Optimizing the Health Extension Program

A collaborative effort to increase use of community based newborn care (CBNC) and integrated community case management of childhood illness (iCCM) services in Ethiopia

January, 2017

PATH
A catalyst for global health

Outline

- Background
- Evolution of OHEP
- Expected results
- Learnings
- Challenges

Background

Background

- Ethiopia is one of the 12 Low Income Countries that achieved MDG 4 target.
- However, 184,000 under five deaths is happening each year. More than 40% of these deaths happen in newborns.
- Pneumonia, Diarrhea, Malaria and Malnutrition remain to be the leading cause of deaths.

ICCM is implemented at scale where over 30,000 HEWs are trained on competency based training

CBNC rolled-out as of 2013

ICCM quality of care as measured by consistency between Assessment, Classification and Treatment is over 80%

Utilization has been persistently low. E.g After two years of implementation only 8% of Expected Pneumonia cases and 1% of Diarrheal Disease were treated at HP (Tadesse, 2014).

Evolution of OHEP

Evolution of OHEP

- Given the low uptake of the services, FMOH identified the need for innovative demand generation interventions.
- To be sustainable these interventions needs to be integrated in the existing structure.
- FMOH and BMGF in collaboration with PATH and UNICEF agreed to take up this challenge
- Led by FMOH, BMGF, UNICEF and PATH designed this project as a learning and a capacity building agenda for future scale-up

Optimizing the Health Extension Program Partners

- BMGF- Funder
- FMOH – Coordinator
- PATH and UNICEF- Demand side
- R4D and CHAI – Supply side (Amox DT, ORS and Zn)
- LSHTM, EPHI and 4 Local Universities for external evaluation

