Increased uptake of culturally acceptable and apropiarte RMNH services

Knowledge and evidence of innovative approaches to increasing utilization of RMNH services

Women and girls empowered to make healthy RMNH choices and access

We now know that interventions working in agrarian regions may not work in Developing Regional States. We realize that interventions have to put into account culture and context. We have learned that working with community structures is essential to bring lasting change and accountability.

Dr. Ephrem T. Lemango
Maternal and Child Health Directorate Director,
Federal Ministry of Health, Ethiopia
Dear members, partners and supporters; we have strong belief that the pastoralist issues calls for strong attention and collaboration from the interest of SDGs, Agenda 2063, GTP II, line ministries and regional strategies. The most important point here is, the development intervention in the pastoralist communities’ demands a more focused and specific strategies inline to the socio-cultural and economic conditions. We have learnt that the action in pastoralist areas demands even to the extent that designing specific standards of service delivery.

The initiatives taken by the FMoH to establish strategic partnership with the CSOs is highly appreciated and needs to continue for other interventions as it will be mutual benefits for achieving the country’s development targets. The benefits obtained from this partnership need to be assessed, analyzed and the lessons need to be replicated and strengthened with other ministries.

Dear members, partners and supporters, we are very much pleased to introduce you the RIF Newsletter Volume I. The newsletter has covered topics on overview of pastoralist communities mainly in Oromia Borena and Guji area, background of RIF’s project, objectives, strategies, achievements, best practices, and interviews, reflections of key partners and challenges and lessons.

Please forward us your comments for future improvement of the newsletter.

Wishing you nice reading.

Negash Teklu
Executive Director

Borena
Disclaimer: this map is sketch map produced by Zone Health Department for the purpose of planning

Gujii
Disclaimer: this map is sketch map produced by Zone Health Department for the purpose of planning

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Each year 75 million unintended pregnancies occur in the developing world (out of a total 186 million). Most of these end in abortions or unintended births, with catastrophic health and economic effects for women and their families. Unintended pregnancies occur because about 215 million women have an unmet need for contraception. This problem is more aggravated in the case of the pastoralist communities. The pastoralist communities in Ethiopia constitute significant portion of the total population of the country. They are found in all of Somalia and Afar Regional States and some parts of Oromia and SNNPR. An estimated 12–15 million people out of the total population is found in all pastoralist areas of the country which constitute 14% to 18% of the total population. On the other hand they have settled in wider geographic areas that covers 60% with limited infrastructure and public services. Ethiopia’s pastoral groups manage some 40 percent of the national cattle herd, one quarter of the sheep, three quarters of the goats and nearly all the camels. Some 90 percent of the country’s live animals for export come from the lowlands. *(Ethiopia Country Report, Tenna Shitark, May 2012)*

In Oromia Regional States, pastoralist is found in 37 Woreda of East and West Harerge, Bale, Borena and Guji zones. The total populations of the pastoralists in Oromia regional state are 3,234,287 which are around 10% of the regional populations (CSA, 2012). The pastoralist areas are facing challenges with limited public services which are partly attributed to the lack of contextualized approaches that fits with their way of life.

Although there are good initiatives, successes and encouraging improvements in the health services in the region, the achievements in some health aspects are still below the planned targets which are mainly attributed to the financial, geographic and socio-cultural barriers to their utilizations (DFID, 2012). The MDG 2014 report on Ethiopia has indicated that there is slowest progress in reducing maternal mortality in the country. When compared to the sedentary population, pastoralists do suffer with even higher child and maternal mortality (EDHS, 2016). Likewise, the recent report of EMDHS, 2016 indicated that nationally only 27.7 percent of women delivered by skilled providers and this figure is lower in pastoralist community (Afar 16.4% and Somali 20.0%).

Similarly, the progress in antenatal and post natal care has found to be lowest at the pastoralist areas. According to EMDHS, 2016, antenatal and post natal care for Afar region has reached to 20.6% and 11.6% respectively in the year 2016 which is lower than the national achievement. This data can depict the status in Oromia pastoralist Woredas as they have similar condition. Despite the national level improvements in the recent years in the use of all types of contraceptive methods there is slowest progress in the pastoralist areas. For instance the use of any type of contraceptives in Afar region is 11.6% which is lesser by more than half as compared to the national average, 35.9% (EMDHS, 2016) and modern contraceptive utilizations is even more lesser (11.6%). In general, the progress in most of reproductive health indicators in those areas are lesser than the national average where it would show similar status in pastoralist Woreda of Oromia Region.

So as to address the problems of the pastoralist communities of the country the government and other development actors are working on different initiatives. As part of these the FMoH has initiated the RIF program through the United Kingdom Department for International Development (DFID) financial support to strengthen its on-going efforts towards reaching the pastoralist communities with culturally acceptable and accessible health services like outreach services, availing water, installing solar panels and construction of maternity waiting home. The fund has addressed mainly demand side barriers in RMNH in these communities through innovative, sustainable and culturally acceptable approaches to the pastoralist communities.

