Strengthened Kebele Command Post Best Practice from Ethiopia

A.Background

In Ethiopia, newborn deaths now account for 43 percent of all under-five child deaths in the country. The most recent Ethiopia Demographic and Health Survey (EDHS 2016) shows that the neonatal mortality rate in country is 29 per 1,000 live births, and less than a third (26%) of children are born at health facilities. In response, the Government of Ethiopia has begun implementing a Community-Based Newborn Care (CBNC) program to reduce newborn and child mortality. The CBNC program aims to further strengthen the Primary Health Care Units and the Health Extension Program (HEP) in order to scale-up community-based maternal and newborn health (MNH) services. The CBNC program also seeks to improve linkages between health centers and health posts as well as improve the performance of the Health Extension Workers (HEWs). However, lack of appropriate illness recognition and poor care seeking behavior pose a significant challenge for the success of CBNC program.

Save the Children's Saving Newborn Lives (SNL III) project is now playing a catalytic role in supporting the government's efforts to scale up Community Based Newborn Care throughout the country including strengthening community empowerment on MNCH-CBNC in East Shewa of Oromia region, and Gurage and Sidama zones of Southern Nations, Nationalities and Peoples' Region (SNNPR)

In 2014, Save the Children (SCI) in consultation with the Federal Ministry of Health and other partners, developed Demand Creation Strategy to improve community health care-seeking, social norms and beliefs on maternal, newborn and child health (MNCH). The purpose of the Demand Creation Strategy for CBNC is to improve maternal and newborn outcomes through increased demand and by addressing the barriers to families for appropriate care seeking and improved newborn care practice. The strategy is based on based on the six P's: Purpose, Principles, Platforms, People, Processes and Products to achieve the following;

- To improve MNH related household practices and norms
- To increase timely care-seeking for maternal and newborn illnesses
- To create enabling social norms that support appropriate MNH behaviors

The Demand Creation Strategy draws upon and strengthen the FMOH HEP community cadres while also leveraging existing civil society platforms and key stakeholders to broaden engagement and ownership over newborn health and survival. These platforms (see Figure 1) refer to families, neighborhoods, faith based groups, community social structures and institutions, and various formal and informal community based groups.

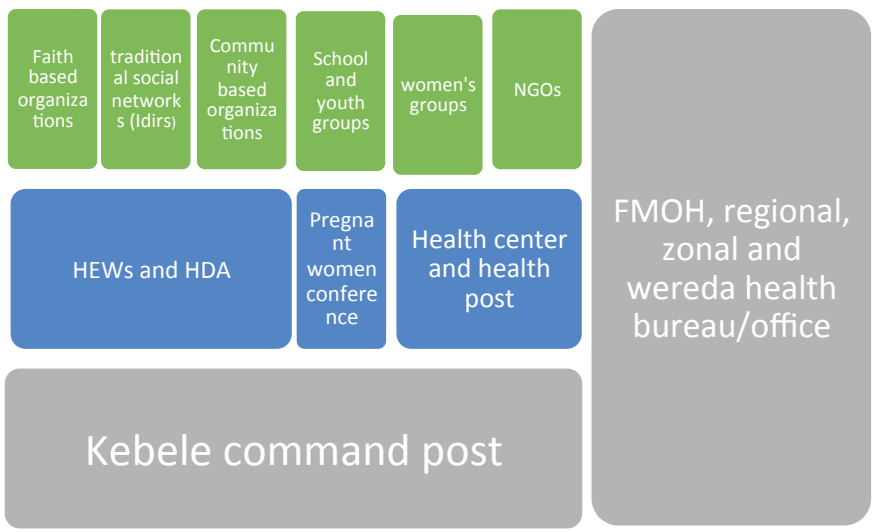


Figure 1. Platforms used in implementing demand creation strategy in SCI's project sites

B. Strategies for implementation of best practice: Engaging the Kebele Command Post

The Kebele Command Post, as an existing community platform, is now being strengthened through an empowering community approach to improve community participation and ownership over maternal, newborn and child health (MNCH) outcomes. The four-staged process engages communities to explore, plan, act and evaluate together to improve MNCH-CBNC (Figure 2).

