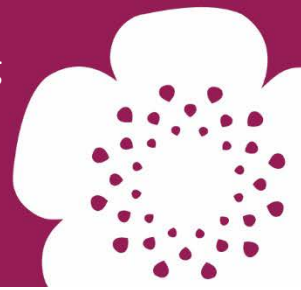


Community Engagement—A Vital Tool for Increasing Demand for and Improving Access to Sexual and Reproductive Health Services in Ethiopia

Lessons Learned from EngenderHealth's Access to Better Reproductive Health Initiative (ABRI) Project



Background

In April 2008, EngenderHealth launched the Access to Better Reproductive Health Initiative (ABRI), a \$54 million multi-year project aiming to reduce the rates of maternal death and injury. In partnership with the Federal Ministry of Health and various local civil society organizations, EngenderHealth implemented ABRI in 245 districts across six regions (Afar, Amhara, Benishangul-Gumuz, Harari, Oromia, and SNNPR [Southern Nations, Nationalities, and Peoples' Region]) and two city administrations (Addis Ababa and Dire Dawa). ABRI has expanded access to lifesaving family planning (FP) services and comprehensive abortion care (CAC) and has fostered an enabling environment to sustain integrated services and improve the quality of FP services and CAC. ABRI has also ensured the availability of FP and related sexual and reproductive health (SRH) supplies and supported facility readiness for service delivery. With our support, the Federal Ministry of Health has served more than eight million girls, women, and families with FP and CAC since 2011.

As a core component of the project, we conducted a participatory capacity-building initiative through which community members, groups, and institutions (affiliated by complementary or related contexts or interests or by geographic proximity) planned, implemented, and evaluated activities designed to address issues affecting the well-being of their communities. Our community engagement intervention coupled two complementary approaches—community dialogues and home visits—to improve demand for and access to FP and SRH services. The community dialogues aimed to foster peer learning exchange and generate awareness and acceptance of FP methods, particularly underutilized long-acting reversal contraceptives (LARCs) and permanent methods (PMs). These activities created opportunities for community discussions and joint problem solving while addressing barriers and misconceptions about FP. Through the home visits, ABRI supported delivery of client-centered FP and SRH information, counseling, and referrals. EngenderHealth engaged a cadre of frontline workers—including health extension workers and female volunteers serving in the country's Health Development Army—to conduct these activities.

In parallel to the community engagement work, we implemented complementary interventions focused on increasing the availability of high-quality FP services able to respond to increased demand. ABRI built the capacity of providers in FP counseling and method provision. This capacity building initiative included competency-based training in FP (including LARCs) service delivery as well individualized posttraining support and mentorship activities.

ABRI's Community Engagement Intervention: Achievements to Date

EngenderHealth launched ABRI's community engagement activities in 2011. Over the course of three phases (between 2011 and 2019) with a budget of \$7.2 million, we implemented these activities in four regions: Amhara, Benishagul-Gumuz, Oromia, and SNNPR. The project initially focused on 347 *kebeles* (rural areas) located in the catchment areas of 97 public health facilities. Since its launch, the project expanded progressively and, by 2019, ABRI had introduced community engagement activities in 1,578 kebeles covering the catchment areas of 320 public health facilities. EngenderHealth engaged 4,000 health extension workers and more than 30,000 voluntary community health workers to support this intervention.

In the project period from 2011 to 2019, we have supported:

- 311,233 community dialogues sessions
- 3.6 million home visits

Through these interventions, we have reached:

- 5.5 million people with FP messages
- 3.2 million people with FP services (at the community level or through referrals)

Project Impact

EngenderHealth conducted various formative research studies to inform project planning and course correction as well as to identify project successes. In addition, we collected routine service delivery data to monitor voluntary uptake of FP services and adoption of LARCs and PMs among clients who participated in community engagement activities in project catchment areas. Herein we present learnings from a qualitative assessment conducted in 2016 as well as from reviews of routine health facility data from project catchment areas. This data illustrates the achievements of the community engagement intervention and highlights how activities led to increased service utilization.

Community Insights

EngenderHealth conducted a qualitative evaluation of community-level activities to assess impact and value from the perspective of the individuals who directly participated in the ABRI intervention. We convened focus group discussions in selected woredas in Amhara, Oromiya, and SNNPR—regions where we had been implementing the community engagement intervention for at least three years. We conducted 12 focus group discussions with selected community members in each of these woredas. We designed the focus group discussions to capture data using the Most Significant Change (MSC) technique. Through this participatory evaluation method, we were able to capture and analyze personal accounts from stakeholders and beneficiaries regarding what they perceived as the value and benefits of the project. We have included select MSC stories to illustrate the success of ABRI's community engagement activities in key areas herein.