In this regard, Population, Health and Environment Ethiopia Consortium and its implementing partners (FIDO, ISHDO and Gayo) has established partnership with the FMoH for the implementation of the RIF project in 21 pastoralist Woredas of Borena, Guji and West Guji zones. The project has planned to reach 1.6 million.
RIF PROJECT BACKGROUND

The RIF project of PHEEC and its implementing partners is entitled “overcoming barriers to reproductive, maternal and neonatal health (RMNH) service utilization in Borena and Guji zones”. It has the goal of improving the reproductive health status in the pastoralist communities of Oromia Regional State and narrowing the regional disparities in RMNH services utilization through multi-sectoral approach.

The project has two specific objectives:

1. Increase the utilization of RMNH services and modern contraceptive methods by 30% among the poor women in rural pastoral areas and sexually active adolescents;

2. Improved socio-economic status of 25% of poor women of pastoral community involved in women groups for improving their negotiation and decision making power.

This project was planned to be implement for two years that run from August 1, 2016 to June 30, 2018.

PROJECT TARGET AREAS AND BENEFICIARIES

<table>
<thead>
<tr>
<th>Target Areas</th>
<th>Total number of health facilities</th>
<th>Beneficiaries by age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>267,210</td>
<td>54,687</td>
</tr>
<tr>
<td>Female</td>
<td>260,718</td>
<td>53,358</td>
</tr>
<tr>
<td>Total</td>
<td>527,928</td>
<td>108,045</td>
</tr>
</tbody>
</table>

PROJECT IMPLEMENTATION MANAGEMENT APPROACH

The project implementation strategies have been translated into action through an arrangement of joint consortium project management approaches among four members.

PHE EC has recruited full time staff that coordinates and facilitates the project implementation. PHE-EC and its implementing partners have also assigned qualified and experienced staff at Zone and Woreda Health Offices. The Project Management Team (PMT) has been established comprising members from implementing partners’ Executive Directors, Project Coordinator, Admin and Finance Heads, and Monitoring and Evaluation Coordinators. The PMT is the highest decision making body which is responsible for giving strategic decision with regard to the overall project management. The Project Technical Team (PTT) has been established comprising of Project Coordinator (PC), Health Program Coordinators (HPC), Finance and Admin Heads (FAH), Monitoring and Evaluation Coordinator (M&EC), Cluster Coordinators (CCs), Cluster Accountants (CAs) and Livelihood Program Coordinator (LPC). The major responsibility of PTT is to give technical support to field facilitators and Woreda health offices. The PTT is also responsible to consolidate and present summarized report of outstanding to PMT so that further decisions can be made the betterment of the project implementation.

In general, this management approach (joint PMT & PTT) has served as a platform for mutual learning and creating common understanding towards the achievement of the project objectives. It was an important instrument for capacity building of the implementing organizations on the one hand and giving timely solutions on issues on the other hand.

RIF Project Target Health Facilities

<table>
<thead>
<tr>
<th>Types of Health Facilities</th>
<th>Number of Target Health Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Posts</td>
<td>125</td>
</tr>
<tr>
<td>Health Centers</td>
<td>30</td>
</tr>
</tbody>
</table>
Project Management Team at Addis Ababa (Executive Directors of Consortium Members, Project Coordinator, Finance Heads and M & E)-meet every quarter

- **Project Coordinator**
- **Project Technical Team**: HCs, Livelihood, CPCs, POs, FM, M&EC, Program Director and PD—every month
- **Cluster Project Coordinators (2)**
- **M & E Coordinator**
- **Finance and Admin Head**
- **Health Coordinator**
- **Cluster Project Accountants /Cashier (2)**
- **Woreda Project Officers Cluster I (7)**
- **Woreda Project Officers Cluster II (8)**

**PROJECT IMPLEMENTATION HAS EMPLOYED THE FOLLOWING STRATEGIES**

- **Establishment of Multi-sectorial RMNH task-force**: The taskforces are established constituted multi-sector stakeholder representatives and responsible to own and support integrated intervention of the project from Wereda to Zone level. They are also serving to ensure accountability mechanisms in health service provisions through sharing information, knowledge and responsibility.

- **Capacity Building**: The capacity building activities is considered as an important element to improve government systems and enhance implementation capacities of the experts in the areas of RMNH services in the context of pastoralist areas.

- **Joint Monitoring**: Rigorous joint monitoring is an important mechanism for such interventions so as to identify issues, create continuous leanings, draw lessons and give timely solutions.

- **Strengthening Exiting Structures for Better Health Outcomes**: It is used to enhance technical and financial capacities of Woreda health offices so as to strengthen and revitalize the HDAs to actively support the effective implementation of the project.