Figure 2. Stages of Community strengthening and mobilization process for MNCH

Stage One: Organize Kebele Command Post: In this stage, the KCP broadened its membership to ensure that those most affected, marginalized, interested, and influential in MNCH are invited to participate, have a central role and voice in setting community priorities. At this stage roles, responsibilities and norms were revisited and agreed upon, including how the KCP would maintain

its function as a group committed to MNCH. Strengthening and training the KCP on the empowering demand creation strategy was the responsibility of the Performance Review Team (PRTs_ from respective heath centers. PRTs receive six (6) Demand Creation Supportive Supervision training to implement the community empowering approach.

Strengthening the MNCH function and role of the KCP and broadening membership demonstrated important results, as represented from Dola Gobena Kebele Meskan wereda, Gurage Zone of SNNPR region:

'The KCP was not that well known. Its role was not clear even to its members. Our names were just registered on paper. We had no awareness of the benefits of the multi sectoral approach. We didn't know how to apply our unity to the benefit of the community.' - Nasir, director of Dola Gobena School and member of the strengthened KCP

Stage 2: Explore local MNH Issues, Prioritize and Develop a Community Action Plan: The strengthened KCP (sKCP) explored barriers for MNCH seeking care; access to service and positive family practice, identified and prioritized community MNCH, developed an MNCH action plan. The draft MNCH action plan was then shared with the broader community, and received approval.

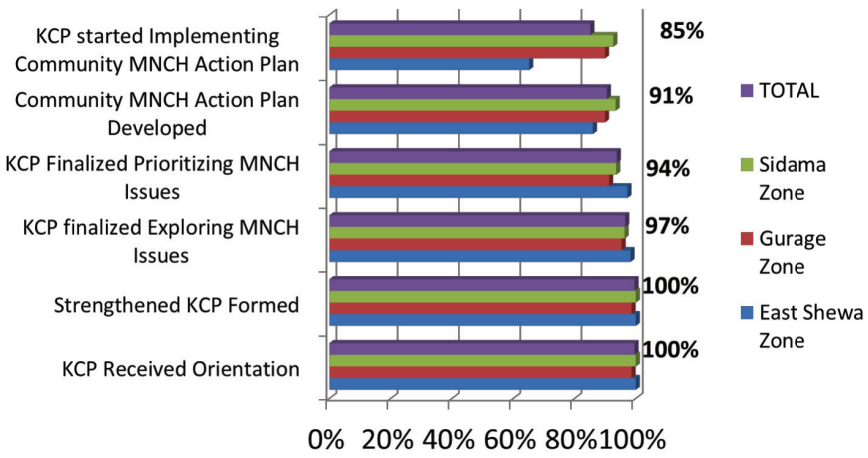
Figure 3: KCP members of Girmi Kebele, East Showa drawing a problem tree to identifying major MNCH barriers in the community

Stage 3: Act Together and Monitor Success: In this stage, sKCP implemented their MNCH community action plans, strengthened their capacity to achieve their plans, and monitored progress towards their MNCH goal.

Figure 4: KCP meeting at Dobena Gola Health post

Stage 4: Evaluate, Learn and Re-plan: The implementation of the empowering demand creation approach was closely monitored, with service utilization data used as a baseline marker and with an external qualitative evaluation currently being undertaken with results anticipated in August 2017. The following implementation data demonstrates positive progress in zones where the approach was being implemented:

Community mobilization implementation roll-out status, December 2017



C. Results achieved

Healthcare seeking for newborn improved

Health care seeing for newborns was not a practice in both Sidama and Gurage zones. Newborns were not considered a full human being needing care and attention. There were a lot of traditional and religious practices that prevented mothers from seeking care for their newborns.

"Taking sick newborns to health facilities was uncommon. Our society thinks that newborns are not yet human beings. We call them Damelcho. Its to mean worm. We don't commonly seek health care when they get sick. We give them some herbs and leaves which we believed can cure all kinds of diseases."

The effects of these and other traditional believes and practices are dropping after implementation of the DC strategy.

"the change in terms of healthcare seeking for newborns is an unprecedented practice that resulted from the DC intervention. The different steps and exercises of the DC strategy are mutually supporting that eventually led to behavior change related to child sickness and treatment. The women learn about danger signs of neonatal diseases and its treatment at PWCs.

