

News from the LAST TEN KILOMETERS

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Ethiopia achieves millennium development goal on reducing child mortality!

The 2013 progress report on Committing to Child Survival: A Promise Renewed, has shown that Ethiopia has achieved the millennium development goal to cut the mortality rate for children under the age of five, ahead of the 2015.

The country has reduced child death by more than two thirds over the past 20 years. In 1990, an estimated 204 children in every 1,000 died before the age of five. By 2012 the rate dropped to 68 (67%).

The health extension program implemented in Ethiopia is said to be an example of how critical community health workers are in providing quality care to children and mothers in remote areas.

"I believe it is the work of these amazing community health workers who have really put the country to achieve these results," H.E. Dr. Kesetebirhan Admasu, Ethiopia's Health Minister.

CONGRATULATIONS!!

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.



IMPROVING QUALITY OF MATERNAL AND NEWBORN HEALTH CARE Participatory Community Quality Improvement

Ethiopia is one of the Sub Saharan African countries which has made great strides in the reduction of maternal and neonatal mortality. In achieving the millennium development goal 4, child death has been reduced by more than two thirds over the past 20 years. Nonetheless, both maternal and neonatal mortality rates remain high as the challenges still persist.

While access to high impact evidence based maternal and neonatal healthcare interventions has improved with the launching of the health extension program, quality of the healthcare needs to be responsive to community needs.

Improving maternal and new born health services requires interventions beyond strengthening the health system and improving access. It should address perceived quality, acceptability, and responsiveness of healthcare services to community needs.

Hence, L10K's Participatory Community Quality Improvement (PCQI) approach provides an opportunity for healthcare workers and communities to jointly identify quality barriers as well as solutions to increase demand and use of maternal and neonatal health services. Moreover, the approach strengthens the relationship between primary health care units (health center and health posts) and community. This improves household and community healthy practices and keeps quality of health care up to the perceived and set standard.

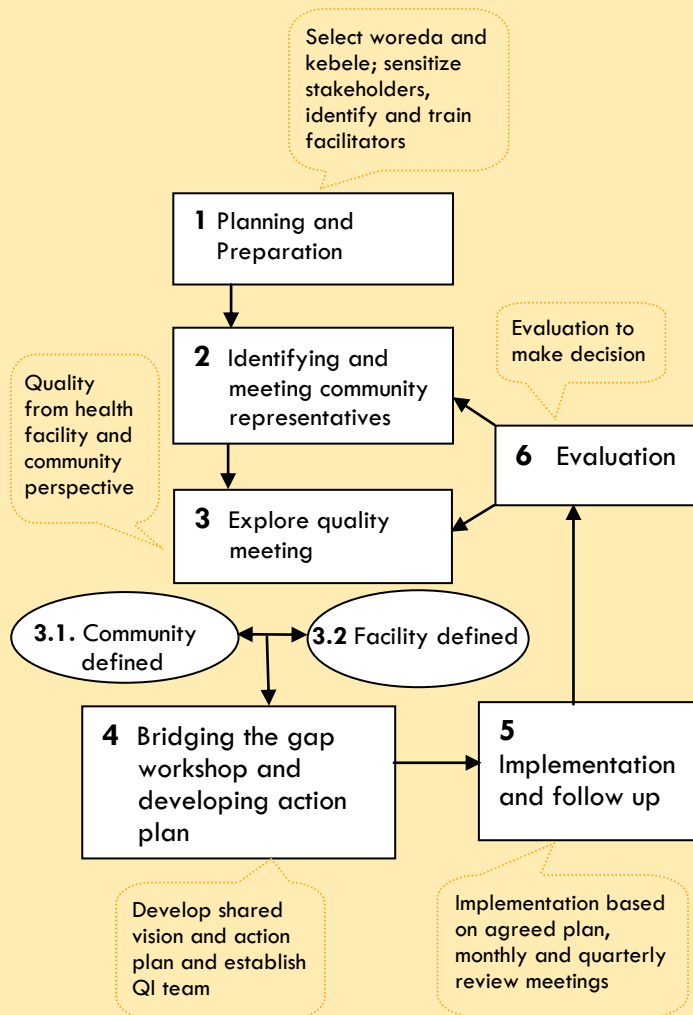
PCQI approach works to improve quality and accessibility of health care with greater involvement of the community in defining, implementing and monitoring the health quality improvement process. It is a continuous process of exploring quality barriers and dealing with problems identified by communities in a participatory way.

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PARTICIPATORY COMMUNITY ... (Cont. from page 1)

The PCQI cycle has six interrelated steps. These are planning and preparation; identifying and meeting community representatives; exploring quality; bridging the gap workshop and developing action plan; implementation and follow up; and evaluation.