Expected Results

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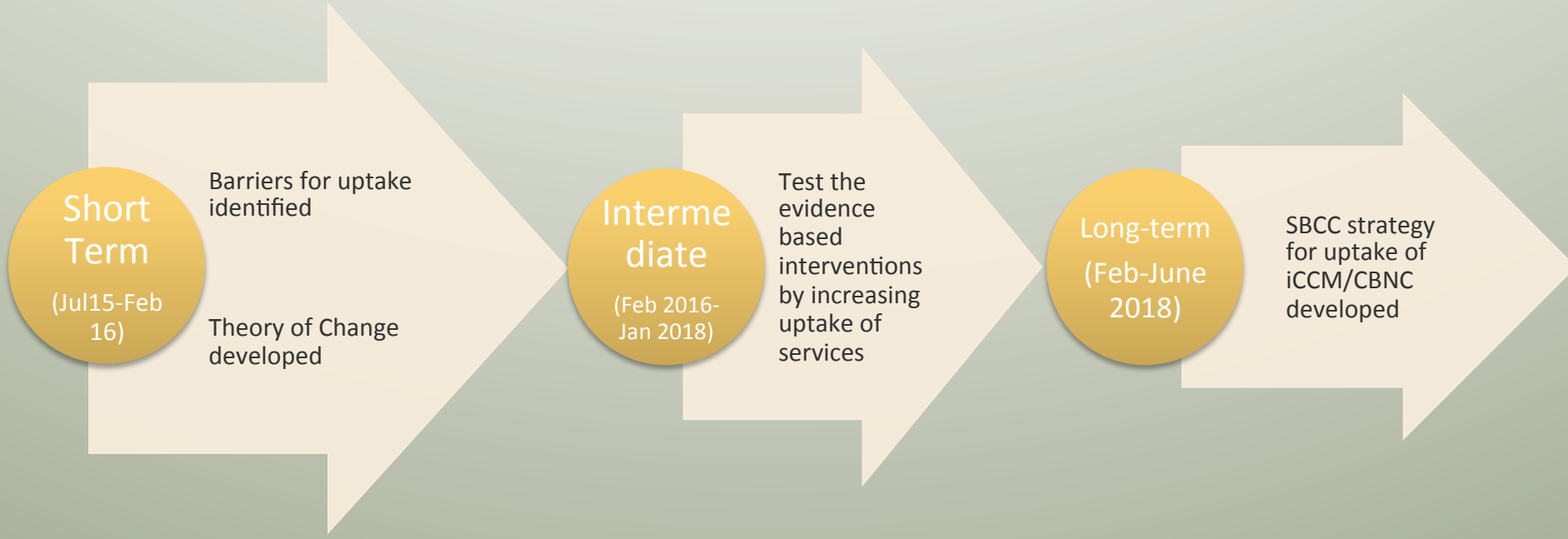
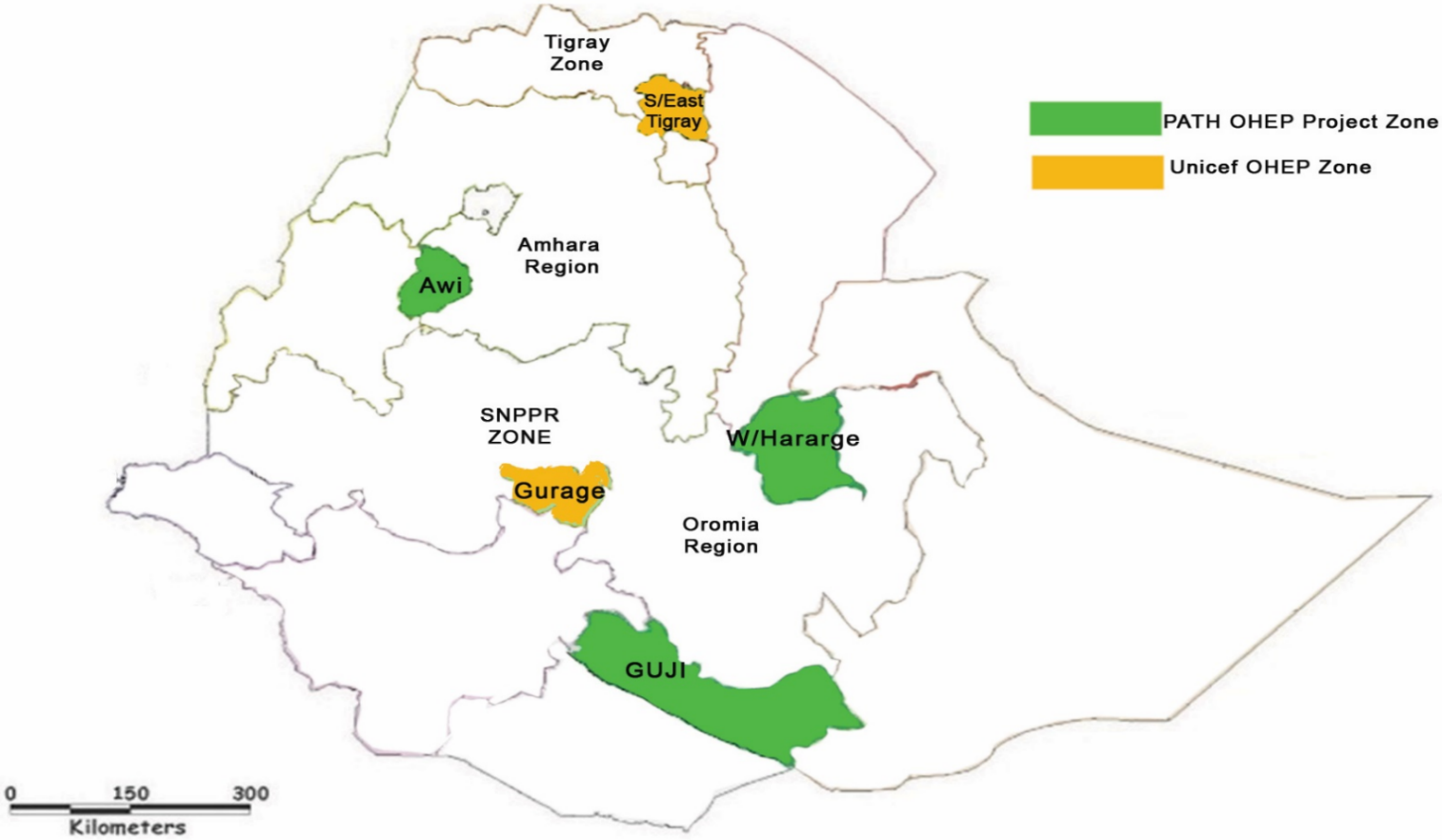


