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
Outline

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

- 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
Expected Results

Short Term (Jul15-Feb 16)
- Barriers for uptake identified
- Theory of Change developed

Intermediate (Feb 2016-Jan 2018)
- Test the evidence based interventions by increasing uptake of services

Long-term (Feb-June 2018)
- SBCC strategy for uptake of iCCM/CBNC developed
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

<table>
<thead>
<tr>
<th>Community Edu &amp; Mobilization</th>
<th>Capacity Building</th>
<th>Ownership &amp; Accountability</th>
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</thead>
<tbody>
<tr>
<td>- Improved child health practice at HH &amp; community level</td>
<td>- Improved availability &amp; quality of CBNC/iCCM service</td>
<td>- iCCM/CBNC integrated in BSC, WBP, SS, PRM, Budgeting, SCM &amp; HMIS</td>
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<tr>
<td>- Increased acceptability of curative service at HP</td>
<td>- Improved capacity &amp; engagement of WDAs</td>
<td>- Community empowered (KCP, comm. feedback mechanism)</td>
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<tr>
<td>- Increased awareness about childhood illness &amp; availability of iCCM/CBNC at HP</td>
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### Output

<table>
<thead>
<tr>
<th>People reached with evidence based SBCC</th>
<th>Improved HEWs/HWs skill</th>
<th>Decision makers &amp; influential bodies reached with advocacy</th>
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<tbody>
<tr>
<td>- HP open house</td>
<td>- Improved WDAs skill</td>
<td>- Community meeting held</td>
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<tr>
<td>- One to one/small group discussion by WDAs</td>
<td>- Supervision conducted</td>
<td>- Community feedback addressed</td>
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<tr>
<td>- Engaging AEWs to reach the male partners</td>
<td>- Performance review meeting conducted</td>
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<tr>
<td>- Engaging School community</td>
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<tr>
<td>- Engaging religious &amp; traditional leaders</td>
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<tr>
<td>- Projecting health</td>
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<td>- Radio spot/program</td>
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### Intervention

**Demand side**
- Strengthen WDA using level one training and CBDDM

**Supply side**
- Gap filling training & job aid
- Supportive Supervision
- Performance Review/meeting

**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)*
GOAL: To contribute for the improvement of Newborn and Child Health

Increased iCCM and CBNC service utilization

Community Education and Mobilization to improve care seeking and household care and practices for newborns and children

Building Capacity to ensure availability of quality iCCM/CBNC services and sustainable demand generation activities

Ensuring program ownership and accountability
Woreda: Implementation focus

- **District Health Office/ District Administration**
- **PHCU/Kebele Command Post**
- **Community**
- **HDA**
- **Level-1 CBDDM**

- **Capacity building**
  - Advocacy for ownership

- **Gap filling training**
  - for HEWs, PRRT, ISS

- **Demand generation capacity building**

- **Increase depth of Knowledge on illness causation and service availability**

- **Support print and media materials:**
  - Low lit. tools, Projecting Health, Radio
## Interventions

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

Secondary
Ag. Extension workers, religious and traditional leaders, School community, HDA

Creating an enabling environment

Primary
Mothers/care givers

Impacting depth of knowledge, building skills; changing perceptions
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
ÆEWs 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

- 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!