- **Establish Village Health Committee (VHC)**: VHC is a body or a unit which is established constituting role models and champions among the communities and leaders of important government structures for educating the communities in accordance to the context of the areas and local norms. The key change agents in this regard are religious and community leaders, Kebele administrators, HDAs, HEWs, teachers, DAs, Kebele leaders, women and youth representatives.

This strategy is employed building and complementing the existing government structures. The VHC are represented in the multi-sectorial taskforces of the Kebele and Woreda thereby present the health issues into the multi-sector platforms so that joint solutions are provided.

- **Community dialogue and focused pregnant women sessions**: Community dialogue was initiated on the recognition that communities have the capacity to identify their social, cultural, economic, health and environmental challenges with regard to RMNH and set priorities and identify their internal potentials and plan for action to address their challenges sustainability. The purpose of the focused pregnant women session is to give an opportunity for detail and free discussion among themselves on ANC and PNC follow up, the need for institutional delivery, EPI and utilization of maternity waiting home. The community dialogue and focused pregnant women session is facilitated by the VHC.

- **Establishment of youth friendly centers**: They are established on connecting the youths and adolescents with the health facilities for the RMNH services. The youths from the youth friendly centers and youth clubs will be represented in the Village Health Committee (VHC).

- **Awareness creation through dissemination of IEC/BCC materials**: The IEC/BCC is useful strategy to reach wider communities.

- **Media engagement**: The use of print and electronic media is one of the strategies for promoting information on RMNH service utilization.
and disseminating best practices in reducing barriers to RMNH. In this regard it is very helpful to give special emphasis to create partnership with the local and regional media and community radios and also any existing traditional information sharing mechanisms. Preparing and publishing periodic newsletter on the project is also an important aspect of media engagement and knowledge sharing.

**Girls and women empowerment:** empowering women with different interventions like organizing groups and supporting for IGA activities, arranging tutorial class and support for menstrual hygiene management, providing trainings on life skills and other capacity development scheme are important strategy for enhancing the negotiation skill and decision making power of the women and girls in using RMNH services.

**Men engagement:** sustainable change in avoiding cultural barriers to RMNH utilization can be achieved when both sexes of community groups and different strata of community sections are equally engaged in the process and by-in and support is gained about the importance of the issue.

**ACHIEVEMENTS OF THE PROJECT WITHIN ONE YEAR**

Subsequent to the signing of project contract agreement with FMoH in August 2016, PHE EC had kicked off the process of staff recruitment and joint planning. Stakeholder analysis and rapid baseline assessment was done before starting implementation of the project. Serious of orientation and discussion meetings were made with the implementing partners (IPs) with the aim of creating similar understanding on the project objectives, activities, strategies, reporting procedures and the overall project working modalities. PHE-EC has played a leading role in providing technical assistance to IPs in developing detail action plan and finalizing government requirements including signing agreements.

The project management and technical team were established and their roles and responsibilities were jointly defined and agreed. The following achievements were recorded against the set outcomes.

<table>
<thead>
<tr>
<th>RIF Project Major Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>Output 1</td>
</tr>
<tr>
<td>1.3. Cumulative total of women reported to have used a culturally acceptable Maternity Waiting Home built or established by the programme</td>
</tr>
<tr>
<td>1.4. Cumulative total of service providers trained in the programme providing RMNH services that are culturally acceptable and age appropriate</td>
</tr>
<tr>
<td><strong>OUTPUT 2</strong></td>
</tr>
<tr>
<td>2.1. Cumulative total number of youth (under 10-19 years of age) reached with messages about Family Planning and other RMNH issues through programme interventions leading to increased knowledge on ASRH</td>
</tr>
<tr>
<td>2.2. Cumulative total number of adult women and men (20 years and above) reached with messages about RMNH issues through programme interventions leading to improved attitudes toward RMNH services</td>
</tr>
<tr>
<td>2.3. Cumulative total number community and religious leaders reached by the programme with IEC/BCC on RMNH priorities leading to supportive action on RMNH</td>
</tr>
<tr>
<td><strong>OUTPUT 3</strong></td>
</tr>
<tr>
<td>3.1. Cumulative total of women reached by the programme with culturally relevant business development initiatives, leading to better access and control of resources</td>
</tr>
<tr>
<td>3.2. Cumulative total number women, men, youth, officials and leaders reached through the programme using IEC/BCC initiatives that lead to improved attitudes on gender equality</td>
</tr>
<tr>
<td><strong>OUTPUT 4</strong></td>
</tr>
<tr>
<td>4.1. Cumulative total of service providers trained through the programme on issues of accountability and responsiveness.</td>
</tr>
<tr>
<td>4.2. Cumulative total number of HC boards supported or trained by the programme on issues of responsiveness and accountability and able to cite at least one relevant example of action taken in the last year.</td>
</tr>
<tr>
<td>4.3. Cumulative total of health facilities with an active grievance and complaint systems established as a result of output 4.2</td>
</tr>
</tbody>
</table>
OUTCOME

1. INCREASED UPTAKE OF CULTURALLY ACCEPTABLE AND APPROPRIATE RMNH SERVICES

5,263 women, girls and youth were served through outreach team that contributed for the increased RMNH services

To support outreach services in hard-to-reach areas and unreserved communities, the project has established 60 mobile outreach teams at health centers and supported them to conduct outreach activities at health posts. The main purpose of the outreach activities is to bring comprehensive health services from health centers down to the health posts nearest to the communities. The major health services covered by the outreach team are general awareness creation about RMNCH and provide specific services like LAFP, ANC, PNC, EPI, PICT and nutritional status screening. Such an approach is very crucial for the pastoralist settings given the very scattered settlements and mobility of communities.

