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The Last Ten Kilometers Project: The Past and The Present

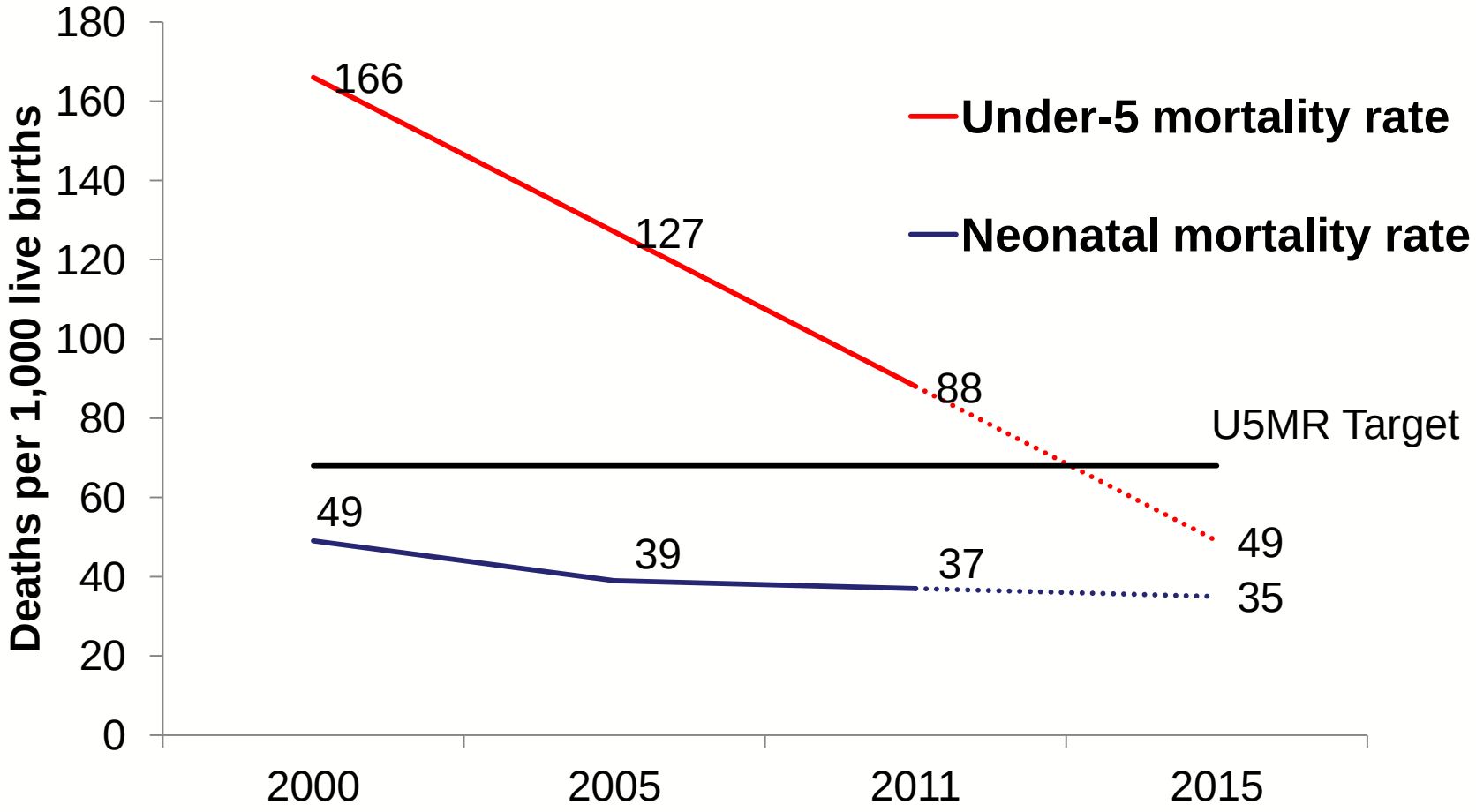
JSI, Washington DC

July 18, 2013

Ethiopia: Background

