News from the LAST TEN KILOMETERS

An L10K publication

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Inside this issue:

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.

JSI L10K The Last Ten Kilometers Project JSI Research & Training Institute, Inc.

Improving maternal and newborn health care practice

The role of community based data for decision making

With only 23 skilled health workers (doctors, nurses and midwives) per 10,000 people, Ethiopia is far from the WHO recommended minimum required to provide health coverage needed to achieve the health related Millennium Development Goals (MDGs). To address the shortfall the government of Ethiopia established the Primary Health Care Unit (PHCU) as the basic health service delivery structure at the grassroots and as the means to achieve its MDGs. The PHCU comprises of five health posts, each staffed by two female Health Extension Workers (HEWs), and one Health Center, staffed by health officers, nurses and midwives who provide technical and supervisory support to the HEWs. The PHCU has a referral linkage with a primary hospital. To enhance social mobilization and expand the reach of the PHCUs the government established a network of Health Development Army (HDA), the members mostly being women. The women are organized into a group of 30 and are empowered to learn about the HEP, with five subgroups of five members each which are led by 'model families'. One HDA member is responsible for five households (i.e., 1 to 5 networks) to provide health education and ensure utilization of health services.

The platform strategy of the Last Ten Kilometers (L10K) project has been strengthening the community-based reproductive, maternal, newborn, and child health (RMNCH) efforts of the HEP, including the PHCUs, in 115 *woredas* (districts) and covering a population of about 14 million people. This platform strategy improves the skills of the HEWs to provide community-based RMNCH; enhances their interactions with households; supports the training and motivation of the HDA members; strengthens the linkages within the PHCU (i.e., between health center, health posts, HDA members and households); and organizes community-based institutions to support the HEP services.

Supplemental to its platform strategy, L10K had implemented community based data for decision-making (CBDDM) in 14 *woredas* to test its added value. This strategy fostered *kebeles* to actively plan, monitor, and evaluate the RMNCH services provided by the HEP (Figure 1). One HDA member from a group of 30, maps all the households in the neighborhood and with the help of the 1 to 5 networks keeps them under surveillance for targeted RMNCH services. For this purpose, the households in the HDA map are marked with symbols to indicate the services they need (e.g.

