APPENDIX 9 EARHN PRESENTATION

Abebe, Lakew;

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IDRC Grant/ Subvention du CRDI: 108028-002-Promoting Safe Motherhood in Jimma Zone, Ethiopia (IMCHA)
Promoting Maternal & Child Health in Ethiopia: How Community Health Actors Explain their Roles

Presenter: Abebe Mamo [PhD Candidate]  
Jimma University, Ethiopia

For The 8th EARHN Coordination Meeting  
IMCHA Project

July 17 – 18, 2018  
Kigali, Rwanda
Presentation Outlines

- Study Background
- Methodology
- Main Findings and
- Conclusion
Study Background

- Ethiopia health status by most indicators ranks very low globally and in Africa, [WHO, 2016]

- As EDHS, 2016
  - MMR = 412/10,000
  - CMR = 67/1000
  - Infant MR = 48/1000
Background - - -

- Ethiopia is addressing these challenges through its innovative & pro-poor strategies

Health Extension Program (HEP) (2004)
Child Survival Strategy (2005)
Adolescent & Youth RH Strategy (2005),
Ethiopia Hospital Reform Initiative (2010)
Accelerated midwifery training, and others
EDHS, 2016 Report: A steady decline in the MMR for the 16 years.

**Significant Gains of the Initiatives**
**Skilled care** before, during and after childbirth can be the best ways to save the lives of women and newborn babies [EDHS, 2016, UNICEF, 2013]

- **ANC Visits**
  - 62% - Recent pregnancy
  - 32% - Four ANC visit

- **SBA**
  - 27%

- **PNC within 2 days**
  - 17% - women
  - 13% - Newborn

Very low MCH service use
Based on these findings:

- An implementation study to Promote Safe Motherhood in three rural districts of Jimma zone
- Upgrade maternal waiting areas
- Information, education, communication program

Partners:
- Jimma Zone Health Office
- uOttawa

Funding:
- IDRC CRDI
- Canada
- CIHR IRSC
- Global Affairs Canada
- Affaires mondiales Canada
Pre-Intervention Study

- This presentation reports on a **pre-intervention** study

- The study was designed to:
  - Explore the role played by different actors in promoting MCH services use, and
  - Use the findings to inform the IEC intervention
Methodology

Study conducted – 3 districts of Jimma zone on 2016
# Methodology

<table>
<thead>
<tr>
<th>Study Design &amp; Methods:</th>
<th>Qualitative study using <strong>FGD &amp; In-depth interview</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>Participants:</strong> (36)</td>
<td><strong>FGD</strong></td>
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<tr>
<td><strong>Data collection</strong></td>
<td>Nine bilingual and experienced JU staff</td>
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<tr>
<td><strong>Data Analysis</strong></td>
<td>Coding using Atlas.ti software</td>
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<tr>
<td><strong>Ethical Consideration</strong></td>
<td>Obtained from JU and UoO with Ethics Certificate # - H10-15-25B</td>
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Major findings

Most commonly cited roles

- Provision of Health Promotion
- Provision of Continuous Support
- Work as a Community - Health Care Linkage
“…when she is ready to deliver, I will take her to the health facility … after delivery I am responsible for preparing food and giving her advice . . . .”
Roles of FHDA - Assistance/Social Support

- Afoshā - cultural self-help system.
- Usually used when someone/family members dies.

“The FHDA exists in the form of Afoshā, they help one another not only when someone dies, but also when someone gives birth and during festivals — .” (Male FGD participant)
Although the mandate of the MDA focuses on sanitation & agricultural issues one MDA said;

“........ If we hear that someone is in labour, all running to her home & call for ambulance service. If there is no ambulance service we use human power to carry the woman to the health facility . . . ”.
Roles of Religious leaders

- Religious leaders are influential in many aspects of community life; *advising, pray*

- A Muslim religious leader explained his role as:

  “--- we are advising pregnant women to give birth in health facility, attend health check-up – and go directly to health facility when labour starts, and - - - to *stop harmful practice* like massaging the belly of pregnant women”.
Roles of HEWs

• FHDA leaders are special agents for HEWs, and help in
  • Identification
  • Registration & Notification of pregnant Women status

“What makes FHDA leader support special is that, they involve starting by enrolling the pregnant women and reporting to HEWs.” (HEWs)
# Challenges

<table>
<thead>
<tr>
<th>Health Care side</th>
<th>Community Side</th>
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<tbody>
<tr>
<td>○ Substandard quality of care,</td>
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<tr>
<td>○ Lack of teaching resources,</td>
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<tr>
<td>○ Lack of incentives/Compensation</td>
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<tr>
<td>○ Poor attendance at meetings</td>
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<tr>
<td>○ Limited opportunities to engage husbands</td>
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<tr>
<td>○ Overlapping responsibilities</td>
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<tr>
<td>○ Previous successful home delivery</td>
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<tr>
<td>○ Local beliefs</td>
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</table>
Challenges

Poor quality of cares and mishandling at MWA make the community to resist the advice from HEWs.

“……one woman left the MWA after staying 14 days…went home & give birth at home”. (HEW)

“…whether here or there, the same…the outcome of childbirth depends on God’s will not the place of delivery - -”. (FHDA)
Conclusion

- This study suggests that Community based IEC strategies are feasible & likely to be effective, overcoming those challenges.
- **HEWs, FHDA & Religious** leaders found as epicentre to;
- Facilitate accessible community-oriented health systems
- Play a major role in **extending uptake** of MCH service
- Provide **culturally appropriate support**
- FHDAs have multi-purpose & bridge, enabling community participation
Acknowledgment

- Participants

- All IMCHA project team members - JU and UoO

- EARHN
References

1. Ethiopia Demographic and Health Survey 2016: Key Indicators Report. Addis Ababa, Ethiopia,


Thank you