



News from the LAST TEN KILOMETERS

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INSIDE THIS ISSUE:

COVER STORY

COMMUNITY BASED NEWBORN CARE 1

EDITORIAL

2

UPDATES

3

- Visitors from Gates Foundation visit Tigray
- L10K—from the community to Seattle
- Visit by the State Minister of MoH to selected sites in two regions

SUCCESS STORY

4

Saving a new born life

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.



COMMUNITY BASED NEWBORN CARE

"A healthy start is central to the human life course, with birth holding the highest risk of death, disability, and loss of development potential, leading to major societal effects."

The Lancet, May 2014

Fifteen percent of births in Ethiopia take place in health facilities and are assisted by birth attendants (Mini EDHS 2014, final report). Infants who receive postnatal care within the first two days after birth are only 12% and this is the time when the mother and baby are most vulnerable to morbidity and mortality associated with childbirth. Thus, early postnatal care is critical to ensure the appropriate newborn care which includes exclusive breastfeeding, cord care and thermal care and prevention of infections. In 2011 neonatal (first 28 days of life) mortality was at 37 deaths per 1,000 live births which was 49 deaths per 1,000 live births in 2000. Thus, neonatal deaths accounts for 63% of all infant deaths and 42% of all under-five deaths which makes the reduction of neonatal mortality a critical intervention (EDHS 2011).

To improve the survival of newborns, the Community Based Newborn Care (CBNC) has been incorporated within the Integrated Community Case Management (iCCM)

platform of the Ethiopian Health Extension Program. This includes incorporating a newborn care package along the continuum of care – from pregnancy to child birth and postnatal – which will be carried out by community health workers. This requires strengthening the Primary Health Care Units (PHCUs), particularly establishing an effective linkage between health centers and health posts.

With financial and technical support from UNICEF and USAID, L10K has been supporting the Federal Ministry of Health (FMOH) and Regional Health Bureaus (RHBS) to implement iCCM at-scale in close to 200 rural woredas of the four most populous regions of Ethiopia: Amhara, Oromia, Tigray and Southern Nations, Nationalities, and Peoples' (SNNP) regions. The success of iCCM has led to introducing CBNC which includes community based newborn sepsis case management. Continuous capacity building activities are carried out by L10K to help the health care system carry on CBNC sustainably.



Mulualem, the HEW follows up Fenti and her two month old son who was assessed as been seriously ill at three weeks.

L10K currently supports the implementation of CBNC in all woredas of East Gojjam Zone in Amhara Region. It works directly with PHCU staff, woreda focal persons and zonal health department, continuously sharing experiences and good practices.

Cont. on page 2

COMMUNITY BASED ...

(Cont. from page 1)

Through capacity building trainings on CBNC the performance of Health Extension Workers in carrying out the four Cs across the continuum of care will be improved. The four Cs are: prenatal and postnatal **Contact** with the mother and newborn; **Case-identification** of newborns with signs of possible severe bacterial infection; **Care**, or treatment that is appropriate and initiated as early as possible; and **Completion** of a full seven day course of appropriate antibiotics.

From among the community-based maternal and newborn health care components listed in the CBNC national implementation guideline to be scaled-up for the operationalized of the four Cs, are:

- Early identification of pregnancy,
- Provision of focused antenatal care,
- Promotion of institutional delivery,
- Recognition of asphyxia, initial stimulation and resuscitation of the newborn baby,
- Prevention and management of hypothermia,
- Management of pre-term and low birth weight neonates, and
- Management of neonatal sepsis and very severe diseases at community level.

CBNC IN EAST GOJJAM ZONE, AMHARA REGION

After launching CBNC intervention in East Gojjam in December 2013, L10K has carried out the following activities:

- Regional CBNC training of trainers undertaken in two rounds and 50 participants attended.
- CBNC roll-out trainings organized for 654 HEWs /347 health posts in 14 woredas.
- Visits made to 153 health posts within 4-6 weeks after training as part of the start-up follow-up/ supportive supervision.
- Orientation on CBNC given to 27 health center staff in order to enhance their efficiency in managing newborns and supporting HEWs.
- 29 health workers trained on Integrated Management of Neonatal and Childhood Illness (IMNCI), 61 on Basic Emergency Obstetric and Newborn Care (BEmONC).