Number of clients served by type of service HMIS and Outreach in year 2016/17 # served HMIS
Maternity waiting home is one of the mechanisms to address cultural barriers to skilled delivery. In this regard the project has constructed 13 new maternity waiting homes based on the FMoH standard. The design of MWHs has been modified by considering their sustainability and environmentally friendliness but the homes still are culturally acceptable. The maternity waiting home was used by a total of 107 women. The MWHs have been built at Borbor, Harweyu, Afura, Bule Korma, Dibe Gayya, Kancharo, Soda, Tesso, Goro Dola, Haddas and Melka Soda health centers.

Solar panels installed in 30 health centers

Lack of light in delivery rooms as well as postnatal rooms at Health Centers was a big challenge to health care providers (HCPs) while conducting delivery or caring for mothers specially during duty times (night). In order to minimize such gap, the RIF Project has purchased and installed solar panels at 30 HCs based on priority criteria of remoteness and patient flow. The solar panel that was installed by RIF’s project has improved the health centers services such as delivery, ANC, PNC and other clinical services.

Water points availed to 23 health centers

To fill the gap in water availability at health facilities, RIF Project has procured and installed 23 water tankers and maintained non-functional water pipe in 30 health centers.

Health Centers access to water supplies by the project were; Millimmi (Taltalle Woreda), Chari (Elwayne Woreda), Dikale (Yaballo Woreda), Hallona (Arero Woreda), Surupha (Gomole Woreda), Gorile (Dhas Woreda) Maddo and Tuka (Moyale Woreda), Haddessa (Gumi Eldelo Woreda), Kancharo, Hidi, Soda, Mega (Dire Woreda), Kancharo and Hidi (Miyo Woreda).

| Number of pregnant women used Maternity Waiting Home (MWH) in year 2016/17 |
|----------------------------------------|----------------|----------------|----------------|
| Services types                        | 2015/16 | 2016/17 | Total |
| # Construction of MWH                 |     5     |    8     |  13    |
| # Pregnant women use MWH              |     0     |  107     | 107    |

<table>
<thead>
<tr>
<th>Number of pregnant women used Maternity Waiting Home (MWH) in year 2016/17</th>
<th>2016/17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># Construction of MWH</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td># Pregnant women use MWH</td>
<td>107</td>
<td>107</td>
</tr>
</tbody>
</table>
2. IMPROVED COMMUNITY ATTITUDES TO RMNH NEEDS OF WOMEN AND YOUTH

Adolescent and youth age 10-24 years of age account for about one third (34%) of the population in Oromia region. Due to low awareness, patriarchal societal system and under-developed socio-economic status, little attention and support was given to adolescent and youth in the pastoralist zones of Borena and Guji. This has predisposed the adolescent and youth to a high risk of socio-economic, health, psychological and emotional problems. In order to increase service delivery of reproductive health for youth and adolescent, establishment of youth friendly centers at health center level in collaboration with district health offices and health centers is a key strategy to ensure sustainability in the project. The project has directly supported the initiations of 22 new youth friendly services (YFSs) linked to health centers in both Borena and Guji zones. The Youth Friendly Centers have been provided with materials (furniture, file boxes, mini-media equipment, Televisions, Decks and RMNH IEC/BCC materials). In addition, 15 government health care providers were trained using the FMoH packages on Adolescent Youth Friendly Services (AYFSs) so as to enable them give close support to the functionality of the YFSs.

YFS established/support and capacity building provided by RIF Project in year 2016/17

<table>
<thead>
<tr>
<th>Services types</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td># of YFS established and supported</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td># of youth received YFS at health centers</td>
<td>0</td>
<td>44,244</td>
</tr>
<tr>
<td># health providers trained on YFS</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>

One of the innovative strategies of this project that PHE EC and its partners used is community village health committee (VHC) establishment and use it as community change process complementing the government health system. This was sought to change community attitudes by challenging community norms and break cultural barriers towards RMNH service utilization. In this regard VHCs has conducted 68 regular community dialogue and pregnant women discussion sessions and reached 78,990 communities in Borena and Guji zones.