Facilitating Dialogues, Mobilizing Behavior Change

ABRI's community dialogues created opportunities for community members to discuss their attitudes, beliefs, and values regarding FP and SRH rights and to address critical barriers—including inadequate access to health services—in their communities. These dialogues led to several positive changes, including

most commonly, changes in attitudes around the acceptance of FP and the importance of women's economic and social agency.

Participants commonly cited an increased awareness of, acceptance of, and demand for FP services among themselves and their partners. Women further reported feeling more confident in initiating discussions around important FP issues with their partners (such as birth spacing), which in turn helped to promote joint decision-making, mitigate conflicts related to FP decisions at the household level, and yield healthy FP attitude and behavior changes related to FP service uptake. In addition, while the community dialogues were not specifically designed to address CAC, abortion emerged as a critical health issue in many communities. While some participants noted that they had direct experience with, or had heard of, health posts offering referrals for CAC, most agreed that abortions were highly stigmatized and rarely discussed in public and that women therefore secretly resorted to traditional practices to terminate pregnancies in their community.

Participants also demonstrated an improved understanding of the importance of women's economic and social agency. Specifically, participants recognized that a woman's ability to contribute to household incomes could enhance her ability to contribute to household and community decisions—including decisions related to FP.

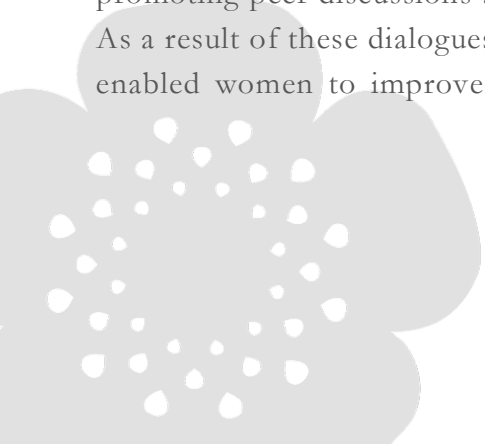
MSC Story: Addressing Unsafe Abortions in Amhara

Limited access to SRH information and services in the Wuchale woreda in Amhara resulted in a high prevalence of unwanted pregnancies and a reliance on traditional, unskilled abortion practitioners. These practitioners charged women huge amounts of money to undergo unsafe procedures, using local plants such as endod and tult. Practitioners use leaves and seeds of the endod plant to prepare a juice that induces serious bleeding and acute vomiting. Many women have died from consuming this juice. Practitioners use the root of the tult plant to initiate abortion by repeatedly inserting and retracting the root into the uterus until the woman begins bleeding. Because there is no way to manage the bleeding once it begins, women often die from this procedure.

Through ABRI's community dialogues and home visits, women in Wuchale were able to openly discuss SRH concerns, identify local problems, and demand solutions. Women and their partners now understand the advantages of healthy SRH practices, including birth spacing, contraceptive use (many women have begun using LARCs), and safe abortion. As a result, the women have also enacted cultural by-laws to abolish unsafe traditional abortion practices and maternal mortality in their locality has since decreased.

Amplifying Women's Voices and Promoting Women's Leadership

ABRI's efforts also encouraged local leadership and ownership of social change and provided a peer support mechanism for women. Participants acknowledged the value the community dialogues in promoting peer discussions among women and enabling women to serve as role models for one another. As a result of these dialogues, community members created local forums that amplified female voices and enabled women to improve the quality of life of their families and communities. Women specifically



reported that the interventions prompted them to initiate further community dialogues about FP issues and to actively advocate with local government officials to increase access to and availability of FP services.

MSC Story: Facilitating Ambulance Services for Women in Labor in Oromiya

“If we were not having [community dialogue] forums to discuss such issues, we would not be able to identify, discuss, and solve our problems. Community dialogues have provided us with the opportunity to identify and solve our problems within our own means. For example, in our community, there was a grave problem related to the number of maternal deaths. We noticed that many women were dying during childbirth. We raised this issue during the community dialogues and identified a root cause of this—we had no access to an ambulance service to transport a woman in labor to a health facility. We discussed with our community engagement focal point and managed to have an ambulance assigned to us. However, we noticed that even after this, mothers were still dying during childbirth and the ambulance was not reaching us. So, we came together again to discuss what we could do and what the problem was. In our discussions we noticed that the problem was that there was no road for the ambulance to reach women in labor. Based on the discussion, we collectively decided to construct a road that connected our households. Now the ambulance can reach each house when a woman is in labor, and we will right away call to the ambulance and transport the woman to the health facility within a short time. As a result of this the number of women dying during childbirth has decreased.”

