



News from the LAST TEN KILOMETERS

An L10K publication

OCTOBER 2012

Volume 1, Issue 1

INSIDE THIS ISSUE:

COVER STORY	1
EDITORIAL	2
UPDATES	3
New area of engagement	
Training and meetings	
New publications	
SUCCESS STORY	4
Accessible health services for remote health posts	

The Last Ten Kilometers (L10K)

What it takes to improve health outcomes in rural Ethiopia

L10K aims to strengthen the bridge between households, communities, and the Health Extension Program of the Ethiopian Government. It works to improve quality and increase demand, access and utilization of high impact reproductive, maternal, newborn and child health interventions.

L10K is funded by the Bill & Melinda Gates Foundation, UNICEF, and USAID, and implemented by JSI Research & Training Institute Inc.

L10K works with 12 local partners, in the four most populated regions of Ethiopia: Amhara, Tigray, Oromia, and Southern Nations, Nationalities and Peoples' (SNNP) regions.



TOWARDS REDUCING CHILD MORTALITY

In an effort to contribute to the attainment of Millennium Development Goal 4 (reducing child mortality by two-thirds by 2015) in Ethiopia, L10K is one of several partners that has been supporting the government's effort to initiate integrated Community-Case Management (iCCM) of common childhood illnesses.

With financial and technical support from UNICEF, and working closely with the Ethiopian government, the L10K/iCCM project aims to contribute to the reduction of mortality in children under five. Beginning in 2010, iCCM has been implemented in 113 woredas in 12 zones of Amhara, Oromia, Tigray, and Southern Nations, Nationalities and Peoples' (SNNP) regions. Currently, with the support of UNICEF (in Jimma, East Wollega and Illubabor zones) and USAID (in West Wollega, Kelem, and Horoguduru zones), iCCM is expanding to 85 woredas in six western zones of Oromia region.

An important pillar on which iCCM project is built is improving the skills of Health Extension Workers (HEWs), health professionals working at the health center level, and their supervisors, so they can properly assess sick children and treat them correctly based on the iCCM guidelines.

To date, a total of 4,998 HEWs have been trained on iCCM in the four regions, helping to initiate the service in 2,526 health posts. On top of this, 709 supervisors were trained in iCCM and supervisory skills. Regular and continuous follow-up, progress reviews, refresher trainings and supportive supervision have been carried out by trained supervisors to ensure provision of quality services for sick children.

Start-up visits were carried out to a total of 2,395 health posts immediately after training (four to six weeks after the iCCM training). In addition, more than 400 health posts received second- and third-round supportive supervision visits.

Accomplishments to date

4,998 Health Extension Workers (HEWs) received 6-day iCCM training. **2,526** Health Posts have at least one HEW trained on iCCM. **2,395** Health Posts received start-up supervision. **709** Supervisors received 7-day iCCM & supervisory training. **113** Woredas received feedback and support through Performance Review and Clinical Mentoring Meetings.

L10K ensures uninterrupted provision of essential drugs and supplies to health posts for iCCM services, guaranteeing that 80% of health posts have cotrimoxazole and other drugs in stock during supervisory visits.

A total of 4,998 HEWs received starter kits with essential drugs, supplies and equipment to facilitate initiation of iCCM activities upon returning to their health posts. Oral rehydration therapy corner supplies and equipment have been distributed to 2,395 health posts.

Being supported by HEWs, the Health Development Army (community volunteers, mainly women, who are organized to ensure active community participation in improving health and health-related practices at the household level) have been mobilizing communities to utilize the iCCM services. The project will work closely with government health offices at different levels to ensure utilization of iCCM services.

Cont. on page 2

TOWARDS REDUCING...

(Cont. from page 1)

To monitor performance data on iCCM service provision has been routinely collected through performance review and clinical mentoring meetings and during supportive supervision visits. Information related to the training of HEWs and health professionals is now organized in a structured database by L10K. Furthermore, success stories on iCCM are being collected from the field.

In the current Ethiopian fiscal year L10K will complete the training of HEWs in western zones of Oromia region, provide mop-up training for newly assigned HEWs, and complete the training of health professionals who work at the health center level on IMNCI. In addition, L10K will establish strong supportive supervision and a referral network between health posts and health centers, thereby ensuring availability of essential drugs and supplies and increasing the utilization of iCCM services ■

Lessons learned from iCCM project

- Well-trained, supervised and supported HEWs can successfully assess, classify, and treat sick children.
- Continuous performance review and clinical mentoring meetings and on the job mentoring are essential to reinforce HEWs skills.
- A strong referral and support network with health centers is essential for effective iCCM service delivery.

EDITORIAL

Since 2008, the Last Ten Kilometers Project, implemented by JSI Research & Training Institute, Inc., has been carrying out innovative community strategies to strengthen the bridge between households, communities, and the Health Extension Program (HEP) of the Ethiopian government. L10K mobilizes families and communities to improve household and community health practices, ultimately leading to improved maternal, neonatal and child Health (MNCH) outcomes and contributing towards achieving Millennium Development Goals 4 and 5 (i.e., decreasing child and maternal mortality).

