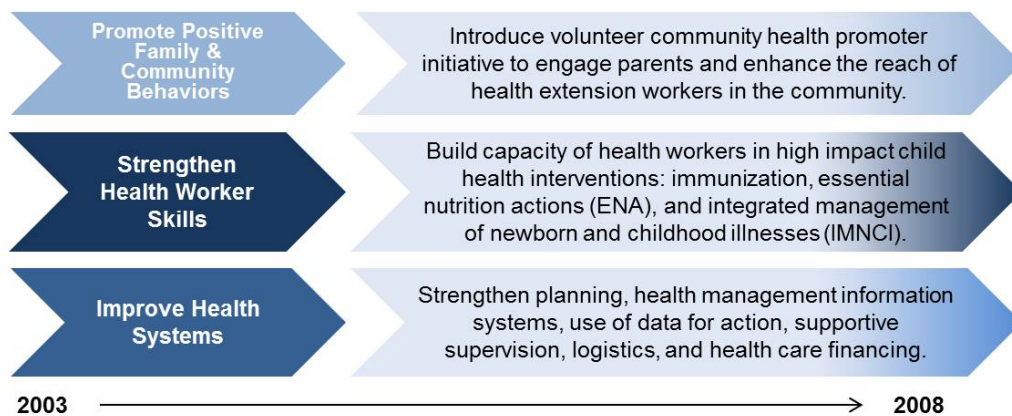


Background: In 2003, Ethiopia’s high child mortality rate and large population combined to rank Ethiopia among the six countries accounting for 50 percent of child deaths worldwide. Over two-thirds of these deaths could be averted if known, low cost preventive and curative interventions could be delivered at high coverage levels.

Intervention: The USAID-funded Essential Services for Health in Ethiopia (ESHE) project (2003-2008), implemented by JSI in collaboration with Abt Associates, AED, and Initiatives Inc., operated in three regions covering a population of more than 16 million. The project was designed to contribute to reducing high child mortality rates through a “three pillars” approach, as shown in Figure 1. Preliminary evaluation of ESHE showed strong improvements, and partially based on the magnitude of these results, the Ethiopia Federal Ministry of Health requested USAID to expand their assistance to include four regions to reach a population of over 30 million people.

Figure 1. “Three Pillars” Approach

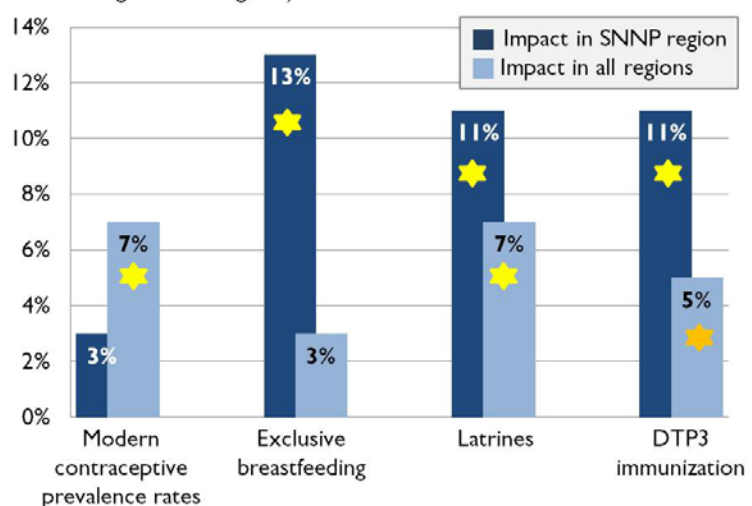


Collaboration: The ESHE project worked at all levels of the health system, from community up to the central policy level with the intention of affecting national policy while making measurable changes in health outcomes at the household level. ESHE worked collaboratively with the Government of Ethiopia to build its capacity to reach its own health goals and objectives.

Promoting Positive Health Behaviors:

As the Government of Ethiopia was beginning its program to recruit over 30,000 health extension workers, ESHE worked in tandem to create a large network of over 57,000 community volunteer health promoters in three regions with a ratio of one volunteer to 30 to 50 households. Volunteers were mothers and fathers who wanted to learn how to take better care of their own children; they were then encouraged to share what they learned with neighbors, for example, by ensuring that neighbor children attended vaccination sessions and by counseling pregnant neighbors on the life-saving importance of early and exclusive breastfeeding.

Figure 2. ESHE Impact (percentage point change after differencing out other changes in the region*)



* Difference in Differences compares the changes in outcomes over time between a population that is enrolled in a program (the intervention group) and a population that is not (the comparison group).

