



Evidence based scaling-up an innovative community-based maternal and newborn health strategy in Ethiopia

November 4, 2013

141st APHA Annual Meeting

Boston, MA

Presentation Outline

- Background
- The Health Extension Program
- L10K project description
 - Community Based Data for Decision Making (CBDDM)
- Change in coverage indicators between baseline and midterm
- Scaling up CBDDM
- Conclusions

Ethiopia: Background

- Population: 83 million (85% rural)
- Over 2.5 million people are added every year
- GDP per capita 370 USD
- Achieved MDG 4 (child survival)
- On track towards achieving MDG 6, i.e., combating HIV/AIDS, malaria, and tuberculosis
- However, improving maternal health related MDG 5 remains a challenge



Health Extension Program (HEP)

- Launched in 2004 to improve access and equity to primary health care
- It aims at transferring ownership and responsibility of improving health to individual households
- Two female HEWs, with one year pre-service training, posted at Health Post to serve 1,000 HHs (5,000 population)



L10K Project

Goal:

Strengthen the bridge between Ethiopian families, communities and the HEP and contribute to the achievement of sustainable Maternal, Neonatal and Child Health (MNCH) improvements at scale

Project Period:

Oct 2007 – June 2015



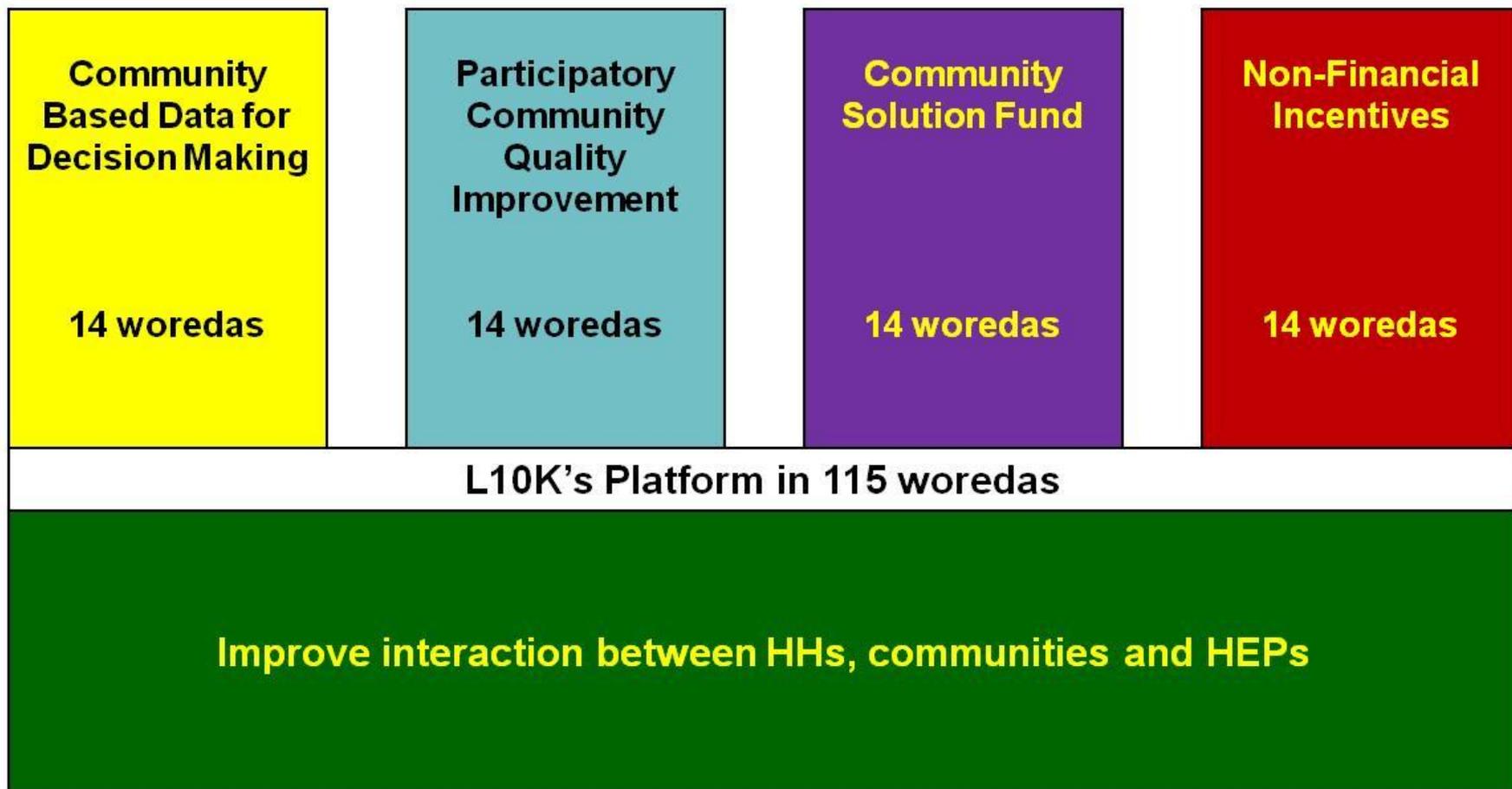


L10K's Platform

- Cover 14 million population in 115 woredas (districts)
- Enhance the skills of HEWs to provide community-based maternal, newborn, and child health (MNCH) services
- Facilitated the development of Family Health Card and its use to engage HHs to take health actions to improve MNCH services
- Support HEWs to organize and support HDAs for more, equitable services
- Anchor volunteerism in local institutions sustain MNCH outcomes
- Regular supportive supervision
- Woreda-level review meetings



L10K Community Strategies



Community Based Data for Decision Making (CBDDM)

CBDDM strategy to facilitate the use of data at lower level to improve performance:

- Use of mapping by CHPs/HDA members to facilitate the surveillance of 30 HHs in their command area to help HEWs provide targeted MNCH services by identifying households with need of services
- Use data for monitoring coverage indicators, identify gaps and draw actionable solutions to improve performance



