# Significance and Background

The Government of Ethiopia has made addressing Ethiopia’s unacceptably high levels of maternal and neonatal mortality its top priority. Yet remote areas in Ethiopia face difficulties providing government supported health services:

- Too few trained health providers who speak tribal languages
- Limited space, equipment, & commodities
- Significant barriers to access: distance, cost, culture

The demand for family planning health services by the Pastoralists in South Omo Zone (740,000 people) is hindered by:

- Social stigma
- Adverse gender dynamics and lack of support by male partners
- Poor linkage between communities and health facilities

## Program

**Program area:**
- BenaTsemay
- Dasenech

**Objective:**
- Transform the traditional belief that large families equate to wealth into the sustainable belief that healthy families equate to wealth

**Strategy:**
- Leverage the desire to have enough children to work

**Activities:**
- Build trust and community capacity with WASH
- Explore the desirability of healthy children through structured community discussions and activities
- Provide integrated adult literacy classes and livelihood activities for women and men together
- Improve access to health facilities with innovative donkey ambulances

## Results

Participation was **155% more than target**

- BenaTsemay: 833 total (450 male, 383 female)
- Dasenech: 490 total (267 male, 223 female)

### Effect of activity participation on FP referral

<table>
<thead>
<tr>
<th>Number of FP activities attended</th>
<th>% Referred to FP</th>
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<tbody>
<tr>
<td>0</td>
<td>10%</td>
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<td>7</td>
<td>80%</td>
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<td>8</td>
<td>90%</td>
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### Effect of IFVL participation on FP uptake (as of June 2015)

- IFVL grads 3.5 times more likely to use FP than nongrads
- Monitoring continues, FP uptake still increasing

## Implications/Lessons

**Community Based Learning in Action works—it pays attention to:**

- the way people think
- the influence of their culture
- the constraints of society at large

**Transformative learning is scalable:**

- Adults who discover answers on their own are motivated to change behavior and share learning
- Emergent leaders in WASH became early adopters in FP
- Newly empowered women became agents of change

**Factors that determined the pace of change included:**

- Distance to market town
- Adult literacy rate
- Access to and status of health facilities
- Community awareness of nontraditional values and behavior