44,244 adolescents and youth has used youth friendly services

183 VHCs were trained and reached 78,990 people through community dialogue and pregnant women conferences
RMNH utilization can be achieved and bring sustainable change to avoid cultural and religious barriers when both sexes of community groups are equally engaged. This project has involved men and boys in different awareness creation and RMNH training sessions to avoid cultural and religious barriers related to RMNH. The men sensitization in RMNH utilization was done on the importance of ANC, PNC, Skilled Delivery, Immunization, FP, Care and Support.

3. **WOMEN AND GIRLS EMPOWERED AND CONFIDENT TO MAKE HEALTHY RMNH CHOICES AND ACCESS**

Women and girls empowerment was one of the key strategies to improve their negotiation and decision making capacities towards RMNH utilization. In this regard 60 women income generation groups were organized and legalized. So as to enable them engage

900 women were organized and legalized in 60 women IGA groups

329 traditional birth attendants (TBAs), religious, health extension workers, keble women affairs and community leaders were trained

In order to strength health system and increase use of institutional delivery and to avoid home delivery, training was given to 329 TBAs, Kebele women affairs and health extension workers. The training was focused on how the trainee can play positive role by sensitizing all pregnant women and their husband in the respective kebeles, send pregnant mother to MWH while she is in last gestational period of pregnancy. The major objective of training is to have “HOME DELIVERY FREE (HDF)” Kebele as part of regional health bureau strategy.

1,535 men were engaged in quarterly men sensitization meetings

329 traditional birth attendants (TBAs), religious, health extension workers, keble women affairs and community leaders were trained

In order to strength health system and increase use of institutional delivery and to avoid home delivery, training was given to 329 TBAs, Kebele women affairs and health extension workers. The training was focused on how the trainee can play positive role by sensitizing all pregnant women and their husband in the respective kebeles, send pregnant mother to MWH while she is in last gestational period of pregnancy. The major objective of training is to have “HOME DELIVERY FREE (HDF)” Kebele as part of regional health bureau strategy.
in the business activities, basic trainings in business skills, financial management and cooperative principles were provided to 300 women group leaders. The training was conducted in collaboration with cooperative and women and child affairs offices of Borena and Guji zones. The groups were provided with seed money of 15,000 to 20,000 Ethiopian Birr.

The major harmful traditional practices such as early marriage, Uvula Cutting, Marriage without HIV test, milk tooth extraction and FGM were identified during the community dialogue. So as to bring sustainable change on the prevention HTPs, the project has organized sensitization workshop with the communities’ gate keepers.

School girl’s empowerment support was provided by arranging special tutorial class in key science subjects and support menstrual hygiene management pads. The project has provided school girls with menstrual hygiene management materials (soap, sanitary pads) for 418 female students. In addition, tutorial classes were arranged for 2,800 girl students in 14 schools. The menstrual hygiene management support was integrated with school hygiene clubs and other WASH interventions.

The project has supported 15 Woredas to strengthen HDAs and 1 to 5 structures. The project support in this regards includes refreshment training, purchased recording books, stationery materials and logistic support. 4,710 recording books, 39 rims of papers, were purchased and provided to Woredas in support of HDAs and trained 1250 HDAs on RMNH and community mobilization in both Borena and Guji.
4. ENHANCED ACCOUNTABILITY AND RESPONSIVENESS OF SERVICE PROVIDERS TO COMMUNITIES AND WOMEN

17 Multi-sector Taskforces were Established

REMNCH intervention needs multidimensional and multi-stakeholders responses to bring sustainable outcomes through joint platforms. For sustainability and part of exit strategy the project has established multi-sectorial task forces at Woreda and zonal levels. 15 Woreda and two zonal levels multi-sector task forces were established and involved in coordination of the project implementation. The multisector task force constitutes all relevant government sectors, community representatives and NGOs. The existing 30 health center boards in the project intervention areas were incorporated and engaged into multi-sectoral taskforces. These are helped the service providers to be more accountable and responsive to the community.

The multi-sector taskforces has given orientation on the roles and accountabilities, responsiveness and importance of multi-sector partnerships and coordination. Based on the developed action plan, they are conducting review meetings in regular basis.

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Woreda and zone multi-sector task force established</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td># of Woreda and zone multi-sector task force capacitated and established planning</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td># of Woreda and zone multi-task force conducted regular review meeting</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

46 experts were provided training in gender mainstreaming

Gender mainstreaming training was given for 46 experts of 21 project intervention Woredas and three zones. The main objective of this training was to support gender mainstreaming by tackling the social norm and enhancing accountability and responsiveness to women issues. The training topics had covered; theory of gender mainstreaming, steps in gender mainstreaming, gender frame works, gender equality and equity, empowerment, gender base discrimination and gender analysis. The trainees had developed action plans for gender mainstreaming in their respective offices for farther implementation and follow up.
5. INCREASED KNOWLEDGE AND EVIDENCE OF INNOVATIVE APPROACHES TO INCREASING UTILIZATION OF RMNH SERVICE IN DIVERSE CULTURAL AND GEOGRAPHICAL SETTINGS OF ETHIOPIA

An estimated 250,000 people were reached through community radio

The project has engaged with Adola community radio and disseminated 36 different programs of 20 minutes. The programs were prepared to enhance awareness of the communities based on family health card and project best practices. Media panels and beneficiary interview were also used to reach an estimated 250,000 people. The programs are being presented in local language (Oromifa).