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

Trends in U5 and Neonatal Mortality Rates in Ethiopia



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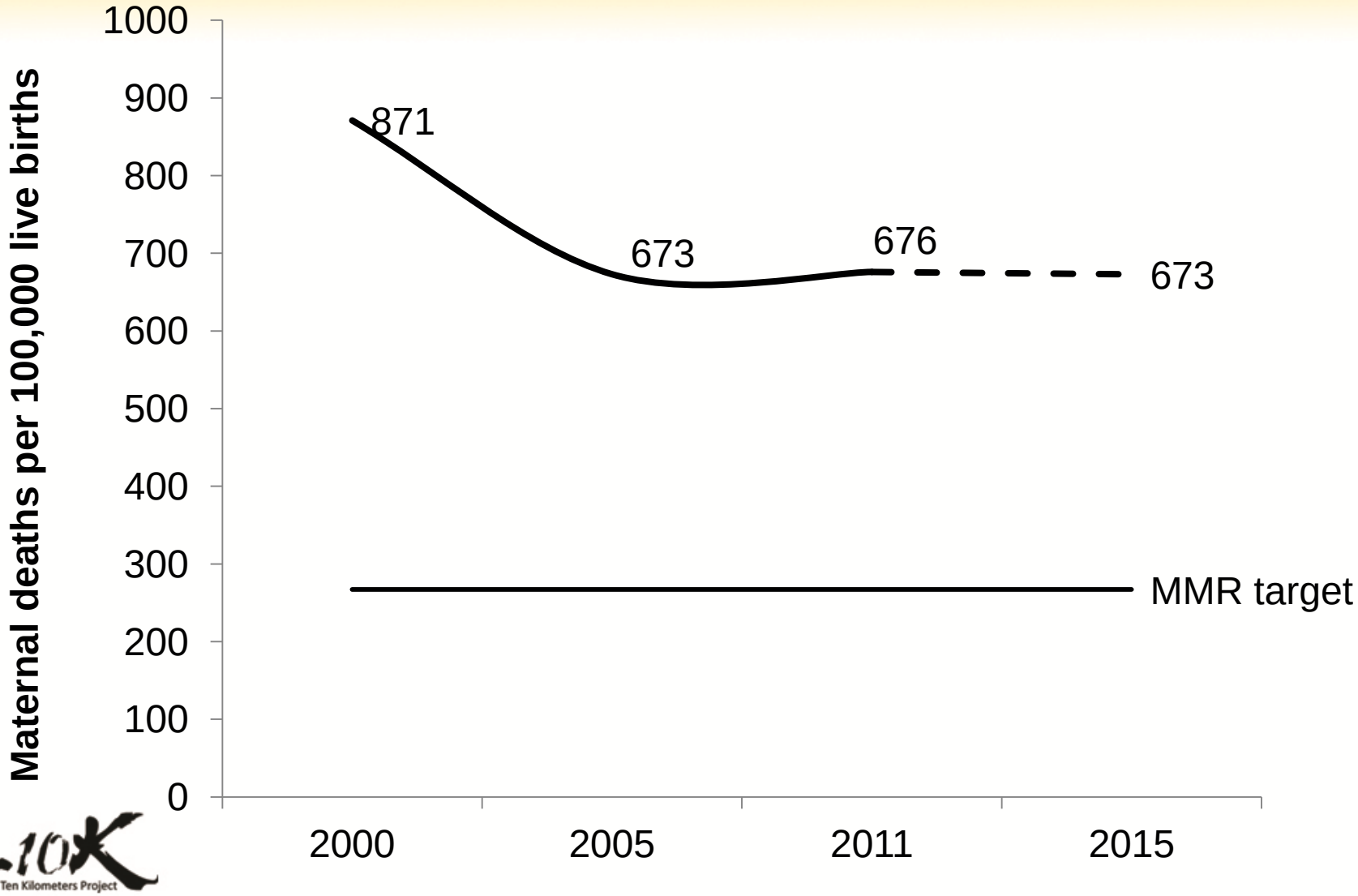
Maternal Mortality Ratio (MMR) Trend



