

Working in Partnership with
different denominations
to improve Sexual and
Reproductive/Maternal and
Newborn Health

**Two success stories from rural CARE
International projects in Ethiopia**

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Background

Ethiopia:

- Fertility rate of 5.4%
- Under five mortality rate of 123 per 1,000
- High maternal mortality (850 of 100,000 live births);
- 25% of deaths of women aged 15-49 are pregnancy related (WHO, 2006)
- Over 74% of girls undergo Female Genital Cutting/Mutilation (Demographic Health Survey, 2005)

CARE's Interventions in Ethiopia



Religion is part of the cultural identity

Dominant religions:

- Amhara Region: Ethiopian Orthodox Christians
- Afar Regional State: Muslims
- Oromyia Region: Muslims

Religious leaders are the entry point in communities

- In Afar CARE implements Anti-FGM and SRH projects
- In Amhara CARE implemented a Mother and Child Health Project where priest took the role of health promoters
- In Oromiya CARE implements SRH program including Family Planning and HIV/AIDS awareness raising

Methodology for Engagement of communities

- Awareness-raising
- Capacity Building
- Community mobilization
- Skill development
- Behavior change and community mobilization
- Increased quality and access to health services

Results



With Ethiopian Orthodox Church:

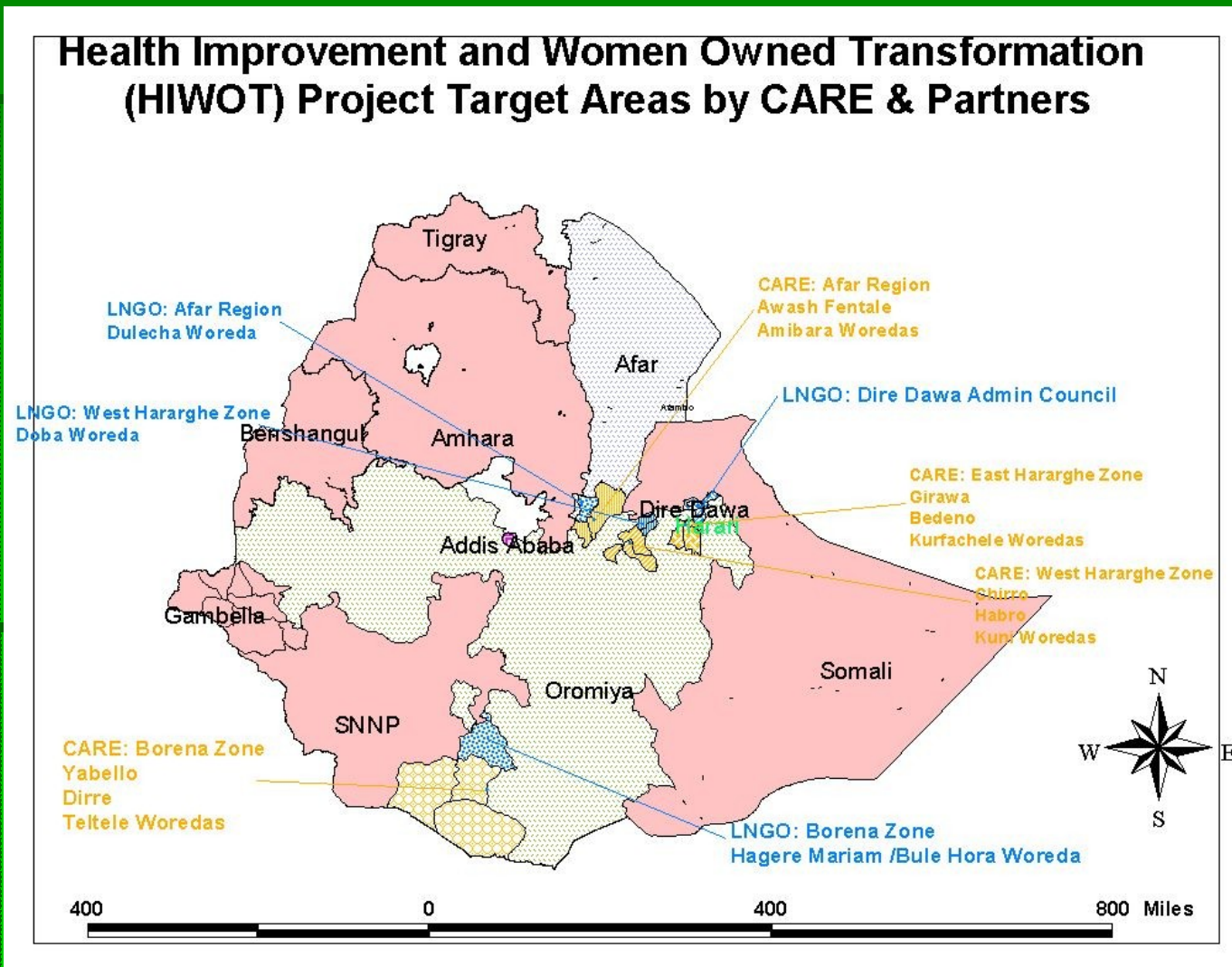
- Formed and trained 2464 Mother to Mother Support Groups (1 per village)
- Trained 527 religious leaders (3-4 per church)
- Project-attributed 28% drop in under-five mortality with 1,456 lives saved.

Results

With Islamic leaders:

- Prevalence of Female Genital Cutting (FGC) decreased from 95% in 2003 to 85.5%
- Increase in awareness of health implications of FGC
- Increase access to health facilities for women

Results: SRH Program



Results: SRH Program

- Both Muslim and EOC leaders were readily available to engage in the SRH project. FP messages were interpreted within economic context
- Abstinence fits with both faiths



Results: FGM/C

- FGM although practiced widely by EOC believers is easy to address in absence of support by religious scripts
- FGM in Muslim communities faces more challenges although the Koran read properly does not support the practice. However scholars are reluctant to change teachings because afraid to loose credibility.

PROs and CONs

PROs:

- Highly respected volunteers
- Use of existing resources
- BCC through “Saturation”—high coverage + high authority; simple messages, coordination

CONs:

- Low educational background
- Capacity building needs are high
- Concurrent commitments

Lessons Learned

- Building linkages between government and communities is critical to success;
- Training PLUS supportive supervision are essential
- Cultural identity is the entry point for community mobilization
- Involvement of religious leaders in traditional societies is the key to successful interventions