Optimizing Health Extension Program (OHEP) Project Operation Zones



Barriers to low utilization

- Demand side barriers

- **Misconceptions and myths related to childhood illness and disease causation**
- **Lack of awareness on iCCM/CBNC services**
- **Preference for traditional healers or home remedies**
- **Perceived poor quality of services/capacity of HEWs**

Barriers to low utilization

Supply side barriers

- **Weak iCCM/CBNC program ownership**
- **Service interruption (unscheduled closure)**
- **Drug stock-out**
- **Limited skill and confidence, mainly in treating newborns**

Developing Theory of Change

- National workshop to share findings of barrier analysis and to design the project intervention

IMPACT

CONTRIBUTE TO REDUCTION OF UNDER FIVE MORTALITY

OUTCOME

INCREASED COVERAGE OF THE HIGH IMPACT COMMUNITY BASED NEW BORN CARE AND INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES

INTERMEDIATE OUTCOME

COMMUNITY EDU & MOBILIZATION	CAPACITY BUILDING	OWNERSHIP & ACCOUNTABILITY
❖ Improved child health practice at HH & community level ❖ Increased acceptability of curative service at HP ❖ Increased awareness about childhood illness & availability of iCCM/CBNC at HP	❖ Improved availability & quality of CBNC/iCCM service ❖ Improved capacity & engagement of WDAs	❖ iCCM/CBNC integrated in BSC, WBP, SS, PRM, Budgeting, SCM & HMIS ❖ Community empowered (KCP, comm. feedback mechanism)

OUTPUT

❖ People reached with evidence based SBCC	❖ Improved HEWs/HWs skill ❖ Improved WDAs skill ❖ Supervision conducted ❖ Performance review meeting conducted	❖ Decision makers & influential bodies reached with advocacy ❖ Community meeting held ❖ Community feedback addressed