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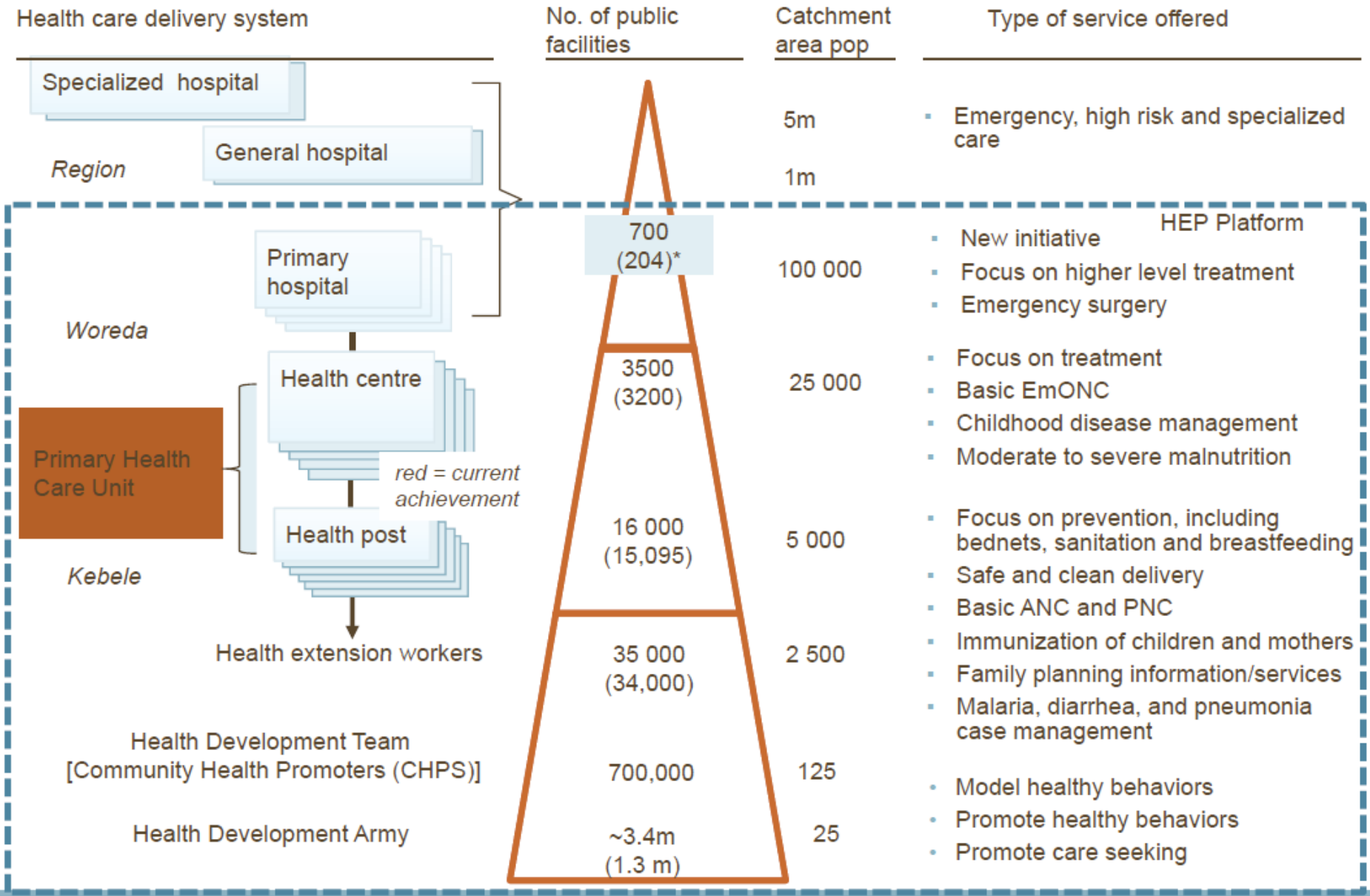
Ethiopia Health System



*Includes public + private facilities

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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)

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Evolution of HEP

2004/ 2008 ESHE	• **Train and deploy 30,000 HEWs** • **Mainly primitive and preventive care: focused on hygiene, sanitation, family planning & immunization** • **Model family training** • **Community health promoters (CHP)**
2009	• **Safe & clean delivery** • **Implanon training launched** • **CHP density increased from 1:50 HHs to 1:30 HHs (*)**
2010	• **Implanon scale-up** • **ICCM launched (*)**
2011	• **ICCM scale-up (*)** • **IRT – community based maternal & newborn care (*)** • **Health development army (HDA)** • **Primary Health Care Unit**
2012-	• **Institutional delivery: Ambulance & BEmONC (*)** • **Neonatal sepsis pilot (*)**

(*) L10K & IFHP facilitated and supported

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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:

The past: Oct 2007 – Sep 2012

The present: Oct 2012 – June 2015 (supplemental period)

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Principles:

- Works closely with the Ethiopian government, development partners, and provides technical and financial support to 12 civil society organizations
- Provides grants and technical support to 12 local CSOs to implement its 'platform'
- Implements community based strategies to improve interactions between households (HHs), communities and the Ethiopian health systems to improve MNCH at scale
- Demonstrates community based models for evidence based scale-up

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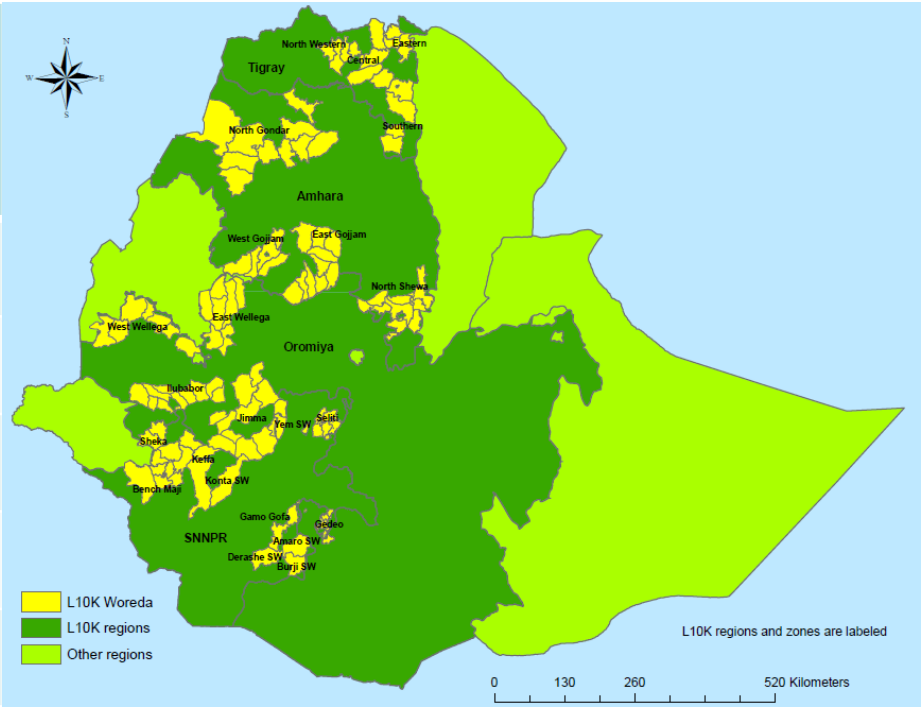
L10K Project Coverage