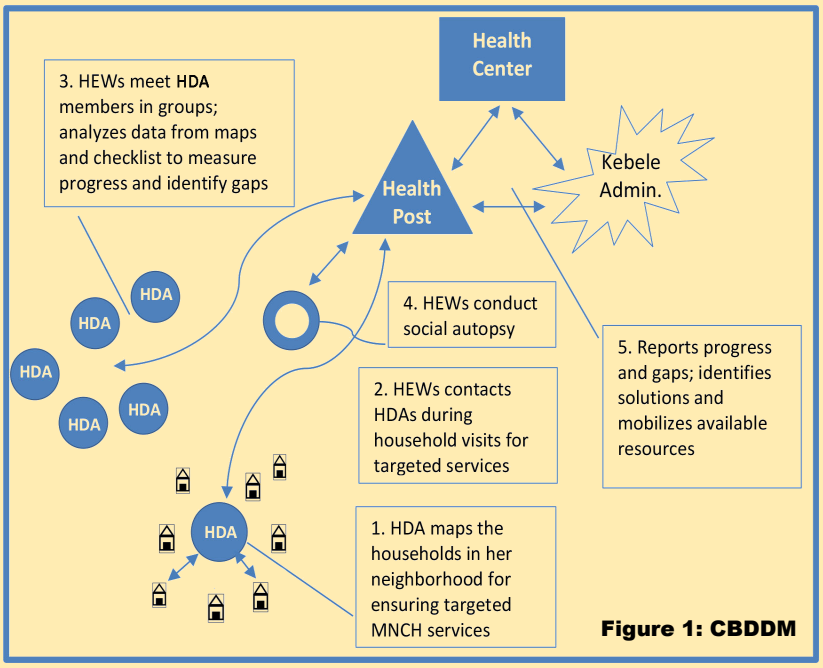

Figure 1: CBDDM

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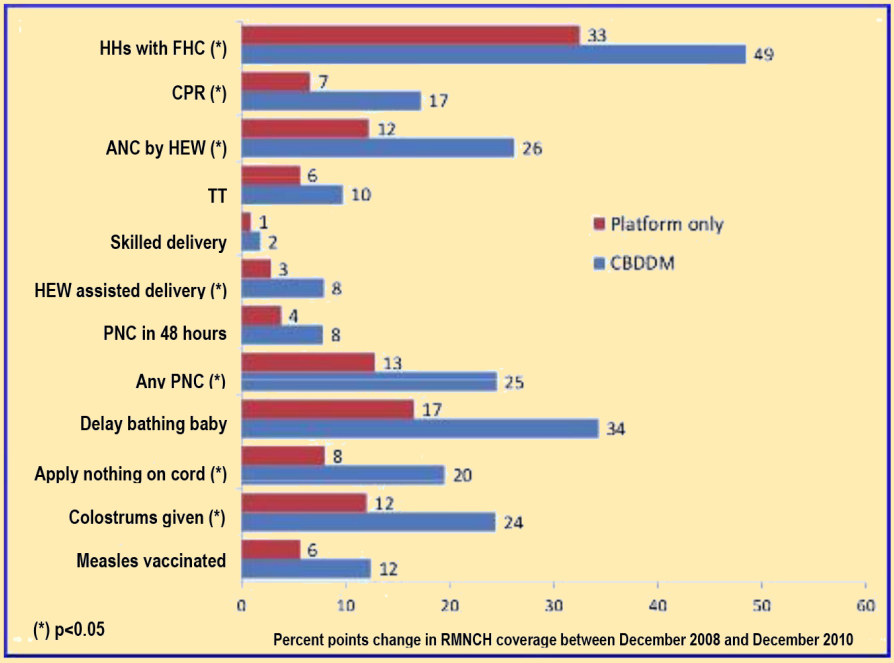
IMPROVING MATERNAL ... (Cont. from page 1)

family planning, latrine construction, and/or maternal and newborn health). Households are then given health education by the 1 to 5 networks using the family health card (FHC), and actively referred to the HEW for appropriate care. A checklist is used by the HDA member to ensure the continuum of services through pregnancy, childbirth, neonatal period, and early childhood (e.g. antenatal care, skilled or safe and clean delivery, postnatal care, newborn care, exclusive breastfeeding, supplemental feeding, and childhood vaccinations). The HDA members also conduct *family conversations* by meeting with the family members of the pregnant women during antenatal period to discuss and develop birth preparedness plan.

The information from the HDA map and checklist are analyzed by the HEWs to measure progress and identify gaps in RMNCH care practices; provide feedback to the HDA members; and report to the *kebele* administration and health post support staff members at the health center. The *kebele* administration, HEWs and her supervisors plan, mobilize available resources, and implement solutions to address gaps.

Using data from baseline and follow-up surveys conducted in December 2008 and December 2010, the added effects of CBDDM over the L10K platform on RMNCH care practices were estimated by comparing changes in care practices in the 14 *woredas* where CBDDM was added on the platform with those areas where only the platform was implemented (Figure 2). Improvements in the coverage of households with FHC, contraceptive prevalence rate (CPR), antenatal care (ANC) provided by HEW, HEW assisted deliveries, having any postnatal care (PNC), delay bathing the newborn, applying nothing to the cut end of the umbilical cord, and giving colostrums to the newborn were significantly ($p<0.05$) higher in the CBDDM areas. Based on the success observed, the CBDDM strategy is currently being scaled-up in 115 *woredas* where L10K is operational. L10K is also implementing alternate strategies to improve skilled deliveries and early postnatal care.



EDITORIAL

In a country like Ethiopia where more than 85% of the population lives in rural areas, L10Ks Community Based Data for Decision Making (CBDDM) strategy is a promising community solution for improved reproductive, maternal, and newborn health. It enables communities to actively own, lead, inform, plan, and monitor their own health interventions. Data on household health practices is gathered through simple surveillance mechanism and are mapped in a visual form to enable Health Development Army (HDA) members to provide appropriate health care.

CBDDM is one of the community-based strategies of L10K that was tested in 14 of its operational woredas and is now on the process of being scaled-up in 115 L10K operational woredas. Explicitly the strategy boosts effort of pregnancy identification in the community, ensures early care-seeking and continuum of care through pregnancy, childbirth, postnatal (including neonatal), and post-partum periods; and at the same time is utilized as a household health monitoring tool by HDAs.

HDA team leaders together with the leads of the 1 to 5 HDA networks, are expected to map the information they gather from 25-30 households within their catchment area. The map is drawn in a simple manner for easy understanding by the HDAs. An HDA can easily point out the health needs of including identifying households where there are pregnant mothers and provide them with appropriate health education using the Family Health Card linking them with the HEW to ensure appropriate continuum of care. Being a community solution the proper implementation of CBDDM is facilitated by various actors in the community: Kebele administration, HEWs, and HDAs.