PCQI PROCESS CYCLE



The PCQI approach adopted activities and tools from different quality improvement approaches such as Partnership Defined Quality, Community COPE and Community Score Card.

PCQI approach hence, ensures better health care services since it is built on an understanding of shared responsibilities among community and health providers. It is a way of empowering communities to take initiative, responsibility and ownership of the quality of health services they receive.

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EDITORIAL

The Health Extension Program (HEP) of the Ethiopian government particularly emphasized on establishing effective and responsive health care service with special attention to mothers and children in rural areas. Nonetheless, uptake of the service still remains a difficulty. Issues of quality of healthcare services, its acceptability by communities and its responsiveness to their needs are yet to be looked into to improve demand and utilization.

JSI/L10K has initiated an innovative community based strategy of bringing households, communities and health facilities closer. It is a way of enabling communities to 'take responsibility in producing and maintaining their own health' (HEP). The Participatory Community Quality Improvement (PCQI) approach of L10K creates shared responsibility among communities and service providers in the ownership of maternal and new born health (MNH) services. In other words the initiative improves quality of health care services from the provider, client, and community perspectives. This means community members and healthcare providers are responsible to implement and monitor quality improvement process.

Being a community based strategy PCQI has shown positive shifts in the utilization of ANC, delivery, and PNC services. The approach has also resulted in a number of community-driven initiatives which are important for improving the quality of MNH services. PCQI relies on the involvement of community members; they identify main bottlenecks and barriers to the access and quality of services through 'explore quality meetings'. Communities are then responsible for monitoring and targeting improvements. This is a continuous process where community representatives hold regular meetings to share their findings through a 'bridging the gap' workshop, and establishing a Quality Improvement team and a clear plan of action.

In 2010 L10K undertook an assessment of the PCQI approach to see what was working and what needed improvement. Based on the findings changes were made: facilitators of the process are now health center staff (as opposed to teachers and development agents as in previous times). This was to strengthen the link between health center and health posts as per the primary health care unit strategy. Limiting the number of explore quality meetings was also found necessary to simplify the process while issues raised remained the same.

As a result, the PCQI approach has helped HEWs improve their skills through practical experience working with experienced staff at health centers based on quality, acceptability, and responsiveness of health care services to community needs.

Today PCQI has become a comprehensive process which communities use in various non-health activities as well. Its forums present ideal opportunities to discuss different development issues. Kebeles integrating it with their other activities have introduced all rounded changes in the ways of lives of communities.



PARTICIPATORY COMMUNITY ...

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Applying PCQI

L10K applies PCQI in 16 Primary Health Care Units (PHCUs) in four regions of Ethiopia (Oromia, Tigray, SNNP, and Amhara). Orientation on the process of PCQI was provided to woreda level stakeholders. To-date, 206 facilitators (kebele managers and health workers of implementation kebeles and PHCUs respectively) have been trained in facilitation skills and PCQI approach. In addition, in all four operational regions 3,560 community representatives participated in explore quality meetings held in 89 kebeles. Assessment of quality barriers was held in 16 health centers and 88 health posts. Eighty nine bridging the gap workshops were conducted where a total of 1780 community representatives and 445 health workers participated in. Quality improvement teams comprising of health workers, HEWs, kebele administration, women associations, and community representatives are established in the 89 kebeles.

As a result of this approach some positive changes have taken place.

- Competence of HEWs in providing maternal and newborn health services has improved .
- Systems have been created that can ensure continuous supply of logistics to PHCUs, e.g. timely transport for laboring mothers to health facilities. Currently , local stretchers are being used and roads are being maintained for easy access to ambulance service.
- Arrangements have been made where health posts can provide 24/7 service. For instance, communities have built residence for HEWs in the compound of the health post.
- Mother friendly environment is created in health facilities where a mother and her relatives are allowed the customary practice of preparing traditional coffee.
- A system of mobilizing resources for pregnant mothers in emergency situations is set up by establishing birth plan and saving schemes through local community groups - *Idirs*.
- Utilization of key maternal and neonatal health services has improved.

UPDATES**Safe and clean delivery training**

To improve demand of and access to maternal and newborn health services, from among numerous initiatives and interventions, building the capacity of HEWs is a significant undertaking. Accordingly, L10K provided training on safe and clean delivery to HEWs in Amhara, Oromia, and SNNP regions. This is a one month training which consists of one week theory and three weeks practical application of skills. However, trainees of Amhara region, unlike the two other regions, undertook their practical training at their health posts assisting delivering mothers.