INTERVENTION

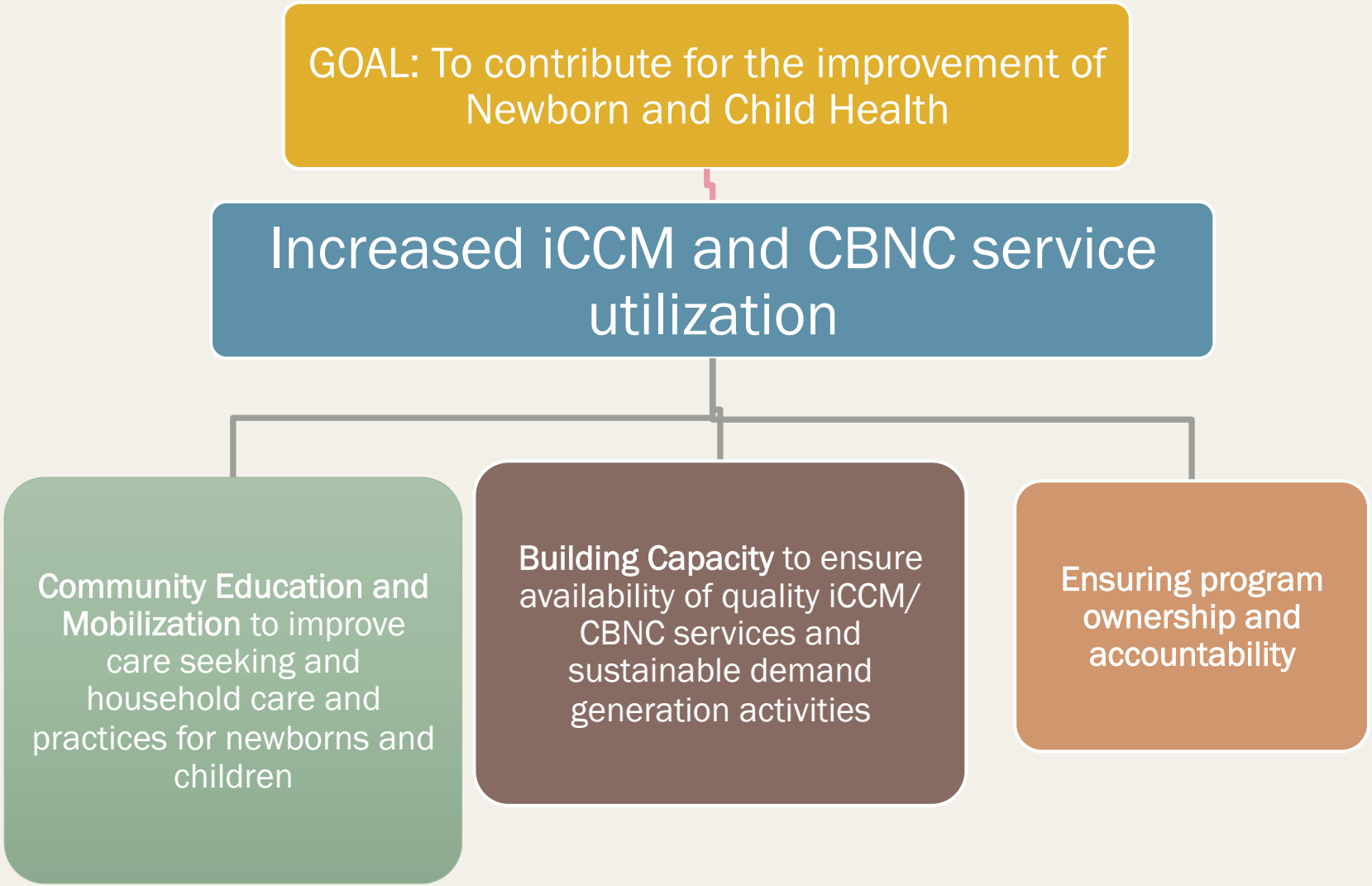
▪ HP open house ▪ One to one/small group discussion by WDAs ▪ Engaging AEWs to reach the male partners ▪ Engaging School community ▪ Engaging religious & traditional leaders ▪ Projecting health ▪ Radio spot/program	**Demand side** ▪ Strengthen WDA using level one training and CBDDM **Supply side** ▪ Gap filling training & job aid ▪ Supportive Supervision ▪ Performance Review/meeting	❖ Advocacy at all level for: ▪ Integration of iCCM/CBNC in BSC , WBP, SS, PRM, budget allocation, SCM & HMIS ▪ mgt standard for HP opening hours ▪ Ambulance service for children referral. ❖ Community participation ▪ Engage Kebele Command Post ▪ Community-feedback mechanism

