

Safer Womanhood in the Afar

Project Report, Year 4 Report



Project Overview

Goal

To improve maternal and newborn survival and the reproductive health of girls and mothers in 10 Kebeles of the Dullassa District, Ethiopia.

Objectives

The primary objective of this project is the realisation of better health of mothers, girls and families by:

1. Strengthening the capacity and collaboration of community health teams.
2. Reducing harm and improving reproductive health and well-being of mothers.
3. Increasing maternal and newborn health seeking behaviours.

This project trains, equips and supports a network of community health workers and educators to address the following issues:

- a weak primary health and referral network.
- poor health status of expectant mothers.
- poor health seeking behaviours of mothers and families.



Funds Summary

| | |
|--------------------------------|----------------------------|
| Project Dates | 1 July 2021 - 30 June 2022 |
| Timeframe | 12 Months |
| Funds from Nielson Foundation | \$60,577 |
| Funds Sent to APDA (Q1-Q4) | \$60,577 (ETB 2,086,866) |
| In-Country Expenditure (Q1-Q4) | \$60,577 (ETB 2,086,866) |

Use of Funds

- Salaries for all project staff
- Training for all staff and purchase of training material
- Community Discussion Committee (CDC) training and discussions
- Monitoring and Reporting
- Other project costs and overheads

Executive Summary

Strengthening the Rural Health Network to Improve Reproductive, Maternal and Newborn Health in Dullassa, Afar Region, Ethiopia

Dullassa District in southern Zone 3 of Afar' Region is considered the least developed of the 6 districts. It has several remote areas where communities without the help of APDA and BKFA have no accessible maternal health care. People are highly illiterate, traditional practices which are harmful to reproductive health are still practiced and poverty is increasing, making life difficult for the community. APDA established a health team in 10 remote sub-districts of Dullassa working to link home practices with the government health centre in the administration town, which has been ground breaking for these ancient people.

Having completed 3 years of the project (Strengthening the rural health network to improve reproductive, maternal and newborn health in Dullassa—Afar Region, Ethiopia) from 2018 to 2020 it was abundantly clear that the project gains could not be sustained without continuation of intervention. The support from Neilson Foundation, from July 1st 2021 has been greatly appreciated and has made significant gains in the fourth year of implementation.

The project has been faced with many challenges; the Tigray military forces invaded Afar Region which has led to a year of chaotic disruption marked by war atrocities and systematic destruction of all infrastructure (health, education, water, markets, houses, herds and the looting of any form of food or property from shops and rural community houses). With the regional government estimating the cost of re-building and recovery at 28 Billion ETB.

The project team worked hard amidst the challenges, and they were able to implement the project alongside the In-Country Kit Production of 7,000 clean birth kits.

The following activities were completed in 10 remote sub-districts:

- 20,393 messages were given by 10 women extension workers to an estimated 6,000 women and girls. From these messages and actions, 4,737 directly addressed female rights (22.62% of the total). Other messages on disease prevention, child care and maternal health were also provided.
- 163 mothers had home deliveries using birthing kits; 128 other mothers were referred to Dullassa Health Center and Mohammed Akkali Hospital for delivery.
- 4,507 people received treatment from the 3 project health workers of whom 2,652 were females and 1,855 were males.
- 17,937 people received health education from the 3 community health workers of whom 59% were females.
- 459 antenatal checks were made by women extension workers and trained TBAs
- A total of 1,076 students have mastered Afar literacy and numeracy of whom 44% are females.
- 680 community members engaged in discussions of awareness and decision to stop harmful practices of whom 47% were females.
- Through the overriding work of the women extension workers, around 70% of all beneficiaries are females, the project reaching around 8,000 households in the district.

Review of Progress

Health Team Capacity

As per previous project years, 3 Community Health Workers (CHWs) and 10 Women Extension Workers were given 30 days refresher training using their respective training manuals to help them understand the priorities and dimensions of giving basic maternal health care. The project's 50 TBA were also given 10 days refresher training and linkages were identified between their training and that of WEWs, with an emphasis on strengthening referrals to hospitals. 10 Literacy Teachers (LFs) engaged in a 60 day refresher training, they were able to build their capacity on engaging with students and issues of harmful practices affecting the community.