Results: ESHE had a significant positive effect on access and uptake of selected high impact maternal and child health interventions in three regions of Ethiopia. Rigorous evaluation of ESHE's performance shows that above and beyond other work going on in the regions, such as deployment of health extension workers and other partners' efforts, ESHE made a significant contribution to improved outcomes. The outcomes measured were immunization (DTP3 coverage), community integrated management of childhood illnesses (c-IMCI; measured by improved latrines), and essential nutrition actions (ENA; measured by exclusive breastfeeding of infants 0 to 5 months old). Additionally, there were significant improvements in modern contraceptive prevalence rates. (See figure 2.)

In the SNNP region, where ESHE programs were in place the longest, there were even more significant improvements in exclusive breastfeeding, improved latrines, and DTP3 coverage. This is after controlling for other factors that might affect these outcomes. Exclusive breastfeeding increased by 13 percentage points in SNNP, above and beyond improvements in the non-ESHE participants in the region who were exposed to the health extension worker program that was scaling up nationwide during the same period (figure 3). DTP3 coverage and improved latrines also jumped by 11 percentage points due to ESHE's intervention (figure 4).

Figure 4. ESHE DTP3 Immunization Impact in SNNP Region

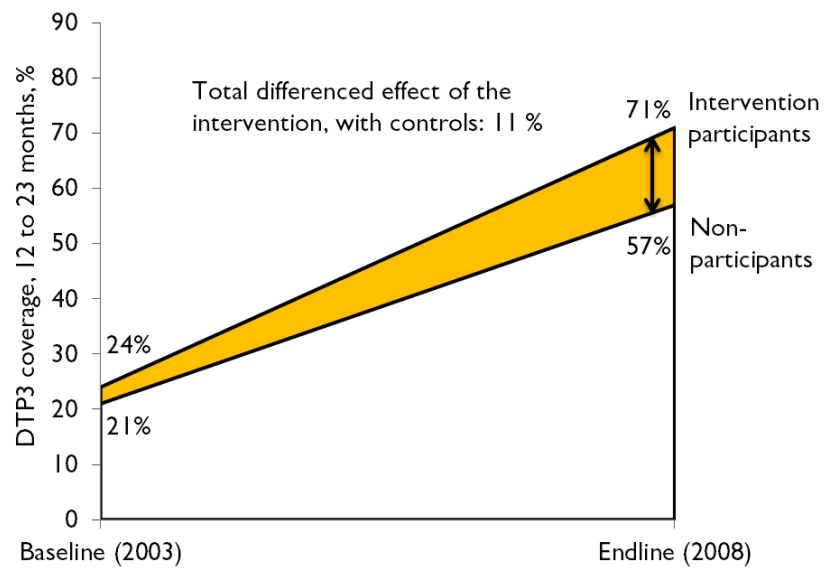
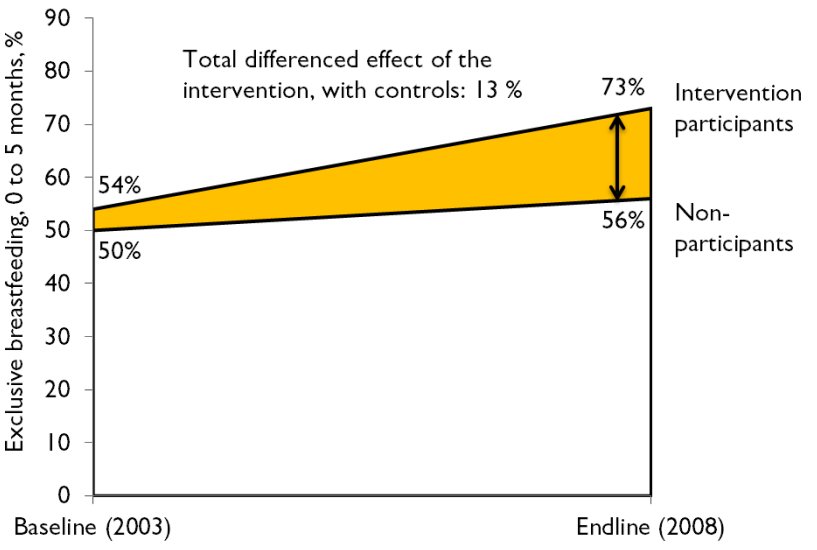


Figure 3. ESHE Exclusive Breastfeeding Impact in SNNP Region



Policy Impact: The project was imbedded in the Regional Health Bureau, providing a window to engage with policymakers. While initially the volunteer community health promoter initiative was viewed with skepticism, it was later included in the third national health sector plan. By 2011, the number of volunteers grew to over 232,000.

Human Resources for Health: The community intervention engaged large numbers of volunteer community health promoters to become active partners in the health of their families and communities. Volunteers led by health extension workers formed effective teams when supported by the health system. They substantially added human resources for health and significantly increased the uptake of evidence-based child health interventions.

ESHE is one of a minority of large-scale, field-based intervention projects to attempt to document their impact in a rigorous way. The efforts ESHE made in accelerating these outcomes using evidence-based interventions influenced the way the Ethiopia Ministry of Health approaches child health programming.