



# 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.



## IMPROVING ACCESS AND QUALITY OF BEMONC SERVICES

In the past decade great strides have been made in decreasing maternal and newborn mortality in Ethiopia. Access to high impact maternal and newborn interventions has improved with the launching of the Ethiopian Government's health extension program. However, unavailability of Basic Emergency Obstetric and Newborn Care (BEmONC) services still remains a big challenge. The level of competence of health care providers in handling emergency obstetric conditions is not to the desired level. Shortage of supplies and essential equipment and stock out of drugs are additional problems.

In response to the current maternal and neonatal mortality rates, and to speed up achievement of the Millennium Development Goal 5: Improve maternal health, the Government of Ethiopia with its partners developed a road map. This plan builds on the National Reproductive Health Strategy and the Health Sector Development Program (HSDP) IV. Improving access to and quality of BEmONC services, provision of essential equipment and supplies, availability of skilled attendance, and

building the capacity of health care providers at all levels are at the center of the plan.

Currently, JSI/ L10K through funding received from USAID and in partnership with the Ethiopian Ministry of Health and regional health bureaus is working with Primary Health Care Units (PHCUs) to improve access to BEmONC services at health centers and ensure clean and safe birth services at health posts in 115 of its platform woredas. To-date BEmONC service has been initiated in 134 Primary Health Care Units (PHCUs) and each are at different levels of implementation. All facilities however, have undertaken rapid assessment and development of a joint action plan.

Specific activities carried out to improve BEmONC services in different PHCUs are as follows:

- Carrying out rapid facility needs assessment jointly with health center staff on areas of governance, service delivery (essential care and emergency obstetric care), capacity of midwifery staff in the provision of BEmONC services, organization and condition of maternity wards, availability of essential supplies and drugs, and infection prevention measures, among others. Based on identified gaps a joint action plan is developed.
- Carrying out targeted interventions by the PHCUs, following the development of the action plan. Some of the targeted activities carried out include,
  - ◆ Provision of supplies and equipment to health centers;
  - ◆ Training of health care providers on BEmONC;
  - ◆ Renovation of maternity units: fixing water and electric lines and the floor for ease of cleaning;
  - ◆ On-site mentoring and coaching



Shebe Health Center received suction machine (right) and oxygen concentrator (left) from L10K/USAID.

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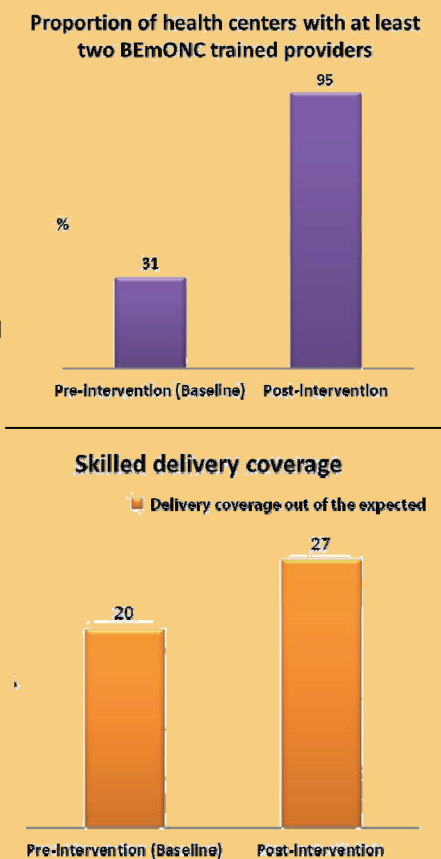
**IMPROVING ACCESS...**

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- of trained health care providers following their deployment; and
- ◆ Provision of technical support through supportive supervision and regular follow up.

