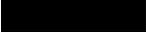


Ethiopia CBNC PY4 Summary & Results

	Geographic Implementation Areas National level support only in PY4	Population Country • 96,506,000																										
Technical Areas 																												
Program Dates October 1, 2014–February 28, 2019 Cumulative Spending through End of PY4 	Strategic Objectives <ul style="list-style-type: none"> • Improved community MNH practices and care-seeking behaviors. • Increased provision of high-impact, quality newborn care services in the community. • Strengthened supportive systems for provision of newborn health care. 																											
Demographic and Health Indicators <table border="1" data-bbox="203 945 576 1627"> <thead> <tr> <th>Indicator</th> <th># or %</th> </tr> </thead> <tbody> <tr> <td>Live births/year^[2]</td> <td>2,613</td> </tr> <tr> <td>MMR (per 100,000 live births)^[3]</td> <td>412</td> </tr> <tr> <td>NMR (per 1,000 live births)^[3]</td> <td>29</td> </tr> <tr> <td>U5MR (per 1,000 live births)^[3]</td> <td>67</td> </tr> <tr> <td>TFR (births per woman)^[3]</td> <td>4.6</td> </tr> <tr> <td>CPR (modern methods)^[3]</td> <td>35%</td> </tr> <tr> <td>ANC 4+^[3]</td> <td>32%</td> </tr> <tr> <td>SBA^[3]</td> <td>28%</td> </tr> <tr> <td>Penta3^[3]</td> <td>53.2%</td> </tr> <tr> <td>Stunting (height for age < 5)^[2]</td> <td>38%</td> </tr> <tr> <td>ORT^[3]</td> <td>30.7%</td> </tr> <tr> <td>ARI care seeking^[3]</td> <td>29.8%</td> </tr> </tbody> </table> <p><i>Sources: ^[1] UNICEF Data: Monitoring the Situation of Children and Women 2014, ^[2] UNICEF count down to 2015, ^[3] DHS 2016.</i></p>	Indicator	# or %	Live births/year ^[2]	2,613	MMR (per 100,000 live births) ^[3]	412	NMR (per 1,000 live births) ^[3]	29	U5MR (per 1,000 live births) ^[3]	67	TFR (births per woman) ^[3]	4.6	CPR (modern methods) ^[3]	35%	ANC 4+ ^[3]	32%	SBA ^[3]	28%	Penta3 ^[3]	53.2%	Stunting (height for age < 5) ^[2]	38%	ORT ^[3]	30.7%	ARI care seeking ^[3]	29.8%	Key Accomplishment Highlights <ul style="list-style-type: none"> • Hosted a national level dissemination event with over 60 participants including implementing partners, donors, community representatives, and the MOH. MCSP shared achievements such as successful implementation of the Community-based Newborn Care package; training of 679 performance review teams at health centers on the Demand Creation Supportive Supervision Guides with step down trainings of an additional 5,902 health workers; and the efforts for ensuring sustainability through handover and dissemination in all 136 <i>woredas</i>. • Collaborated with the Federal MOH to support the development of a national, long-term vision for newborn and child health in Ethiopia. 	
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Ethiopia Community-Based Newborn Care

Key Accomplishments

MCSP's Community-Based Newborn Care (CBNC) project, known locally as Newborns in Ethiopia Gaining Attention, aimed to reduce neonatal morbidity and mortality in four regions of the country from 2014 to 2018. The project supported the introduction and scale-up of high-impact newborn health services at the community and primary health care unit levels across the Amhara; Oromia; Southern Nations, Nationalities, and Peoples'; and Tigray regions. MCSP completed field-level CBNC implementation and handed over project activities to government counterparts at *woreda* (district), zonal, and regional levels in a phased manner, which ended in September 2017.

In PY4, MCSP organized a national dissemination event to share key achievements, lessons learned, and recommendations to address remaining gaps in newborn health across the country. As part of MCSP's objective to institutionalize key lessons into national policy and strategy, MCSP advocated for a long-term vision for newborn and child health in Ethiopia. The Federal MOH readily agreed and initiated a national visioning exercise, led by the Federal MOH's MNCH Directorate, with technical support from MCSP and Saving Newborn Lives. To enable MCSP's continued support to this activity through early PY5 and allow completion of key CBNC learning documents, USAID approved a no-cost extension for MCSP through February 2019.

Future Implementation of CBNC

In December 2017, MCSP conducted a national dissemination event with over 60 participants from key MNCH implementing partners; USAID and other donors; selected *woreda*, health center, and community representatives; and the Federal MOH. The main objective was to share key achievements, research findings, and lessons learned to inform improved decision-making on CBNC implementation and institutionalization going forward. MCSP staff and beneficiaries presented their lessons learned from implementing QI activities and their successful experiences implementing the demand creation/community empowerment strategy. Additionally, MCSP articulated its view on the unfinished agenda in newborn health for the Ethiopian health care system.

