



News from the LAST TEN KILOMETERS

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The Last Ten Kilometers (L10K)
What it takes to improve health outcomes in rural Ethiopia

L10K aims to strengthen the bridge between households and Primary Health Care Unit, Ethiopia's basic health service delivery structure. 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.



ADDRESSING NUTRITION THROUGH COMMUNITY BASED PROGRAM

Over the past decades Ethiopia has witnessed progress in reducing malnutrition. The 2011 Ethiopian Demographic Health Survey reported that the national stunting prevalence has decreased from 58% in 2000 to 44% in 2011. Problems of underweight have also decreased from 41% to 29% in the same time period. Nonetheless, the proportion of children and mothers affected by malnutrition is still high. According to the Ethiopian child survival strategy (2004), under nutrition is the underlying cause of child mortality accounting for 57% of child deaths.

The first 1000 days of life, from the first day of pregnancy until the child is 24 months old, is a critical window of opportunity for health and development. Thus, this is the period in which nutrition requirements are greatest and addressing these requirements has high impact in terms of improving child and maternal health.

To strategically address the problems of under nutrition in the country the Ethiopian government developed a National Nutrition Program (NNP) in which nutrition promotion and development at community level is considered as a critical intervention. Nutrition program at community level is promoted through the Health Extension Program.

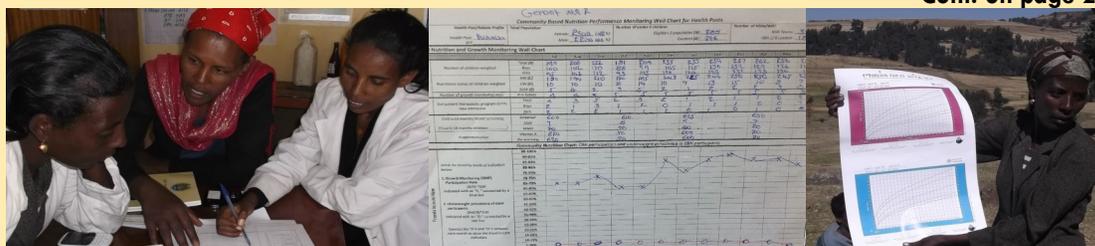
L10K through funding from UNICEF is

supporting nutrition activities through its Community Maternal, Newborn, and Child Health (CMNCH) approach. The L10K platform strategy – Community Based Data for Decision Making – facilitates identification, counseling and mobilization of pregnant women and children of under two years. CMNCH supports Health Extension Workers (HEWs), Primary Health Care Units (PHCUs), and woredas to address nutrition issues across the continuum of care. It involves maternal counseling on feeding and proper nutrition: colostrums feeding, breast feeding, and complimentary feeding; monthly weighing of all under two children; and follow up through the family health card.

Some of the more specific activities carried out by L10K on nutrition at community level include:

- Building capacity of local civil society organizations, PHCU staff and HEWs on nutrition information system,
- Providing on-site mentoring and coaching of HEWs and health center staff through supportive supervision,
- Supporting HEWs and the local administration to engage Health Development Army (HDA) and women associations in mobilizing children under two years of age for regular growth monitoring and promotion activities,

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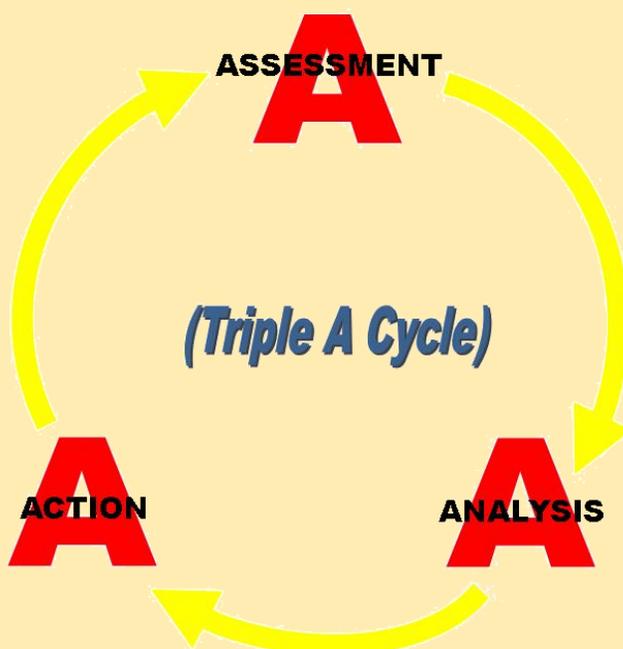


ADDRESSING NUTRITION ...

