

News from the LAST TEN KILOMETERS

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Dalocha Health Center Works Towards Change

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.



EARLY CARE SEEKING AND REFERRAL SOLUTIONS

Ethiopia is one among six countries contributing to more than 50% of maternal death. With each death there are another 20 women suffering from morbidity associated with child birth. Care seeking behavior especially for maternal and newborn services has been low as reflected by the low coverage of ANC, especially ANC 4, skilled birth attendance and postnatal care (Ethiopia DHS 2011). Moreover, care seeking for newborns remains low. However, since the Ethiopia DHS 2011, there are improvements that are being recorded in coverage of key MNCH interventions. In L10K operational areas between the periods when its baseline and midterm surveys were undertaken (2008-2010) a general increase of 14% was noted in ANC i.e. from 52% during the baseline to 66% during the midterm survey. Those who had four or more ANC visits increased by 8% (18-26%) in the two-year period. Similarly, during the same period institutional delivery showed improvements of 6-11% and deliveries assisted by trained professional 10-16%.

(Changes in Maternal, Newborn, and Child Health in 115 Rural Woredas of Amhara, Oromia, SNNP, and Tigray Regions of Ethiopia, 2008-2010, Finding from the L10K Baseline and Midterm Surveys, August 2012).

JSI/L10K works in bringing about high impact MNCH care practices to contribute to the effort of reducing child and maternal morbidity and mortality. It supports various interventions to contribute towards the improvement of coverage of services. One of its recently introduced interventions aims at accelerating improvement of early care seeking and referral. The intervention uses a three step process which is applied at a Primary Health Care Unit (PHCU). These are:

1. Identification of barriers and community resources to care seeking and referral.
2. Drawing solutions through consultative process.
3. Active management of the solutions for care seeking and referral.

In implementing the first step of the process, Health Extension Workers, Health Development Team Leaders, pregnant women and mothers who delivered recently and health providers from different levels came together to identify barriers and map resources for early care seeking and referral.

Findings from the exercise showed that the husband, mother, and mother-in-laws had more influence in the decision of where a woman gives



Cont. on page 2

Discussing possible interventions that could encourage women to seek early care and improve uptake of referral especially at hospital levels.

EARLY CARE SEEKING ... (Cont. from page 1)

birth than the pregnant woman herself. It also indicated that communities strongly believe that women who go to health facilities are those with complications; medical interventions such as operative procedures are believed to worsen the situation. Other overarching factors negatively influencing care seeking include families having to incur expenses but which they may not always be able to cover. Moreover, provider attitude at facilities were noted to be a deterring factor from seeking care. Terrains and access to transport were also reported to be arduous, discouraging women from seeking services from health facilities.

In the second step, the same players undertook a consultative meeting and designed innovative solutions and action plan through the mapping exercises (i.e., the first step). Currently, eight PHCUs in four of L10K's operational regions have developed their plan and have started active implementation of the actions. The solutions that came through this process include:

- Availing access to emergency loan funds through community based organizations (community Idirs, women's group, mosque, and church's).
- Establishing a regular forum for discussion among health workers in health posts, health centers and hospitals to regularly review progress made and address challenges that arise in the process of implementation.
- Capacitating service delivery points and referral sites (health center/hospital) including addressing attitudes of health workers. The regular review process which includes health posts, health centers, and hospitals helps strengthen these activities.
- Developing referral protocol and job aids at the different levels on selected emergency maternal and newborn conditions. This allows better management of referral including feedback and compliance.

The final process - implementing active management of the care seeking and referral system - requires a focal person within the PHCUs. Presently, in eight of the L10K supported PHCUs there are focal persons to coordinate and manage daily referred activities. The referral work within these specific PHCUs has further been strengthened through the introduction of protocols and job aids on selected emergency maternal and newborn condition. The written guidelines clarify each process stating what should be done, how, and when. This has introduced a standardized referral system and contributed to improved compliance and outcome of referrals.

EDITORIAL

Most newborn, child, and maternal mortality and morbidity, in Ethiopia, are results of preventable causes. Low care seeking behavior coupled with limited access to high impact reproductive, maternal, newborn, and child health interventions have been the major contributors to the high levels of mortality and morbidity.

