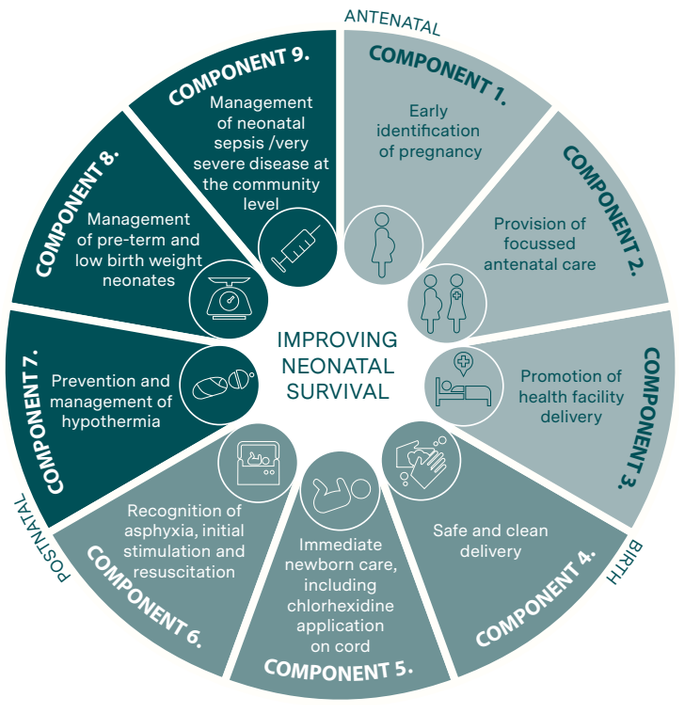
Community Based Newborn Care in Ethiopia

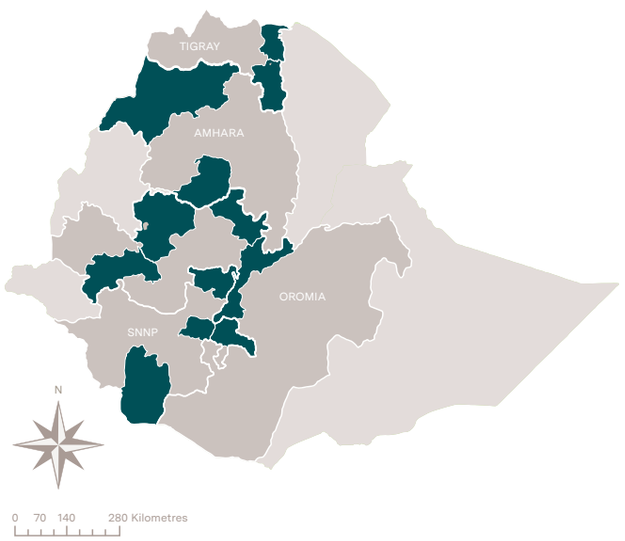
Progress from 2013 to 2017

This infographic shows results from an evaluation of the CBNC programme. Using data from household surveys conducted in 2013 and 2017, it highlights changes in uptake of services across the continuum of care.

Community Based Newborn Care programme components



Community Based Newborn Care evaluation survey areas



About the Community Based Newborn Care Programme

The Ethiopian Government introduced the Community Based Newborn Care (CBNC) programme in 2013, to improve maternal and newborn health outcomes. The programme has nine components, including the provision of antibiotics by community health workers for young infants (0-2 months old) with very severe disease.

About the evaluation

The Informed Decisions for Actions (IDEAS) group at the London School of Hygiene & Tropical Medicine, in collaboration with JaRco consulting, was requested to conduct the evaluation of the CBNC programme. The overall evaluation plan includes a baseline, quality of care and follow up surveys, as well as two rounds of qualitative studies. The baseline survey was conducted in October 2013 to assess coverage of key maternal and newborn health indicators associated with the CBNC programme. A similar follow-up survey was conducted in 2017 to estimate changes in CBNC service coverage between 2013 and 2017.

