

Communication for Health - July 2018

Background

Ethiopia with a poor health status compared to other low-income countries in Sub-Saharan Africa largely attributes its health drawbacks to preventable infections and nutritional deficiencies. Currently, Ethiopia is on its way to achieving the SDGs of under-five mortality and communicable disease and is fighting to reduce maternal mortality. Health problems are most prevalent in the Amhara region where there is poor health communication due to the lack of social and behavioural change communication (SBCC) activities.

Health problems due to this lack of SBCC activities include avoidable pregnancies due to girls uneducated about condoms and contraceptives and inadequacy of male involvement and misconceptions on spacing methods to delay childbirth and improve the financial as health status of the mother. Most health services do not meet the standard in educating youth about basic sexual and reproductive health (SRH) rights. Referral systems between health facilitators and patients are weak and not convenient for the youth population. Many health posts face shortages of essential health commodities to give basic SRH/FP, HIV and STI services to their youth patients. Moreover, many youth do not have access to education especially SBCC materials regarding SRH and the education available give no or little attention to social, cultural and economic factors. Consequently, youth are vulnerable to poor SRH and exposure to HIV/AIDS and communicable diseases.



Antenatal, delivery and postnatal care services especially in rural areas of the Amhara region are far lower than the national standard. In the Amhara region alone, 46.2% of women aged 15-49 receive antenatal care by a skilled service provider and only 12% of women delivered their children at health facilitators. The reason behind these low percentages include the mothers not knowing that these facilities were available to them neither them knowing that it was necessary for their health or the health of the child to deliver their child at the health center or attend regular antenatal checkups. Furthermore, only 9% of women received postnatal care within 48 hours of delivery and 42% of children under 5 are stunted due to poor nutritional status. Lastly, mothers and children are largely exposed are vulnerable to communicable diseases of poverty including HIV, tuberculosis, WASH related diseases and malaria.

Thereby, the Communication for Health project funded by John Snow Inc. purpose is to improve SBCC activities in the Amhara region. The target areas include seven woredas: Anthokia Genza, Asagrit, Berehet, Gish, Menzmama Midir, MidaWoremo, and Minjar Shenkora of the North Showa Zone in the Amhara Region. The project implementation approaches comprise of community mobilization and awareness raising for behavior change, community based age segmented and status oriented discussions and/or dialogues, and capacity buildings including trainings.

The approaches are intended to address the positive health behaviour practice of target beneficiaries across the six health areas: reproductive, maternal, newborn child health including family planning (RMNCH/FP), malaria, tuberculosis (TB), nutrition, prevention of mother to child transmission of HIV (PMTCT), and water, hygiene and sanitation (WASH). The primary target beneficiaries of the proposed project are pregnant mothers, mothers with under 5 year children, school aged children, youth and adolescents. Target communities will be reached through applying SBCC interventions to improve their knowledge and motivate them to demand and utilize family planning and reproductive health information and services, to adopt and sustain healthy behavior and/or lifestyle to improve RHMNCH/FP and prevention of infectious diseases including mother to child transmission of HIV, malaria and tuberculosis. Hiwot Ethiopia which was established in 1995 has much experience and expertise in implementing projects relating to health at woreda level in the Amhara region. Hiwot Ethiopia's mission is to work for the positive development of children and youth in Ethiopia; so that they are able to become healthy, happy and productive by raising awareness. Henceforth, Hiwot Ethiopia and its experienced staff have committed engagement in working with the community, donors and government to bring the desired changes across the six health areas: reproductive, maternal, newborn child health including family planning (RMNCH/FP), malaria, tuberculosis, nutrition, prevention of mother to child transmission of HIV (PMTCT), and water, hygiene and sanitation (WASH). Also, to implement SBCC activities with the kind funding from John Hopkins University Centre for Communication Programs (JHU-CCP) in the USAID-funded initiative with JSI as a subcontractor.

Introduction

Hiwot Ethiopia has been implementing the communication for health project for 2 years now supported financially by JHU and JSI from January 2017 to September 2018.

From July 25 until July 27 2018, Edmealan from Hiwot's East Gojam Zone Branch Office and two of Hiwot's interns (Kulsum and Kiana) conducted a study of Hiwot's Communication for Health project and its implementations at the local and rural level within two woredas in Debre Markos: Gozamine and Machakel. Research was done by interviewing and evaluating materials at each end of the health project, including the head of the Gozamen Health Centre, a woreda SBCC facilitator, health officers, and health extension workers. Furthermore, two pregnant women's conferences in both Gozamine and Machakel were closely evaluated. Research conducted at the two health officers in two of the project implementation woredas, found that there were five health officers responsible for cascading the project throughout C4H's 5 target woredas. These health officers work in close cooperation with medical professionals, health extension workers, stakeholders, health posts and SBCC facilitators to support, supervise and conduct field checks and evaluations. The primary evaluation tool utilized by the officers are standardized checklists produced by the donors.