In 2004, the Government of Ethiopia launched the Health Extension Program (HEP), with an aim to provide quality, promotive, preventive, and selected health care services in an accessible and equitable manner to reach all segments of the population, with special attention to mothers and children. Since the launch of the HEP, the government has built close to 15,000 health posts and deployed over 35,000 Health Extension Workers (HEWs) in all corners of the country. Consequently, the HEP coupled with other health investments, there have been remarkable improvements in the health status of the population – the decline in child mortality rate over the last decade as registered by the Ethiopia DHS is one that needs mention. Changes in maternal and newborn mortality during the same period, however, have not been to the desired level.

Cognizant of this gap, the Government of Ethiopia has given due priority to increase access and use of quality Maternal and Newborn Health (MNH) interventions. Establishment of the new community mobilization strategy (the Health/Women Development Army) to increase demand for MNH services and the restructuring of the Primary Health Care Unit for better linkage between the health post and health center are two of the main strategies currently underway to improve use of MNH services.

The JSI implemented L10K Project, among many other development partners, has been working closely with the government to contribute towards improvements of RMNCH outcomes at scale. Most recently, JSI/L10K has added a specific intervention to further contribute to improvements in MNH through demonstrating innovative processes and solutions that improve effective care-seeking and response for critical maternal and newborn health conditions for possible adoption and scaling across the country.

Referral, which is the focus of this newsletter, is not simply a problem of transport or access but the whole health system which spans the home-to-hospital levels of the PHCU. It is about infrastructure, staffing, facility management, attitude, and accountability, and about the whole relationships among households, communities, Health Extension Workers/Health Development Army and the health facility.

The core innovation that JSI/L10K is attempting to demonstrate in selected woredas for referral is an approach for working with communities. Health workers (at health post, health center and hospital level) and other health stakeholders define the specific forms that referral strengthening will take in their locality, and put into place a management system for active management of referral.

Once the primary solutions and implementation processes are determined – including the organization of the active management of referral – JSI/L10K will explicitly articulate the theories of change that we hypothesize will be driving the key interventions. Drawing on evaluation methodologies (such as realist evaluation), the theories of change will state why the intervention will change actors' behavior in this context. Confirming and refining the theories of change will be part of the process of prototyping for interventions for possible adoption and scaling across the country.

UPDATES

NEW INITIATIVES

Enhancing number of skilled health workers

Following an assessment made by L10K of 42 health facilities (PHCUs) in the provision of health services especially in antenatal care, delivery and postnatal care, action plans were developed by each of the PHCUs and activities commenced. In certain health centers renovation was carried out by repairing power and water lines. In Oromia and SNNP regions, in response to the problem of poor number of skilled health workers in health facilities, a three-week BEmONC training was given (in collaboration with the Ministry of Health) simultaneously in Assela and Hossana from May 13-June 1 and a total of 31 health workers participated. Each of these regions will hold one more training sessions. Amhara region held BEmONC training in Debre Markos Hospital in June.

BEmONC aims to deliver quality basic obstetric care services in district hospitals and rural health centers by assisting midwives and other MNCH staff so they may update their knowledge, skills and attitudes. In addition, the training provides participant with knowledge and clinical skills required to respond appropriately to the needs of women during pregnancy, childbirth, postpartum period and the needs of newborns.



Facilitators demonstrating normal child birth

LEARNING AND SHARING EXPERIENCES

Community of Practices

A Community of Practices (CoP) team met in Addis Ababa from May 20-23 to update themselves on progress reached on projects concerned with referral of maternal and new born. The team was composed of participants mainly from Ghana (Project Fives Alive!), Nigera (Society for Family Health), and Ethiopia (JSI/L10K) with facilitators from Gates Foundation and Averting Maternal Death and Disability (AMDD). They held a three day meeting which was intended to establish a common learning framework around the topic of referrals. During these three days progress reports were exchanged among the three countries, explaining achievements made since the last CoP meeting. A field visit was made to SNNP region, Silti Zone and two health posts: Germama and Korochoimo were visited. The visiting team observed L10K's Early Care Seeking and Referral Solutions intervention and discussed with the Health Extension Workers maternal and newborn issues. Talking



Health Development Team Leader explains CBDDM

to Health Development Team Leaders, the group learnt of the Community Based Data for Decision Making (CBDDM) intervention and how it serves as a platform for the referral project as well as for all other L10K interventions. Dalocha Health Center and Butajira Hospital were also visited to understand the whole line in the continuum of care. The visiting team appreciated L10Ks effort and innovative community strategies such as CBDDM which most expressed as one of the lessons they would like to replicate upon their return home. The meeting was concluded with agreement to apply and test new ideas, tools and lessons learned at this meeting into their work.