The baseline and follow-up population-based surveys were conducted in 52 CBNC intervention and 49 comparison districts across the four regions of Ethiopia. The surveys included 206 household clusters and for each survey year 50 households were selected per cluster and women were asked questions regarding their live births and care seeking for their sick young infants in the 3-15 months preceding the survey. WDA leaders, HEWs and health facilities serving the selected household clusters were also interviewed.

2013		2017
925	Number of women with a live birth interviewed	1076

Ethiopian Ministry of Health

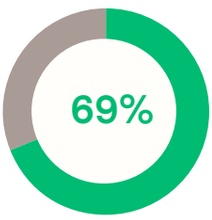
JaRco Consulting Ethiopia

IDEAS

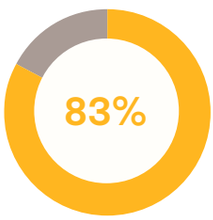
LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Antenatal

1. Early identification of pregnancy increased

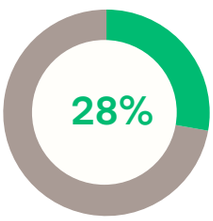


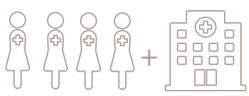
Women who received 1+ antenatal care visits



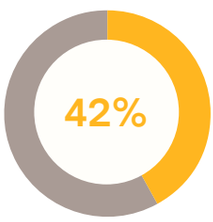
Average time of first antenatal care visit from start of pregnancy

2. Focussed antenatal care increased





Women who received at least four antenatal care visits and at least one Health Centre visit



3. Institutional delivery increased

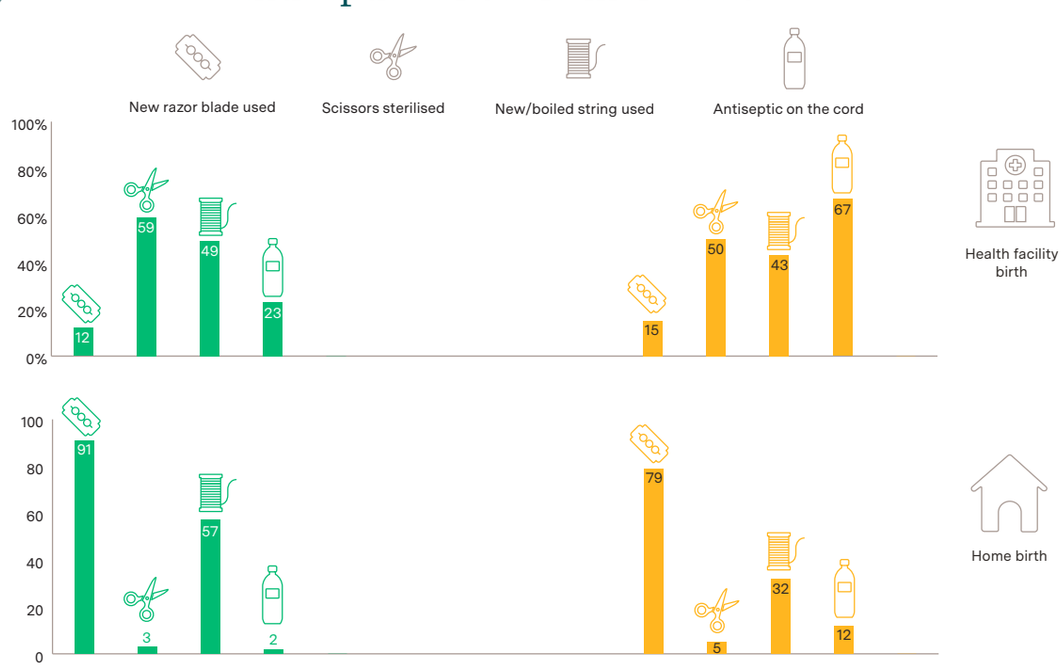
Women who gave birth in a health facility

23%

64%

4: Safe and clean delivery practices varied in health institutions and remained poor in the home

5: Within immediate newborn care, antiseptic cord care increased



6. Within the component of recognition of asphyxia, initial stimulation and resuscitation of the newborn, there was an increase in the treatment of asphyxia

