilometres away from the town of Hawzien. The house of Kidan, case owner of this study is about 2 to 3 kilometres north from the Hawzien – Abyi Adi main road. Kidan is a model female headed household mother with best experience in implementing the HEP and working as leader to 30 households. Close to Kidan's house there is one health facility where HEW's are working with the community to the successful implementation of the HEP. Referring to Kidan's statement "the 30 households are recorded with improved HEP implementation where home delivery is zero, child nutrition and maternity health are significantly improved". Based on our participatory observation to other households near to Kidan's house, we are able to witness the environmental, personal hygiene, biogas use and separation of animal residence have been practiced across all of them.

Study design

This is descriptive case study approach intended to critically describe observed instances of a single case like that of Kidan. The approach gives an opportunity to capture the meaning constructed by the female headed household mother with best experience in implementing the HEP and thick/detailed description of the emic perspective of women towards services included in the health extension package.

Participant

The case was selected purposively with the aim of capturing unique slice of realities from the experiences of Kidan. The involvement of the case owner (Kidan) to the HEP implementation and her leadership for several years as a woman development group network leader made her to be considered as a case for this study. The reasons why Kidan was selected as a case for this study are (i) she is a model female headed household mother implementing HEP, (ii) she is a leader for additional 30 households currently implementing HEP, (iii) she has received regional and national awards for successfully implementing HEP and (iv) her creative and innovative works were taken as experience sharing podium for the last 15 years. These reasons coupled with other experiences made Kidan to be purposefully chosen for this descriptive case study.

Unit of analysis

Kidan's lived experiences, home setting, indigenous knowledge, values, creativity, philosophical assertions, social interactions and accreditation certificates of the HEP implementation are taken as main unit of analysis that support the generation of meaning and thick descriptions.

Data collection

To capture the lived experiences of Kidan in implementing HEP, semi- structured guided in-depth interview, participant observation and artifacts analysis were used. The semi-structured in-depth interview (IDI) guiding items that stimulate experiences, creativity and assumptions of Kidan over implementing the HEP activities were developed and administered. The IDI was conducted in Kidan's home in two rounds where the best livelihood experience and HEP packages are implemented. The interview takes two and half hours in first round and two hours in second round. The interview was conducted in Tigrigna using the woman's mother language. During the transcription and analysis time, repeated phone calls was made with Kidan to substantiate and gained the missed data. Information was captured till data saturation is achieved through probing and inquisitive strategies. For easy transcription, the interview was recorded with audio recorder in its original language. Besides, guiding with well written observation checklist and participatory observation was made over the natural setting of the unit of analysis being observed. Products and materials of Kidan's creativity and innovations were used for the artifacts analysis. Regional and national certificates awarded to Kidan, health insurance membership card and children vaccination cards were also used for document analysis.

Analysis method

The interview was in Tigrigna which later on transcribed with great deal of care to keep its originality and freshness. The transcribed data was back translated into English by the principal investigator. To keep the scientific merit of the translation, people were invited to debrief the quality of

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the translation in the form of triangulation and found to be helpful to revise some of the concepts and narratives. Eventually, data were summarized, described under different thematic areas and are presented textually in ways that help to generate meaning that underlies the lived experiences, values and philosophical assertions' of Kidan to the HEP activities. The main analysis approached used was thematic analysis. In other words, three researchers (the principal investigator and two senior researchers) coded the data using inductive qualitative content analysis. Emergent categories and themes were identified based on meticulous and systematic reading and coding of the transcripts. Codes and sub-codes were refined. Each transcript was coded once by one researcher and reviewed by other members of the team. The principal investigator reviewed all coding and ensured cohesion in the approach and use of themes.

Ethical Consideration

As a case study of a single person, ethical clearance was not sought from an Institutional Review Board. The researchers only rely on the full consent of Kidan to proceed with the research. Though, we rely on Kidan's sole consent, the necessary ethical considerations were ensured. Kidan was briefed with the purpose and objectives of the interview and the potential benefits and risks of her participation in the study. She then decided to participate in the study willingly. Audio record was done after she gave her consent and she positively agreed to disclose her natural name throughout the document. She also consented to the authors to use her natural name in reports and peer reviewed publications coming out of the case study.