(Cont. from page 1)

- Supporting woredas to conduct regular review of performances at woreda and PHCU levels, and
- With UNICEF and Regional Health Bureaus designing and testing wall charts to improve monitoring of nutrition activities at health post, health center and woreda levels.

The key components of community nutrition include monitoring and promoting child growth, improving breast feeding and complementary feeding, providing nutrition education and communications for behavioral change, and providing supplement with micronutrients such as iron, iodine, and vitamin A. L10Ks Community based Growth Monitoring and Promotion (GMP) activities follows UNICEF’s ‘Triple A’ cycle model (seen below). This involves first **Assessing** problems in a child’s growth followed by **Analyzing** its causes. Questions as to why the problem happened is raised by looking into issues of breast feeding practices; feeding frequency and quality; poor appetite; occurrence of diarrhea, infection; poor maternal nutrition; and low birth weight. Based on the findings of the analysis **Action** is taken. This includes, providing individual and group counseling on how to improve feeding; manage diarrhea; followup on immunization, deworming, malaria treatment, newborn care, maternal nutrition, etc. This method of regular measurement, recording and interpretation of a child’s growth helps to maintain a healthy nutritional status.



Source: UNICEF

EDITORIAL

The Government of Ethiopian has developed a national nutrition strategy and a national nutrition program in order to reduce the magnitude of malnutrition. As put on the standardized community based maternal, newborn, and child health national framework, Health Extension Workers (HEWs) with Health Development Army (HDA) works towards its reduction. Promoting child feeding and growth development for newborns until the child reaches the age of two is a key intervention.

Accordingly, L10K in collaboration with the Ethiopian Federal Ministry of Health, Regional Health Bureaus, UNICEF, and other civil society organizations implements nutrition intervention at community level. This is implemented in 51 woredas in Amhara, Tigray, and Southern Nations, Nationalities and Peoples’ (SNNP) regions.

L10K supported by UNICEF (for nutrition activities) builds technical capacity of health centers and woreda health office staff on promoting nutrition and nutrition information system. Regular supportive supervision and mentoring of HEWs on nutrition is carried out. Supporting woreda level review meetings, L10K helps bring together HEWs, Primary Health Care Units (health centers), and woreda health office staff to discuss performance of nutrition activities.

By way of building nutrition information system L10K supports Growth Monitoring and Promotion (GMP) for regular measurement or weighing of children. This involves assessments of a child’s nutritional status, analysis of the causes of under nutrition (if there is any) and taking actions and counseling mothers based on identified causes of under nutrition.

To facilitate regular GMP, HDAs mobilize children under two years. In most kebeles where L10K implements community based nutrition, the communities have identified women’s associations as their anchor in the mobilization work of HDAs .

L10K’s platform strategy - Community Based Data for Decision Making - helps to identify pregnant mothers and mothers with children under two years for follow up for maternal, newborn, and child health care. They are counseled on maternal nutrition, breast feeding and complimentary feeding practices and the growth of their children is regularly monitored using the family health card.

In such a way, L10K’s nutrition activities at the community level hopes to improve mothers’ knowledge about good health and nutrition practices and prevent malnutrition. Mothers are helped to take charge of the healthy growth of their children by preparing nutritious food using easily available fruits, vegetables, and grains. Hence, community based nutrition activities not only will contribute to decreasing infant and under-5 mortality but will also help to alleviate poverty, improve health, and consequently improve the economy of a country.

UPDATES

Health Annual Review Meeting

The Annual Review Meeting (ARM) of the Federal Ministry of Health (FMoH) this year took place in Mekele, Tigray region of Ethiopia from October 8-11. More than 800 participants from regional health bureaus, governmental organizations, academic institutions and non-governmental organizations attended.

The Tigray Regional Health Bureau (RHB), hosted the meeting and organized field visits. Hantalowajerat woreda where L10K/REST operates was one of the woredas visited.

