



care

***The fight for maternal and child health is won in the community***

**CARE Ethiopia's experience to mobilize communities to improve child and maternal health and the theory to explain the successes**

# *Background & Hypothesis*



- **CARE Ethiopia has been implementing Family Planning (FP) Programs and Maternal and Child Health Projects since the 1996,**
- **The projects use community mobilization approaches which lead to behavior change with significant success.**
- **Empowering communities, particularly women, through targeted interventions are the key to improved child and maternal health in developing countries.**
- **Improved health behaviors (vaccination, breast feeding, child spacing, health seeking behavior) in communities with limited access to health services, are key to reaching MDG 4 and MDG5.**

# *Methodology*

care

- The Health Program Coordination Unit conducted a program review to examine strategies from current and previous projects dealing with child and maternal health, family planning and HIV.
- Successful approaches were identified and overarching model in which change took place was developed.
- The two most successful projects that were identified were the Farta Child Survival project in Amhara (2002- 2007) and the Family Planning & HIV/AIDS project in Oromyia (1996 - 2009).
- The model can be used to inform future programming to improve maternal and child health and increase family planning (FP) use; also has cross application potential to other programs.

## *Approaches – child survival project*

care

- **Model mothers & Mother-to-Mother Support Groups**
- **Religious leaders – as advocates, authority for health promotion, actively follow defaulters for counseling**
- **Customized IEC/BCC materials publication**
- **Demonstration – supplementary feeding**
- **Community data base (boards) and follow up**
- **Institutional capacity building to community partners and networking with health structures**
- **Microfinance to access loans for emergency treatment**

# *Approaches – FP/HIV project*

care

- **Positive deviant volunteers:**
  - Interpersonal communication at house visits and modeling,
  - Community Based Contraceptives Distribution
- **Peer Education Program - Youth Centers**
- **Male as Partners and Community Advocacy for Family Planning**
- **Service quality improvement at health facilities – COPE, material and equipment provision and construction as necessary**
- **Advocacy targeting traditional leaders**

## *Project overall outcomes*



- **The USAID funded child survival project averted 1456 child deaths (Bellagio Lives Saved Calculator tool) and improved child and maternal health care practices significantly (Rapid Catch survey indicators).**
- **Women who initiated breastfeeding within an hour of birth increased from a baseline of 33% to 77%;**
- **Children given complementary food (6-9 months) increased from 36% to 98%;**
- **Women who seek medical care from a qualified, trained provider when their child under two has diarrhea increased from 29% to 76%.**

## *Project overall outcomes (2)*

care

- **The Royal Netherlands Embassy funded project improved access to Family Planning and HIV/AIDS services and increased Contraceptive Prevalence Rates (CPR) in the target areas by establishing a community distribution system.**
- **The CPR rose from 4% to 24.7 in phase one, from 14.7% to 29.8 in phase two and from 15.5% to 27.7% in phase 3 (2006-2009) – different set off points since the three phases were being implemented in different areas,**

# Findings

care

- **Social cognitive learning theory / framework best explained the project successes.**
- **The theory of Self-Efficacy maintains that success in behavioral change depends on outcome expectancy, or self-efficacy expectancy (Bandura, 1977) - the belief that certain behaviors will have achieve positive certain outcomes,**
- **Perceived efficacy is often more critical to behavioral change than actual capabilities (Strecher, 1986) i.e. feelings of self-efficacy are useful in predicting the initiation of behavioral change.**
- **Applying a variety of behavioral change interventions (including observational learning, reinforcement, supporting coping responses) heightened positive outcomes.**

## *Findings (2)*

care

- **The behavior change strategies applied by CARE projects took into account the traditional leadership structure ; leaders to promote and support behavioral change;**
- **Leaders provided support to enhance self-confidence to change behavior of mothers, women of reproductive age and promoters acting as role models.**
- **Providing technical assistance to social support systems which complement traditional systems (e.g. MTMSG and Idirs) helped mothers change and sustain new health-seeking and preventative behaviors.**

## *Findings (3)*

care

- **The key actors are community volunteers promoting new behaviors through interpersonal communication at house visits, facilitating peer education and support programs and by being role models.**
- **In the child survival project: working with priests eliminated the 'harmful' traditional healing system and the sense of fatality by transforming the priests into modern health promoters.**
- **By involving religious leaders as change agents for health, traditional religious barriers were overcome (eg. vaccination).**

## *Findings (4)*

care

- **In the FP/HIV project: working with men as partners challenged the gender norms on FP successfully. New behaviors were instituted in time to bring about better tangible health outcomes.**
- **The projects are sustainable as the adopted new behaviors preserving children's and mothers' health and using Family Planning for child spacing have replaced the old norm.**
- **Through multi-faceted approach, community norms were challenged by the volunteers through support groups, home visits, and role modeling as well as by traditional leaders who received intensive training in social change.**

## *Knowledge Contribution or Lessons Learned*



- **The aspect of self efficacy, reinforcement of expected outcomes and the perceived ability to change in an environment where everybody seems to change as well (priest, leaders) is what made CARE's projects strong and successful.**
- **Learning from role models (volunteers), learning by success (positive health outcomes) and learning with peers are the mechanisms which were key to communities' behavior change.**



***Amesegana lehu!***

**Thank you!**