L10K Platform funded by Bill & Melinda Gates Foundation

Region	Woredas	Pop. (in millions)	% of Total Pop.
Amhara	35	4.7	27
Oromiya	35	3.6	13
SNNP	30	3.0	20
Tigray	15	1.7	40
Total	115	13.0	20



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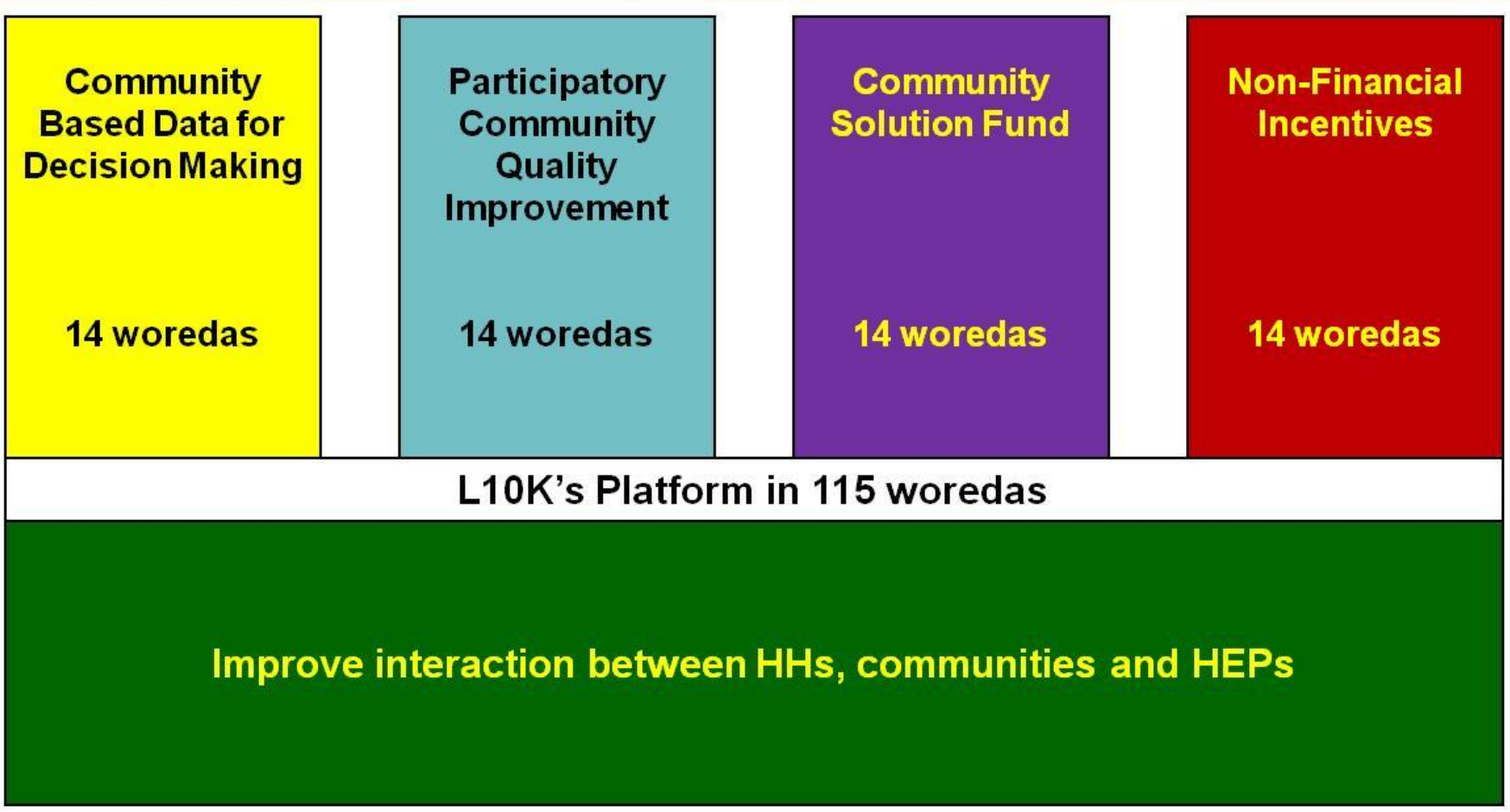
L10K Community Strategies: The Past