Results

Socio-demographic Characteristics of Kidan

Weizero Kidan Aregawi is a mother of four children being female headed household aged 42 years. She is widowed and belongs to the orthodox Christian community. Kidan is only grade three in the formal education level. She is one of the brave and model mothers in the rural Tigrai not only on implementing the Health Extension Program package but also in improving her family's livelihoods. The main source of income for Kidan's family is small scale agriculture mixed with poultry, fattening and sheep rearing activities.

Kidan's assumptions, values and philosophies embarked from implementing HEP activities

The assumptions, values asserted and philosophies held towards implementing HEP activities are presented in the form of textual themes. These are generated from Kidan's narratives and explanations during the interview and eventually thick description is given to it.

Implementing HEP activities demands inter-sectorial integration and coordination

Implementing multipurpose programs like that of HEP needs the holistic and coordinated integrations among different sectors. This is due to the fact that the outcomes of the program are influenced by the involvement of various stakeholders or sectors. According to Kidan, the HEP in itself is neither a single activity nor a separate entity from other similar packages. It consists of different components in itself and needs integrity with other packages of agriculture, education and water. Kidan elaborated the integration:

> *"The HEP package is not a single activity. It has different components including ANC for pregnant women with a motto 'No woman should die while giving life (ኣዶ ሂወት እንዳሃበት ሂወት ክትግብር የብላን)' and postnatal care. Lactating mothers are given education on the importance of breast feeding and for infants under the age of six months. Health education on institutional delivery (zero home delivery), child nutrition, personal and environmental hygiene, water point management, productive safety net program, water and soil conservation and separation of human and animal residency and community-based health insurance also discussed. At same time, in this package we are also working on children school enrolment, zero attrition rate and dropout, child care and development. By the way, we are not only feeling comfortable by separating the animal and human dwelling but we are also leading healthy way of life. All these issues are interconnected with other packages of agriculture, water and education".*

From this explanation it is possible to see how the health extension activities are significantly connected with agricultural activities, water resource management and environmental conservation activities like preparation of separate animal residence, utilization of natural fertilizers, water point management and environmental protection. To show the inter dependence nature of the packages Kidan articulated:

> "*All the packages are vital and helpful to improve our livelihoods. In fact, all are inter-twined and implemented concurrently. Failure in one of the packages will cause failure in the other one too*".

Remaining close to Kidan's view of the interconnected nature of the HEP, she said;

> "*Biogas is one of the components of the package that we used it for multi-purpose activities. It helps me and my children to live healthy life. We are able to generate power for both light and cooking consumptions. At the same time, we are able to use the animal residual products for producing the energy, which it turn serves us as a natural fertilizer (compost) used for agricultural input".*

According to her view, the use of biogas reduced her exposure to smoke in the kitchen and hence less exposure to acute and chronic lung diseases such as Chronic Obstructive Pulmonary Disease (COPD).

Further Kidan explained that "*We used the residual product of the biogas called slurry as a fertilizer for agriculture. As a result, I managed to boost my production and productivity and become a food secured household*".

Achievements recorded in implementing HEP activities are communally shared among the model households: The very nature of implementing community-based projects calls on strong sense of ownership and corporate responsibility of members of the community. Kidan's assertion to this view was as follows:

> *"I do believe this package is a shared agenda and shared success. I do not want to attribute the success only to myself. I have strong sense*

> *of solidarity and trust in my community [the thirty households implementing the HEP] and vice versa. We are working cooperatively; we have good integration. We have discussion sessions and during this discussion period we are able to raise various issues including sharing success stories and point out things that need strong follow up. We have also accepted norm of reciprocity".*

Relying on the above view, activities like this package by which they demand great deal of energy require working together as we are convinced that it is not possible to clap with one hand. In her statement, Kidan noted:

> "*I think the mystery behind our [we as thirty households] success is working collaboratively and share our achievements in a coordinated fashion*".