The findings from the L10K surveys indicate that such exercises of gathering and compiling data at the grassroots level is a significant contribution to increased use of high impact RMNCH intervention and thereby reducing maternal and newborn morbidity and mortality. The CBDDM tools, mainly household mapping and the checklist for monitoring the continuum of care is now part of the Ethiopian Ministry of Health's Integrated Refresher Training for HEWs.

UPDATES

NEW INITATIVES
Towards improving health services utilization

While significant amount of effort is exerted to improve health services demand, an equally important task is improving the provision of services and supply. Looking into health centers' provision of health services; supplies; governance, etc., an assessment was made by L10K on Basic Emergency Obstetric and Newborn Care (BEmONC).

Accordingly, 42 primary health care units were assessed in 42 woredas of the four operational areas of L10K. Major constraints identified in most were lack of skilled health workers, essential equipment and appropriate facilities. Thus, at the end of the assessment, each primary health care unit with the involvement of its staff developed an action plan which is now in implementation. Taking this on as a new intervention, L10K will mainly support in building capacities to improve the number of skilled health workers in health centers and provide financial assistance in the provision of supplies.

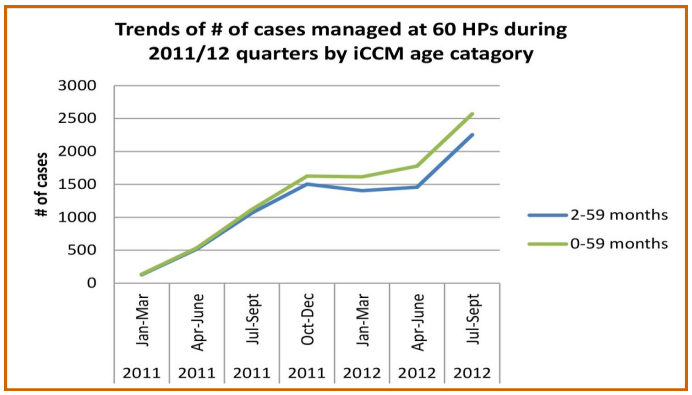
L10K will continue to work on improving health service demand through its Community Based Data for Decision Making (CBDDM) and its family conversation interventions. BEmONC will be an important component in enhancing health services utilization targeting especially maternal and child health.

SURVEY
Gauging progress of ICCM

L10K funded by UNICEF has been supporting integrated community based case management of childhood illnesses (iCCM) project since 2010 in 113 woredas of the four regions where L10K is operational. This project builds the skills of Health Extension Workers (HEW) to manage common childhood illnesses. It also builds skills of supervisors and Woreda Health Offices to effectively mentor HEWs, undertake regular follow-up, and conduct continuous monitoring and evaluation of iCCM.

Recently a survey was undertaken to assess the extent of utilization of iCCM services at health posts. The key questions raised during the survey were: What proportion of sick children visit health facilities/health post? What is the status of newborn care practices and postnatal visits among mothers with sick infants under two months? What are the major reasons for mothers with sick children not demanding health care at health facilities in L10K–ICCM intervention areas? What is the perceived quality of services and the extent of awareness of iCCM in the intervention areas?

Thus far, all woredas and health posts provide the services. Provision of high level training and supervision continues accompanied by supervision and clinical mentoring and performance review meetings. Health facilities are also stocked with essential drugs and supplies. Routinely gathered quarterly data show that the quality of iCCM services provided by HEWs has improved over time. Studies and monitoring data also indicate that iCCM has been scaled up successfully. Despite these improvements, level of utilization and demand of the services by the community is low hence signifying that further efforts are still in demand.



For those interested the complete survey report will be made available shortly on http://l10k.jsi.com

BILL GATES ANNUAL LETTER
Why Does measurement matter?

"In Ethiopia, I witnessed how a poor country, pursuing goals set by the United Nations, delivered better health services to its people … . The Germana Gale Health Post … a faded-green cement building... [had] *two health workers* [who] *showed me a well-stocked cabinet of the tools of their job… The workers provide most services at the post, though they also visit the homes of pregnant women and sick people..."* Bill Gates, 2012

Stories of progress like this underscore the importance of setting goals and measuring progress toward them. Read more stories from Dalocah Woreda in Siliti Zone of SNNP, Ethiopia, where L10K works closely with the zonal and woreda health offices. L10K supports Health Extension Workers and health posts such as Germame by working with Dalocah Primary Health Care Unit in improving maternal and child health services.
http://annualletter.gatesfoundation.org/

Aykel PHCU visited

A team of 17 staff from the Africa division of The Bill & Melinda Gates Foundation made a visit to Ethiopia, Amhara region to visit health and agricultural projects supported by the Foundation. They drove to Chilga Woreda in North Gonder zone where they visited households, Dil Amba and Teber Serako health posts and Aykel Health Center to observe the health programs.