HDA's using map of her catchment area

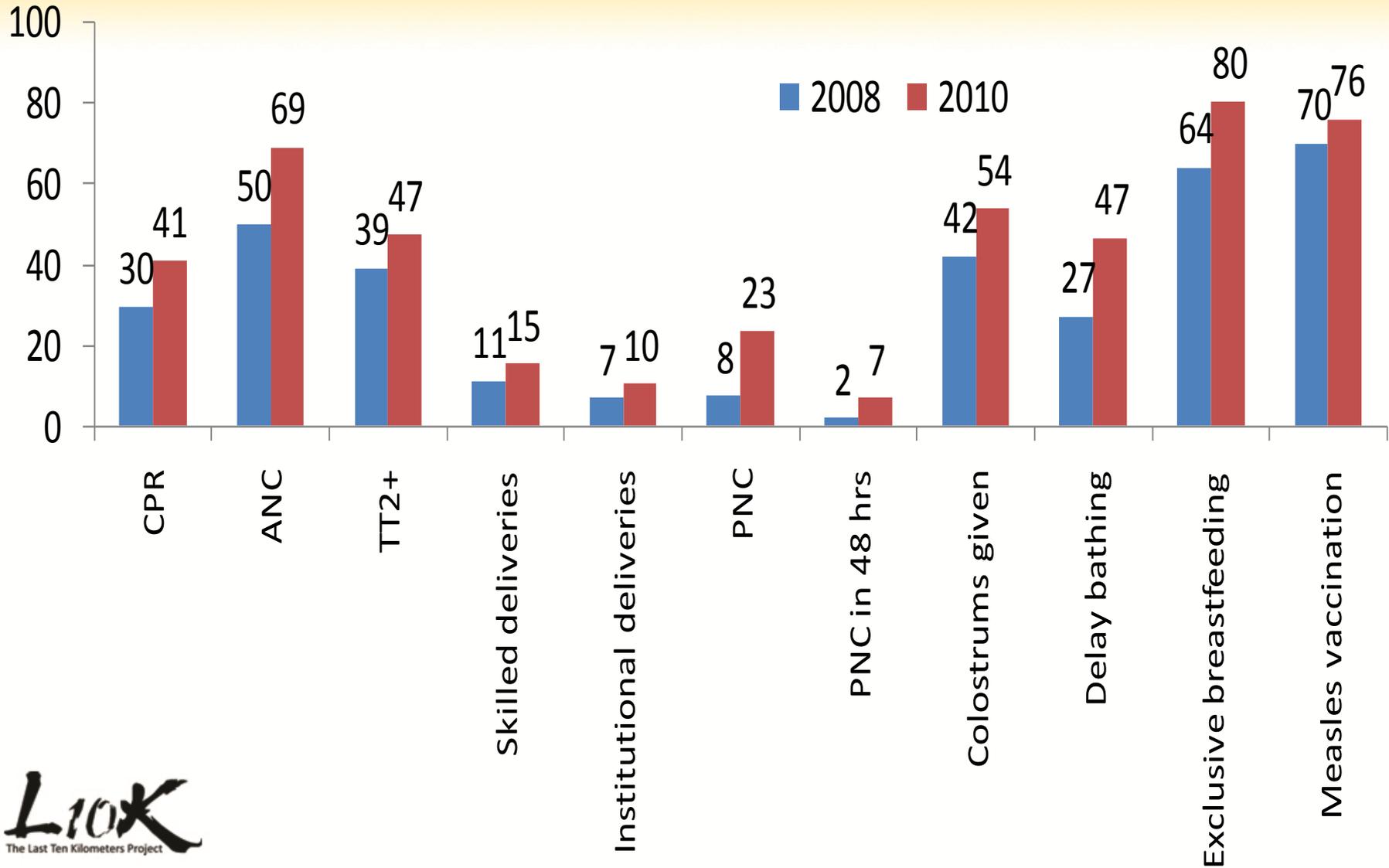
MIDTERM ASSESSMENT

Methods

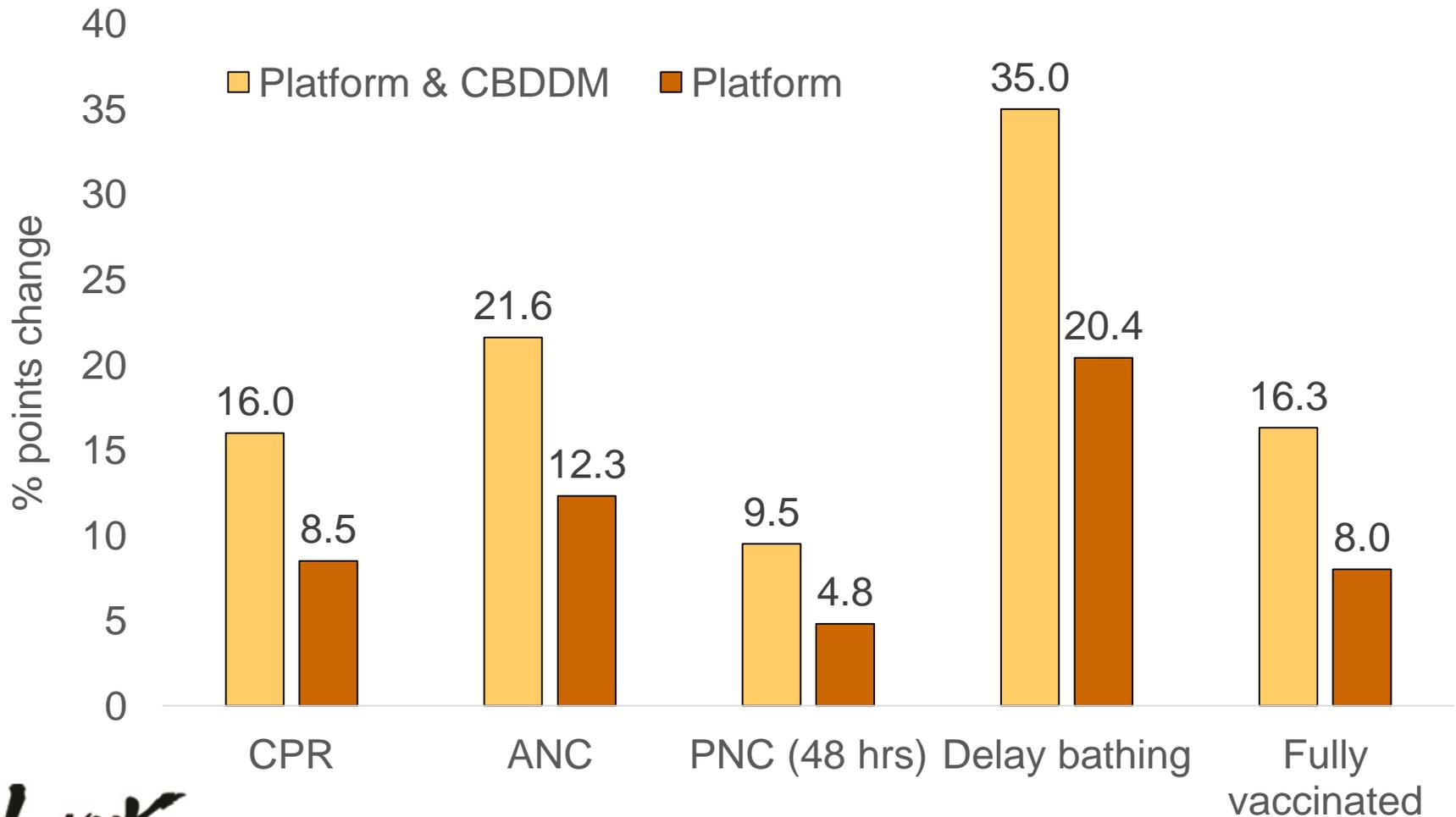
Baseline and midterm surveys (household & community) surveys conducted in Dec. 2008 & Dec. 2010

- Assess improvements in MNCH care practices between Dec. 2008 and Dec. 2010
- Assess program effectiveness:
 - Difference-in-difference: Whether improvements in MNCH indicators in platform with CBDDM areas were higher than those in the platform only areas
 - Difference-in-difference: Whether improvements in MNCH indicators in platform with CBDDM areas were higher than those in the platform only areas

Improvements in MNCH Outcomes



Changes in MNCH outcomes by CBDDM & Non-CBDDM areas



Drivers for Scale-up of CBDDM

- Revamped community mobilization strategy to improve MNCH outcomes
- Evidence of effectiveness of CBDDM
- Government buy-in – simple, doable, (and effective approach)
- Donor interest in spreading what is working