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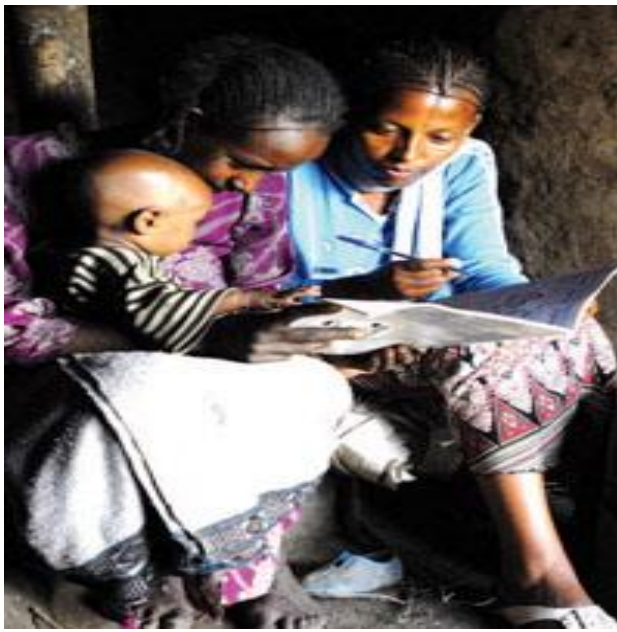
L10K's Platform

- 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 communities & HHs to take health actions to improve MNCH services
- Support HEWs to organize and support CHPs/HDAs for more, equitable services
- Anchor volunteerism in local institutions sustain MNCH outcomes
- Regular supportive supervision
- Woreda-level review meetings



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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

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Volunteers using map of her catchment area

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CBDDM register
Pregnancy through deliver

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CBDDM Registry
PNC through infancy

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PCQI and CSF

Participatory Community Quality Improvement (PCQI)

- Enables greater involvement of the community to define, implement & monitor quality of MNH services
- Emphasizes responsibility for problem identification and solving by both the HEW and community

Community Solution Fund (CSF)

- Small grants mechanism to communities to enable them identify and address bottlenecks improved MNH

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Non Financial Incentives

- Test non-financial motivational mechanisms to recognize the contribution of CHP/HDA and sustain their efforts
  - Qualitative assessments showed that having knowledge about healthier practices for themselves and to share with their neighbors, recognition of their efforts, training to be imperative for sustained engagement

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Midterm Assessment

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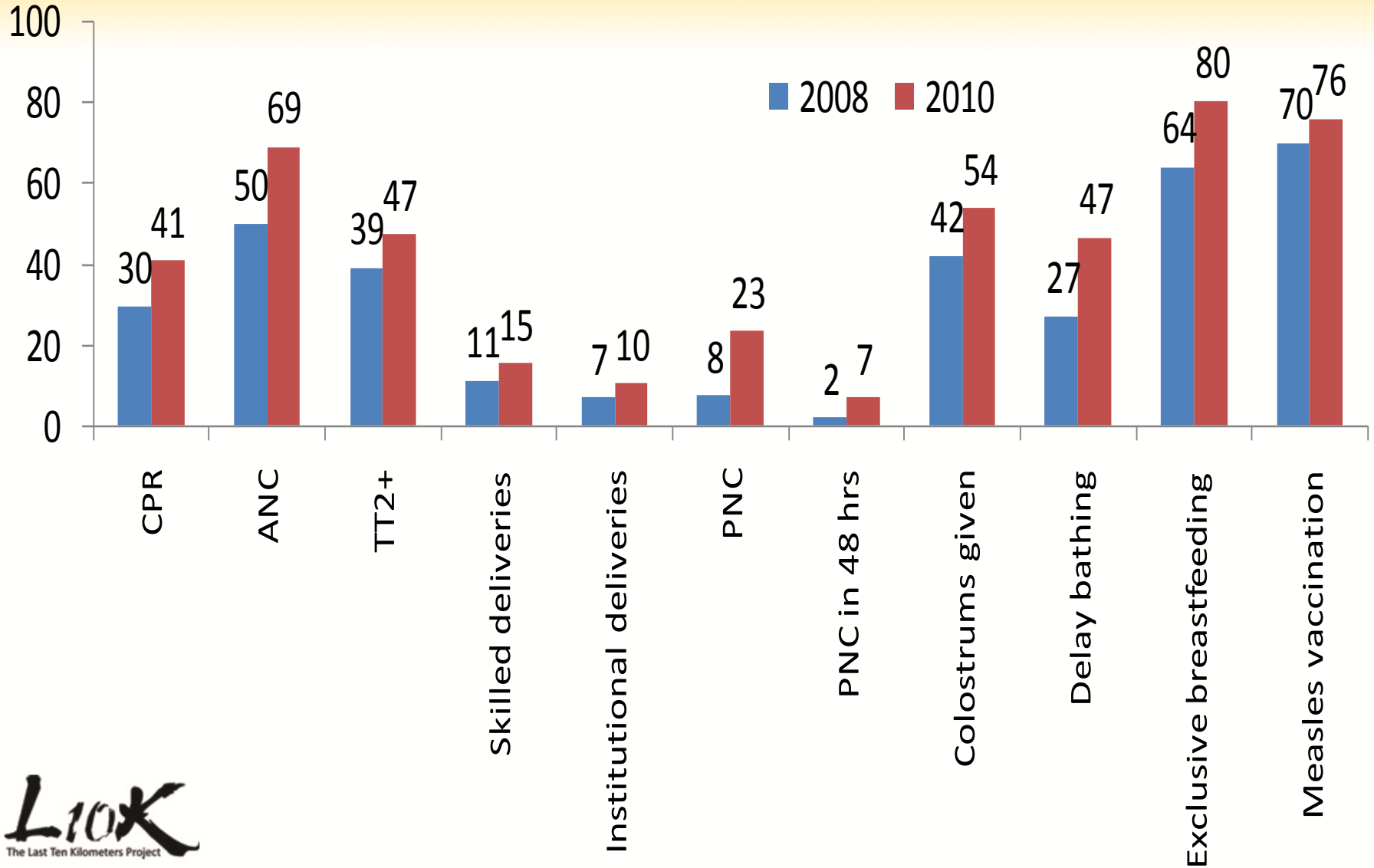
Methods