In order to spread its reach and learning, L10K partners with and enhances the capacity of 12 local civil society organizations and non-governmental organizations. The L10K foundational community strategy improves the skills of Health Extension Workers (HEWs) to work with their communities by organizing and utilizing the Health Development Army (HDA) network. The L10K project mobilizes existing community structures, organizations and institutions (such as women's groups, idirs, churches, and mosques) to act as anchors to motivate and sustain the activities of the HDA. In addition, L10K also implements distinct, innovative community approaches to further enhance the interactions between families, communities and the HEW for learning and evidence-based scale up.

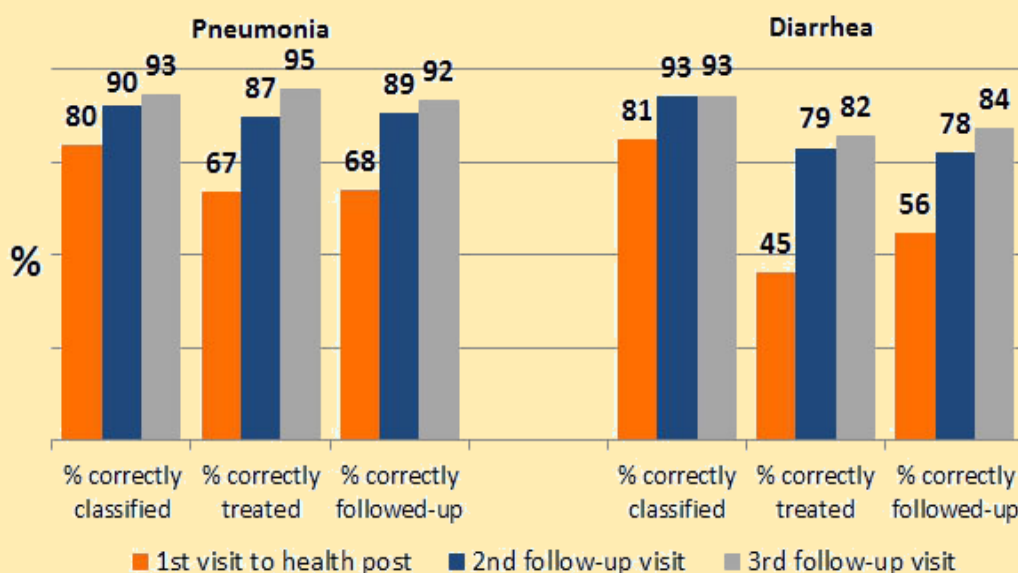
L10K has recently started working with the government and other development partners to support the expansion of integrated Community Case Management (iCCM) of childhood illnesses—the focus of this newsletter. L10K is also starting work on the expansion of basic emergency comprehensive newborn and obstetric care, including strengthening of referral linkages, in selected woredas of Amhara, Oromia, SNNP and Tigray regions.

L10K is primarily funded by the Bill & Melinda Gates Foundation with additional support from UNICEF Health and Nutrition Section and USAID/Ethiopia.

We at L10K are very thrilled to introduce to you “**News from the Last Ten Kilometers**” which will serve as a quarterly newsletter to share learning, stories and news from the different corners of our work. We hope you will find the newsletter informative ■

Happy reading!

Improvements in treatment quality



UPDATES

New area of engagement

The Bill & Melinda Gates Foundation has provided L10K with supplemental funds which will enable L10K to consolidate and nurture gains to date and address key gaps in MNH. The funding will allow L10K to continue to support the health sector through June 2015.

In addition, L10K received funding from USAID-Ethiopia to improve access to and use of selected MNCH interventions in selected woredas in Amhara, Oromia, Tigray and SNNP regions. Specifically, the funds will be used to support the government's expansion of iCCM in Oromia region and to strengthen Basic Emergency Comprehensive Newborn and Obstetric Care services.

L10K also received funding from UNICEF-Nutrition Section to strengthen the Health Extension Workers' (HEWs) skills in community-based nutrition through supporting integrated refresher trainings in community MNCH. The funds will also be used to strengthen supportive supervision of HEWs.

Training

L10K has been working with the Federal Ministry of Health (FMoH) and the Regional Health Bureaus (RHBs) to train HEWs through integrated refresher training for community MNCH. It has supported the conduct of training of trainers and training of HEWs. L10K has worked with the FMoH and RHBs to train 5781 HEWs (1801 in Amhara, 619 in Tigray, 1534 in SNNP, and 1827 in Oromia).

Meetings

Review meetings

L10K regional offices have held successful review meetings with grantees, made field site visits, reviewed progress, identified

what is working and developed an action plan. This will help to inform the development of the new intervention for the next two years.

Consultation meeting

L10K conducted its first regional consultation meeting with a primary goal of reviewing progress to date, sharing learning, and developing a common understanding on key interventions which will be implemented in the next two years.

The first meeting was conducted in SNNP region (Hawassa and Bonga) and was attended by the RHB head and technical officers, zonal and woreda administrators, woreda health office heads, and L10K implementation partners. In addition, the meeting renewed commitment in focusing on key gaps in MNCH that all actors need to work to improve.

