

Empowering communities, local CSOs, and community-level health workers for sustained RMNCH outcomes

27 April 2022
Addis Ababa, Ethiopia

- Background of community-based primary health care in Ethiopia
- L10K's strategic approaches to building community engagement capacity of local CSOs and within public sector structures
- The evolution of national community engagement strategies in Ethiopia and L10K's contributions
- Results: Women's Development Army (WDA), Volunteer Community Health Workers (CHWs), and Health Extension Worker (HEW) functionality and improved RMNCH outcomes
- Lessons learned, implications, and future of community engagement

Background: Evolution of community-based Primary Health Care policy in Ethiopia



1978

- Alma Alta Declaration defines fundamental components of Primary Health Care (PHC)
- The Derg Declaration defines health system functions and approaches for PHC and Community Health Services in Ethiopia
 - Community health agents and Traditional Birth Attendants (TBAs) introduced

2003

- MOH launched the Health Extension Program (HEP) to provide essential health services volunteer Community Health Workers

2008

- L10K has been supporting the HEP, the PHC systems, and their linkages with communities

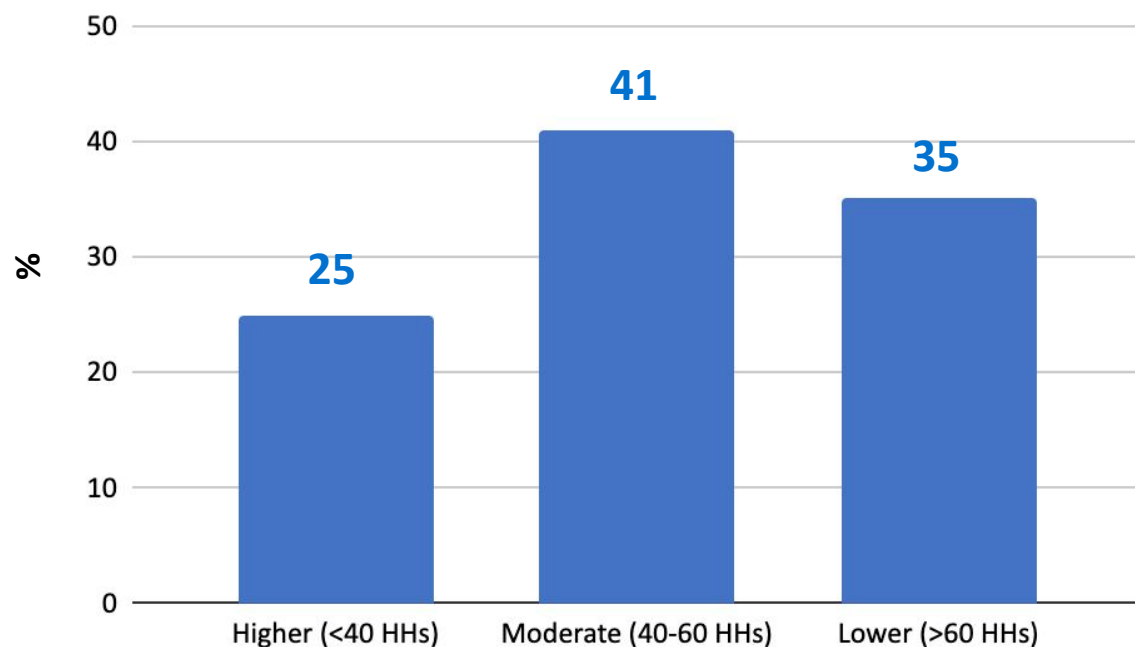
L10K's strategic approaches



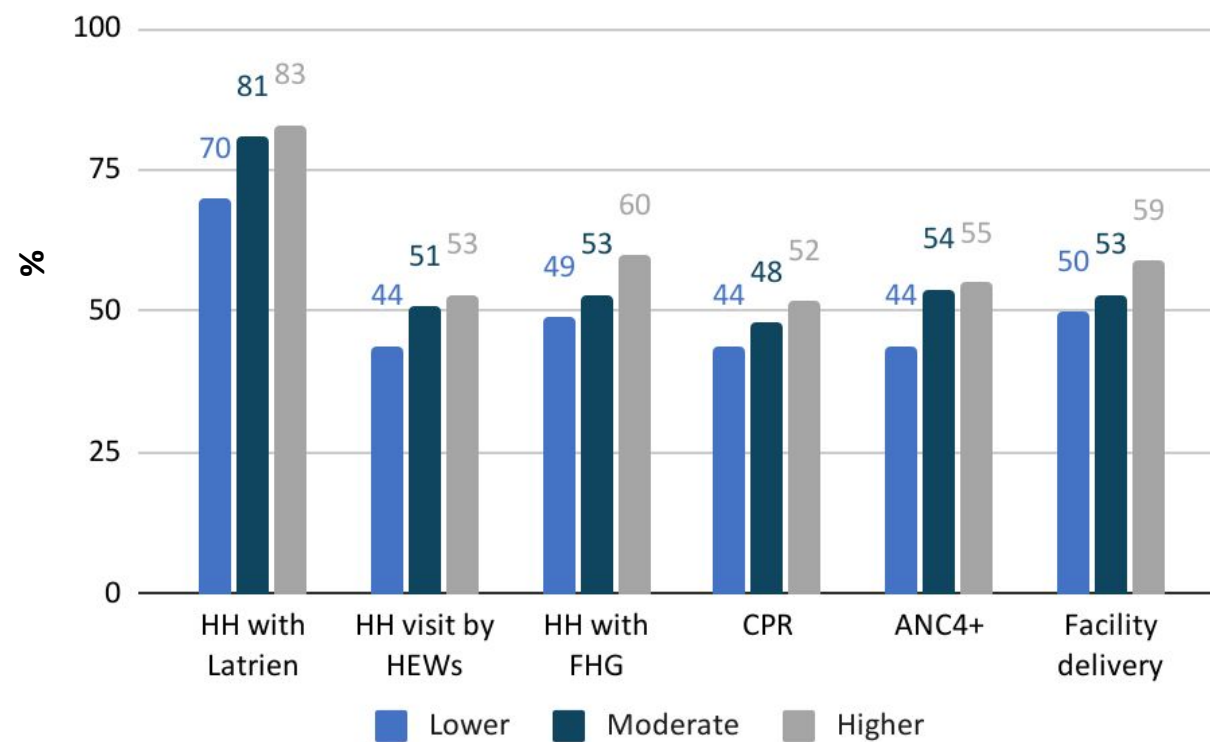
- Civil Society Organizations (CSOs): Partnership and capacity building for CSO staff and organizational planning and management
- Technical Assistance (TA) for HEP / PHC optimization
 - National level: TA to technical working groups from L10K staff
 - Regional and Zonal Health Bureaus: Embedded staff for HEP / PHC
- Select woreda coverage
 - Implementation support in 115 woredas of Amhara, Oromia, SNNP & Tigray
- Using evidence to inform programming

Strengthened CHWs functionality & interaction with HEWs for improved RMNCH outcomes

WDA implementation fidelity



Association between WDA fidelity with RMNCH outcomes



Building local CSO capacity improves community reach and sustains results



Inputs

- CSO selection process
- Sub-granting support
- Co-develop interventions, strategies, guides, and tools

