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CHILDREN  
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CUAMM

# EVIDENCE FOR DECISION-MAKING REPORT:

HELPING MOTHERS AND  
CHILDREN SURVIVE AND THRIVE  
IN GORO WOREDA, ETHIOPIA

2020



# IMPROVING MATERNAL AND NEWBORN HEALTH IN GORO WOREDA

Doctors with Africa CUAMM is an international non-governmental organization working to improve the health conditions of communities in Sub-Saharan Africa. CUAMM has been working in Ethiopia for more than 30 years and currently operates in different regions of Ethiopia, including the Oromia region. Since April 2017, CUAMM has been implementing the project “Improving maternal, perinatal and newborn health and reducing mortality in Goro Woreda” within the Southwest Shewa Zone of the Oromia region. This project uses a Participatory Learning and Action (PLA) approach to improve health outcomes of mothers and newborns. The PLA approach is successful at improving maternal and newborn health (MNH) and reducing maternal and neonatal deaths. Evidence shows that PLA groups can bring about a reduction in neonatal and maternal deaths of up to 33% and 49% respectively (Prost et al, 2013).

PLA supports communities to come up with local solutions to improve the health and survival of mothers and newborns. The approach, which has a World Health Organization

recommendation, involves setting up PLA groups in rural, under-served communities. The groups are guided, by a local female facilitator, through meetings in a four phase PLA action cycle to: 1) identify problems affecting women and children during pregnancy, childbirth and the newborn period; 2) identify local solutions to these problems; 3) plan and implement these solutions; and 4) evaluate these solutions. The PLA group members are supported by trained female facilitators who guide the groups through the PLA group process.

In 2017, 100 PLA groups were established in Goro Woreda and all groups identified and prioritized maternal and newborn health problems. The problems that were prioritized most by the PLA groups were malaria, diarrhea and prolonged labor. This summary report provides the evidence for each of the priority problems, highlights how PLA groups have chosen to address these problems, and what further actions different decision-makers can take to further improve maternal, perinatal and neonatal health in these communities.

## MALARIA

Malaria was identified by 93 PLA groups as a critical problem in their community. The communities prioritized malaria as it is an illness that often leads to death in both pregnant mothers and children under the age of five. Within the Southwest Shewa Zone, Goro Woreda has one of the highest malaria prevalence rates. It accounts for more than 33% of total reported cases in the zone (HMIS, 2011). Goro Woreda reports a malaria prevalence rate four times higher than the average of all the other Woredas within the zone (HMIS, 2011). Thus, malaria is a major community health problem that requires more attention.

Following the implementation of the PLA project, there now appears to be a greater understanding within the communities of the importance to prevent and manage malaria. In addition, there is a greater willingness to change individual behaviors to reduce the incidence of malaria in the community. Four critical solutions were identified and implemented by the PLA groups themselves and with support from the wider community:

- **Lobbying for bed nets:** lobbying with HEWs and Woreda Health Officials to distribute more bed nets within the communities. Where the Woreda has been successful at

providing bed nets the community members have actively supported the distribution of these nets.

- **Raising awareness on the correct use of bed nets:** groups have, together with HEWs, organized awareness-raising activities on the correct and consistent use of bed nets. As one Woreda health official explained:

**“So far, awareness-raising activities have been conducted [by PLA groups and WHO jointly]; correct use of bed nets has increased, and we are starting to see a reduction in cases of malaria.” (Goro Woreda Health Office Director, December 2019)**

- **Eliminating mosquito breeding sites:** groups have organized community-wide cleaning activities to clear areas in their communities that act as mosquito breeding sites and have organized awareness-raising activities on the importance of clean environments.
- **Raising awareness on Indoor Residual Spraying (IRS):** groups have organized community-driven awareness-raising activities on the importance of IRS and encouraging community members to accept IRS.

# DIARRHEA

Diarrhea is the second priority problem identified by PLA groups, with 70 out of 100 groups prioritizing this problem. It was prioritized because diarrhea contributes to high numbers of infant deaths and illness in pregnant mothers. Reasons identified by the PLA groups for the high number of infant deaths due to diarrhea were: 1) lack of toilets in households; 2) poor personal hygiene; and 3) lack of clean and safe drinking water. In Ethiopia, diarrhea is one of the major contributors to under-five mortality. As with malaria, the communities within Goro Woreda appear to be more vulnerable to diarrheal infections than others Woredas in the Southwest Shewa Zone (HMIS, 2011).

The PLA groups, through their own actions and the mobilization of other community members, have been able to make progress on improving personal, household and community hygiene. This has been achieved through:

- Raising awareness on personal and environmental sanitation: groups have worked closely with HEWs and HDAs to develop and implement awareness raising activities to improve personal, household and community

hygiene practices that can reduce the risk of diarrheal infections. These activities included behavior change on hand washing, food hygiene and elimination of open defecation.