- Respondent from Oromiya

Service Data Findings

We collected routine service data from project-supported health facilities throughout the duration of the community engagement intervention. Facilities routinely record this data in the national health management information system; the data are then relayed and maintained in ABRI’s project DHIS2 database.

Over the course of ABRI’s community engagement intervention (June 2011 to March 2019), the number of clients adopting FP methods (particularly LARCs and PMs) at project-supported facilities consistently increased and 1,656,998 clients received LARC or PM during this period. Of these LARC and PM clients, 655,138 (approximately 40%) received referrals through ABRI’s community engagement interventions (see Figure 1). Further, among the LARC/PM clients who received referrals from community interventions, 364,839 adopted implants, 286,858 adopted intrauterine device (IUDs), and 3,441 adopted a PM (see Figure 2). Additionally, as the topic of abortion arose during the community dialogues, it is worth noting that over the course of the intervention, 73,161 clients received CAC at project-supported facilities; of these clients, approximately 16% (11,802) reported receiving referrals from ABRI’s community engagement intervention.

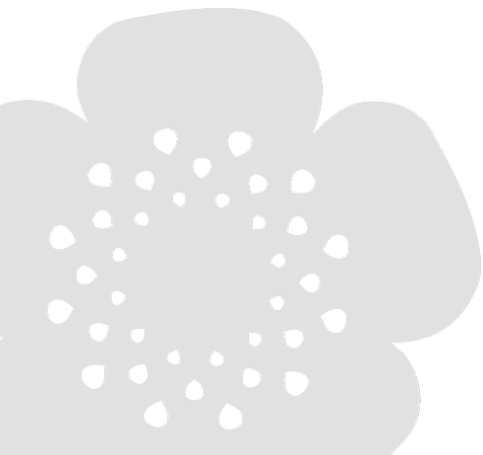


Figure 1. Clients Adopting LARCs and PMs, 2011–2019