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:
  - Dose-response relationship: whether *kebeles* with higher program intensity were associated with better MNCH indicators
  - Difference-in-difference: Whether improvements in MNCH indicators in platform with CBDDM areas were higher than those in the platform only areas
  - Disparities in MNCH indicators (according to wealth, age, education, ad geography)

Improvements in MNCH Outcomes



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PLOS ONE

Effect of Ethiopia's Health Extension Program on Maternal and Newborn Health Care Practices in 101 Rural Districts: A Dose-Response Study

Ali Mehryar Karim[1]*, Kesetebirhane Admassu[2], Joanna Schellenberg[3], Hibret Alemu[1], Nebiyu Getachew[1], Agazi Ameha[1], Luche Tadesse[1], Wuleta Betemariam[1]

1 The Last Ten Kilometers Project, JSI Research & Training Institute, Inc., Addis Ababa, Ethiopia, **2** Federal Democratic Republic of Ethiopia, Ministry of Health, Addis Ababa, Ethiopia, **3** London School of Hygiene & Tropical Medicine, London, United Kingdom

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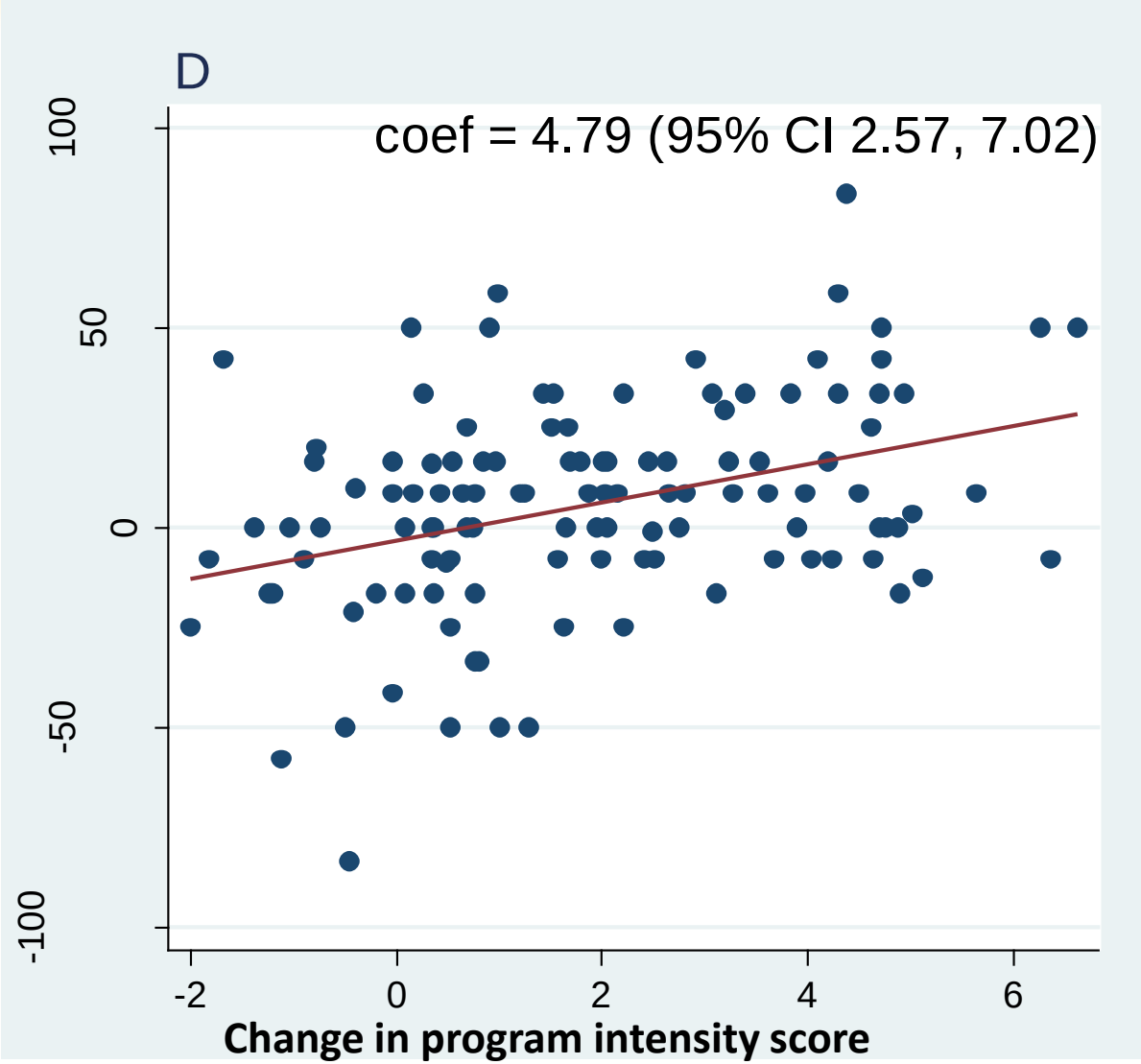
Dose-Response Relationship