18 project and government staff trained in Participatory Video (PV) and Most Significant Change (MSC)

Raising awareness on different themes of development interventions and knowledge dissemination was being conducted using a number of modalities like publication and media outreach to a wider public. Improving these techniques through the use of more acceptable and stories from local experiences that can excel the improvement of awareness in an easy way.

So as to improve the Monitoring, Evaluation and Learning (MEL) of the project activities and capture the outcomes, the training on Basic skills of Participatory Video Production and Most Significant Change (MSC) tracking has been provided for 18 project and government staff. The trained staff has applied the skills in documenting the process of project implementation and tracking progresses.

“Properly inform about all contraceptive methods, potential side effects, and misconceptions during reproductive health education and counseling.”

Annual Newsletter Vol.1 No. 1
BEST PRACTICES

SOLAR PANEL IN GUJI

In infrastructures and basic needs are limited in many pastoral area of Guji zone. There is no electric light in many health centers including in delivery rooms. It was a serious challenge for midwives to conduct delivery and caring for mothers especially during night. In order to minimize these problems RIF 2 project has procured and installed solar panel for Dawa health center which is one of the project target health center.

“We are very happy and thanks to RIF 2 project for installing this solar panel. Before the installation of solar power system, the midwives were forced to refer mothers who came for delivery at night to Shakiso Hospital in one of nearby zonal referral hospital. So, our health center performance in delivery was among the lowest in Guji zone. Now, after solar power installation we have been able to conduct delivery and other RMNH services at night without light problem. Currently, our delivery performance has significantly improved and increased by 25% as compared to previous performance.” Ato Masresha Belete, the health center Director at Dawa health center said.

SOLAR PANEL IN BORENA

In pastoral areas of Borena zone where health infrastructure and basic needs are very limited, lack of light in delivery rooms as well as postnatal rooms at HCs is a big challenge to midwives to conduct delivery or caring for mothers especially during night times. In order to minimize such a gap, the RIF 2 Project has purchased and installed solar panels to 15 HCs in Borena zones. The delivery performance, after solar power system installation improved and able to conduct delivery and other services at any time including night “…the solar panel has facilitated all our works in our clinic. At night delivery we used torch which had put us in dire, with the installation of the panel, however we

YOUTH FRIENDLY SERVICES

The project has strengthened and re-establishes Youth Friendly Center (YFC) in Haddas health center to increase service delivery on reproductive health for youth and adolescent. The youth friendly service was among the lowest achievement that was reported in year 2015/16 in Haddas health center. But the majority of the population in this catchment area is young people who need special attention and RMNH services. Youths were demanding for RMNH services from the health centers.

“Our health center faced many challenges to provide and start YFS. Among problems were lack of free space, trained manpower and equipment. Starting from July 2017, RIF project team has discussed with our health cen-
ter team to identify challenges and solved some of these problems. We have allocated one room which dedicated for YFS from our side and capacity building training for health providers and equipment were supported by the project. Now, our performance has significantly increased and our youths are using the services without any problem. We provide services such as family planning options, education and information sharing and counseling services in YFS centers. We are greatly appreciate the RIF 2 project because they provided us the necessary equipment and supplies such as Televisions, Decks, Chair, Tables IEC/BCC materials.” Ato Dida Waba, Gumi Eldero Woreda Haddesa Health Center Director said.

GIRLS EMPOWERMENT

Special tutorial classes were arranged for girls’ students to enhance their educational outcomes. The tutorial classes were arranged in 14 schools and have benefited 2,800 girl and boy students as part of social empowerment. Based on the assessment we conducted in the schools targeted for tutorial classes, we have seen significant improvement in the examination result of the students.

Tume Deljesa, 17 Grades 8, Hadessa Primary School, one of the beneficiaries said “Tutorial classes enhanced my understanding on hard subjects for female students like me, like Maths, English, Physics and Biology. In tutorial classes we have ample time to ask what ever difficult question we have to understand more and thanks to our teachers they offer us without any compliant. I have improved my results in Maths, English and Biology exams, so that my class rank improved from 14th in the first semester to 9th in the second semester in 2016/17 academic year. In addition to the tutorial classes. We have been also provided with sanitary pads, which have developed our confidence in attending our class’s equality to our male counter parts.”
RADIO PROGRAM

The EC has made an agreement with Adola community FM 98.8 Radio to produce and broadcast 36 radio programs in local language (oromifa) for a period of three months. The radio program has reached over a quarter of a million people. The radio program has broadcasted serious programs to increase the awareness of the community on RMNCH. The project took initiative to address mass education and information sharing to the wider population through Adola community radio using local journalists who knows the community culture and language. The community radio is broadcasting at pick hours in different methods. The local journalists interviews community members and health workers on RMNH issues and also asking questions.