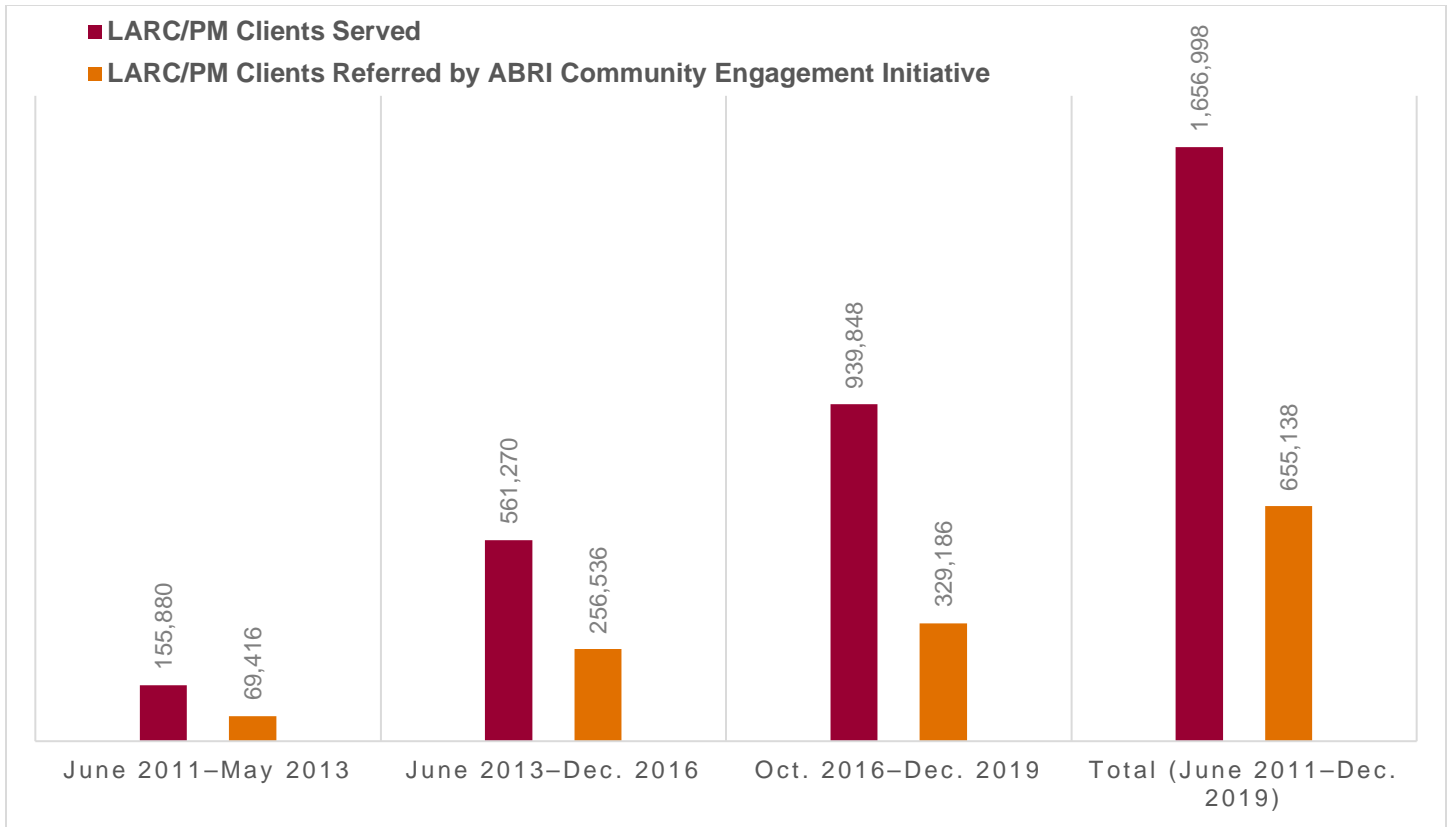
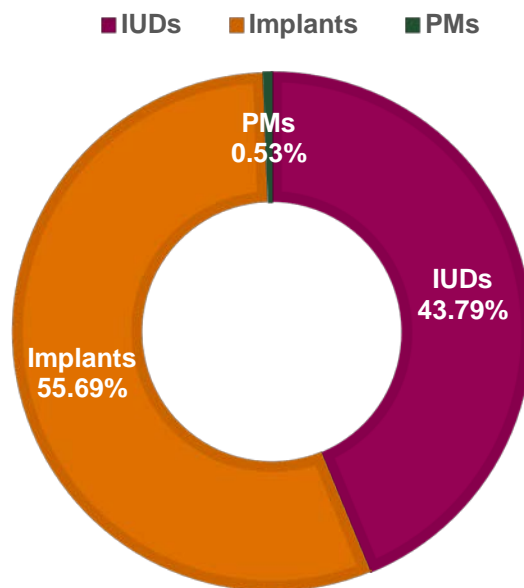


Figure 2. LARC/PM Methods Adopted by Clients Referred at Community Interventions, 2011 to 2019



Conclusion

Our findings suggest a promising link between community engagement initiatives and collective behavior change with regard to SRH service uptake. These findings highlight the importance of community dialogues in enabling individuals to address and mitigate negative social norms and traditions that inhibit acceptance and uptake of SRH services. The results also provide promising evidence demonstrating the value of community interventions as a means to increase voluntary access to FP services, including specifically the adoption of LARCs. Furthermore, the results of our MSC analysis not only contributed to our learning around participants' attitudes, beliefs, and values associated with FP and SRH services but also demonstrated the benefits of applying this approach to facilitate guided discussions that capture participants' perceptions and explore unexpected and unintended outcomes of program activities.

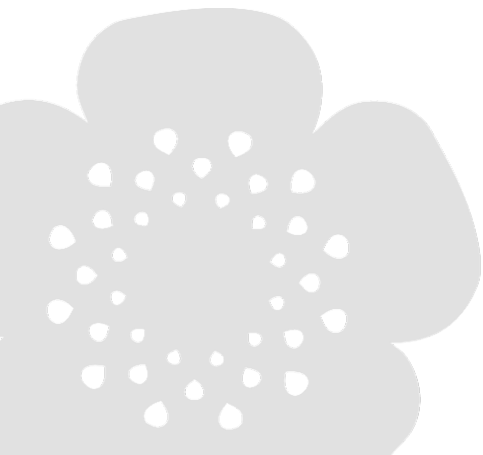
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This document was written by Katherine O'Connell, Mehret Habte, Tesfaye Garede, Jemal Kassaw, Wondimu Chirfa, Addisalem Tityos, and Ambaw Belete and edited by Amy Agarwal.

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