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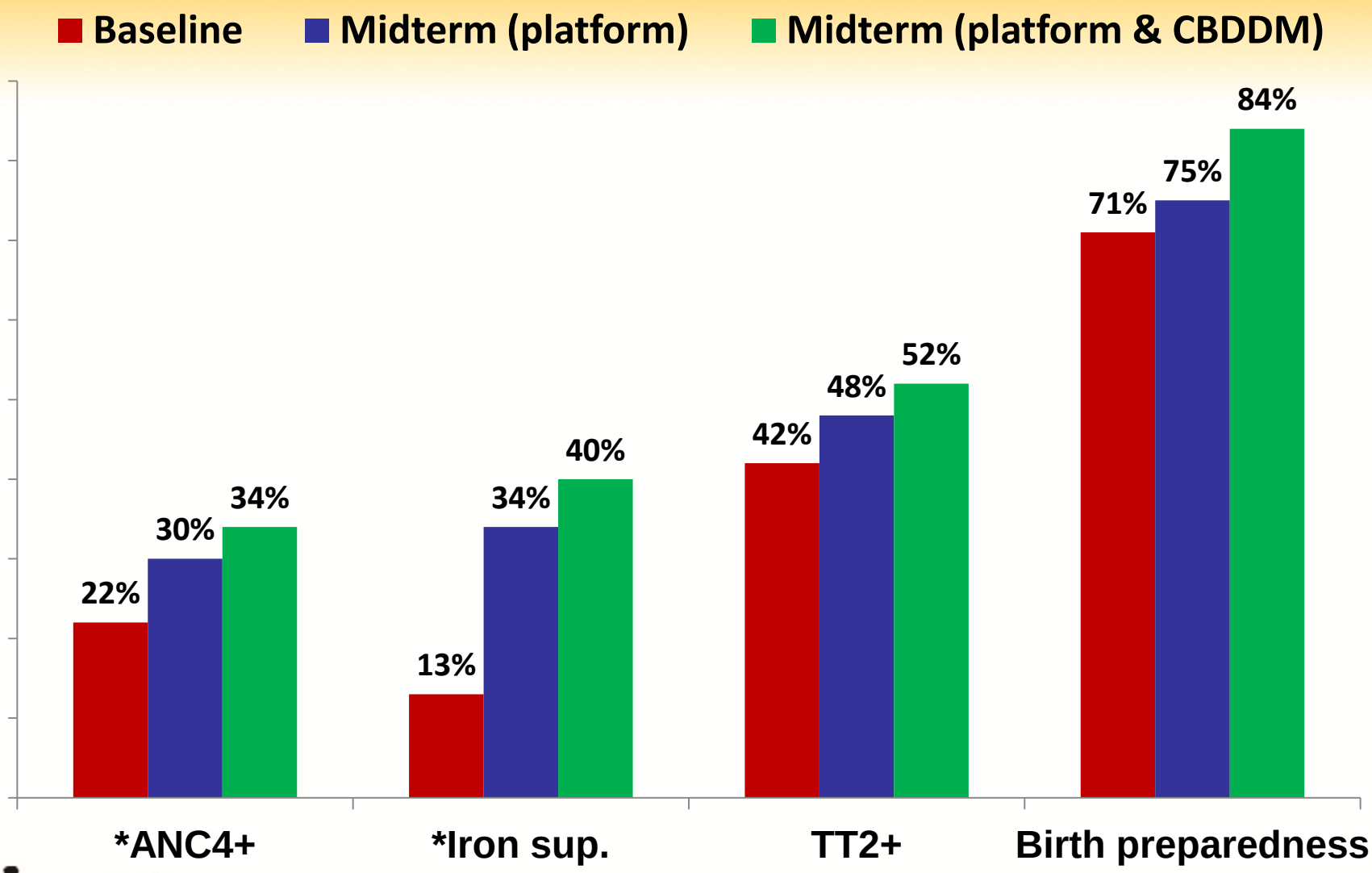
Difference-in-Difference