International conference

An international conference entitled **Integration for Impact, Reproductive Health and HIV Services in Sub-Saharan Africa** was held in Nairobi, Kenya from September 12-14.

Representatives from around 25 sub-Saharan African countries, including Ethiopia, attended.

The L10K Project, made a poster presentation on "Integrating the Integrated Community Case Management of Childhood Illnesses (iCCM) with the Health Extension Program (HEP) in Ethiopia." The presentation depicted how from late 2010, the HEP integrated the iCCM by supporting the HEWs with training, logistics and supportive supervision.

The full presentation is available at <http://l10k.jsi.com/Resources/posters.htm> ■

PUBLICATIONS

Policy Brief

L10K publishes policy briefs to share lessons from the project. Our fourth policy brief, entitled *Findings from Implementing Non-Financial Incentives for Voluntary Community Health Workers*, summarizes the findings of a qualitative study on the implementation of non-financial incentives as well, as the project experience of working with community anchors.

The brief is now available at http://l10k.jsi.com/Resources/publications.htm#policy_briefs

Midterm Report

This report integrates data from the L10K baseline (December 2008) and midterm (December 2010) surveys, examining changes in the kebele health systems supporting the Health Extension Program. The midterm survey includes responses from nearly ten thousand women in over 300 kebeles.

The report is now available at <http://l10k.jsi.com/Resources/publications.htm#surveys>

Accessible health services for remote health posts

Tiguaded believes that it is now possible to correctly diagnose illnesses of children under five even in a remote region of Ethiopia where there is hardly any access to trained professionals or established infrastructure. Tiguaded is a Health Extension Worker at the Dagi Avola health post in Amhara region. With a confident smile, she explains, "I believe, so long as I adhere to all the instructions I learned in the integrated Community Case Management (iCCM) training and supportive follow-up visits, I can correctly diagnose illnesses of infants and children. I have always wanted to do more to be able to save the lives of children and the knowledge and skill I acquired at the training has helped me to do just that".

Dagi Avola is one of the most remote health posts in Amhara region: it is only accessible by foot. Community members would walk more than two and a half hours to reach the health center for more extensive services which were not available at Dagi Avola. Today, the community visits the health post for basic services (which now include iCCM) and they are referred to the health center only when necessary. They have more frequent contact with their health extension worker. Tiguaded says that "the community members save time, energy and money because iCCM services are now available at the health post".

The 26-year-old health extension worker, who has served at the health post for more than six years, says, "I work hard to ensure that no child dies in my kebele. I have saved the lives of three sick young infants by assessing and classifying their conditions as severe, and by urgently referring them to the health center and strictly advising their parents to follow through." In six months' time, Tiguaded has handled 204 cases (192 children aged 2 months-5 years and 12 infants less than 2 months). She explains that she is visited by iCCM trainers and the visit is an incentive for her to strive for more.

"The community has developed trust in me and they now come to the health post when their children fall sick", says Tiguaded. "Most of them are cured with medications we have at the health post and do not need to be referred. I spend time with the caretakers explaining how the drugs should be taken at home and when they should return to the health post. This practice has helped cure several children" and helped Tiguaded further win the trust of her community ■



Fathers come with their sick children to Dagi Avola Health Post, where Tiguaded provides services.

News from the LAST TEN KILOMETERS

This quarterly newsletter is produced by the Last Ten Kilometers Project, funded by the Bill & Melinda Gates Foundation, UNICEF and USAID.

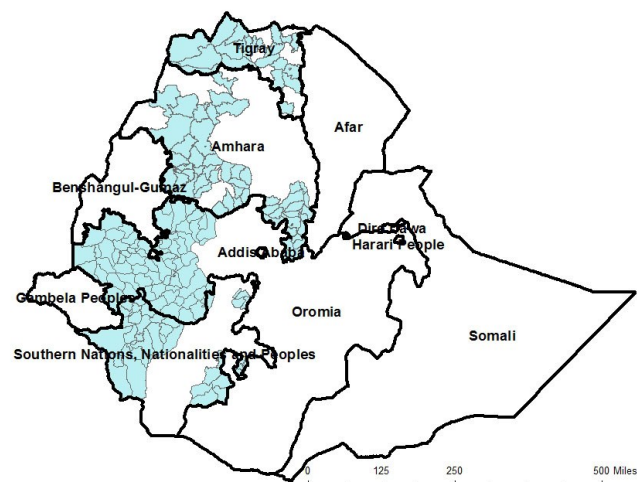
October 2012
Volume 1, Issue 1

The Last Ten
Kilometers Project
P.O.Box 13898
Addis Ababa, Ethiopia

<http://l10k.jsi.com>

Tel +251 11 662 0066
Fax +251 11 663 0919

JSI Research & Training Institute, Inc.
The Last Ten Kilometers Project intervention woredas



Disclaimer: Information, views or opinions expressed in this newsletter do not necessarily represent or reflect those of Bill & Melinda Gates Foundation, UNICEF and USAID.