REFLECTION

Tura Muda
Borea Zone RIF Project Cluster Coordinator

As all we know RIF project contribute for maternal and child health services in particular and community in general. There are many different activities we implemented at community level based on project proposal document like demand creation (outreach service, HDA discussion/CC, Men sensitization, pregnant women conference, etc) and supply side construction of maternal waiting area at health centers, solar panel for those HF with no electric source.

MWH is very important to stay pregnant mothers at Health center in an area where there is challenge of logistics and network communication is very high. Solar panel is also mandatory for HC who lack electric sources in terms of safety and cost effectiveness when we compare with generator.

Regular discussion with Men, Gada leaders, pregnant women and Health development army in collaboration with government line department had great impact on community attitude towards RMNCH like institutional delivery, Long Acting Family Planning, child vaccination, harmful traditional practice/gender based violence against women and girl in the societies.
Boku Tache, PhD
Executive Director,
Gayo Pastoral Development Initiative

The population, health and the environment entails intricate linkages, development challenges and opportunities to appreciate the complexity. In the pastoralist context where development and provision of social services much lag behind the national and regional standards, these challenges are more conspicuous and the need for addressing the staggering gap is immense. Gayo Pastoral Development Initiative (GPDI) commenced implementation of the “Overcoming Barriers to Reproductive, Maternal and Neonatal Health (RMNH) Services Utilization Project among Pastoral Communities of Oromia Regional State” in 2016 in Borana Zone with funding secured from DFID under Reproductive Health Innovation Fund (RIF2) and Ethiopian Federal Ministry of Health. The fund was channeled to us through PHE-EC as the first tier recipient to lead a consortium of civil society organizations which GPDI is a member of. The Oromia Regional Bureau of Health is our key and reliable implementing partner.

GPDI as a sub recipient civil society organization is implementing the project that targets 451,351 people in nine districts, with the objective to contributing to improvement of reproductive health status of the pastoral communities in Borana, and narrowing regional disparities in health service utilizations. Our project implementation strategies range from strengthening Zonal and districts multi-sectoral RMNH taskforces to men engagement in a bid to realizing planned socio-demographic change (in a positive way) through long term family planning.

The project has been a concrete test bed in demonstrating real partnership between the community, public institutions and civil society agencies. Throughout the project cycle management so far, we have been joining efforts with Borana Zone Health Office and respective districts level health offices, and therefore, share successes, challenges and lessons learned together. We can speak with confidence that genuine collaboration provides an opportunity to deal with issues of common concern such as addressing the challenges embedded in the complex population, health and the environment nexus in order to combat poverty together. We must knock a long nail into the coffin of the myth that we the citizens of this land know how to eat together but do not know how to work together.

RIF Project has contributed in health development of Pastoralist and semi pastoralist communities, in Guji zone. The Project has brought many visible changes in the community and health facilities. We are working the project activities in collaboration with minister of health staffs and other stake holders at all level. Due to awareness is created in the community, demand side of RMNH service has significantly increased. The project also provided solar panel, plastic water tanker (ROTO) and built maternity waiting home in the project interventions Woredas. I want to thanks all Guji and West Guji Zone health office staffs and also other stakeholders for their uncountable support on the Project. I believe that in the next period of our working time, we can bring more changes on the Pastoralist Community.

Yulian Yehualashet
Guji Zone RIF project Cluster Coordinator
RIF Newsletter: Can you tell us how the RIF Project has emanated and its peculiar values?

Dr. Ephrem T. Lemango: The project is designed recognizing that innovations are needed to reduce barriers for RMNH services in pastoralist communities. RIF is aimed at increasing access and utilization of quality RMNH services for pastoralists through tackling the socio-economic, geographic and financial barriers. The project is also developed with the purpose of narrowing the disparities in RMNH services utilization between the agrarian and the pastoralist communities. The project’s peculiar value is its application of innovative approaches that fit with the local context and its modality of implementation through government and CSOs engagement.

RIF Newsletter: What are the major successes and benefit of RIF’s project to the pastoralist community in the past three years?

Dr. Ephrem T. Lemango: First, introducing the idea of innovation to the RMNH services landscape is a key achievement. Through RIF demand generation was given considerable attention. RIF is also an investment to improve regional equity in the Developing Regional States (DRS). In addition to demand generation, key supply side issues were addressed in RIF 2. The major supply side interventions include construction of maternity waiting homes, installation of solar electric panels and availing water to health facilities which have promising results in improving RMNH services. Because of the innovative funding mechanism, FMoH and Developing partners provided hundreds of millions of Birr to the CSOs in the spirit of public private partnership (PPP).

