Community based data for decision making for improving program performance

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Dakar, Senegal
Background

• Most of Ethiopian population used to live more than 10 kilometers away from a health facility

• The health extension program (HEP) was launched in 2004 to close the gap and act as the major platform to reach its health related MDGs

• The government in partnership with community established 1 health post & 2 health extension workers (HEWs) in each of its around 16 thousand villages
The Last Ten Kilometers Project (L10K)

- Funded by Bill & Melinda Gates Foundation
- Bridges the gap between the HEP and the households and communities
- Implements community strategies to improve the skills of HEWs to enhance their interactions with households and communities to achieve more, better, efficient and equitable maternal, newborn and child health (MNCH) outcomes and contribute towards achieving maternal & child health related MDGs
L10K Foundation Strategy

- Partners with 12 local NGOs (Tier 1 grantees), FMOF & 4 Region Health Bureaus
- Trained 7 thousand HEWs & 77 thousand community health promoters (CHPs)
- In the initial period 1 CHP used to cover 25 – 30 (HHs) Now majority of CHPs are converted to Health Development Army
- Anchors identified from to motivate volunteers community institutions
- Distribute family health cards
- Provide supportive supervision
- Conduct review meetings
Geographical Scope

L10K Coverage
- 4 regions
- 115 districts
- 14 million pop.

CBDDM Coverage
- 4 regions
- 14 districts
- 1.5 million pop.
CBDDM Features

- Added upon the core strategy in 14 districts
- Activates village health committees
- Establishing partnership between the community at the grassroots, HEWs, local organizations, and vCHWs to gather information from different sources to identify gaps in maternal & newborn health (MNH) services to facilitate community actions
• Study Objective: Determine the added value of CBDDM over the L10K foundation strategy in improving the family planning (FP) component of the HEP

• Study design: (Difference-in-difference) Compares FP indicators between 14 CBDDM districts and 53 foundational strategy districts using pretest-posttest design
Data: 2-stage cluster sampling

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<tbody>
<tr>
<td></td>
<td>CBDDM</td>
<td>Foundation</td>
<td>CBDDM</td>
<td>Foundation</td>
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<tr>
<td>Clusters</td>
<td>27</td>
<td>110</td>
<td>76</td>
<td>158</td>
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<td>Women 15 to 49 years</td>
<td>540</td>
<td>2,200</td>
<td>912</td>
<td>1,656</td>
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Analysis: Weighted logistics regression
% of women approve of FP

Attributable OR: 1.74 (p<0.05)
% of women in union using FP

Baseline  Follow-up
Foundation  30  40
CBDDM  30  47

Attributable OR: 1.31 (p<0.1)
% using FP from health post

Baseline
Follow-up

Foundation
19
25

CBDDM
18
35

Attributable OR: 2.42 (p<0.01)
% of non-users contacted to discuss FP

Attributable OR: 1.53 (p<0.05)
Conclusion

• CBDDM facilitates the roles of community members, CHPs and HEWs to improve the performance of FP
• CBDDM should be integral part of the L10K universal strategy
• The strategy should be adapted by the HEP
Thank you