



# APDA 6-MONTH REPORT



**Birthing Kit  
Foundation**  
Australia

# Executive Summary



In the 5th year of funding from Birthing Kits Foundation Australia (BKFA) in Dullassa, southern Afar Region, implementation was interrupted between June 30th, 2022, and March 1st, 2023, due to delay in funding. Dullassa, located in Zone 3 of Afar Region, is one of the most remote and neglected districts in the area. While conflict raged in other parts of Afar Region, Dullassa remained relatively untouched, but it suffered from weak governance and lack of assistance.

Atypical rainy seasons in Afar left large areas in drought, exacerbated by locust swarms damaging crops. Malnutrition is now prevalent in Dullassa's rural communities. Market inflation, especially in remote areas, has driven up prices, forcing households to sell goats just to afford basic necessities like wheat flour.

Moreover, floodwaters have cut off road access to the district, and insecurity persists on the Amhara side due to ongoing conflicts. Cholera outbreak from neighbouring regions added to the challenges, though it was managed with assistance.

In the six-month reporting period, all planned training was successfully completed:

- 8 women extension workers received 30 days of training.
- 8 literacy teachers underwent 60 days of training.
- 50 TBAs (Traditional Birth Attendants) received 10 days of training.
- Community development committees in each of the 8 sites had 5 days of training.
- A total of 215 deliveries were supported, with 138 were home deliveries assisted by project-trained TBAs, women extension workers, and health workers. 71 deliveries occurred at the Dullassa health centre.
- 7 mothers were referred to Mohammad Akkale hospital in Ami Bara.

Unfortunately, the project experienced 5 maternal deaths in the first quarter, with causes including refusal of treatment, transport challenges, placental retention, and postpartum bleeding. There were also three newborn deaths and one stillbirth in August.

The project conducted 240 antenatal checks and 151 postnatal checks, recording all pregnancies and deaths for learning purposes. The project health workers treated 1,500 people, with 23.46% being reproductive-aged females. Common ailments included diarrhea and upper respiratory illnesses. Malnourished under five-year-olds were treated, along with 15 cholera cases.

Health education reached 14,988 individuals, emphasising hygiene, sanitation, maternal care, and the prevention of harmful practices. Awareness campaigns focused on stopping female genital mutilation (FGM), early marriage, and gender-based violence.

The project currently operates in 8 active sites, each with an Afar literacy teacher. There are 799 students, with 44.18% being females. The project addresses harmful practices and provides domestic assistance and education.

Overall, project fund disbursement was timely and effective for implementation.

To Improve maternal newborn survival and the reproductive health of girls and mothers in 10 kebeles of Dullassa District

## Project Objectives

1. To strengthen the capacity and collaboration of community health teams
  - a. 80% of members of the community health team in each kebele will demonstrate initial and increasing competence in their scope of practice
  - b. 80% of the community health team members will demonstrate active practice and collaboration within their kebele health team and health services
  - c. 80% of TTBA (Trained Traditional Birth Attendants) -assisted births will be adequately resourced and supported by members of the community health team
2. To reduce harm and improve reproductive well being of mothers and girls
  - a. Increase by 30% the number of households that are actively discerning their ability to have more children
  - b. Reduce by 50% the practice of harmful traditions impacting on the reproductive lives of girls and women
  - c. Measurably reduce the practice of harmful traditions around the time of childbirth
3. To increase maternal newborn health-seeking behaviours
  - a. 50% of pregnant and birthing mothers will be using trained, equipped and networked birth attendants in the community
  - b. Increase by 20% the level of awareness and use of government maternal newborn health services by families.
  - c. Increase by 50% the proportion of husbands/fathers who are aware of and actively participate in maternal newborn health promotion and care-seeking for their family



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## Background

Dullassa, with an estimated population of 42,000 (lacking recent census data), is predominantly rural, with 94% engaged in small-scale farming and livestock keeping. Limited governance is a challenge, and the district traditionally looks to the Amhara Region for education, trade, and healthcare. However, recent conflicts have disrupted this connection, isolating Dullassa.

Few individuals from Dullassa pursue higher education, with just 8 known students at Samara University. Cultural influence from the Amhara Region is growing, and some harmful practices have been adopted.

Tensions exist with neighbouring Arguba, an Agwe community, over grazing land. While a health centre exists, medical supplies are often insufficient. Limited transportation options hinder access to the rural areas.