The visit provided the group an opportunity to observe how specifically maternal, newborn and child health services are delivered in a typical rural health center. They were able to understand the extent of improvements gained in rural communities due to the provision of mainly preventive and moderately curative health services. The visitors expressed their appreciation of the support L10K provided by working closely with government partners at all levels of the health system ■

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UPDATES …

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Learning and sharing experiences

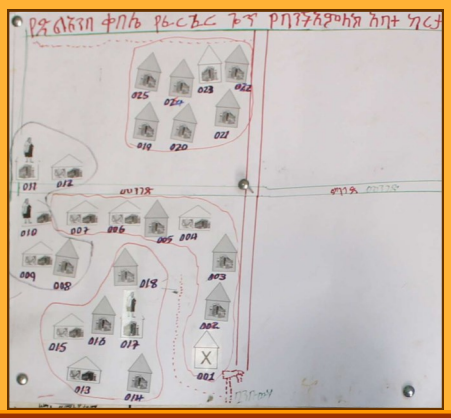
The second *Global Maternal Health Conference* was held in Arusha, Tanzania from January 15-17, 2013 to share knowledge, and build on progress made since the first conference (held in 2010) in eradicating preventable maternal mortality and morbidity by improving quality of care. An estimated 800 participants from all over the world attended the conference. L10K was one of the organizations from the NGO community which attended from Ethiopia. It made presentations on '*Community engagement in improving quality maternal and newborn health*' and ''*Response of the supply side systems to increase in the demand for maternal health services in Ethiopia*'. L10ks engagement all the way down to communities and working closely with the public sector was much appreciated.

Respectful care was one issue that took center stage at this conference. It was stressed as being an important component in improving demand and quality of health services. Bringing back the experience, L10K currently is working with Women in Health initiative at Harvard School of Public Health. It will implement an 18 months project which will focus on level of respectful care provided to women at child birth but will be proceed by an assessment. The project will be implemented in four Primary Health Care Units: two in Amhara and two in SNNP regions after which a post intervention evaluation will be made.

SUCCESS STORY

Empowered to ensure continuum of care

Banchi Amlak Abate (the Health Development Team Leader of Ferge *Gote (*community*)*) looks proudly at the map she created with the leaders of the one to five network and her community with the leadership of Enat Mamo and Belay Kelkay, the Health Extension Workers (HEWs) in Dilamba Kebele, Chilga woreda of Amhara region. The map which is organized using the Health Development Army structure shows the different health needs of households within her catchment area. In order to identify the specific health needs, Banchi has put up pictorial stickers which is used to indicate the health needs of households. For example, if there is a pregnant woman identified in her catchment area, Banchi will put up a sticker with a picture of a pregnant mother on the map so as it enables both her and the HEWs to provide the appropriate continuum of care needed by the pregnant mother starting from care during pregnancy, through labor and delivery, post natal period and throughout infancy.



This is Banchi's map, her data which she uses each month while discussing with Dilamba Health Post. Together with the kebele administration and including religious and community leaders they seek solutions to the challenges specific to their village.

Informed by the map, Banchi as well as the one to one network leaders make regular visits to households to promote healthy behavior and practice using family health card. "*It* [the map] *is a constant reminder staring at me from my wall as I walk in and out of my home*," Banchi explains. "*The pictorial data makes is so simple to quickly understand what is achieved and what remains to be done*". The map is regularly updated reflecting the change of events in the household.

Banchi is one of the selected households for being a model for good health practices, thus leading with example. She is a leader of her local HDA and is networked with five households in her area. Banchi is also a development team leader (lead of the five one- to-five network leaders). This means she oversees 30 households and links directly with the HEWs. Through the use of community based data HDAs and HEWs together have contributed to improving coverage of key RMNCH services in Dilamba Kebele. Banchi explains how easy her work has become with the use of CBDDM to see to the health needs of her catchment area and especially to identify pregnant mothers and to follow them up for promotion of healthy behavior and practice and link them for health services throughout their pregnancy, child birth, post natal and post partum periods.

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