**Within a year of its implementation some of the achievements of BEmONC intervention are as follows:**

- 1) 19 facilities have received supplies based on identified need.**
- 2) 7 health centers have benefited from renovation.**
- 3) 128 HEWs from 119 health posts have been trained in clean and safe birth at health posts.**



In general, L10K uses its platform strategy - community based data for decision making – to facilitate identification and counseling of pregnant mothers and to link them to health facilities for antenatal care and delivery. Health facilities have been capacitated to handle basic emergency and obstetric functions. L10K endeavors to address demand and supply side by improving access to and quality of maternal and newborn health services.

Reproductive health care services delivered by skilled health professionals plays an important role in reducing maternal and neonatal mortality. Similarly, Emergency Obstetric and Newborn Care (EmONC) must be available to and accessible by all women as a critical intervention in saving the lives of women with obstetric complications during pregnancy and childbirth and also the lives of newborns intra-partum.

# EDITORIAL

Most maternal and newborn deaths can be averted with evidence-based and high impact health interventions. However, the low health care service utilization and supply side challenges; like availability of well-trained and motivated providers and the readiness of facilities in terms of availability of supplies and drugs including standard operating procedures, for the provision of quality maternal health services, have slowed down progress in preventing such deaths. Consequently, achieving the Millennium Development Goal 5 of improving maternal health by 2015, is still distant.

The majority of maternal and newborn complications in Ethiopia require a level of skilled care that have to be available at health center level. There are efforts by the government, as detailed both in the National Road Map for Maternal Newborn Health and the Health Sector Development Program (HSDP IV), to expand availability and ensure quality of BEmONC services alongside the essential care at this level. Beside, through “Expanding Demand, Access and Use of Maternal, Newborn and Child Health Interventions project” funded by USAID, L10K Project complements the government’s effort in improving provision of the BEmONC signal functions. L10K helps create critical mass of providers who can provide BEmONC services and handle emergencies 24 hours a day and 7 days a week in the primary health care units. This support is provided to primary health care units in 115 woreda/districts where L10K is operational. The Project also provides essential equipment that have been lacking to provide the basic obstetric functions.

Over and above these, BEmONC service strengthening efforts have introduced friendly health care service which is evidently an important factor in encouraging institutional delivery as well as bringing changes in the number of births attended at facilities, i.e., increasing the number.

# UPDATES

## Initiating Respectful Maternity Care

L10K has launched a new initiative - respectful maternity care which is an 18 months learning activity of looking into problems of disrespect and abuse by health care workers during child birth. Women being disrespected during childbirth in health facilities is one of the major factors that keep women away from health facilities. Hence, partnering with Women & Health Initiative at Harvard School of Public Health, USA, the new intervention will be implemented in two Primary Health Care Units (PHCUs) each in Amhara (Deneba and Denbecha) and SNNP (Kibet and Lante) regions.

An assessment was undertaken and carried out mainly to inform the intervention plan. It looked into types and prevalence of, factors associated with, and possible interventions to minimize disrespect and abuse by health care workers during child birth.

The assessment covered the period between July 13 and September 25, 2013 and assessed women who delivered in the health centers and service providers in the maternity unit.

Results of the assessment will be disseminated to the Ethiopian Ministry of Health and partners in June.

## ICCM Evidence Review Symposium

Integrated Community Case Management (ICCM) symposium was held in Accra, Ghana from 3-5 March 2014 and organized by Global ICCM task force (UNICEF, WHO, MCHIP, IRC, JHU, JSI, PSI MSH, Malaria Consortium, MDG Health Alliance, and Save the children). The symposium was organized with the objective of reviewing the current state of art of ICCM implementation, status of evidence in key ICCM program areas, and assisting African countries to integrate and take action on key frontline ICCM findings. Accordingly, evidence was shared on the following thematic areas: cost and cost effectiveness, demand, human resource, impact outcome, monitoring and evaluation, policy, quality assurance, and supply.

L10K having participated on this symposium shared and learned of the experiences of other African countries. Even though Ethiopia already has extensive experience in the implementation of ICCM and the introduction of Community based Newborn Care, the Ethiopian group was still able to learn about new areas which would require further exploration; e.g. m-health, social marketing, and public-private partnership.

