



A Narrative Report

MCHIP Technical Consultative Review Meeting

January 18, 2012

Addis Ababa, Ethiopia



USAID
FROM THE AMERICAN PEOPLE



Table of content

Topic	Page
Introduction.....	3
Opening remark	3
Presentation MCHIP Global & Ethiopia Program.....	4
Presentation on cultural barriers of maternal health service utilization.....	5
Plenary discussion.....	7
Group discussion on MCHIP work plan	8
Closing.....	11
Annex:	
List of participants	

INTRODUCTION

The one day MCHIP Technical Consultative Meeting was held in Addis Ababa, on January 18, 2012. It was organized by USAID's Flagship Maternal and Child Health Integrated Program (MCHIP) Ethiopia. Over 50 individuals representing 29 organizations attended the meeting (see Appendix A).

The MCHIP Technical Consultative Meeting was designed to receive technical input from partners including USAID, FMOH, RHBs and Health Science Colleges (HSCs) to enrich MCHIP Ethiopia's year II work plan. The meeting was also intended to strengthen MCHIP's existing collaboration with MNCH partners working in in the regions where MCHIP is implementing its interventions.

OPENING CEREMONY

Individual remark

Dr. Negist Tesfaye, Urban HPDP Directorate Director and MNCH Coordinator, welcomed the participants on behalf of MOH and commented that the Meeting presented an opportunity to review evolving evidence and keep a spotlight on key interventions that will make a difference. She underscored that MNCH is a priority for the Ministry of Health and that MOH stays very committed to improving health of mothers, children and newborns and achieving the Millennium Development Goals (MDGs). She also highlighted that the present focus is on improving the quality of care. Dr Negist also noted explained the rollout of family planning service such with emphasis on implanon, IUCD and method mix.

Jeanne Rideout, Health Team Leader USAID Ethiopia Mission also made a warm welcoming remark and highlighted that the provision of maternal, newborn and child health care was the first element of the continuum of care process. She pointed out that in order to address the whole spectrum of maternal and newborn issues, it was necessary to ensure quality of service and women friendly services that are essential MNH care at all levels. She also hoped that by the end of the meeting a consensus will be reached on innovative and practical approaches and strategies which can be adapted to address the capacity gaps on Maternal, Newborn and Child health programs.



Photo1: Jeanne Rideout, Health Team Leader of USAID Ethiopia Mission

MORNING SESSION

Presentations: MCHIP Global and Ethiopia

***Speakers: Hannah Gibson, MCHIP Ethiopia Project Director
Alemnesh Teklebirhan, MCHIP Ethiopia Program Manager***

Following the opening speech, Hannah Gibson, MCHIP Ethiopia Project Director, presented the profiles, funding, priorities, key strategies, achievements, lessons learned, constraints and perspectives of MCHIP Global Program. She also elaborated the program components including its activities, general strategy and expected output and outcomes to the participants.

The second presentation was from Sr. Alemnesh Teklebirhan, MCHIP Program

Manager. Her presentation was on MCHIP Ethiopia. Her presentation included key accomplishments, challenges and effective responses. The logical relationship between activities/program and expected results were made clear to the participants. All in all the presentation was very comprehensive and informative to participants.



Photo2: Hannah Gibson, MCHIP Program Director,

Presentation: Literature review on cultural barriers of maternal health service utilization

Speaker: Ato Abebaw Gebeyehu, Consultant

After opening remark and MCHIP presentation, findings of the literature review on cultural barriers to utilization of MNCH services in Ethiopia were presented by the consultant, Ato Abebaw Worku. A total of 77 documents (57 articles and 20 other documents) searched from published and unpublished sources were reviewed.