To strengthen the capacity and collaboration of community health teams

## Review of Progress

Project training revitalised the implementation team following a period of interruption and strengthened their commitment to improving maternal and reproductive health in Dullassa.

In May, the project manager and nurse led a team of trainers to conduct various training sessions:

- 50 TBAs received a 10-day training course, which included joint sessions with the 8 women extension workers.
- The 8 community literacy teachers participated in planning for each of the 8 project sites.
- 56 community members, serving as site community development committees, underwent 5 days of training. They engaged in open discussions on topics such as FGM, women's rights in marriage, ownership, and education.

This collaborative approach aimed to create cohesion among team members and help them understand their roles in promoting maternal and reproductive health within their respective communities. The project assessed the progress made in ending FGM and harmful marriage practices.

APDA's gender officer supported the project manager and a nurse trained in maternal health in training the women extension workers and TBAs. The training, spanning 30 and 10 days respectively, used models to demonstrate normal pregnancy, delivery, and common obstetric emergencies. The goal was to prepare extension workers to pre-warn about emergencies, collaborate closely with TBAs, and monitor the cessation of harmful birthing practices, with each site having 5 trained TBAs.

50  
TBAs

56  
Community  
members

The 10-day TBA training involved 50 women, with the first 5 days involving women extension workers. There were intense discussions regarding ending harmful practices, particularly the contentious issue of FGM, influenced by religious leaders promoting it as 'sunna solot' meaning it is directed by Islam. During the project lapse, this idea gained traction due to visiting Djibouti Muslim leaders. TBAs expressed reluctance to defy this practice as it could harm their reputation. APDA plans to address this issue in the upcoming implementation period.

In addition to FGM discussions, TBAs were trained in newborn resuscitation and engaged in extensive discussions on breastfeeding methods and benefits with women extension workers. To assess knowledge gained and accepted, TBAs underwent oral tests before and after training. Improvement was noted in all but 2 women.

The 8 women extension workers underwent testing on their knowledge of maternal emergencies, the need for referrals, and promoting attitudinal change in the community. Discussions included gender-based violence, viewed as intercultural and sometimes as a form of 'revenge' during conflicts with Amhara or Arguba. Training focused on these modules, and tests were repeated at the end to evaluate information absorption. They were also assessed on their record-keeping and basic math skills needed for reporting.

To reduce harm and improve reproductive well being of mothers and girls

## Review of Progress

Community development committee training is integral to the project's goal of catalyzing change in each community. In most of the 8 project sites, some committee members required revision due to factors like relocation or joining the Afar militia. In each site, 7 community leaders, including clan leaders, religious figures, kebele leaders, 2 prominent women, and 2 leading youth members, were trained collectively across 3 geographically adjacent sites. This training, facilitated by the organization's monitoring and evaluation sector, employed an adapted APDA manual. Its purpose was to ensure the committees understood and committed to monitoring community responses to ending harmful traditional practices and promoting safe motherhood through supportive home practices.

During the training, committees evaluated their dedication to the project's objectives and their willingness to foster community consensus on these issues. Overall, the committees displayed enthusiasm for the combination of project activities, particularly emphasizing the importance of maternal health care. They also showed a shift towards encouraging female education and recognized the challenges faced by women trying to pursue education after marriage and childbirth.



While they claimed to have discontinued the practice of forcing girls into marriage, they maintained the tradition of cousin marriages on the girl's mother's side. Regarding FGM, they remained steadfast in their belief that the clitoris was declared dangerous by religious leaders.

The committees readily accepted the idea of referring mothers outside the community for better treatment but were hesitant about family planning for healthy mothers.

Ultimately, the committees requested APDA to continue its efforts, stating that it was the only project they had seen leading their community forward, as other forms of assistance appeared momentary.

Based on this feedback, APDA plans to engage in further discussions with religious and clan leaders to address the challenges hindering safe motherhood. They are also awaiting the return of Sultan Ahmad Ali Mirah, inaugurated in March, to lead a meeting on these issues, with project leadership invited to attend.



*TO INCREASE MATERNAL  
NEWBORN HEALTH-  
SEEKING BEHAVIOURS*

## Review of Progress

Due to mechanical and fuel shortages, there were more home deliveries, with a total of 138 home deliveries and 77 referrals to the Dullassa health centre and Mohammad Akale Hospital. Unfortunately, five maternal deaths occurred when ambulance service was unavailable, and mothers were transported on makeshift stretchers. Two mothers died in the hospital due to their critical condition, and one death was attributed to the family refusing a blood transfusion. In all cases, APDA's birthing sets were used, and data for each mother is recorded on pregnancy registration cards and computerised for analysis.