Long-Term Vision for Newborn and Child Health in Ethiopia

In light of this "unfinished agenda," MCSP and the Federal MOH conducted the first visioning meeting in January 2018 and designed a 2-day visioning workshop for February 2018. The Federal MOH led the working group in discussing a conceptual framework for the visioning exercise and drafting a vision statement that would follow a life course approach and take into consideration key health systems issues and nonhealth determinants (including social, demographic, environmental, and community) that contribute to the survival of children and their ability to reach their full potential. To adequately address these various needs and perspectives, three subgroups were formed to address the themes of survive, thrive, and transform.

In April 2018, the Federal MOH underwent significant leadership changes. Despite this, the visioning TWGs continued their document review and synthesis. After a new MNCH director took office in mid-June, she met with MCSP and affirmed the visioning activity remained a priority for the Federal MOH. However, given travel restrictions placed on government officials during the transition period, the Federal MOH requested that MCSP halt plans for a learning visit to selected middle-income countries to learn what they had done to reduce neonatal mortality. Instead, the MNCH director and lead of the Child Health team requested such a benchmarking visit be replaced with a desk review. MCSP adjusted its activity plan accordingly and held additional discussions with the Federal MOH to agree upon a revised timeline for finalization of MCSP's inputs to the visioning documents by the end of Q1 of PY5.

Research and Documentation

In PY4, MCSP developed and finalized numerous program learning deliverables, including:

- **Possible severe bacterial infection referral study final report:** This cross-sectional study assessed referral compliance among caretakers of sick young infants with possible severe bacterial infection (PSBI), the barriers and facilitators to referral, and care received at the referral facility in project target geographies. The results revealed a very low rate of compliance to referral (38%) as reported by the caretakers. However, this could not be confirmed through healthcare outpatient registers as none of those who reported to have gone to the facilities could be matched. Adherence to the national protocol in terms of offering referral as a first option was variable in the different *woredas* assessed. Health Extension Workers were found to adhere better to the treatment protocol compared with health workers based in the health centers.
- **Low birthweight study final report:** This study assessed whether low-birthweight babies (under 2,500 g) are identified and appropriately cared for by health extension workers, Health Development Army leaders, mothers/caretakers, and community members. The study found that Health Extension Workers have the theoretical knowledge on how to identify a low-birthweight/premature baby, however they do not have much practical experience: less than half of the interviewed Health Extension Workers had identified a low-birthweight/premature baby over the course of their career. The low early postnatal care coverage and the poor hospital-health center-health post linkages were mentioned as the main reasons for these findings. In terms of care for low-birthweight/premature babies, the majority of the Health Extension Workers mentioned exclusive breastfeeding and keeping the baby warm, but less than one in five mentioned all the elements of KMC.
- **Barriers and facilities study final report:** This report included barriers and facilitators to early pregnancy and birth notification, ANC, and postnatal care in the Amhara regional study. Findings revealed that barriers to facility delivery include preference for their mothers or close friends to perform their delivery, and trust in traditional practitioners or distrust of health facilities, such as fear that facilities are not clean and have incompetent staff. Among the main enhancers mentioned were better knowledge of benefits of facility delivery (control of bleeding, pain management, and prevention of mother-to-child HIV transmission), free service and free supplementary foods. Furthermore, barriers to pregnancy notification were that many women felt culturally inhibited from revealing a pregnancy early, an important first step to accessing ANC services, especially if the pregnancy occurs outside marriage or happens “too soon” after an earlier pregnancy.
- **Process documentation pieces for key technical areas:** This included service delivery, demand creation, QI, and engagement of faith leaders in MNCH. These pieces serve as references for partners who wish to replicate similar approaches in their project areas.
- **Four videos:** Three focused on specific technical approaches MCSP employed, and one was a general overview of MCSP’s work in Ethiopia.
- **Endline survey report:** This endline survey was conducted to better understand knowledge of women ages 15–49 regarding MNCH, specifically MNCH care-seeking behavior and practices, coverage of key MNCH services (ANC, essential newborn care, delivery by skilled attendants, and postnatal care, among others), and capacity of the community for MNCH collective action.

Way Forward

In early PY5, MCSP will complete its support to the Federal MOH’s long-term newborn and child health visioning exercise, including draft strategic recommendations that will be shared with national and global experts for review. Thereafter, the Federal MOH child health team will lead the finalization of the strategy. Additionally, MCSP will finalize remaining CBNC research and documentation products through the no-cost extension period.

The scope of this country summary is limited to PY4 data and results. The MCSP’s CBNC end-of-project report and country summary for Ethiopia will detail endline results and tell the full story of what MCSP achieved through the life of this important country program.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
MCSP’s Ethiopia CBNC program did not conduct service delivery activities in PY4 and thus does not have any PMP indicators to report for the PY. A full recap of the baseline and endline indicators over the life of project will be included on the Ethiopia country summary in the global MCSP end-of-project report.	