In the presentation, a number of socio-cultural issues affecting maternal health services utilization were identified. The barriers identified in the literature review were barriers related to perceptions and beliefs related to cause, illness(complications) & maternal service, community traditions related to pregnancy and child birth, women's decision making power (gender norms, autonomy) and involvement of husband & family members. The presenter argued that many studies showed that women are not receiving or are delaying maternal services because of their perception and beliefs. Mix of culture and religion (folk

religion) is a common feature of belief system in Ethiopia. Most people in Ethiopia associate illness with super-natural causes as punishment from God or the anger of spirits. Trial of prayers and traditional healers is the first option considered for maternal health problems or illnesses. Negative perception towards health facilities and providers is also another barrier for maternal service utilization. Ethiopians live in a male-dominated gender norm and women have limited autonomy. Only few women make decisions on their own health care and large household purchases. Many women are usually not allowed to visit a health facility or health care provider alone. The study also provided evidence that awareness and involvement of families, particularly husbands has significant contribution in all types of maternal service utilizations. Husbands typically serve as gatekeepers of maternal health services. The presenter forwarded the following recommendations.

Provide culturally appropriate care: Culturally competent (aware) staffs are needed to attract and address maternal health demands of the community based on their cultural contexts;

- **Provide health education:** Community based health education about safe motherhood;
- **Utilize the role of TBAs:** Utilizing their contribution to improve referral links and neonatal care;
- **Provide domiciliary maternal care:** Training of community based midwives ensuring access to emergency obstetric care facilities and functioning referral system is very important; and
- **Investigate identified gaps:** In order to have effective evidence based interventions, research works are required to investigate identified gaps.

Plenary Discussion on cultural barriers of maternal health services utilization

Moderators: Jeanne Rideout, Tegbar Yigzaw

A highlight of the discussion on the cultural barriers study is summarized below.

- **Question:** You have recommended health education to overcome the socio-cultural barriers to maternal health service utilization. Can you elaborate on that?
- **Answer:** Health education by itself is not sufficient to overcome socio-cultural barriers for maternal health service utilization. However, a properly planned and implemented health education based on theories and models will play an important role in overcoming socio-cultural barriers. After all, the root cause of such barriers is lack of knowledge about maternal health. Hence, educating the public on this issue will contribute a lot.
- **Question:** Have you tried to see thesis works from other disciplines like sociology and economics since there are many socio-economic factors that hamper the utilization of services?
- **Answer:** We reviewed only MPH thesis works from Jimma, Gonder and Addis Ababa Universities. I acknowledge the relevance and encourage interested individuals to review them.
- **Question:** Do you think the current government approach in using health development army will make a difference in improving maternal health service utilization?
- **Answer:** Since the health development armies are community members, they know the culture and tradition in their communities well. Hence, they will be more likely to identify and address the socio-cultural barriers to maternal health service utilization.

- **Question:** Why you investigated socio-cultural factors only? Health system related factors like quality of service are very important barriers if not more important.
- **Answer:** We acknowledge importance of other factors and we know about them. However, the objective of this review was to identify socio cultural barriers of maternal health service utilization.

AFTER-NOON SESSION

Discussion on MCHIP work plan

The afternoon was devoted to group discussions on the MCHIP work plan by program results. The facilitators divided the participants into four groups by MCHIP Intermediate results (IRs). To guide and focus the group discussions, three questions were prepared by the facilitators.

1. Collaboration and coordination with other partners and the role of RHBs to facilitate the coordination
2. How can we link this plan with the recent initiatives like health development army?
3. How can MCHIP better support RHBs & HSCs to maximize effectiveness and efficiency of current initiatives?

Participants reviewed and gave feedback on the work plan by IR and overall. The groups forwarded the following recommendations:

IR1-FMoH National MNCH Communication and Advocacy Plan supported

- Develop strategies to create government ownership
- Establish task force at national level
- Strengthen joint planning and supportive supervision

- Conduct regular quarterly review meeting with stakeholders
- The Identified cultural barriers should be linked with action
- Best practices should be adopted, scaled up and linked with action.