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*Statistically significant (two-tailed p<0.05) difference-in-difference

Summary of Findings

Effectiveness

- HEP is an effective platform to improve community-based MNCH at scale
- L10K support to HEP was critical
- L10K/HEP had no effect on improving skilled deliveries

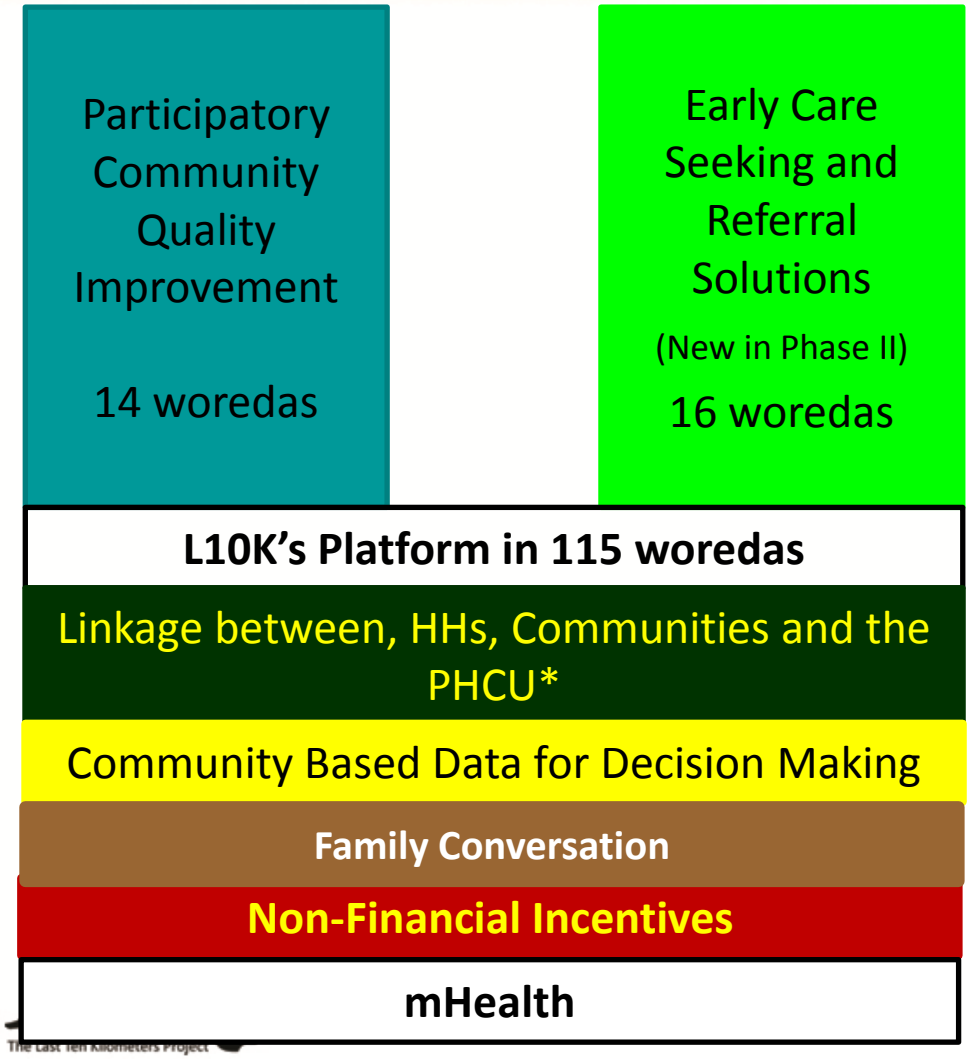
Equity

- Disparities in MNCH care practices were most prominent by education, followed by women's age, household wealth, and geography

Factors Driving Supplemental Strategies

- Midterm assessment findings – improvement in key MNCH indicators in general and the added value of CBDDM in improving key household behaviors and practices
- New government policies
  - Health Development Army
  - Strengthening PHCUs
  - Further improvement needed on delivery and postnatal care: early care seeking and referral solution

L10K Community Strategies: The Present



Referral Solutions

Demonstrate innovative processes and solutions that improve effective care-seeking and response for critical maternal and newborn health conditions

3 Step Process

Step 1: Assess referral resources and gaps

Step 2: Participatory process to generate solutions

Step 3: Active management of referral

Leveraging Resources

Evolution of the HEP coupled with L10Ks strong MNCH platform has resulted in:

- ICCM expansion (UNICEF and USAID)
  - New technical area added to platform; platform being expanded to new woredas (217 woredas)
- Neonatal sepsis management to be added to platform (UNICEF)
- Resource for BEmONC strengthening added to complement the new referral work (USAID)

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