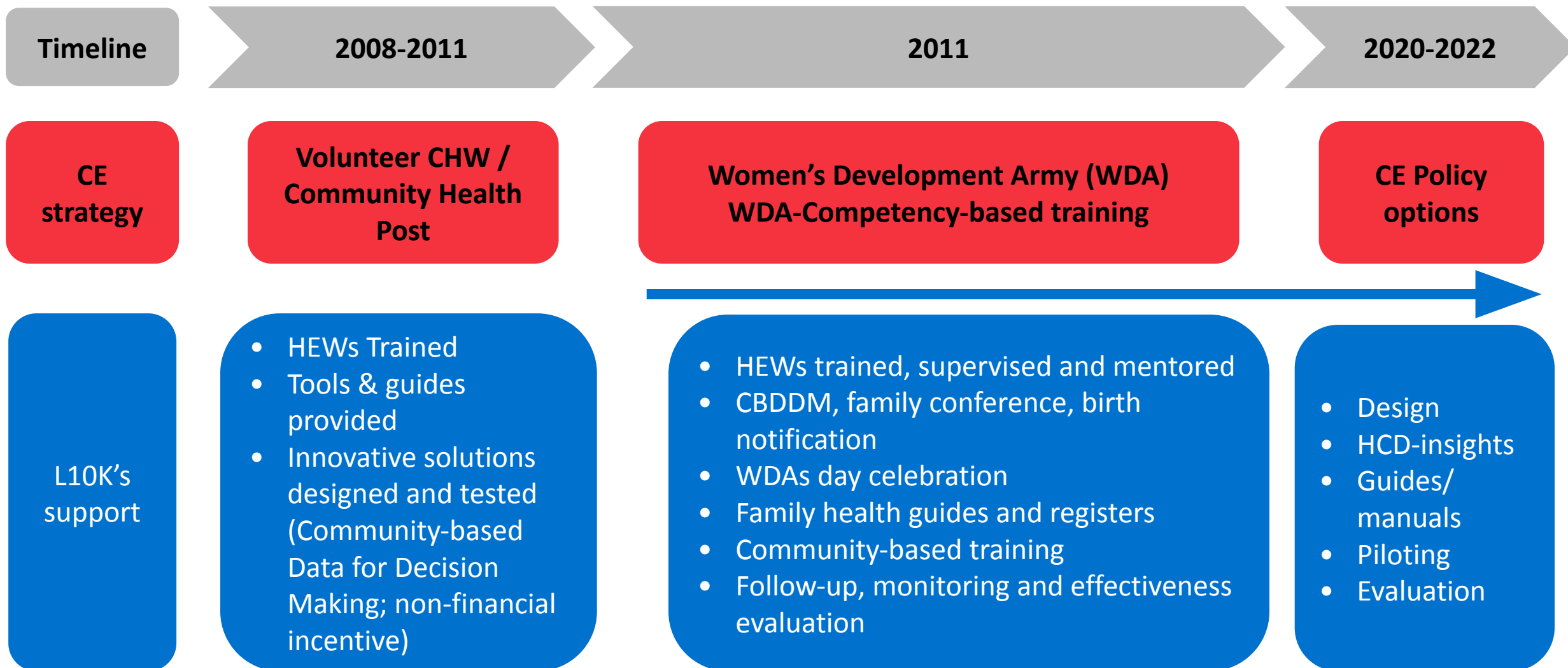
Outputs

- Enhanced HEP and innovative community solutions reach communities
- Capacitated HEWs & CHWs through training, Supportive Supervision, mentorship and coaching, and performance review
- Strengthened interaction between HEWs and CHWs

Outcomes

- CSOs better able to manage and allocate funds for strategic programming
- Empowered communities & Community health system development
- Improved service uptake and RMNCH outcomes
- Impacted national program and strategies

L10K and evolution of national community engagement (CE) strategies



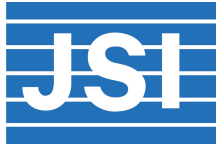
Community engagement innovations: designing, testing, and implementing new strategies



- L10K fostered a process for developing multi-pronged approaches, generating evidence, and informing policy decisions
 1. High-level advocacy with the health sector and political leadership
 2. Evidence synthesis and literature reviews
 3. Evidence-based dialogue to inform intervention design
 4. Human Centered Design techniques to understand end-user perspectives
 5. Iterative co-design and consultation process with leaders and experts
- Supported design of alternative community engagement policy options
- The Village Health Leaders (VHL) strategy is now piloted in 4 woredas, with L10K supporting MOH to scale in 26 more woredas

Lessons learned

- Strengthening the interaction between volunteer CHWs and HEWs improved RMNCH outcomes in key indicators
- Capacity building of local CSOs resulted in better reach to communities, empowered communities, improved service uptake, and RMNCH outcomes, and impacted national programs
- Introducing Village Health Leaders has helped to strengthen the link between communities with the PHC system



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