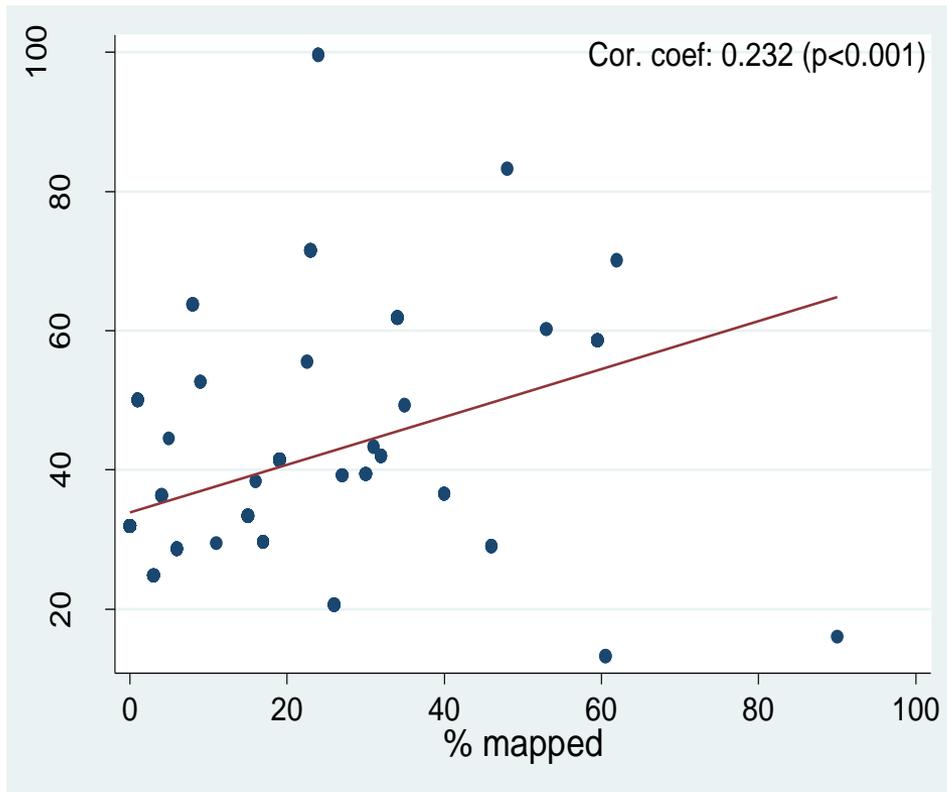
CBDDM Scale-up

- HEWs 2970 health posts trained between February 2013 & September 2013
- Between July 2013 and September 2013 over 60,000 volunteers completed CBDDM maps

Assessment

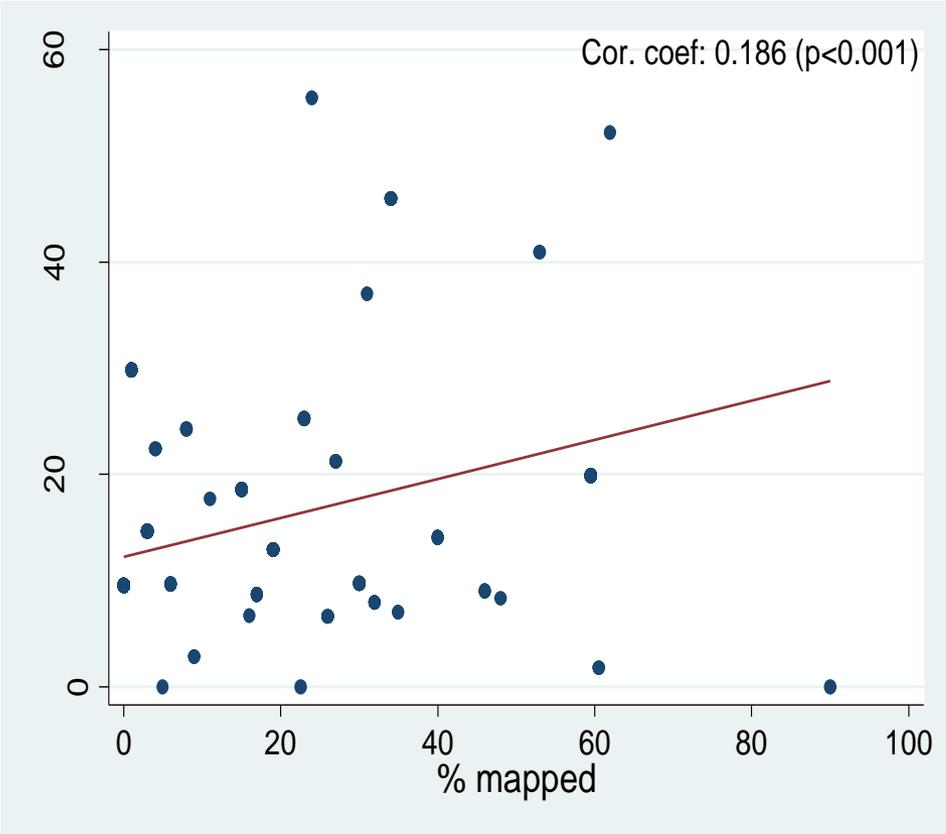
- Observation period: July to September 2013
- MNCH coverage data obtained from 341 supportive supervisory visits to health posts
- CBDDM coverage data obtained from program reports