To reduce the number of maternal deaths, the need to shift to skilled birth attendance is unquestionable. Nonetheless, a percentage of mothers still deliver in their homes. Hence, it is important that HEWs continue to build their skills in delivery to assist these mothers.

L10K targets to provide 120 HEWs in its operational areas with the safe and clean delivery training. Currently, 60 HEWs have been trained where 15-20 HEWs/training participate.

Saving newborn lives

For further achievements in the reduction of child mortality in Ethiopia, neonatal mortality must be addressed considering the high numbers of newborn deaths due to neonatal sepsis.

The national platform for Integrated Community Case Management (ICCM) of childhood illness provides the foundation for detection of newborn sepsis cases. Community Based Newborn Care (CBNC) intervention will have impact on sepsis management and will be based on the established ICCM platform. CBNC will ensure provision of quality of services through improved capacity of health facilities.

L10K has commenced with implementation of CBNC in one zone in Amhara region as of September 2013 and will expand to 12 more zones in L10K operational regions (SNNP, Tigray, and Oromia) as of February.

Currently, L10K and partner organizations (UNICEF, Integrated Family Health Program (IFHP), and Save the Children) held a CBNC M&E workshop to develop a general M&E framework. Indicators were set, various tools were developed, and general process of monitoring agreed on. This was followed by a master training of trainers for staff from partner organizations, Regional Health Bureaus, and Federal Ministry of Health. Training materials were tested on this training. Additionally, a pool of trainers was created to facilitate subsequent regional level training of trainers.

International Conferences**Third International Family Planning Conference, November 12-15, 2013, Addis Ababa.**

L10K will be presenting the following papers:

1. *Trend in Family Planning Equity in Ethiopia from 2000–2011: Did the Health Extension Program make a difference?*
2. *Measuring the effectiveness of large-scale reproductive, maternal, newborn, and child health programs.*

American Public Health Association, November 2-6, 2013, Boston, United States.

At the APHA annual meeting and exposition L10K will be presenting papers on:

1. *Implementing innovative solutions for effective referral for critical maternal and newborn health conditions in Ethiopia.*
2. *Evidence based scaling-up an innovative community-based maternal and newborn health strategy in Ethiopia.*
3. *Applying m-Health to improve supportive supervision of a large scale maternal and newborn health program in Ethiopia.*

SUCCESS STORY

Taking responsibility for their health

Climbing the steep slopes, crossing the many gullies and walking across rocky footpaths which could become slippery during the rainy season, is the daily challenge of Mai Nebri kebele in Wereleke Woreda, Central Zone of Tigray region. The landscape is a hurdle when the rains come; the pathways could be flooded making it impossible to cross and forcing the community to use round about ways to reach the main road which could take twice as long to reach.

This posed great risk for pregnant women to reach health facilities. As a result, there has been low demand of ANC, delivery and PNC services (including health care for newborns).

Mearu Beyene and Alem Fisseha are two particular women who are part of a community group called quality improvement team which meet frequently to discuss ways of improving the quality and access of health care services in Mai Nebri kebele. At an explore quality meeting, lack of road was identified as the major problem to reach the closest health facility. Mearu and Alem mobilized their community and participated in building a roadway that would allow the one ambulance of the woreda to enter and reach households. Cutting through farm fields, the community of Mai Nebri using local resources and contributing their labor paved a one kilometer road through which an ambulance was able to pass and reach into the community. Another road reaching 5km is in the plan and since June 2013 half a km has been built.

Already four mothers were transported to the health center by ambulance to deliver since the construction of the roads. Tsige Tesfaye is one of the mothers who had her fourth and last child at a health facility. With a beaming smile she says, "To have a road that connects us to the main road has endless benefits which I cannot begin to list out. Because of the road, I've saved so much time in reaching the health facility. Even if the ambulance does not come, it's more comfortable and faster walking on paved road". Tsige says that unlike previous times, more mothers are willing to utilize health care services provided by health facilities because its more accessible. It's even easier to carry mothers on traditional stretchers if the ambulance is not available. Geush Birhane, Chairperson of Mai Nebri kebele claims that daily movement of communities has also become easier because of easy access to the main road.

Mearu explains that once the rainy season passes they will be seeking the support of the woreda administration and a road construction company to assist them in completing the remaining roads.

According to the community representatives one of the interesting benefits gained from the explore quality meeting and bridging the gap workshop (process of the L10K/REST PCQI community based strategy) is, it presents a forum where different ideas come together as one for the common good.



The community of Mai Nebri built a road that connects to the main road and quality improvement team members Mearu Beyene and Alem Fisseha walk along the new road to see progress reached



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