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ACCESS: COMMUNITY MOBILIZATION IN OROMIA REGION, ETHIOPIA

BACKGROUND

The government of Ethiopia (GOE)'s Health Extension Program (HEP) guidelines indicate that health is an individual's responsibility and should largely be achieved at the household level. GOE believes community health workers, including health extension workers (HEWs), should work primarily on health promotion and prevention at both the community and household level. Given the HEP guidelines, ACCESS is implementing a community action cycle (CAC) approach that mobilizes and builds the capacity of communities to improve their health through planning, implementing and evaluating activities on a participatory and sustained basis.

INTRODUCTION

Under the ACCESS Program, Save the Children (SC) is working with HEWs in the Oromia Region of Ethiopia to conduct community mobilization activities, with the goal of increasing demand for and extending the reach of HEWs' maternal and newborn health services in their respective communities. SC works with *kebele*, or village, administrative councils to create community linkages; establish community plans and systems for handling maternal and newborn emergencies; and educate families about maternal and newborn health issues. The program is currently working in multiple *woredas*, or districts, within the region, including: Adama, Batu, Bedele, Bedessa, Boke, Daro Lebu, Doba, Dodola, Gebre Guracha, Gemechis, Gimbi, Holeta, Ijaji, Jimma, Meiso, Modjo, Oda Bultum and Robe.

KEY PROGRAM INTERVENTIONS

- Adapted and finalized a community mobilization training manual.
- Oriented nurses who train HEWs, HEWs and volunteers on the major components and steps of the CAC approach.
- Sensitized HEWs on the importance of community mobilization and involvement.
- Created awareness of and increased demand for health services at health facilities and health posts by educating communities in birth preparedness and complication readiness through community volunteers.



IEC materials advising women to attend the health center for delivery

KEY RESULTS

- Provided a two-day training-of-trainers (TOT) course on community mobilization for 47 nurses; these nurses in turn trained 358 HEWs in community mobilization activities. In subsequent training courses, 76 additional HEWs were trained in Chiro and Gelemso *woredas*.
- Adapted information, education, communication (IEC)/behavior change communication (BCC) materials for use by HEWs, including 600 cue cards focusing on antenatal, delivery, postnatal and newborn care. These cards were translated into the local language, Oromifa, and distributed to 180 health posts. Job aids on the use of misoprostol and birth preparedness were also developed and distributed.
- HEWs trained in birth preparedness and complication readiness conducted sensitization workshops in their communities. Through these workshops, HEWs organized community groups to support activities such as mobilizing their communities to allocate funds for emergency obstetric services.
- Selected four volunteer community health workers from each *kebele*, who were trained by HEWs to conduct community conversations. A community conversation is a process, facilitated by HEWs and

community volunteers, whereby communities are asked to raise health issues and concerns and determine how to address them.

LESSONS LEARNED

- The CAC approach, implemented through HEWs and community volunteers, can create strong community involvement and ownership, and bring the issue of maternal and newborn health to the forefront. For example, in the Odda Bultum *woreda* in Jawis *kebele*, the *kebele* cabinet arranged for a special community meeting to discuss maternal and newborn issues.
- A number of community groups that already exist in many *kebeles*—such as *idir*, *afosha* and *hikub*—provide social and financial support to women and families during times of hardship and bereavement. These groups can also be used as a mechanism to address health concerns; for example, to establish funds for pregnant women who need to travel to attend ANC services or deliver in a health facility.
- Weakened *woreda*-level supervision systems and a general lack of understanding of the importance of supervision led to delays in achieving targets in some *kebeles*. *Woreda* health officials must be involved in all community-linked health programs from the beginning to ensure that they are a part of and engaged in the program implementation process.



Local stretcher used to carry a woman in labor to Batu Health Center

SUCCESS STORIES

West Hararge, Ethiopia

In some cultures of West Hararge, Ethiopia, women are expected to bury their placenta at the home where the baby was born. This specific cultural practice was discussed during a community conversation and identified as a barrier to facility-based delivery, as the women believed that health facilities would not allow them to take their placenta home. Further, the women stated that “bad things would happen to the baby” if they were unable to properly bury their placenta. As a result of identifying this barrier, HEWs and community volunteers engaged women in discussions on the benefits of delivering in a health facility, and also encouraged them to attend antenatal care (ANC) services. The women who attended ANC were assured once again that if they delivered in a facility they would be able to take their placenta home. Ultimately, this HEW-facilitated community process resulted in more women who are willing to deliver in health facilities.

Kersa and Mana Woredas

HEWs from two health posts in Kersa and Mana *woredas* worked with a women’s community group, an *afosha*, to establish a fund for obstetric emergencies. The *afosha* in turn encouraged each family in the health post catchment area to contribute 20 birr¹ per month to this emergency fund. Controlled by the *afosha*, the fund can be accessed by any pregnant woman encountering complications in pregnancy or childbirth. [any specific examples of when this fund was used?]

¹ Approximately USD\$1.50.