IR2: Availability, accessibility and quality of key MNH and PMTCT services improved

- Coordination should be led by Regional Health Office
- Sensitize health workers about the standards of MNCH care
- Incorporate MNH standards into M&E tool of the RHBs and Woreda Health office
- Support health sciences colleges should be involved from all MCHIP regions.
- Integration of quality improvement approaches (Harmonization) is essential
- Opportunities should be given for national professional associations
- Partnership with local experts should be strengthened
- Local capacity development of woreda health office in supervision & mentoring has paramount importance for sustainability
- Involve health development army through regional health office and support them through recognition of good performance

2.1 Quality of facility based MNH/Post-partum FP/PMTCT services improved through implementation of facility QI approach

- Develop standardized quality improvement tool with FMoH or RHB
- Institutionalize the developed standardized quality improvement tool
- Strengthen Regional Health Bureaus' quality improvement initiatives
- Regular and continuous assessment will be essential to fill gaps
- Support Integrated Supportive Supervision
- Strengthen recognition scheme for high performing providers
- Conduct periodic program review meeting with RHBs and Health Science Colleges
- Involve health science colleges' staff in service provision

2.3 Improved quality of facility based newborn health services

- Establish/strengthen newborn corner
- Establish Neonatal Intensive Care Unit at tertiary/referral hospitals

2.4. Availability of PP FP methods at facility level increased

- Include immediate postpartum family planning in the MOH/RHB plan
- Work with FP implementing partners in quality improvement and to give special emphasis to postpartum family planning

IR3: Care takers' knowledge and behaviors on key MNCH/Post-partum FP/PMTCT

- Community based newborn health improved and uptake of PNC strengthened
- Effectiveness of community based KMC tested and evaluated
- Integrated Community Case Management uptake should be increased in selected woreda in Oromia region
- Community based FP counseling skills should be strengthened

3.1 Community based newborn health improved and uptake of PNC strengthened

- Use mass-media for demand creation and improve the knowledge of the community on MNCH and FP;
- Consider Health Development Army's training to make the program more integrated
- Conduct regular Primary Health Care Unit review meeting
- Involve key community leaders, religious leaders, traditional leaders, and traditional medical practitioners in planning & implementation of the program

CLOSING

A closing remark was given by Dr. Zewditu (USAID). She addressed the audience, appreciated and thanked MCHIP and participants for making the event successful. She commented that it is uncommon to see an organization bringing its work plan for discussion with concerned bodies, it is a very good experience and other partners should take it for the future. She commended the meeting was very participatory and helped to understand what MCHIP does and obtain technical inputs from stakeholders. She also expressed her happiness with the progress made despite the delay in MCHIP startup. Dr Zewditu suggested addressing the socio-cultural barriers identified in the literature review without neglecting the health system related factors.

Finally Hannah Gibson, MCHIP Project Director acknowledged the MOH, RHBs, Health Science Colleges and partners for their active participation in the meeting. She re affirmed that MCHIP will continue its collaboration with MOH in the future as well.

Annex 1

List of participants

S.No	Name	Organization	Profession	Area of Work / Department	Zone	Town/Woreda	Region	Telephone
1	Tadesse G/Medhin	TRHB	MPH	Family Health		Mekele	Tigray	09 70 72 30
2	Ambanesh Necho	ARHB	MRH	Family Health			Amhara	09 18 76 82
3	Mulatu Melesse	BDHSC	MLT	Dean	Bahirdar	Bahirdar	Amhara	09 11 15 91 77
4	Dr. Delyehu Belete	CU-ICAP	OBs and Gyn	MNCH/PMTCT			Addis Ababa	09 22 74 37 43
5	Zewdu Yayen	Ted H.S.C	Dean	College Head	N/Gonder	Gonder	Amhara	09 18 71 37 95
6	Yibabie Tesfaye	DTHSC	Dean	College Head	S/Gonder	S.Gonder	Amhara	09 18 71 42 46
7	Yoseph Sonho	AMHSC	Dean	College Head	G/Goffa	Arba Minch	SNNPR	09 11 81 39 25
8	Wondimu H/Mariam	HHSC	MPH	College	Hadiya	Hossena	SNNPR	09 11 96 63 81
9	Getachew G/mariam	HSC	MSC	college	S/Wollo	Dessie	Amhara	09 14 71 09 76
10	Deressa Abdera	HSC	BSC Nurse	College	Nekemet	Nekemet	Oromiya	09 17 04 87 49
11	JiregnaTeshome	HSC	BSC Nurse	Dean		Shashe	Oromiya	09 12 07 52 99
12	HabtamuBayeu	SNNPR-RH	MSC	Curative	SNNPR	Hawassa	SNNPR	09 11 00 33 46
13	Louis Apleella	Population Council	M&E	Technical				011 663 17 12
14	Dr. Lemma Ketema	ENHAT/Cs/MS	Dea/MPH	MNCH				09 11 23 84 76
15	Genet Kebede	SLUK	Health and HIV	Health				09 11 12 82 99
16	HiwotMengistu	MCHIP	H.O	MNCH				09 13 67 18 67
17	Tewabech G/kirstos	JSI /L10k	MPH	MNCH				09 12 11 88 89
18	Daniel Dejene	MCHIP	MD-MPH	Advisor				09 11 30 87 13
19	Ashebir Kidane	MCHIP	MPH	Advisor		Bahirdar	Amhara	09 11 61 12 70
20	Hailu Abebe	ORHB	Child Health					09 11 30 19 66
21	Serawit Lisanework	MCHIP	MPH	FP			Addis Ababa	09 13 30 90 72
22	Abiy Seifu	Save the children	MPH	New Born Health				09 11 91 25 37
23	Solomon w/amanuel	EMA	SN. Professional	Quality				09 11 48 98 79
24	Nega Tesfaw	MCHIP	OB and Gyn	MNCH				09 11 40 72 03