Harm Reduction

Gains achieved over the past 3 years to stop the practice of female genital mutilation (FGM), continues to be sustained. Type II 'Sunna' FGM to no cutting is only practice with a handful of small communities. Women extension workers continue to monitor this progress. From the assessment conducted in 2020, it was noted; young girls are still forced into marriages without their voice, they continue to fall behind their education and are confined to child bearing and raising. This was discussed with the community leadership through the community development committees, each committee joining in a 3 day discussion on the various topics of female rights. There is still a strong resistance in allowing these girls to have a choice when it comes to the marriages, which has also been enabled with the ongoing conflict in the area.



Survival of Mothers & Newborns

During the year 43.98% of all deliveries resulted in a referral to the district health center or to Mohammad Akale Hospital, which is an improvement on the 34.12% of the previous year. Antenatal checks have enabled and increased these referrals, showing a growing number of maternal home-care. There has been less support from the government health workers, but the community is still in need of this support, especially for diseases such as malaria and pneumonia. Prior to the project, delivering mothers were supported by untrained TBAs, many who were guided by harmful traditional practices. To date the project has facilitated 700 deliveries, they have also produced and distributed 8,130 clean birthing kits which were used in the deliveries.

Activities & Constraints

Success

- There were no maternal deaths in the target area in the year and no reported birth injuries such as fistulas
- The community is now willing to support hospital referrals despite the fact that the mother must be carried for some hours on a community - made stretcher from the most distant areas
- Literacy through the project is improving and improving with a focus on being aware of the needs of female rights to health and well-being



Key Constraints

- Dullassa is the most southerly of all the Afar Region's districts and making it very difficult to access due to conflict between the Issa and the Afar
- Poor governance and government monitoring of health performance remains continually low
- Rising inflation has affected the project, making cost of basic food items 4 times more expensive

Lessons Learnt

1. The continuation of the project was received with intense joy from the community as well as the local government.
2. Community development workers need regular training to support them with best practices and help in navigating challenges.
3. Due to poor local governance, the project provides a base for the community to focus on.
4. Literacy plays the essential role of producing project champions of change and supports in decision-making.
5. Trained TBA, WEWs and CHWs with clean birth kits are the basic structure in improving safety for delivery in the home.
6. Discerning mothers at risk during antenatal checking and getting them to deliver in a health facility is also a key factor in improving safety.
7. The project team provides an inclusive view of the community in terms of persuading them to demand the service, such as antenatal checkups. Through the project system, not only health care is offered but the platform and the atmosphere to change.
8. Addressing the current humanitarian need is essential to getting change. Thus APDA has supported veterinary care, supplementary food for malnourished mothers and is very sympathetic to assist conflict widows to recover. This type of assistance should continue and the means to strengthen household income is very important as well as improve market access to essential goods.
9. Commitment of project staff to actually stopping harmful practices in their immediate family is vital to their ability to advocate in the community.



Impact Story



Asuma Hummud Adan, 47 years old living in Garbo Af, Kebele, which is 40km from the centre of Dullassa. She lived at home and was married off at 14 years; she did not attend school, and had 4 girls, two boys and 7 grandchildren. APDA came to her community when she was 32 years old. This was the first time when she learned about the dangers of FGM. She wanted to learn more and also empower women in her community, so she became a WEW with APDA. Immediately, she started seeing significant changes in the community - TBA had no equipment and did not know proper procedure to assist a woman struggled during labour. Through APDA she has learned a lot of procedures to help assist the mother and child during labour, and in the first week post delivery. In the areas where she has worked, she has not reported any deaths in the last 5 years. She remembers that mothers used to die of bleeding, when the baby could not be delivered due to complications. They now have a process for recognising complications, working with the men in the community to take the women to hospitals and even have a halfway house for resting when the distance is far from the hospital. When the program started, mothers were uneducated about antenatal checkups and this has also become a priority.



Acknowledgements

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