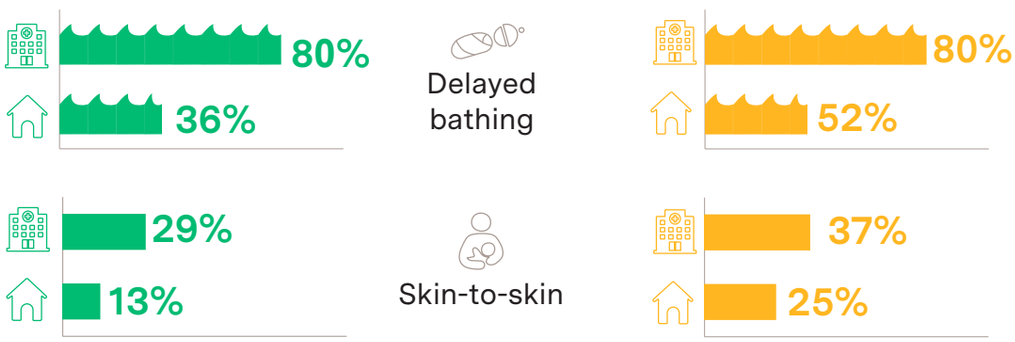
	2013	2017
Newborns with breathing difficulties in health facility births	16%	8%
Newborns with breathing difficulties in home births	9%	3%

Among newborns with difficulty breathing

	2013	2017
Newborns resuscitated in health facility births*	46%	94%
Newborns resuscitated in home births*	6%	75%

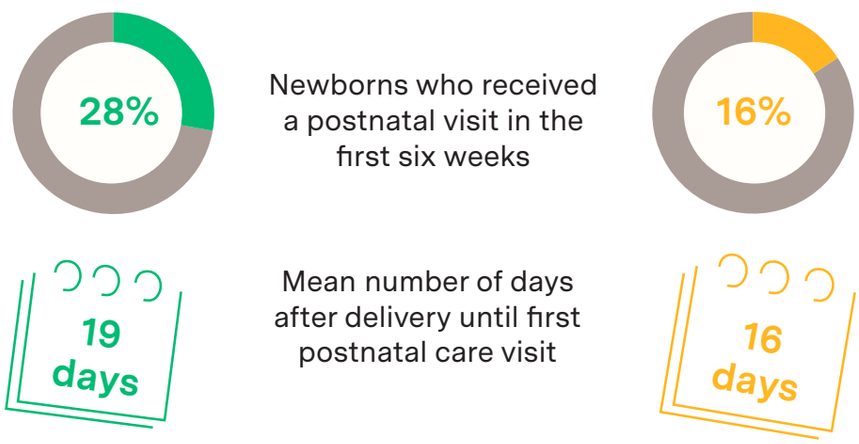
* Overall number of newborns with breathing difficulties is small and achievements are those in the subsample

7. Prevention and management of hypothermia improved



8. Management of pre-term and low birth weight babies remained similar

9. Postnatal visits decreased but...

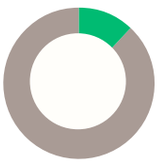


* Proxy for management of pre-term and low birth weight babies

2013 2017

...infants treated for very severe disease at the community level increased

Identifying very severe disease



Infants identified as sick

Among sick infants, proportion with signs and symptoms of very severe disease (VSD)*

Treatment for very severe disease

Among VSD cases, those who received amoxicillin treatment for 7 days**

Among VSD cases, those who received gentamicin injection treatment**

*Signs and symptoms for very severe disease: Reduced or no feeding; Convulsions; No movement or movement only when stimulated; Respiratory rate > 60 breaths /min; Chest in-drawing; Temperature >37.5 °C or < 35.5 °C.
**Both amoxicillin and gentamicin are needed to treat very severe disease in newborns.

The IDEAS project aims to improve the health and survival of mothers and babies through generating evidence to inform policy and practice. IDEAS uses measurement, learning and evaluation to find out what works, why and how in maternal and newborn health programmes. The IDEAS project is funded by a grant from the Bill & Melinda Gates Foundation.

Source for all infographic data: Berhanu D., Avan B.I. (2019) Community Based Newborn Care: Evaluation Report, March 2019. London: IDEAS, London School of Hygiene & Tropical Medicine.