25	Tenanesh Antonio	MSH	MPH	MNCH				09 13 84 17 90
26	Binyam Fekadu	MaNHEP	MPH	MNCH				09 20 30 03 41
27	Pat McLaughlin	Intra Health	NGO	MNCH/PMTCT				09 13 20 28 75
28	Dr. Birunesh Tesfaye	Intra Health	OB and Gyn	Clinical Team Leader				09 11 21 45 28
29	Asraham Terhan	Clinton Foundation	MBA/MPA	MNCH				09 11 65 58 59
30	Dr. Zewditu Kebede	USAID	MD-MPH	MNCH				09 11 10 70 19
31	Tesfu Demelew	EPHA	Director	FP/RH				09 12 42 11 90
32	Negat Tesfaye	FMOH	Director	MNCH				0913 53 96 97
33	Lemelem Yeleys	MCHIP	HCT Advisor	MCHIP				09 11 44 34 65
34	Tsehay Birhanu	AMREF	Nurse	PMTCT				09 11 43 4 08
35	Asha Basnyat	FHI 360	Country Director	HIV/FP/RH				09 12 62 12 14
36	Mame G/tsadike	FHI 360	STO	DOD/MARPS				09 11 40 49 60
37	Atnafu Getachew	WHO	OB and Gyn	MPS				09 11 24 94 94
38	Eftu Ahmed	UHEP/USAID	RN,BSC	program manager UHEP				09 12 92 48 20
39	Yirgu G/hiwot	ESOG	OB and Gyn					09 20 22 18 37
40	Dr. Helina Kebede	FMOH	GP					09 11 39 00 26
41	Dr. Belete Tafesse	Engender	MD-MPH	Qoc Advisor				09 10 03 91 98
42	Dr. Beyeberu Assefa	UNFPA	MD-MPH	NPO (RH)				09 11 67 82 31
43	Yoseph w/Gebreal	USAID	PHO	PMTCT				09 13 88 31 00
44	Dejene Getahun	CORHA	Demographer	Program Coordinator				09 11 69 39 50
45	Dr. Azmach Healush	I-TECH	Physician	MNCH/PMTCT				09 12 09 47 42
46	Prof. Bogale Worku	EPS	Pediatrician					09 11 20 24 23
47	Manuel Kassaue	I-TECH	MD	Care and Treatment				09 11 40 54 79
48	Dr. Tibebe Alemayehu	IPAS	MD-MPH	Program Manager				09 11 40 66 38
49	Abdulhamed Isehak	CDC	OB and Gyn/PMTCT					09 11 50 83 18
50	Meseret Desta	MCHIP	MNCH Advisor					0910791561
51	Jeanne Rideout	USAID	Health team Leader	USAID				09 11 21 65 98

