

# Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCM)

## ETHIOPIA

**Program:** Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCM)

**Donor:** Government of Canada through Global Affairs Canada

**Initiative:** Partnerships for Strengthening Maternal, Newborn and Child Health (PS-MNCH)

**Budget:** \$35,084,743; Government of Canada contribution: \$31,122,612

**Duration:** 6 years (2016 to 2022, including COVID-19 response)

**Target Countries:** Ethiopia, Kenya, Malawi, Tanzania, Senegal

**Consortium Partners:** Amref Health Africa in Canada, Children Believe (formerly Christian Children's Fund of Canada), SickKids Centre for Global Child Health, WaterAid Canada

The CAIA-MNCM program was implemented in the Afar and Amhara regions of Ethiopia by Amref Health Africa in Ethiopia and Children Believe Ethiopia. The woredas across Afar and Amhara regions are considered remote, and the delivery and utilization of essential health services has historically proven difficult, which could help explain the poor maternal, neonatal and child health outcomes in the regions. The program adopted several **community-based innovative approaches**. While program delivery occurred in the context of frequent climate disasters, conflict and political instability, the program was able to **successfully improve the delivery of essential health services to mothers, pregnant women, newborns and children under five**.

In Afar, the total rate of women receiving appropriate Antenatal Care<sup>1</sup> increased to 73% at endline from 40% at baseline during the program. While stigma remains around young pregnant women in the area, there was noted success in mothers aged 15 to 19 receiving appropriate care, from 27% at baseline to 50% at endline.

<sup>1</sup> Appropriate Antenatal Care is defined as: % of women aged 15-49 with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during their last pregnancy that led to a live birth.

The same region saw a **significant total increase in skilled attendants at delivery, from 27% to 63%**, demonstrating substantial success in increasing community trust and engaging traditional birth attendants. This led to women specifically seeking out skilled birth assistance. The program also developed partnerships with regional actors (Semera University and Semera Health Science College, MOH, regional health bureaus, Oromo zone health office) to build local expertise, specifically in newborn care, and this allowed for continuous education and training in these areas beyond the conclusion of the program that could ultimately improve maternal and newborn health outcomes in the long-term.

**Another highlight of the program in Ethiopia was the active engagement of women in order to break down gender-related barriers.** By engaging 4,978 pregnant women consistently in monthly conferences, women were able to gain awareness of their rights to institutional services (a significant impact when considering the remote, stigmatized context in Ethiopia), leading to better health outcomes overall by inspiring women to seek out essential services.

### COVID-19 Response Highlights

The COVID-19 response in Ethiopia was implemented in Amhara and Southern Nations, Nationalities, and Peoples' Regions.

Amref Ethiopia worked with the Ministry of Health (MoH) to support their respective COVID-19 response plans in three key areas: health worker training; information dissemination and community engagement; and improved water, sanitation and hygiene (WASH) at the community level. Amref Ethiopia also coordinated its approach and activities with other local COVID-19 responses in targeted areas and ensured that there was coordinated and consistent messaging by following national strategies, as well as WHO guidance on Risk Communication and Community Engagement (RCCE).

Highlights of the COVID-19 response in Ethiopia include:

- **295 (M: 200, F: 95) health care workers and 1,201 (M: 28, F: 1173) community health volunteers were trained** on COVID-19 infection, prevention and control (IPC), Behaviour Change Communication (BCC), and Sexual and Gender-Based Violence (SGBV) including provision of comprehensive responses to the psychological, medical, social, and legal needs of survivors of SGBV in the context of COVID-19 using both the Leap mobile platform and in-person training.
- Over **512,000 beneficiaries were reached directly**, and 4.1 million people were reached indirectly.
- Over **4,500 N95 masks, 5,550 disposable masks, 3,550 examination gloves, 9,000 bottles of hand sanitizer, 160 dust bins, 12,000 units of soap, 7 buckets with taps and 300 eye goggles** were distributed to health facilities.
- **Radio messages on COVID-19 and RMNCH services were aired** through Amhara mass media, and Jinka and Arbaminch FM twice a week in different local languages to reach a wide audience. These programs focused mainly on proper mask utilization and disposal, hand hygiene, COVID-19

prevention in schools and public areas, utilization of RMNCH services as well as dissemination of guidelines and directives set by MOH and the Government of Ethiopia. In addition, the project, in partnership with the Ethiopian Public Health Institution, prepared a short video on COVID-19 prevention which was disseminated on two national TV stations during prime time to reach a wider population.

- **18 handwashing stations** were installed in health facilities.
- 18 health centres **were supported with medical items and equipment to ensure the continuity of essential health services during the COVID-19 pandemic.** In addition, 6 out of the 18 supported health centres also received essential medical drugs. Furthermore, the project also supported one health facility and two hospitals with medical and non-medical supplies and equipment that were affected by the conflict in the North Shewa zone, Amhara region.
- Medical and non-medical items and supplies, such as tables, chairs and safe care kits comprising of paper envelopes for forensic materials, plastic bags with zips for forensic specimens and swabs, and test tubes with sterile cotton swabs, were distributed to the four one-stop SGBV centres to strengthen and improve the quality of the services being provided to SGBV survivors. **In total, 282 (M: 8, F: 274) SGBV survivors received proper treatment and referral from the provision of the supplies and equipment.** In addition, awareness sessions on SGBV management and referrals were provided to 1,236 (M: 35, F: 1,201) SGBV survivors and other service seekers throughout the project.
- **100 (M: 58, F: 42) legal and justice personnel** (police officers, prosecutors and Women and Children Affairs officers) were trained on SGBV, including harmful practices such as child, early and forced marriage and female genital mutilation/cutting.
- In collaboration with the Zone Women, Children and Youth Affairs Office, **Amref conducted community conversations and awareness sessions to address SGBV,** including sexual harassment and exploitation, and child, early and forced marriages with the objective of building institutional mechanisms for integrated responses in the provision of rehabilitative services, enhancing the capacity of service providers and influential community members, expanding services using a multi-sectoral approach and ensuring comprehensive support to women affected by SGBV.
- During the COVID-19 intervention, **Amref conducted operational research with the objective of studying the impact of COVID-19 on sexual and reproductive health (SRH) and SGBV services.** The findings of the study showed that 98% of study participants were aware of COVID-19 and, due to their fear of acquiring COVID-19, visited health facilities for health services less frequently, providing an explanation for the decrease seen in the utilization of family planning (FP), antenatal care (ANC), delivery care, post-natal care (PNC), and child health services in the targeted communities.