EDITORIAL

Although Ethiopia reached its child mortality reduction goal two years earlier than the set target, the neonatal mortality rate has remained high. The major and direct causes of newborn deaths are; infection 36%, intra-partum related complications (birth asphyxia) 25%, and prematurity 17% (CBNC Implementation Guideline, FMOH 2013). The period where both the mother and the newborn are most vulnerable is during birth and in the hours and days immediately after childbirth. Twenty five percent to forty five percent of all neonatal deaths occur in the first 24 hours, and three-quarters occur in the first week after birth.

Moreover, there are cultural barriers such as fear of exposing newborns to perceived harmful factors. Families believe that medicine does not exist for newborns at health facilities as they are too small to be given medicine, at all. Hence, reaching sick young infants (aged 0-2 months) is not sufficiently addressed .

Taking into consideration the fact that newborn mortality stagnated over the years when child mortality showed significant reduction; skills of Health Extension Workers (HEWs) to manage newborn infection such as sepsis, was limited; and utilization of iCCM service for newborns and young infants was low; introduction of community based newborn care was found to be imperative. Hence, based on the successful implementation of Integrated Community Case Management of Childhood Illness (iCCM) the Ethiopian Ministry of Health (MoH) launched the CBNC strategy in 2012. The goal is to reduce newborn and child mortality and accelerate the achievement beyond the Millennium Development Goal which expires in 2015. The implementation is carried out in two phases where phase II implementing zones will take lessons from best practices of phase I implementing zones.

The core principle of the CBNC strategy is ensuring the continuum of care, i.e. is from pregnancy to postnatal periods as well as from the home/community to the health facilities. This allows for the provision of skilled care during pregnancy, child birth, and postnatal periods and enables early detection and appropriate management of problems which prevents complications. In such a way, CBNC will improve maternal and newborn care practices and care seeking through health development army and other effective community mobilization mechanisms.

UPDATES

Visitors from Gates Foundation visit Tigray

Two delegations from the Bill & Melinda Gates Foundation (BMGF) visited L10K supported sites in Tigray region. The delegates observed how L10K's Community Based Data for Decision Making (CBDDM), integrated Community Case Management (iCCM) of childhood illness, referral solutions, and Basic Emergency Obstetric and Newborn Care (BEmONC) interventions were implemented at different levels of the Ethiopian health system.

La'ilay Adiyabo woreda of North Western Zone

La'ilay Adiyabo woreda was visited by Ms. Mariam Claeson, the MNCH Director of BMGF on April 22 and 23 who was accompanied by Margaret Cornelius - Program Officer/Integrated Services and Rebecca Ferguson - Program Officers/MNCH.

They visited Adigedena health post and met with Tifeto and Atsede the two HEWs working there and five women of the 1 to 5

health development army network leaders. They learned of how CBDDM and the family health card were used in identifying and counselling pregnant women.

Adi Daero health center (referral site for Adigedena health post and where L10K provides support in

referral and BEmONC initiatives) was also visited. In the maternity ward, the midwives told of how they greatly benefited from the mentoring support received from L10K to improve their BEmONC services.

Shire hospital was the last place visited by this group who observed the referral linkage of the hospital with the health center.

Hintalo Wajirat Woreda of South Eastern Zone

The second delegation from the Foundation visited Hintalo Wajirat woreda on April 24 and consisted of Martha Choe the Chief Administrative Officer, and Dick Lake the Director of Security .

The delegation visited Hagere Selam health post and met with Etsay and Biriho, the two HEWs. The group also met with Lemlem a health development team leader of the 1 to 30 network who explained her experience in iCCM and how CBDDM facilitates her work.

L10K—from the community to Seattle

On May 13, 2014 the Bill & Melinda Gates Foundation held their Annual Employee Meeting in Seattle, USA. The meeting brought together more than 1,200 of the Foundation's staff from all

around the globe. This is a one time a year event when all the employees of the Foundation come together to celebrate progress and talk about what has been learnt over the year. It is an occasion for the staff to hear not only from the leadership of the Foundation but also from selected grantees or implementing partners of the Foundation.

This year, L10K was one from among those invited to attend the annual meeting. It was a great opportunity to present the Ethiopian Health Extension Program (HEP) and L10K's contribution, to the 1,200 staff including the co-chairs Bill and Melinda Gates, Warren Buffet, CEO of the Foundation, and other senior staff and dignitaries.