Based on lessons learnt, the Ethiopian group developed a general country plan which complemented the initial ICCM national plan (of three years ago). It was drafted with a focus on what the most critical priorities are, what would be achievable in the next six months to one year, and additional resources required for each priority area identified.

The country plan drafted at the symposium was shared and endorsed by the Child Survival Technical Working Group of the Federal Ministry of Health of Ethiopia which met in mid-March.

## EPHA Annual Conference

The Ethiopian Public Health Association held its annual conference from February 20-22, 2014 which was organized with the theme, "*Public Health in Ethiopia: Past, Present and Future*". L10K participated in the meeting and presented three papers on maternal, newborn and child health:

**1. *The effect of Health Extension Program and other accessibility factors on care-seeking behaviors for common childhood illnesses in rural Ethiopia***

The presentation described substantial increase in the seeking care from the health posts after the introduction of ICCM and how the ICCM strategy increased the time Health Extension Workers (HEWs) spend at health posts which might have also increased the role of HEWs in curative care.

**2. *Situational analysis of Basic Emergency Obstetric and Newborn Care (BEmONC) services in 42 health centers.***

The paper looked into the level of BEmONC service provided by health centers describing how well the facilities are equipped and are able to provide basic life-saving interventions and the quality of the service they provide.

**3. *Effectiveness of Supportive Supervision on the Quality of integrated Community Cases Management Services in 113 Districts of Ethiopia.***

Monitoring data collected during supportive supervisions carried out over 30 months, explained that the quality of ICCM service as measured by consistency in case management has been improving over time and dose-response relationship was observed between number of supportive supervision visits and the quality of service.



## A change of heart

**Nefisa finalized her preparation of what she needed when the time came to go to Shebe Health Center to deliver her child. The wife of her brother-in-law has agreed to come over to her home and take care of her five year old daughter and the household chores. When her labor finally arrived in the middle of the night she called Kassech Bekele the health extension worker of Yanga kebele. Kassech called the driver of the ambulance of the health center and next the midwife nurse to expect Nefisa and prepare in advance for her delivery.**

Nefisa Hassen is a 24 year old farmer who lives in Yanga kebele of Shebe Sombo Woreda, Jimma Zone, Oromia region. She had her first child five years ago at home. Her labor was prolonged and it was a difficult birth. Nefisa had prayed that when her time came to deliver there would be no complication that would force her to go the health center. She would not be able to handle the pity of her neighbors for not been able to have a normal birth. Furthermore, she didn't know if her husband would be able to cover the financial cost for transportation and for the services of the facility.

But this time she knew better. Kassech had worked long and hard with her, as she had with most women in her community, in teaching her the benefits of having her child at the health center. So when she was pregnant with a second child and she was into her sixth and eighth month she and her family made plans in preparation for the birth and any complication that may arise and money they may need (though maternal care services are provided free of charge by health centers).

Two weeks after Nefisa delivered at the health center she happily relates how everything went smoothly and swiftly. She was especially impressed with the efficiency of Abdulahi Abasalam, the midwife, and how assuring he was when explaining that for any possible problem that may arise they would be able to handle it. Abdulahi is one of the BEmONC trainees - a training provided by L10K. He was trained in matters that ranged from infection prevention practice and hand washing to severe pre-eclampsia and breech delivery. He explains that BEmONC intervention has helped him in building his knowledge and clinical skills to respond appropriately to the needs of women during pregnancy, childbirth, postpartum period and the needs of newborns. Moreover, the intervention has also assisted in renovating the ward which was poorly and it provided essential equipment. As a result, not only has the number of mothers delivering at the health center increased but also the number of mothers referred to Jimma hospital significantly dropped.

Dabash Mohammed who is the head of Shebe health center says that since September last year the number of mothers delivering at the health center has double reaching over 50 women/month from 20-25. The training provided by and supplies and equipment received from L10K has complimented the government's effort and improved provision of BEmONC services. Topping this, friendly health care provided by the health workers has increased the number of mothers seeking health care from Shebe health center.

*Nefisa and her husband with their two weeks old daughter*



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