

APPENDIX 9 EARHN PRESENTATION

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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

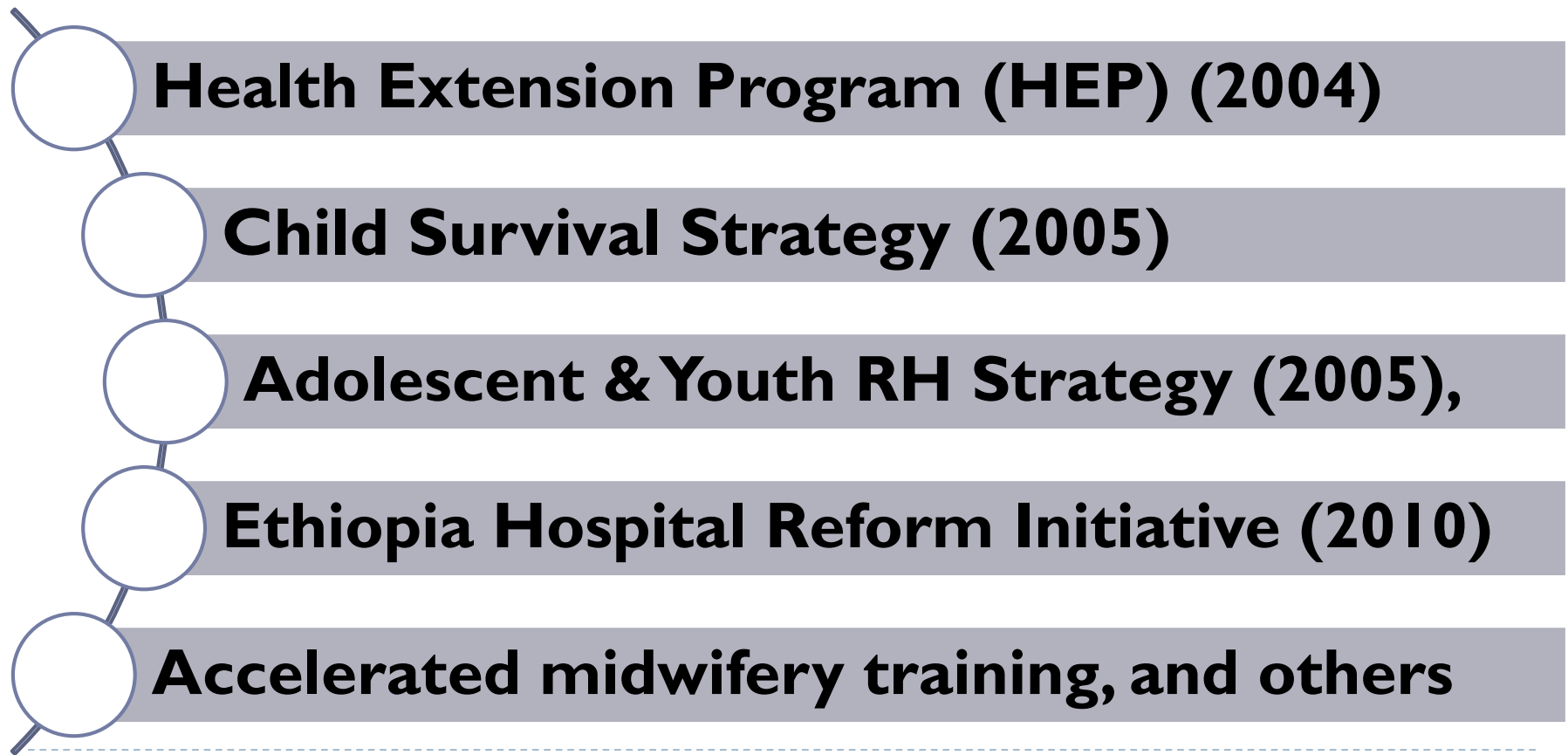
Study Background

- ▶ 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**



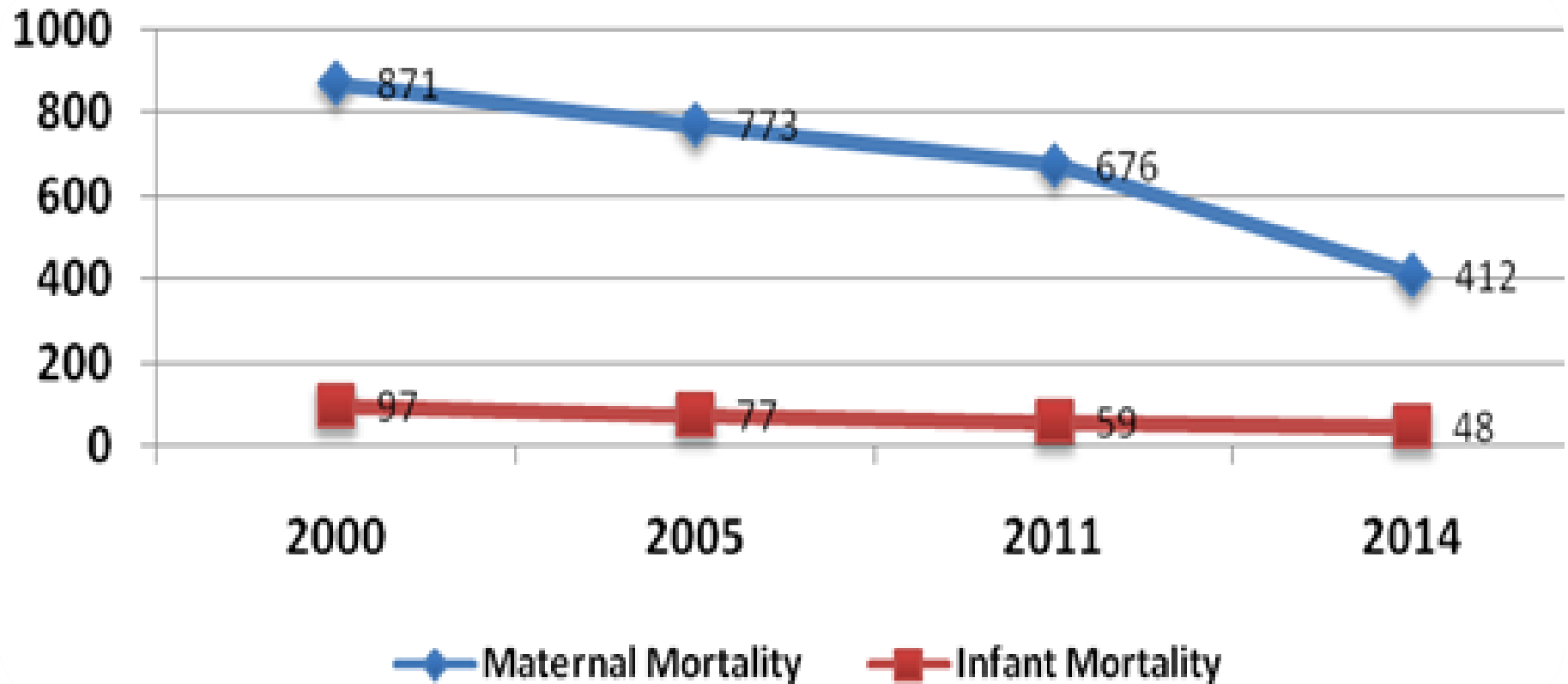
Background - - -

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



Background - - -

Significant Gains of the Initiatives



EDHS, 2016 Report: A steady decline in the MMR for the 16 year

Background - - -

✓ **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

PNC within 2 days

17% - women

13% - Newborn

SBA

27%

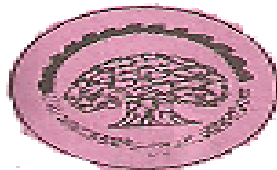
Very low MCH service use

Background - - -

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



Funding:



International Development Research Centre
Centre de recherches pour le développement international



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

Jimma Zone Oromia



Study conducted – 3 districts of Jimma zone on 2016

Methodology - - -

Study Design & Methods:	Qualitative study using FGD & In-depth interview	
Participants: (36)	FGD	IDIs
	Female & Male Commun. members= 12 [2*6]	FHDA, MDA, Religious & HEWs= 24 [4*6]
Data collection	Nine bilingual and experienced JU staff	
Data Analysis	Coding using Atlas.ti software Coded by 3 Coders separately	
Ethical Consideration	Obtained from JU and UoO with Ethics Certificate # - H10-15-25B	

Major findings

Most commonly cited roles



FHDA Roles

Home Visit



Coffee ceremony



Accompanying



*“...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

- **Afosh**a - cultural self-help system.
- Usually used when someone /family members **dies**.



*“The FHDA exists in the form of **Afosh**a, they help one another not only when someone dies, but also when someone gives birth and during festivals — .” (Male FGD participant)*

MDA - Roles

- 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

Health Care side

- Substandard quality of care,
- Lack of teaching resources,
- Lack of incentives/Compensation

Community Side

- Poor attendance at meetings
- Limited opportunities to engage husbands
- Overlapping responsibilities
- Previous successful home delivery
- Local beliefs

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 4 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

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Thank you