The project currently supports approximately 55% to 65% of all deliveries in the target areas.



However, further awareness is needed because during delivery, some mothers still rely on traditional birth attendants (TBAs) who have not received TBA training and are not connected to the community health team.

Madina (pictured) provides an update of the ongoing work in Afar. Madina faced a challenging situation when she gave birth to quadruplets in Kilaalu, a remote location situated three hours away from the nearest asphalt road. Tragically, the first newborn did not survive the home birth. However, Madina's story takes a turn towards hope and resilience. With swift action, her husband and a local leader mobilised resources to secure transportation for Madina's journey to APDA's Barbara May Maternity Hospital in Mille. This remarkable feat involved a grueling seven-hour drive over challenging terrain. However, it was a critical step in ensuring the well-being of Madina and her remaining three sons. Upon arrival at the hospital, Madina received the necessary medical attention and underwent a cesarean section. This procedure resulted in the successful delivery of her three precious boys, each with varying weights: 1.9 kg, 1.6kg, and 1.4 kg. Thanks to the dedication of the medical staff and the resilience of Madina and her family, the boys are steadily growing and thriving. Their story is a testament to the positive impact of the APDA program, which continues to make a meaningful difference in the lives of individuals and families in the Afar region.



## Success & Constraints

Key project changes include:

- Elimination of forced marriages.
- Raising the minimum marriage age to 17-20 years instead of 12-15 years.
- Growing promotion of girls' education, even if they are married before completing grade 12.
- Reduction in full extent of FGM, although the practice of 'sunna' circumcision, which involves clitoral removal, persists, often occurring when girls are 3-4 years old.
- Abandoning the practice of delivering mothers on the laps of traditional birth attendants (TBAs) for improved safety.
- Project-trained TBAs advocating for change among their peers.

Despite these positive changes, challenges such as weak governance, border insecurity, high market inflation, declining household assets, and the influence of Djibouti religious leaders persist as hindrances to progress.

## Lessons Learnt

- Effective and sustained change requires broad stakeholder involvement and a collaborative team, including literacy efforts. This approach facilitates the practical application of discussions, incorporating healthcare and demonstrating the rights of females.
- To enhance effectiveness, there is a need to increase the number of community health workers, given their limited coverage. They differ significantly from government health extension workers, who often face low motivation due to insufficient monitoring, training, and medical supplies.
- The project's success is heavily reliant on an improved ambulance service, especially in areas with limited public transport, to ensure timely access to healthcare facilities during deliveries.
- Securing greater influence with traditional leadership is crucial.
- To address economic disparities and promote the health of the most vulnerable households, the project should establish a connection to the local economy. External threats to the project's success are becoming increasingly dire.



## Impact Story

Haadi Mohammad Ali, aged 30, serves as a woman extension worker in Burtali. She is married and is a mother of six.

Haadi's journey as a woman extension worker began at the age of 20, driven by a strong desire to assist her community. She had witnessed the injustice of forced marriages, which affected her and her sisters deeply. The pressure to obey elders and marry against their will had caused them much suffering. Haadi also had the painful experience of losing a cousin during childbirth. She was deeply moved by the suffering of mothers and girls living unhappy lives and felt compelled to make a difference.

Initially, her husband was hesitant to support her decision to become a woman extension worker, believing her role should be solely as a mother. However, her encounter with Haalima, the coordinator of women extension workers in Dullassa, changed the course of her journey. Haadi confided in Haalima about her aspirations, and Haalima reassured her that this was the essence of women extension work. With the help of the kebele leader, they approached her husband, who initially refused but eventually agreed when he learned that APDA would provide her with a salary, benefiting their household.

Haadi began her training just a week after her husband's approval, despite feeling nervous about discussing matters with other households. She was determined not to disappoint APDA and volunteered for two years, often finding opportunities to engage with the community discreetly. During her training, she learned about the importance of households seeking their own solutions and discovered the potential for running a small business.

With her first salary, Haadi invested in sugar and coffee, starting a small tea shop. Her business thrived, and she even involved her sister while continuing her community work. Her success left a lasting impression on her husband, who now regards her as a valuable member of their home and the community.