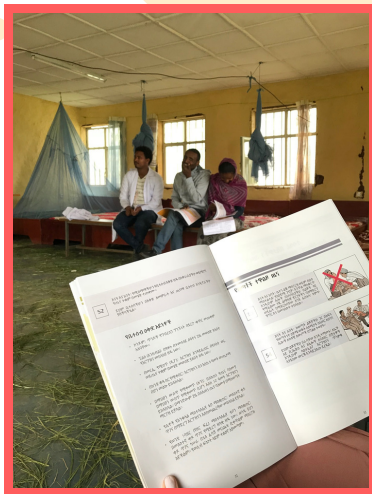
Gozamen Health Centre

Gozamen Health Centre identified TB as the greatest health priority among C4H's six health thematic areas. Their efforts include raising awareness for preventing and treating TB in the area; the health centre's TB detection has increased from 34% to 58% since the initiation of the project. The centre has also been concerned with improving condom distribution in the area for HIV prevention and protection. Increased distribution is given to specific communities that the health centre has identified as higher risk areas. Further, the health centre visits 3 community schools to implement health education programs that support in-school AIDS program training, as well as student health and gender clubs. Family health guides are a central SBCC material that is distributed to families; these family health guides discuss all six thematic health areas. Often, families rely on children and youth to read and explain these guides to the family as many of the older population are illiterate. The health centre maintains that families freely discuss the health guides, and particular health topics: especially TB, HIV and malaria. The health centre alongside Hiwot compare progress of these health programs through before and after questions aimed towards the students. Hiwot, the health centre and health extension workers also check students' homes to ensure that there is proper latrine use, and utilize Hiwot's checklist evaluations to ensure that WASH efforts are being correctly implemented. This project targets 50% of the area in their programs and outreach; this target has been met.

SBCC Facilitation

Berhanu, the SBCC facilitator for Gozamine woreda, emphasized that all thematic health area programming is being implemented with strong health development and government support. Effective tools being utilized are the lactating women's conferences and the pregnant mothers conference, which are each conducted once a quarter in each health centre. Health extension workers, government workers and stakeholders work together with health officers to spread the word about the conference. Depending on the woreda and the community, anywhere between 70 and 180 women have attended the conferences.

Considering 95% of the population in Debre Markos belong to the Orthodox Christian faith, religious leaders play an important role in these conferences and in encouraging communities to implement safe health practices. Religious leaders command the most significant respect and trust in these communities. It was explained that religious leaders receive updated health information, training and the latest health guidance to ensure that the information they spread is correct, up to date and in accordance with C4H's health programs.



Health Posts

The health posts in Gozamine and Machakel do not work with all six health areas, but can determine which ones constitute as health priorities based on the communities needs. The health post visited in Gozamine works with four health areas: TB, WASH (diarrhea), malaria and HIV (RMNCH). Their primary malaria prevention measure is the distribution of insecticide treated nets. To prevent the spread of TB, the health post separates coughing clients to prevent cross-contamination, and priority is given to clients that are potentially infected with TB. The health posts' WASH programming largely focuses on diarrhea. The health posts conduct health education programmes in community schools, build latrines and promote proper hand washing practices. The HIV efforts include education programs and condom distribution. Most activities are conducted with health officials, in the form of 1 to 5 and 1 to 30 networks. The pregnant mothers and lactating women conferences are also conducted at these health posts. These conferences are central to Communication for Health's SBCC strategy. New mothers, pregnant women, lactating mothers, and their husbands are provided with SBCC materials, family health guides and educational information about having a healthy pregnancy and delivery, as well as safely caring for and breastfeeding their newborn children. The information provided ranges from identifying warning signs during pregnancy, which practices are safe and which ones are harmful to newborn babies, steps to take when a woman goes into labour and how to stay healthy during lactation in order to provide for the newborn.



Successes

Health officials were generally very content with the SBCC materials that were in distribution, and the tools used to achieve social mobilization. All emphasized the school campaigns, events and clubs being implemented in community schools. SBCC posters have been produced and distributed to health posts and health centres. These posters are most effective when targeting WASH, malaria, TB and child nutrition, as these social behaviour change in these health areas can be achieved through these visual materials. The live demonstrations showing how to make nutritious porridge, for example was described to be very likeable and effective for the pregnant women and lactating women conferences.