L10K presented how imperative community engagement has been in its work and how that matters to bring about any kind of sustainable change. The importance of empowering communities through information, education, skills and tools that improve the lives of each household was the main emphasis of its presentation. The presentation received kudos from many of the audiences including the highest level dignitaries.

Visit by the State Minister of MoH to selected sites in two regions

H.E. Dr. Kebede Worku, State Minister of the Ethiopian Ministry of Health made visits to selected sites in Oromia and SNNP regions. In SNNP accompanied by SNNP Regional Health Bureau, DPHP Core Process Owner & Deputy Head, and Dr. Taye Tolera, Special Advisor to the State Minister, H.E. Dr. Kebede visited Dalocha woreda, of Silti Zone in SNNP. Germama Gale health post, Dalocha health center, a household (a mother who recently delivered at a health facility) were visited and a meeting with health development army members held. L10K explained its input to the health extension program with special focus on one of its community based strategy - Community Based Data for Decision Making (CBDDM) along side other approaches such as Integrated Community Case Management of childhood illness (iCCM), Community Based Nutrition (CBN), referral solutions, Basic Emergency Obstetric and Newborn Care (BEmONC), and Integrated Management of Neonatal and Childhood Illnesses (IMNCI). The visiting group also dropped by Butajira Hospital and had the opportunity to observe the referral linkage

from health post—health center—hospital and the increasing volume of delivery. It was however, evident that managing the large number of delivery was becoming difficult for the hospital and thus, L10K pledged to assist the hospital in the expansion of the delivery ward and purchase of equipment.

H.E. Dr. Kebede expressed his appreciation of the work that is being carried out and commended the health extension workers of Germama Gale health post for their commitment and dedication to continue to bring about positive changes in community health services.



Visiting a household in La'ilay Adiyabo woreda



Dr. Kebede giving his comments in the Visitors' Book of Germama Gale health post

SUCCESS STORY

Saving a new born life

Fentiya Asmare is a 32 year old mother of six children. When she was pregnant with her sixth child, Bizuayehu a 1-5 health development network leader identified her and included her on her list of pregnant women to follow up. Bizuayehu informed Mulualem Wubliker—the Health Extension Worker of Jabi Genet Health Post—of Fentiya. Mulualem made sure Fentiya, received regular antenatal care service and participated in the monthly conference of pregnant women of their area. When Fentiya went into labor, she was taken to a health facility and delivered with the assistance of the nurses. Though she had a safe delivery, three weeks later, her newborn son fell sick and Fentiya took him to Jabi Genet health post where Mulualem examined him. Mulualem observed that he did not move unless he was touched, he had severe chest in-drawing and fast breathing. Moreover, he had high fever. Mulualem was worried by his

Mulualem is worried whether Fentiya's three week old son can make it or not. She observes that he is seriously ill. Can the family make it on time to the health facility?

condition and gave him pre-referral amoxicillin and gentamycin before referring him to the health center located 5-6 kilometers away. She told Fentiya to take her son immediately which Fentiya did accompanied by her husband and other family members. At the health center the health worker observed the severity of the infant's condition and further referred him to the hospital in the closest town – Debre Markos. But Fentiya gave up hope and though her family members insisted they take the infant to the health facility in town, Fentiya had decided to take her baby home and let him die in peace, believing that he would not make the trip.

The following day Mulualem, dropped in to ask after Fentiya's son and the mother told her what happened. Mulualem decided to try all she could before giving up and so started him on treatment by giving him amoxicillin and gentamycin for seven days. The infant gradually showed signs of improvement and then got well after one week. He was two months old when his mother told us this story of a life-saving initiative taken by a brave young woman - Mulualem.

Mulualem was trained in iCCM and more recently in CBNC which she says has been of great help. "CBNC has given us the knowledge and skills to understand newborn health in detail. We have very close relations with the mothers because we visit them more frequently", she says. This makes the mothers happy because without having to travel the distance or worry about the extra time and cost they have to expend, the HEWs are right around the corner to follow up on their newborns.

Mulualem says "CBNC has not only given me more skill and knowledge and confidence in handling newborn babies but also the chance to save lives".

Jabi Genet health post is found in Debre Elias Woreda, East Gojjam Zone of Amhara region, and is the Zone where L10K's Community Based Newborn Care initiative was first implemented in October 2013.



Fentiya Asmare's son at two months is health and well



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