Besides, in her explanation Kidan gave more emphasis to the importance of women development army in implementing the HEP activities. According to Kidan,

> *Other than the sectorial integration, the coordination among the members of the women development army is worthy to mention. The women development army consisting of the 30 households are playing significant role in adopting, modifying and consuming the HEP activities. The women are ready to learn new things and they are also open to share best experiences among themselves. This structure helps us to galvanize our energies by adding new blood to the existing social capital values of cooperation and solidarity among members of the community to successfully implement the HEP activities.*

Some of the activities are bulky to deal with like that of digging a big dump hole for biogas, preparing separate residency of animals and human which is both capital and labor intensive. Referring to Kidan's explanation indicating that some of the stuffs are difficult and complicated as:

"*Constructing biogas needs a number of inputs as an initial investment namely, which you need to dig big dump (1.5…nearly two meter), cement, steel, water and stone to make it functional*".

When Kidan elaborates the value of working together in the scheme not only at community level but also with the family of every household said as:

> *Implementing the HEP activities needs great deal of working together and synergetic efforts. My kids are still youngsters but were along me throughout the implementation time. We […her family] have been working collaboratively. We have division of tasks and our performance is actually evaluated by implementation guideline. We also monitor who did what, when and with what. Had I been attempting to work the package alone; I could have ended up with failure. My kids are hardworking and have been with me in all my efforts. In some of the activities, they demand me to pay for daily laborers. I can sale hens or sheep and pay for the labor cost.*

By implication the above explanation resembles the HEP activities are participatory and required active involvement and support of every family

member. Perhaps, if there is such involvement of every member, sooner or later, the scheme will be instrumental in instilling sense of ownership and corporate social responsibility over the package. Generally, as Kidan said it, if the activities are done jointly, then achievements are also shared collectively.

Appropriate use of local resources and indigenous knowledge

It is common to claim that when new technology is introduced, implementers need inputs by which most of them are often imported and non-indigenous. However, such contention is not acceptable to Kidan, which we witnessed that she significantly relies on easily available local resources and implementing the package. With regard to this, she explained:

> *"In most cases when we are implementing the HEP activities, we rely on local inputs (resources like mud, woods and stones) with limited cost and easily accessible. I built a sofa and bed using stones and mud which it gives great beauty to my home and comfort to my family. All of them are made from local resources, easily accessible even in my home".*

Through our participatory observation and artifacts analysis, we are firsthand to witness that Kidan's home is equipped with local resources made materials like bed, sofa, and *commodino* that most of them are the result of Kidan's finger print. The best use of the available local resources and her indigenous knowledge demonstrated the adaptability and relevance of the HEP to solving local problems.

Implementing HEP requires internal motive to learn and change

Apparently, during our encounter with Kidan, we come across with her philosophy of learning and implementing the components of the HEP. Kidan explained this situation in her own words as:

> *"If you wish to be successful in accomplishing the HEP activities, the first thing is to ask yourself whether you exactly pronounce your previous life challenges, ready to get rid-off them and would love to see change or decided to be skeptic to tackle them. The achievements you are seeing in the scheme are the outcome of my initial decision while joining the program. If you are reluctant, you will not be successful to see the end fruit. It is long way journey to see the outcomes. We (health development group members) from the very beginning were ready to learn and committed to change, because we really tasted the bitterness of challenges and plights".*

According to Kidan, if people are enjoying with the existing status quo, being socialized with challenges and problems in life, they would be skeptical to join any strategy to eliminate or minimize it. As per to Kidan view, "*The rural households like me, they feel enough with what exists with them for long and now they are desperate to change it and would love to see the opposite of it*". According to her, eventually, they pass life changing decision to join the HEP and improve their livelihoods. The bitter taste of predicaments in their life coupled with their motive to see better changes in their socio-economic status, implementing the HEP was instrumental and second to none.