Testimony



"I learned how to make nutritional foods for my child at each stage of their development after this useful demonstration. It was very important to me and I showed others this preparation technique to ensure their infant's optimum health."

The conferences, 1 to 5 and 1 to 30 networks were more effectively mobilized to target HIV and RMNCH/FP. The health officers stressed that communities involved in the conferences and the networks were motivated, eager to learn, and contribute to the cascading of the project by sharing the information learned in their respective communities.

Gozamen Health Centre had a further service which seems to be a major success at this health post. The health centre is able to provide pregnant women about to give birth room and board for twice weeks prior to delivery, where they are fed and have access to mosquito nets. The primary purpose of this stay is that women are provided with educational videos on childbirth, breastfeeding and healthy child care after birth. The health centre expressed that this program was largely successful in helping mothers prepare for childbirth and ensure that they are equipped with the knowledge of healthy practices. Unfortunately, a shortage of equipment and materials in many health posts meant that not all health centres or health posts are able to provide this service.

Finally, JSI's radio program (Erkab) is in the process of being implemented, which will add an audio dimension to the SBCC activities distributed through this project, and the health officials are confident in its success and potential.



Observations

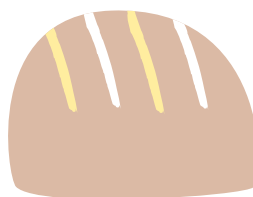
Two central observations were made based on the field visits. Firstly, as it was made clear that religious leaders hold an important position among communities, they thus play an important role in promoting social behavioural change. This becomes especially important when discussing traditional practices that the health officials identified as harmful. Predominant among these practices was the practice of female genital cutting (FGC). FGC has been criminalized in Ethiopia since 2004, yet it is still an 'underground' practice in Amhara. As unsafe or unsanitary FGC is a transmission channel for HIV, the family health guides that Hiwot distributes tells family not to cut their daughters for health and safety reasons. However, notions and values remain attached to this practice, and not all religious leaders are willing to condemn it. Some still promote the practice due to these notions of holiness and virtue. According to the health officers, there are some communities that maintain that they are making the practice more sanitary and thus safer for young girls, however, it seems that there is no monitoring system in place for this. Thus, this remains a health concern for health official.

Secondly, Gozamen Health centre expressed that a relapse in HIV was occurring in the woreda due to the presence of drugs and alcohol. There are plans to begin social mobilization through video campaigns and inclusion of information on drug and alcohol abuse in future SBCC materials. Furthermore, the need to educate pregnant mothers to get tested and know their HIV status before giving birth was expressed. Both observations remain important to the remaining project period, and are health areas that seem to be underdeveloped in C4H's programming.

Recommendations and Needs Assessment

The following recommendations are based on needs assessments provided by health officials.

Firstly, there is a greater need for technical and material support. Health officers identified lack of budget as a structural problem that is posing a significant challenge to their programming. For example, it affects the ability of health centres to distribute radios for communities without radios where the radio program would be an effective SBCC tool. The need extends towards hard materials: policies, government policies, materials for Training to Trainers, condoms and guides for health extension workers. It additionally extends to raw materials like coffee, tea, bread and injera for coffee ceremonies at the conferences. These coffee ceremonies are of paramount importance to the community members who take part of the conferences, and currently the food materials are being provided by health workers and health extension workers which is not sustainable neither always feasible.



Coffee ceremony during pregnant woman's conference



Secondly, based on Hiwot's previous evaluations, it seems that the current Development Health Army is still quite weak in the woredas. The expressed need was for the HDA to be supported with budget allocation. As a part of this challenge, HDA workers are currently not receiving refresher training on newest health information. The recommendation from health officials is that budget should be put aside for mandatory HDA refresher training. Improved and mandatory refresher training should not be limited to HDA workers. Staff and stakeholders should be supported with refresher training on new health information provided by the new family guides, how to support the training of health workers and how to facilitate the cascading of health information. This should be mandatory and should not only be done quarterly.

While the pregnant mothers and lactating women conferences are a major success of the project, the husband conference is currently under-supported and requires attention. Currently, husbands are participating in the women's conferences, showing that they are very motivated to learn. However, the conferences are underdeveloped. It is recommended that the husband conference be given more financial and material support so that these can be established and run before the project period ends.

Finally, there is not enough distribution of family guides, and they are not distributed equally. Family guides form an extremely important and effective cascading method for information on the 6 thematic health areas. All females should receive family guides, and it should be ensured that they all receive the newest guides when these are distributed with updated information.