Improved new born health interventions

The Global Newborn Health Conference was held in Johannesburg, South Africa from April 15-18 with the theme, *Accelerating the Scale-Up of Maternal and Newborn Health Interventions to Reduce Mortality*.

JSI/L10K as a member of the national country team attended the conference and prepared poster and different power point presentations pertaining to Ethiopia's newborn health status, best practices learned, and challenges and contextual solutions given. The poster presentation prepared with the Ethiopian Federal Ministry of Health (FMOH) and other partners, won the poster presentation contest.

The Ethiopian country team produced a national newborn health matrix based on lessons learnt at the conference and a plan was drafted on what the next steps are. Upon return home, follow up meetings have been held to ensure the realization of the plan. A joint learning visit was organized by L10K from May 14 – 17, 2013 and visited by a team composed of members from the FMOH, MaNHEP, UNICEF, Integrated Family Health Program, and Save the Children. Visits were made to Fichie in North Shoa zone of Oromia region and Debre Markos in East Gojam zone of Amhara region. The group learnt of opportunities available to enhance the (1) prenatal and postnatal **contact** with the mother and newborn and (2) **capture**, or case identification, of newborns with signs of possible severe bacterial infection, as strategic approaches in the care of newborn to improve demand of communities for successfully Community Based Newborn Care (CBNC).

Women Deliver 2013

Women Deliver conference which was held for the third time took place in Kuala Lumpur, Malaysia from May 28-30, 2013. It drew together advocates, activists, civil society representatives, UN agencies, researchers, government officials, and global leaders from around the world. The focus of discussion was the health and rights of girls and women with talks by some of the world's leading voices. Ethiopia was one of the countries from nearly 15 countries that participated and had 30 participants attend including JSI/L10k .

High on the agenda were issues of family planning 2020 and post 2015 frame work of the development agenda. During the plenaries former Government heads, Foundations, Ministers, Agencies heads, Royal families have made remarks. Booths by different organizations were set as well as JSI/L10K's which displayed publications on its work and which it shared with the global community.

VOICES FROM THE FIELD

DALOCHA HEALTH CENTER WORKS TOWARDS CHANGE

During the first mapping exercise L10K carried out at Dalocha Health Center for its Early Care Seeking and Referral Solution intervention, talking with two midwife nurses this is what they had to say of the referral practice at the time.

DECEMBER 2012

There is no proper system to follow up on women who are referred to Butajira hospital. The health workers of the health center tell the family of the woman who has been referred, to inform them of the results. If they don't, then the health center seeks the information from the Health Extension Workers (HEW). This in itself is a challenge since the link between Dalocha Health Center and its health posts is weak. The concept of Primary Health Care Unit is only being applied and thus, it is not yet strong. This has resulted in poor contact of the health center with HEWs. In addition, when referring from the health center to Butajira Hospital no advance call is made by the health center nor are clients accompanied or any feedbacks received from the hospital.

At the health center, there is no focal person to handle cases referred so any health worker on duty helps out. Most of the health posts do not have referral slips and the documentation of referrals at the health center is almost none existent.

Since then L10K has been working with Dalocha Health Center in improving the problem. Protocol for referral and job aid on referral for HEWs and health workers at the health center was introduced and the first review meeting was conducted where progress, challenges and gaps were discussed. With these initiatives what changes were introduced? Here is what two staff members of the health center had to say.

MAY 2013

Tofik Yasin, Delivery Ward Head

"Linkage with health posts has visibly improved since the introduction of the referral protocols by L10K. Health posts/HEWs are using proper referral slips when sending mothers to the health center and we provide feedback to the health posts. Previously, HEWs would orally refer mothers to the health center and then no feedback was provided or requested. This renewed practice promises a well-established system from which all can benefit. It also promises that we can meet the MDG goals of reducing maternal deaths".

Zahira Umer, Midwife Nurse

"Ever since the referral protocol and job aids were introduced, we not only refer mothers to Butajira hospital using a referral slip but we are making efforts of accompanying them as well. This minimizes the fear mothers have of going on their own to the hospital and explaining their case. The more comfortable and less fearful mothers are the better are our chances of improving institutional delivery."



Discussion with a health worker at Dalocha Health Center in December 2012



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JSI Research and Training Institute, Inc.
The Last Ten Kilometers Project Intervention Woredas