HEP activities encourage households to be creative and develop entrepreneurial skills

The very defying feature of the HEP is its best way of applicability, adaptability and suitability to the utmost philosophy, values, creativity and experiences of every household. Kidan's view to these assumptions was explained as follows:

> *Sometimes problems can be a solution for the problem itself. When you are exposed to challenges in life, you would be creative and be able to invent new things to tackle the problems down. The introduction of HEP was actually a plus for me to think new things. It helps me to rethink of designing novel perspectives in my home management.*

As complement to her thoughts to deal with daily challenges in her life, Kidan was restless to invent new things that would give her upper hand. In due course of her effort, the introduction of HEP was a green opportunity to grow more.

In our interview with Kidan, we posed her with a question if she has special contribution to the HEP, she responded as follows:

> *"I built a sofa and bed using stones and mud which it gives great beauty to my home and comfort to my family. This design helps me to properly economize the space in my home. No one teaches me how to make this sofa and bed without my curious observation of home arrangement from relatives in urban area. I design it in a paper and confidently tried it, obviously as you are also witnessing, I come up with such an interesting sofa and bed. I believe learning is trial and error and nothing is perfect. In the meantime, I consult the health extension workers and they were along with me to make my dreams come to true. My experiences and innovations to fully implement the HEP have been visited by many and hence played a significant role in building acceptance and consensus around benefits of the HEP to improving rural livelihoods and in appreciating the philosophy behind the notion that HEP is a development-oriented intervention".*

Kidan is only grade three, but what we saw during our observation is more than just a miracle. She is so creative and entrepreneurial in adopting, designing and redesigning materials at her home. In our further discussion during the interview, we asked her if she has future creativity plans in either of the HEP activities and she declared:

> *"We, the development group members (30 households), do have plenty of future plans. We are still ready to accept new things as HEP component. We are also planning the Sofa and bed we produce from mud and stones to make movable and easily portable. Now it is permanent and stationary which consumes more space. So, we (as network) have agreed to make it mobile and it would help us to use it in any place as we wish to use it. As individual households, we have our own private plan on how to improve our livelihood, accumulate assets and using cash products".*

To sum up, Kidan is enjoying creating new things and modifying the HEP activities with minimum direction from the health extension workers that helps her to improve her family's livelihoods.

HEP as a means to gender equality and women empowerment

Maternal and child health is the main focus of the HEP. In communities like Ethiopia where patriarchal family structure is highly dominated, the role of mother remains insignificant in passing decisions on matters of asset ownership, property management, maternity, family planning and health affairs. In reverse, most of the workload is encumbered over the shoulder of mothers despite it is not acknowledged and recognized.

With this regard, Kidan explained:

> *"Rural mothers are in a turning point of abuse and harassment experiences. Such harassments do start at home where boys and girls are not treated equally. Nowadays, thanks to the HEP and other packages; early marriage, polygamy and rape are becoming long time history. In case if there is even possibilities of divorce, unlike the previous time where mother were left their home for maximum protection of their husband, these times, they are granted the legal right to possess shared assets with their ex-husband. They are empowered to discuss issues of family planning, land and property ownership".*

In her further explanation, HEP activities are pivotal in addressing not only gender equality but also closing the gaps in socio-economic status of people. She addresses her statement as:

> *"Through the HEP activities, we are able to narrow down the gap between poor and rich, able to realize gender equality and create gender sensitive community. Acknowledging our achievements, even male headed households are asking us about balanced diet, nutrition and related activities to learn and share experiences from us. Pertinent to this, forming the networks among the women was also instrumental for our success. Being we get united, we are able to realize our rights as women and we started benefiting from our efforts".*

Remaining cognizant of Kidan's view, Scientific track record of community-based projects indicate that projects that give rooms for capacity building, empowerment and gender equality are not only run smoothly to achieve what initially intended to achieve but also are characterized by sustainability and provoke strong sense of ownership from beneficiaries.

HEP is instrumental to ensure accountability

Malpractices in the delivery of all packages may incite claims and complaints on side of the community. Lack of guidelines, directives and lack of clarifying and enforcing lines of discharging duties and responsibilities during implementation could be ended up with central question of accountability. Kidan narrates how HEP is very crucial in ensuring issues of accountability in her community. She underlined:

> *"In all the implementation phases; the health extension workers, local administrators and professionals were on my side. They have been following me all the ways. They were*

monitoring my achievements along my prior plans. The health extension workers, education experts, agriculture extension workers and water experts are working for us in an integrated fashion. We are working with them as hand and glove. Thinking of my successes and achievements without their unreserved supports would have been futile".