Working in support of the Ethiopian Health Extension Program L10K's community based approach—Community Based Data for Decision was visited and sparked interest as a tool used by the Health Development Team Leaders (HDTL). It is used to identify gaps in the utilization of maternal, newborn, and child health services assisted by data compiled in a visual form, i.e. pictorial map.

L10K in the 2013 International Family Planning Conference

The 3rd International Conference on Family Planning was held in Addis Ababa from November 12 – 15, 2013 with the theme 'Full Access, Full Choice'.

L10K made two presentations at the conference detailing on the following:

1. *Trend in Family Planning Equity in Ethiopia from 2000–2011: Did the Health Extension Program make a difference?*

Family planning strategies should give special attention towards young adults, women who are poorer and less educated.

2. *Measuring the effectiveness of large-scale reproductive, maternal, newborn, and child health programs.*

L10K's support to the health extension program was associated with improved reproductive, maternal, newborn, and child health outcomes.

The presentations are available at:

<http://www.l10k.jsi.com/Resources/posters.htm#presentations>

American Public Health Association Meeting

L10K participated in the American Public Health Association (APHA) meeting which was held from November 2-6, 2013, in Boston, United States.

It presented three papers at the global conference which illustrated L10Ks efforts in bringing high impact maternal, neonatal, and child health care practices to rural households:

1. *Implementing innovative solutions for effective referral for critical maternal and newborn health conditions in Ethiopia.*

Such innovative solutions improved care seeking by ensuring appropriate management of complications at all levels and by communities tapping into existing resources of Primary Health Care Units.

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

There is strong association between Community Based Data for Decision Making activities (mapping) and improved coverage of maternal, newborn, and child health. Thus, mapping of households is now part of the Ethiopian government's health extension program.

3. *Applying m-Health to improve supportive supervision of a large scale maternal and newborn health program in Ethiopia.*

M-health has improved the efficiency of the central, regional, zonal and district-level program managers in making data-based decision.

L10K undertook a rapid community survey

L10K carried out a rapid community survey in November 2013 in four of its intervention regions to observe trends and status of the maternal and newborn health (MNH) indicators. The survey monitored the performance of Community Based Data for Decision Making (CBDDM) and Non-Financial Incentive (NFI) after being scaled up in 115 woredas. It compared the findings with the L10K baseline (December 2008) and midterm (December 2010) surveys.

The findings indicate that while there were positive trends in some of the key MNH indicators improvements in newborn health practices are still called for.

For those interested, the survey will shortly be available on L10K website.

Towards healthy child growth

Bakelay health post is found in a rural kebele (community) of Enbise Sar Midir woreda, East Gojam Zone, Amhara Region. Habtam Demis, Mulluabeba Gizaw, and Nitsuh Tadesse are Health Extension Workers (HEWs) of Bakelay health post who work hard in raising community's awareness on health matters among 4,650 people living in the catchment area.

One of the problematic health issues was child health related to malnutrition which was widespread in Bakelay kebele. The HEWs screened children every three months for acute (visible) malnutrition. They had little or no awareness about invisible malnutrition or its preventive measures.

In early 2013 L10K receiving grant from UNICEF provided training to the health center and woreda health office staff. The training was on Community Based Nutrition (CBN) and Nutrition Information System (NIS) specifically on growth monitoring and promotion.

After the training, sites were set up in different parts of Bakelay kebele to undertake monthly growth monitoring and promotion activities. HEWs counseled mothers on having their children's growth regularly monitored. They were able to properly plot the growth monitoring graph found on the family folder. The HEWs taught mothers about proper breast feeding and complimentary feeding. Health Development Armies (HDAs) mobilized the community and held regular community conversations and organized complementary food demonstration sessions. Registers, reporting formats, and monitoring wall charts were prepared and health workers (from a Health Center called Merto le Mariam) regularly monitored the provision of the service, quality of the intervention, and its coverage.

Today, HEWs identify faltering growth earlier on before malnutrition occurs. Over 90 percent (which was less than 40 percent before April 2013) of children under two years in the Bakelay kebele are now regularly monitored for their growth status and their mothers counselled, accordingly. Mothers have improved their caring practices through proper breast feeding and complimentary feeding and contributed to lowering underweight prevalence. The health center has improved its linkage with its health posts and closely monitors growth . It works with HEWs to improve performance in community based nutrition which has helped improved outcomes of child health interventions.



Referring to the growth monitoring graph on the family health card



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