- Constructing pit latrines: groups have encouraged more households to build their own pit latrines but also have encouraged the community to build pit latrines for public and communal use. One Kebele was declared an Open Defecation Free kebele as a result.
- Raising awareness of the danger signs: groups have made mothers more aware of the danger signs of diarrhea and more aware of the treatment that is provided at health facilities. As a result, more children have been taken to health posts and health centers when they have fallen sick with diarrhea.

**“Before with diarrhea, the community used traditional methods to treat it. Now children are taken to the health center and given medicines.” (PLA Group Member, Gurura Kebele)**

# COMPLICATIONS DURING LABOR AND DELIVERY

Complications during labor and delivery is the third priority problem identified by the PLA groups. It was prioritized by 53 groups as complications during labor and delivery are commonly experienced by mothers in these communities and have resulted in deaths in their communities. It is defined by the communities as the situation where a pregnant mother faces complications during her labor and/or delivery. For example when the labor lasts for more than 12 hours, or they experience bleeding. When discussing the reason why prolonged labor was prioritized, a PLA group member highlighted that:

**“Saving the lives of women in childbirth is not just the responsibility of the individual but is important for all of the community.” (PLA Group Member, Goro Kebele)**

A critical challenge for the Oromia region in Ethiopia is that current health management information systems such as the HMIS or DHIS do not capture details on the reasons why pregnant women are referred from health centers to hospitals. Thus, there is very little verifiable data on the number of cases per complication in Goro Woreda. However, through the PLA project, health facilities in Goro Woreda have strengthened their documentation of reasons for referral of pregnant mothers from health centers to hospitals. Referral records show that more than 248 referrals made were due to complications during labor and delivery. However, please note that this data is not routinely collected or recorded in the referral registers of most health centers.

To minimize the risk of complications during labor and delivery, PLA group members identified and implemented the following solutions:

- Raising awareness on the importance of antenatal care (ANC): awareness-raising activities were organized to provide information about the benefits and correct use of ANC services.
- Raising awareness on the importance of skilled delivery: awareness-raising activities were organized to provide information about the importance of giving birth at a health facility with skilled birth attendants. These activities also addressed myths and fears about giving birth in facilities and increased the knowledge of mothers in relation to identifying danger signs during pregnancy and labor.
- Constructing traditional ambulances: groups have constructed traditional ambulances to help women to health facilities in case of emergencies, such as prolonged labor, but are in hard to reach locations. In addition, the traditional ambulances are improving the referral to the ambulance service, which is available in the Woreda.
- Lobbying for improved infrastructure: groups have raised awareness of key stakeholders in their community about the poor infrastructure of roads and bridges, making it difficult for community members to access health facilities in times of emergencies, and are lobbying for improved infrastructure.

# CONCLUSION

The PLA project has engaged community members, particularly women and pregnant women, to identify the problems they face during pregnancy and childbirth. It has enabled them to come up with local, simple and appropriate solutions to tackle these problems.

This report explored the evidence for the three most prioritized problems, malaria, diarrhea, and complications during labor and delivery and highlights how PLA groups have chosen to address these problems. The strategies implemented are encouraging positive change such as:

- 1) using bed nets correctly and accepting IRS;
- 2) digging of pit latrines in households;
- 3) improving the environmental hygiene within communities and homes;
- 4) increasing ANC uptake and giving birth in a health facility rather than at home.

Despite the considerable progress that has been achieved by the PLA groups and their communities, a few challenges remain that will require greater effort and action from those who are not PLA group members or members of the community.

# RECOMMENDATIONS

To continue to reduce the number of malaria cases, for example, there is a need to continue to monitor malaria cases and for the PLA groups, PLA facilitators, Woreda Health Office (WHO) and Zonal Health Office (ZHO) to work in partnership to ensure the sufficient, appropriate and timely distribution of bed nets.

To further reduce the risk of diarrhea, the WHO in partnership with the Woreda Water Supply and Energy Office, should work towards improving the clean water supply and sanitation infrastructure.

To address complications during labor and delivery, the Woreda Administration and rural road authority should work on improving infrastructure to improve access to health care facilities from the community. In addition, the WHO and ZHO, together with the health centers, should ensure maternity waiting homes (MWHs) are established. These MWHs provide residential facilities, where women defined as 'high risk' can await their delivery and be transferred to a nearby medical facility shortly before delivery, or earlier should complications arise. Both solutions will help to reduce pregnancy and pregnancy related risks associated with lack or delay of access to a health facility.

To conclude, the evidence above indicates how solutions implemented by the PLA groups have contributed to improved maternal, perinatal and neonatal health of the communities in Goro Woreda. It showcases how the PLA groups provide an important and sustainable platform to integrate community-based health interventions, specifically those related to maternal and newborn health, including malaria, and water, sanitation and hygiene.



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