Kidan's philosophy and thought is deep. She believes good governance is ensured when accountability and communication among the involved bodies exist. There is issue of responsibility and accountability for every agenda and it is evaluated and monitored for checking who works what.

Meetings and supervision across administrative levels including beneficiary households, health extension workers and local administration was explained as follow:

"*Mostly information and directives related to various implementation packages are distributed from district to "Tabiya"* (second-level of administrative unit) *and then to our "Queshet*"(the smallest administerative unit) *through health extension workers and management bodies. In Queshet, we have different structures like women development networks and groups. We as members of the 1 to 5 network and as model of 30 households, we have division of labour and we set activities with implementation guidelines. As per to the guidelines, network members meet every three days and network leaders every day. But now we change the pattern of our meeting and network members meet every three days, leaders every week, cell leaders in the Queshet every two weeks in the days of 12th and 29th at Tabiya level. We have rules and regulations that help us to follow our plans and achievements. I think the mystery behind our success is working collaboratively in a coordinated fashion".*

Discussion

Kidan's attitude, values, assumptions asserted on implementing HEP activities are more envisaged on her personal beliefs, commitments and interest of changing existing status quo. Her lived experience of implementing HEP is found to be instrumental for bringing profound improvements in her family livelihood. The revolutionary thought she has coupled with the opportunity that the HEP offers her, altering the challenges into prospects become her ultimate goal and her dreams come to true. Supporting to this view (22) mentioned that creative people are quite different from others when it comes to personality, values, abilities and are consistently more likely to come up with ideas that are both novel and useful.

Kidan hold the conviction that synergy among sectors would determine the success of every project during implementation. The output for one of the activities in the package is an input to the other. Health related programs that aimed improving various demands of the community needs inter-sectorial and stakeholders' integration (23). Thinking of the biogas, it is a simple and low-cost technology that provides reliable energy source as well as improved health and sanitation to Kidan's family compared to the traditional cooking over an open fire. Moreover, it provides her with healthy cooking alternative and saves her time from the demanding task of firewood

collection. The light generated from the biogas has helped Kidan's children read, study and do their homework at night without any exposure to smoke which ultimately has led to better educational outcomes in her children. The impact of health extension program is multifaceted where the quality life of households is significantly improved (24, 25).

As human and cognitive psychologists firmly agreed, learning can take place if the organism is driven by internal drive/motive (26). Kidan's view has strong backup from Marx theory of conflict that states human beings basically struggle with nature and class to bring social change in their side and from Darwin's theory of the survival of the fittest (27). Kidan appreciates experimental learning through trial and error. She has never afraid of failure as she is confident enough to reverse it into success. She is naturally pro- change; never give up trying out new things and the HEP gives her great advantage to alter her thoughts in to action. Studies indicate that people with strong motive to learn and commitment to change are suitable for familiarizing them with new technologies (26). In this case, Kidan's commitment to change and acquire new things makes the HEP implementation easy and successful.

As theory of reasoned behavior explained (28), if people are convinced that the outcome of their action is going to be pleasant and rewarding, they are less reluctant to engage in and the action will have high likelihood to relapse through the course of life. Similarly, Kidan was pretty confident that the outcome of implementing HEP is going to be impactful in improving her family's livelihood. To this end, she was not in dilemma to proceed with implementing the HEP activities. According to Kidan, the improved sanitation would help her reduce the risk infection and household food security would lead to the intake of diversified diet. The intake of diversified diet, reduction of workloads, control of resources, reduction of infections and utilization of health services has led to nutrition security and improved livelihood in Kidan's family. The lived experiences of Kidan clearly demonstrated that the full implementation of HEP can serve as an engine in bringing various stakeholders into the household to improving rural livelihoods and eventually poverty reduction in the rural communities of Tigrai. Studies (28) show that the HEP innovative strategies were contributed to improve household behaviors and coverage of basic health care services. In addition, HEP remains the core of such innovations and provides a backup to model for household in resource limited setting.