Changes in MNCH Coverage from Program Reports



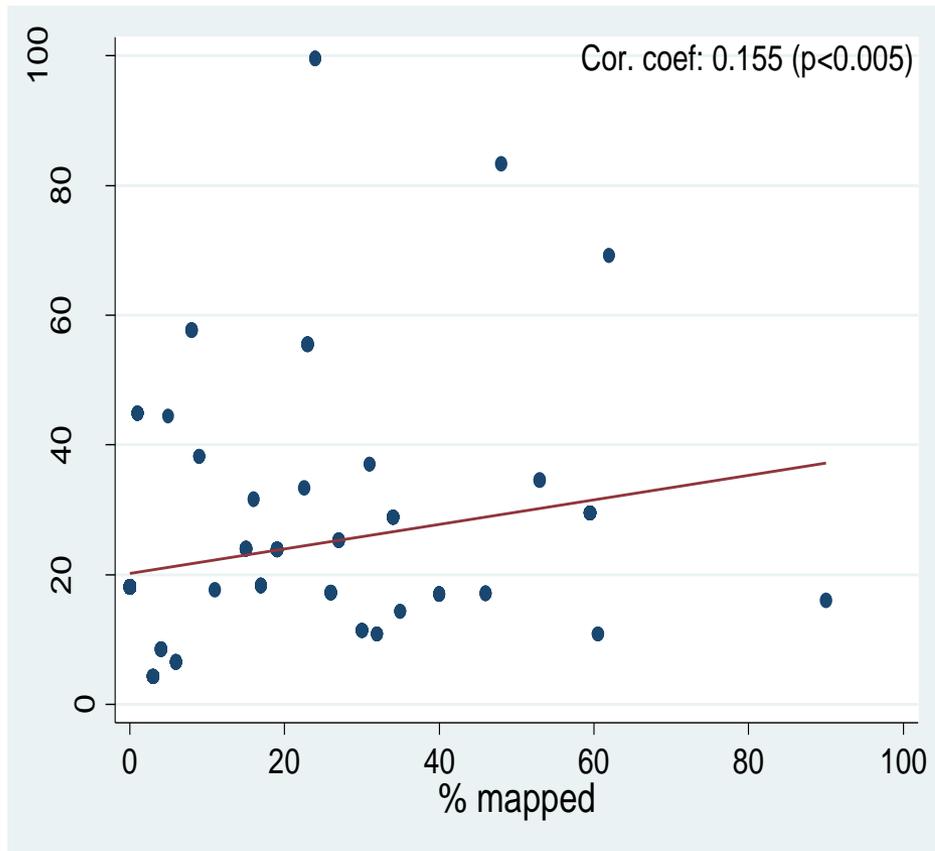
Positive association between household mapping and pregnancy identification

Changes in MNCH Coverage from Program Reports



Positive association between household mapping and HEW assisted delivery

Changes in MNCH Coverage from Program Reports



Positive association between household mapping and PNC in 48 hours

Conclusions

- CBDDM key strategy to increase contact (between families and health workers)
- Preliminary results show association between CBDDM activity (mapping) and improve coverage of MNCH
- Simplifying and prototyping CBDDM important for scale-up
- Mapping of households for targeted services now part of the HEP