Increased ANC attendance

Early identification of pregnancy, which is mainly done by the lowest administrative structures such as the DG or 'one to five' helped the improvement in ANC attendance tremendously. HEWs and WDAs trace and encourage pregnant women to join the PWC, where they are advised to start attending ANC as early as possible.

"…. considerable number of pregnant women were receiving ANC services as a result of earlier MNCH interventions, particularly the CBNC. The trend was, however, that women did go late at their pregnancy, especially when some symptom of sickness is observed. This has significantly changed. Now we are seeing more pregnant mothers attending first ANC." PRT member Sidama Zone Doba Toge Health Center

Improved institutional delivery Cultural believes and traditional norms had a persistent influence on the outcomes of facility delivery. Though, facility delivery was improving at the time of initiating the demand creation strategy, its implementation has helped in addressing ingrained cultural believes and traditional norms.

"of all MCH issues targeted by the MDG, institutional delivery has been an area on which the government exerted much effort long before the DC intervention, However, the number of women who come to health facilities for delivery significantly increased as the result of the DC activities. The lessons provided at pregnant women conferences, the advices of medical personnel during the ANC visits, the mobilization work by the members of the KCP including TBAs, the availability of ambulance services and maternity waiting rooms, have contributed a lot to the increment in institutional delivery". Zonal and Woreda health offices

D. Facilitating factors

There are a number of key conditions that have a tremendous impact on how successfully and effectively the sKCP implemented its activities. These are critical success factors (see below) that provided fertile ground to ensure desired outcomes.

Commitment of WDAs HEWs: Most WDAs and HEWs strongly believe in the pressing need of improving newborn and maternal health. Their dedication to the cause of MNCH has enabled them to overcome challenges and realize desired outcomes.

Existing government structures societal networks: The DC strategy builds on existing community networks government structures harnessed through community empowerment. This approach is growing to be effective in realizing the DC strategy.

Sense of ownership of the community to MNCH issues: The fact that communities now understood the consequence of traditional beliefs and practice has provided a fertile ground for the implementation DC activities.

Engaging TBAs: Bringing TBAs on board was reported as peculiarly significant. The communities recognize the TBAs as experts in matters of pregnancy and delivery. Advice from TBAs regarding pregnancy and birth is usually given high regard.

Support of Primary Health Care Unit (PHCU) directors and Woreda and Kebele admistrators: The by-in and commitment of higher officials is one of the key success factor in implementation of DC strategy. To date early lessons are showing that strong leadership of PHCU directors is correlating with achievements in improving timely care seeking for maternal and newborn health illness. Strengthening the existing Kebele Command Post: strengthening the Kebele command post through expending its membership by inviting prominent (community and religious leaders), interested and most affected individuals (a mother who lost a baby, a father who lost a wife) in the community, has helped to bring community ownership of MNCH issues.

E. Key challenges

Workload: HEW are responsible for implementing 16 health packages and are required to spend 75% of their time conducting outreach activities conducting house to house visits. During these visits, HEWs are expected to teach through demonstration (E.g. by helping mothers care for newborns, cook nutritious meals, construction of latrines and disposal of pits). With this schedule HEWs are left with little time to carryout additional tasks.

Transportation availability: There is only one ambulance available to transport laboring mothers to the health center and this ambulance is usually not available to return mothers back to their home after they deliver. Due to this some mothers may prefer to deliver at home to avoid the problem of transportation to return back home.

Coverage: Kebeles that are distant from the administrative office has not received close support and this may have resulted in loose implementation of DC activities in these specific kebeles.

F. Lessons Learned

- Empowering demand creation approaches work to build community participation and ownership over MNCH outcomes for their newborns, mothers and families.
- Strengthening existing community platforms, such as the Kebele Command Post, with improved group organization, planning, resource mobilization and management skills fosters community collective action for improved MNCH.
- Those most marginalized and affected by MNCH issues are motivated and can be active participants for positive change in their community
- The kebele administration needs to be aware of the disparity in implementation of DC activities from one kebele to the other and take the appropriate action to improve coverage.
- For strong and sustained implementation, ongoing capacity building of sKCP members is essential.

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Photo Credit: Birhanu Abebe, Sound Solution
Cover Photo: SKCP meeting Girmi Kebele East Showa Zone

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