ASSUMPTION

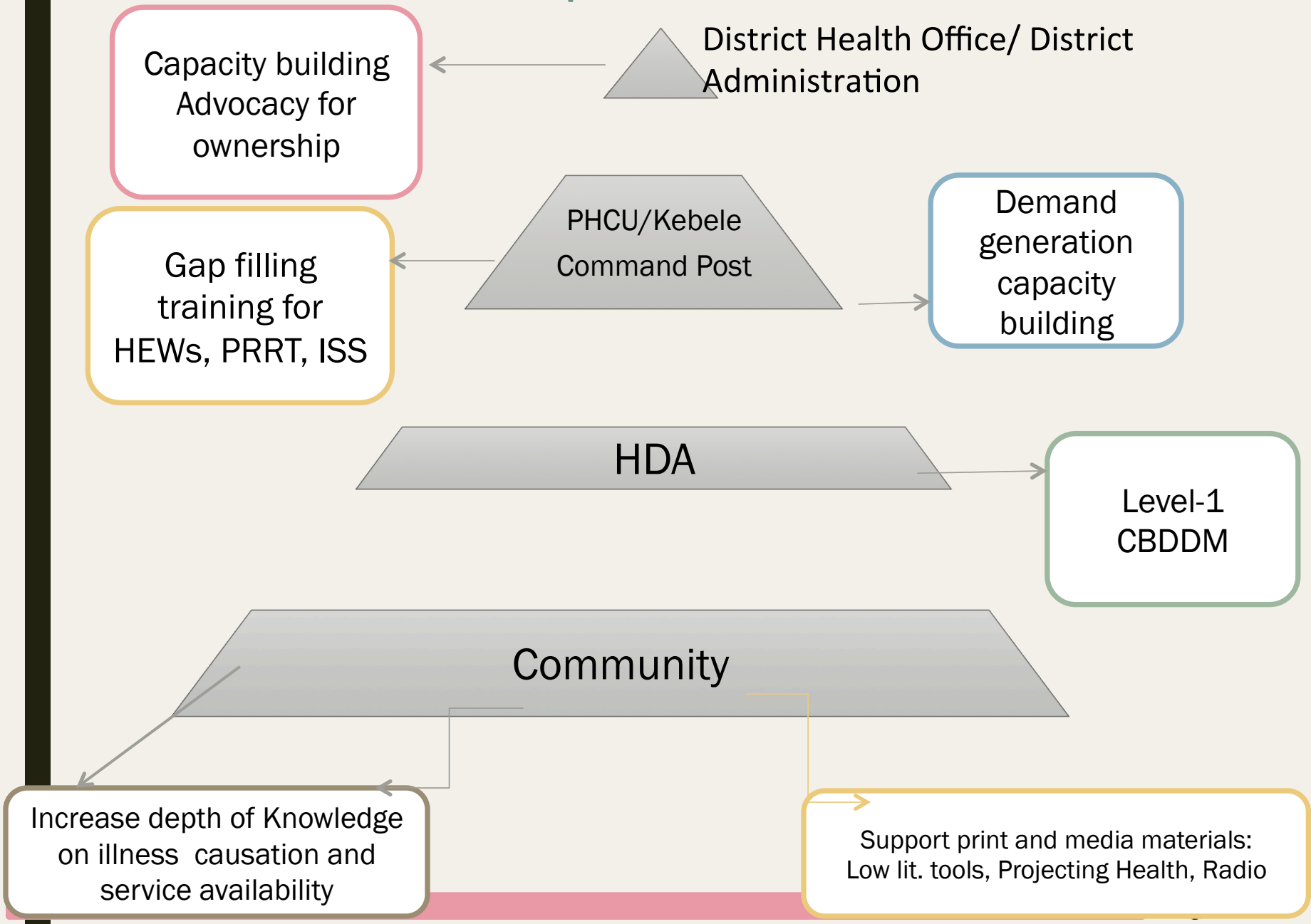
- ❖ Health managers/political leaders at all level will be committed to support the project interventions
- ❖ There will be strong coordination and partnership among the stakeholders at all level
- ❖ The community influencers (traditional healers, and religious/traditional leaders) will be change agents in promoting the MNCH services
- ❖ The public sector and supply chain partners ensure drug and service availability

Figure: Theory of Change for Optimizing Health Extension Program to Increase CBNC & iCCM Service-Uptake (OHEP)

