A Demand Creation Strategy for MNCH/CBNC

Rationale:
Routine service data in Ethiopia indicates low maternal, newborn and child health (MNCH) service uptake despite the availability of services at various levels.

Diagram 1: Connecting MNCH services to client

In order to bridge the gap in service utilization evidence suggests that an innovative, evidence based demand creation strategy when applied through a systems strengthening approach can improve health seeking behavior and MNCH service uptake.

Designing the Strategy:
In collaboration with Federal Ministry of Health and MNCH partners, Saving Newborn Lives (SNL) Project developed a Demand Creation Strategy for MNCH/CBNC which is based on local and international experiences that are proven feasible, effective, and scalable. The strategy fits into the existing Health Extension Program (HEP) and Health Development Army (HDA) platform.

The design process sought to better understand approaches that would empower communities to act collectively to address the barriers to accessing health care, and improve uptake of positive health seeking practices. The process included cross-learning visits and a desk review of global and local experiences related to demand creation for MNCH. It also involved a designing workshop where the Ethiopian Ministry of Health and other key partners were brought together to share experience related to demand creation.

The strategy is organized around 6Ps- namely Purpose, Principles, Platforms, People, Processes and Products to achieve the desired outcome.

Purpose:
- To improve maternal, newborn and child health outcomes through increased demand creation for Community Based Newborn Care (CBNC).

Objectives:
- To improve MNCH related household practices and norms
- To increase timely care-seeking for maternal and new-born illnesses

Principles:
- Community strengthening
- Leverage Multi-sectoral Social Networks & Structures
- Equitable Access for Mothers and Newborns
- An Enabling Environment for Behavior Change
- Household to Hospital Continuum
- Sustainable and Scalable Interventions
- Measurable Impact
- Matching Quality MNCH Services to Demand

Major Barriers to be addressed:
- Low awareness and knowledge about pregnancy, labour, postnatal and newborn danger signs
- The belief that the outcome of pregnancy is predetermined from God/Allah
- Distrust and uncertainty around the formal health systems including reluctance by some women to be examined by male health providers.
- Hesitancy to early pregnancy disclosure due to shame, fear of the ‘evil eye’ and miscarriage
- Women may have more trust in traditional birth attendants (TBAs) because of their shared belief
- Women lack autonomy and involvement in decision making
- Seclusion of mother and newborn influenced by traditional beliefs

Key Approaches:
- Early pregnancy identification and birth notification
- Initiate and support pregnant women conferences (PWCs)
- Strengthen kebele command post, health steering committees and other groups to mobilize their communities for MNCH
- Strengthen linkages among Health Centers, Health Posts, and HDAs to improve MNCH continuum of care
- Promote active male involvement
- Effective use of the national Family Health Guide to create family dialogue for improved MNCH
- Develop women and family friendly maternities and waiting area in order to meet demand with quality services
- Engage TBAs in promoting appropriate MNCH practices & services
- Strengthen local emergency transport systems at community level
- Engage family decision makers such as fathers, mothers, in-laws, and grandparents during home visits and 1:5 discussions.
- Community use of MNCH data for decision making through Community Health Bulletin Boards
- Use of multiple channels (print and local media) to reinforce community efforts
- Create an enabling environment by identifying formal and informal leaders, community groups, Primary Health Care Units (PHCUs) as champions for normative change.

**Process – Community Mobilization:**
The MNCH demand creation strategy employs a community mobilization/empowerment process to improve demand for health services.

“Community Mobilization is a capacity-building process through which community members, groups, or organizations plan, carry out, and evaluate on a participatory and sustained basis to improve their health and other conditions, either on their own initiative or stimulated by others.”

The rationale for the programmatic focus on building community capacity was based on the understanding that strengthened capacity ensures broad based participation, increases a sense of ownership and responsibility, encourages strategies that respond to local needs, and work to sustain community action. The Community Empowerment process entails four (4) Stages, with associated Steps. This process is used to guide kebele command posts and other community groups to better Organize for MNCH; Explore & Plan around key MNCH issues; Act Together to improve their MNCH priorities and Evaluate, Learn and Replan.

**People-Centered**
The model supports those individuals who are closest to the newborn: women/mothers, fathers, grandparents, mothers-in-law, friends, neighbors, and others who are involved in their care and influence decision-making. The role of TBAs, religious and community leaders is also leveraged for improved MNCH demand creation. Individuals from health and other sectors such as PHCU staff, HEWs, HDAs, agricultural development agents, school teachers, woman and child affairs representatives also have important roles to play.

**Platforms for Creating Demand:**
The demand creation model draws upon the HEP and community cadres while leveraging existing civil society platforms and other key stakeholders to broaden engagement and ownership over MNCH. The model recognizes the importance of identifying and engaging multi-sectoral platform(s). The strategy supports a systems strengthening approach that builds Zonal, Woreda, PHCU and kebele efforts to improve MNCH. Community platforms engaged in the capacity strengthening process include families, neighborhoods, faith-based groups, community social structures, institutions, and formal and informal community-based groups. Platforms have been selected based on their existing function and availability to support community based maternal, newborn, and child healthcare.

Kebele Command Posts play a key role in the demand creation process. They are being strengthened to own and lead the process at the community level which involves the inclusion of those most affected, interested and influential individuals and community groups; building and linking social networks for improved collective action, resource mobilization and referral networks for improved service delivery.

**Diagram 2: Stages of community mobilization process for MNCH**

**Diagram 3: Strengthened KCP derived community mobilization train**