Referring to world bank report on good governance clearly articulates, end to end good governance is the integral components of assuring health services delivery strategies where local administrators closely working with community members and households at grassroots level. Relevant to this finding in this study also revealed that implementing the HEP activities pave the way to community members to work as close as possible with HEWs, local administrators and professionals for best interest of succession of the program.

Conclusion

This descriptive case study discovers Kidan's lived experiences on implementing the HEP activities since HEP has been introduced as a program. Using an in-depth case study approach, her lived experiences, basic assumptions, philosophical assertion and values attached to the HEP activities are clearly articulated. Central to Kidan's view, HEP is not only helpful to address health

demand of households but also pave the way to improve livelihoods. In her further view, implementing HEP activities basically requires strong shared responsibility, commitment and determination, working synergistically, open to learn and experiment new things and able to focus on available local resources. Kidan address that the functional sectorial integration is not only crucial but precondition for its success.

Pertinent to this, Kidan appreciates that the HEP activities opens opportunities to create the good mix of her innovative idea with indigenous knowledge to produce new things by which such innovation was found to be impactful to improve her family's livelihood. As an extended philosophical assertion, Kidan witnesses how HEP activities are very instrumental in ensuring good governance where the very nature of the program needs continuous interaction in the form of monitoring and evaluation among implementing households and local administration bodies. She is confident that through implementing HEP, it is possible to ensure gender equality and women empowerment and narrow the socio-economic breach between the poor and rich. Kidan confirmed in her interview that unlike the previous times where women in the rural area were abused and harassed even by their husbands, these times, they are more powerful and empowered to claim their right and able to manage and granted property ownership.

Implementing the HEP activities as a response to the holistic community development in general and creating model households like Kidan in particular is found to be relevant. Such packages encourage and bring community participation through awareness creation, behavioral change communications, and planned and systematic community mobilization. As socio-economic changes in demographic trends, epidemiology and urbanization are swiftly changing, designing and reinforcing packages like HEP are required being more comprehensive and inclusive services covering a wide range of quality health services. To this end, scaling up best and lived experiences and giving more rooms to model households to accelerate the required changes is very crucial.

The main implication of Kidan's performance in this HEP would open up window of opportunity to scale up her lived experiences to other households that help them improving their livelihoods and increasing the coverage of the HEP throughout the rural Tigrai.

Recommendations

Based on the descriptive case study of Kidan's lived experiences, the following recommendations are made.

- Scaling up experiences should not be solely dependent on imported technologies and practices which mostly appreciate the "West or the rest". As long as the main intent of scaling up experiences is to replicate what is achieved, it must focus on lived experiences, indigenous home-grown knowledge, values, philosophies by which it recognizes locally available resources. Thus, the lived experiences of Kidan which are driven from the community values and indigenous knowledge can easily be scaled up in the rural settings of Tigrai.

- Human beings need for achievement in mastery and excellence are long lasting if they are continuously reinforced. However, incentives, reinforcements and rewards are

decreasing with time which in turn cut down the motive and interest of people to create new things. Therefore, timely reinforcements and rewards should be put back in place to facilitate the uptake of the lived experiences of Kidan by other women from the rural settings of Tigrai.

- Implementing the HEP package requires major inputs of water, energy, capacity building and access to loan. Therefore, access to these services should be improved to best support the uptake of the best practices of Kidan by other women from the rural settings of Tigrai.

- The great deal of this case study is mainly to find out ways of scaling up the best and lived experiences of model households like Kidan. In doing so, using the model households and giving them podium to share their experience to others is immensely essential. Therefore, concerned bodies should be keen in organizing experience sharing and sensitization events so that transferring the required skills, technologies and knowledge will be done smoothly.

List of abbreviations

HEP-health extension program

HEWs- health extension workers

CBHI- community based health insurance

OCOCP-chronic obstructive pulmonary disease

SHI- social health insurance

Competing interest

The authors have no any competing interest

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