Women and girls are central to what we do in RIF project. Most messages and demand generation work target women directly and the gatekeepers such as clan and religious leaders. We learned some good lessons in economic empowerment from self-help groups/SHGs/ (in SNNPR) which were linked to changing attitude towards use of maternal and other health services. We will evaluate our empowerment activities during annual reviews and draw lessons for similar investments. We have similar women empowerment investments in other regions as well.
We now know that interventions working in agrarian regions may not work in DRS. We realize that interventions have to put into account culture and context. We have learned that working with community structures is essential to bring lasting change and accountability.

**RIF Newsletter**: What are learning's and innovations that RIF’s project generated? How are these complementing and benefiting the sector strategies and programs? Please site case.

**Dr. Ephrem T. Lemango**: We now know that interventions working in agrarian regions may not work in DRS. We realize that interventions must put into account the local culture and context. We have learned that working with community structures is essential to bring lasting change and accountability. Regions should be at the driver's seat and should own programs for investments to bring results. Since the pastoralist areas suffer from humanitarian emergencies, we need to put mechanisms for identifying potential risks and prepare mitigation measures. Lastly, whatever interventions are implemented, they need to be linked to the existing interventions of the Ministry of Health and RHBs. This will bring sustainability of the program. The role of strengthening monitoring and supportive supervision to make course correction is critical.

**RIF Newsletter**: What have been the major challenges encountered and actions taken?

**Dr. Ephrem T. Lemango**: Some challenges faced during implementation include geographical inaccessibility, weaker organizational capability of some implementers, drought due to El Nino, communicable disease outbreaks etc. MoH has been organizing different meetings and discussion forums with Sub recipients, Second-tier Sub recipients and RHBs to overcome those challenges and plan accordingly.

**RIF Newsletter**: How do you see the role of CSOs in implementing development interventions? Specifically, how do you evaluate the importance of strategic partnership between FMoH and NGOs in implementing RIF? Would you tell us your opinion specific to PHE EC partnership for RIF project in Borena and Guji zones?

**Dr. Ephrem T. Lemango**: MoH is partnering with NGOs in many ways, not only in RMNH programs, but in program areas such as HIV AIDS and other communicable disease control projects and programs. RIF is a demonstration of MoH’s commitment to test new modalities of working with CSOs by providing funding and technical support to the CSOs. Coming to the partnership between PHE-EC and MoH in Borena and Guji Zones, there are encouraging results of demand generation as well as addressing of selected supply side issues through multi-sectoral approach. We will review what is working and what is not working and will draw lessons for future partnership.

**RIF Newsletter**: Why DFID support for RIF project is being stopped while some of the results are at infancy stage? What are other alternative mechanisms FMoH to sustain the results of the RIF project?

**Dr. Ephrem T. Lemango**: I would say DFID’s support is not diverted. In fact, DFID is stepping up its support for government of Ethiopia in RMNH and other areas. In the new DFID funding, equity will remain priority. The new intervention will give focus by building on the best practices achieved by RIF project and deepen RMNH services in the pastoralist communities.

Equity remains a priority for GoE as well for DFID. It is a matter of prioritizing where to invest on DFID’s side. Generally, many donor countries are reviewing their aid architecture and introducing more accountability into the funding they provide.

MoH will continue partnering with NGOs in the future. We will look for better ways of engagement. I can assure you that MoH will continue engaging NGOs. We need to sit and deliberate how we can partner in the coming days.

**RIF Newsletter**: What is the future strategy and wayward of FMoH to continue similar engagement?

**Dr. Ephrem T. Lemango**: Even as I speak there are existing partnerships between MoH and NGOs. We need to review our past partnerships and draw lessons and invest on the ones which bring results. NGOs themselves need to document lessons from their existing partnership. They need to be connected to the existing partnership forums of the ministry and update their intervention related data regularly. They need to use available resources such as standards, Standard Operating Procedures and other materials produced by the Ministry. They need to build their organizational capacity and leadership capability to better position themselves for future partnerships with the Ministry.
CHALLENGES AND LESSON

MAJOR CHALLENGES

The project has encountered the following major challenges in the first year of the project implementation period;

A. Recurrent drought which affected life of pastoralist communities and their assets, inflicting mass livestock loss, migration and animal disease outbreak;

B. Poor infrastructure (network communication, road) in project operational areas

C New Woreda establishment and the requirement to reach them with the original budget

D Conflict in some of the intervention Woreda

LESSON LEARNT SO FAR

From our on-going project implementation efforts so far, we have experienced some concrete evidences for effective government-civil society collaboration to create synergy, and the good beginning can be enhanced through openness and further interaction.

- The project has demonstrated constructive civil society engagement through strategic partnership with government
- Addressing the health issues of pastoralist communities demands muti-sector interventions and partnerships
- The pastoralist areas require specific health system arrangements unlike the agrarian communities. The equity concept should be considered in its entirety so us to provide health and other public services in pastoralist areas
- Improvement RMNH service uptake needs to consider socio-cultural dimensions and norms
- To address the communities development interest as a whole and the pastoralist community particular demands strong coordination and partnership mechanism among all development actors