Project Objectives



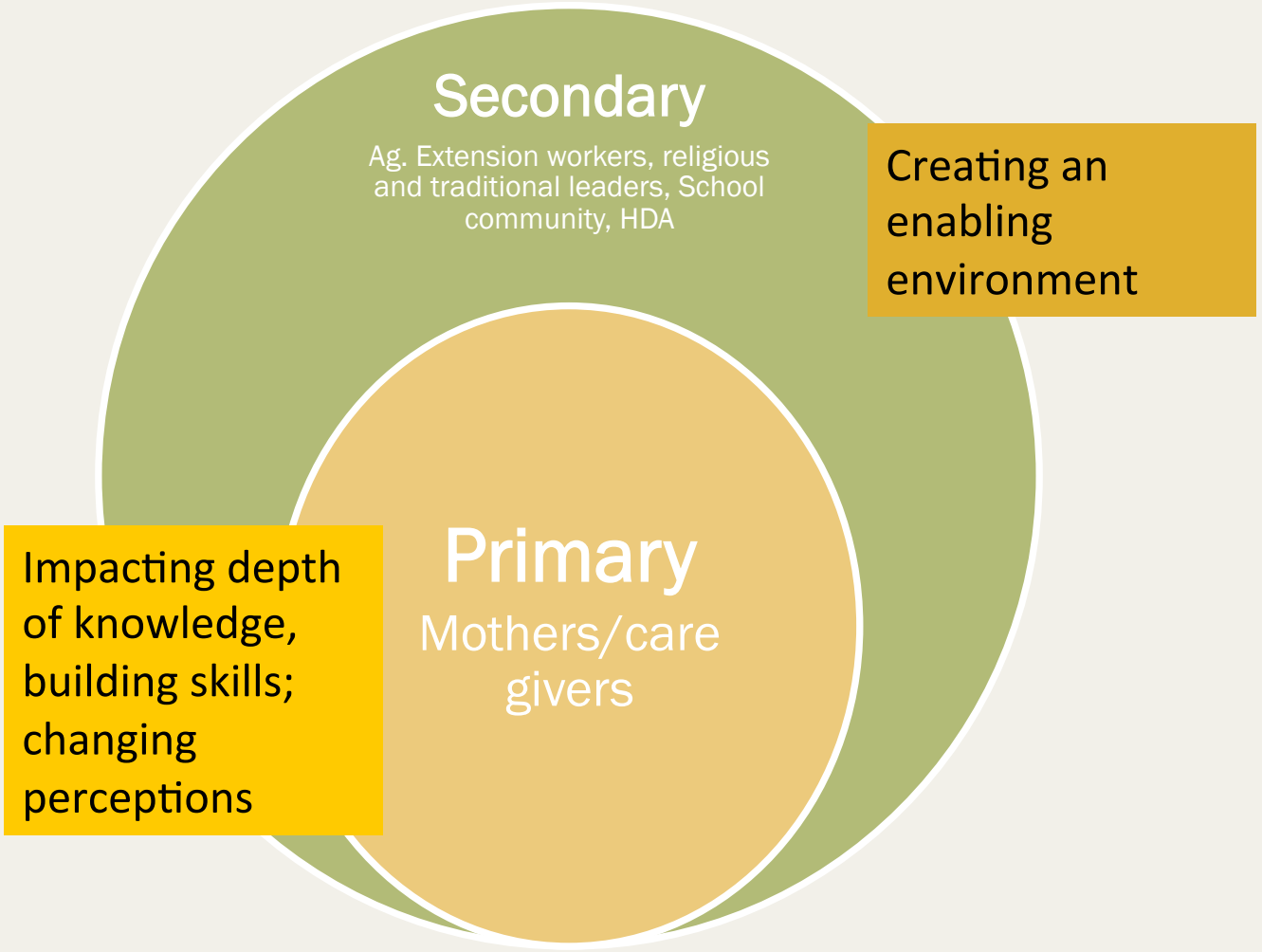
Woreda: Implementation focus



Interventions

Community Education and Mobilization	Capacity Building	Ensuring ownership and accountability
HP open house	CBDDM and Level-1 training for HDA	Advocate for the inclusion of iCCM/CBNC indictors as performance evaluation
Engaging traditional leaders, schools, Ag. Extension workers	Command post, PRT, HEWs	Support the integration of iCCM/CBNC in WBP, ISS and RM
Projecting health, radio, speaking book	Gap filling training for HEWs	Advocate for the allocation of budget to fill gaps in commodities
Community meetings for feedback on health services	Outreach kits for treating sick children during home visits	Advocate for standard schedule for HP

Key beneficiaries



Engaging the Woreda from the outset

- Plan Alignment Workshop
- Engaged in woreda based planning ensuring iCCM/CBNC received due attention and activities are included in the annual plan

Engaging religious/ traditional healers

Sensitization for Agriculture Extension Workers

- AEWs have interaction both with women and men -- serve as good channel for information on child health

Sensitization for school community

Field testing the KCP orientation guide

Learnings

Learnings

- For the **sustainability** woreda need to be the focus and interventions need to be aligned with the Woreda transformation agenda.
- Addressing **ownership** from the outset is critical.
- Innovations that look at the family and the community within the **context of their society** is important for success.
- Integrating a monitoring and feedback approach helps to **generate evidence** for possible scale-up.
- Engaging the woreda administration for **multi-sectoral engagement and political commitment** and accountability is important.
- Active **leadership role of the FMOH** and RHBs is critical for successful implementation and scale-up.
- The partnership helps in improving the tools and in having a standardized approach

Challenges

- Supply: drug stock-out
- Competing priority by the public sector
- Nationally rolled out trainings such as the Level-I HDA training are delayed
- Relevant data are not part of the HMIS (e.g treated newborns)
- FHG- translation is not yet completed

Thank you !