



VISIT REPORT - MAY2014

ANNA CANNON, MELROSE EAST, BRYDON WILLIAMS ; m@e TRUSTEES (2/5/14-15/05/14)

BETH HOUGHTON; INTERNATIONAL DEVELOPMENT OFFICER - WALES FOR AFRICA HEALTH LINKS (m@e funders) (2/5/14-10/5/14)

DEBREWOK GETACHEW -PARTNER AND MIDWIFE (3/5/14-15/5/14)
ZELALEM DESTA -ASSOCIATE PARTNER AND LECTURER AT AWASSA COLLEGE OF HEALTH SCIENCE (3/5/14-6/5/14)

YIRGACHEFFE 05/05/14-07/05/14

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OBJECTIVES	ACTION	OUTCOMES	FUTURE DEVELOPMENTS
To discuss and agree the weeks programme with local officials.	Met with Nenko Sorsa(Regional Officer) and Elias (Woreda Official).Discussed mobilisation of community groups for focus group discussion,m@e pregnancy education picture cards, mhealth, mobilisation of HEW(Health Extension Workers) for evaluation of misoprostol use and BDKs (04/05/14)	Pogramme organised for FGD with kebele leaders, Health Development Army (HDA) group and men's groups. Agreed trialling of picture cards. Agreed per diems, numbers and venue for meeting with HEWs and training in Dilla	To assess use of 'family health cards' by HEWs(pictorial flash cards issued by Ethiopian Gov) and consider in relation to m@e picture cards. To further understand and capacity build with HDAs

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<p>To meet with Health Development Army(HDA) to conduct focus group discussions on their role and perceived pregnancy related health needs in the community</p>	<p>Met with 33 HDA(2 men) and two HEWs in Wote Kabele. Discussed practices and concerns around pregnancy in the community and HDA's role. (05/05/14)</p>	<p>Identified problems relating to a) lack/expense of transport to health facility b) women's preference to use TBAs at home as less expensive(around 75% had home births) c) men's control over decision making over financial issues. d) HDAs training compromised by their lack of time e)lack of supplies at Health centres/posts.f)4 hour training recommendation reduced to 1 hour. Good example cited of neighbouring Kebele charging 2 birr for delivery and funds used for postnatal food for women (but not for emergencies in childbirth)</p>	<p>To capacity build in the community strengthening existing health systems, focusing on birth preparedness. Consider provision of 'Mamma kits' for health centres(postnatal kit used as incentive for women attending health centre, clothing, soap, sanitary towels..) Support for HEWS training the HDAs Mobilise community to develop emergency fund system.</p>
<p>To meet with men's group to conduct focus group discussions on their role and perceived pregnancy related health needs in the community</p>	<p>Met with 30+ men, 1 women in Chito Kebele. Discussed their perceived problems relating to pregnancy care in the community. (05/05/14) 27/08/2006</p>	<p>Identified problems with a)transporting women to health facility(expense/distance/lack of available ambulance)b)lack of resources at health centre,and HP c)lack of trained staff covering the health post.d) lack of financial planning for birth emergency.e) Primips deliver in HC multips at home.f)TBA still active.g) no lights by night, often no night cover at HP. Men felt there wives were respectfully and professionally treated at health facilities and were not frightened to attend. Men see their role to encourage women to attend antenatal care and to advise rest during pregnancy and buy them an umbrella.</p>	<p>Consider local income generating/loan system for emergency funds. Follow up at RHB re parked ambulances.</p>

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<p>To meet with Kebele leaders to discuss community health needs and opportunity for capacity building within the community.</p>	<p>Met with 22 kebele leaders in Yirgacheffe discussed their perceived problems relating to pregnancy care in their communities. (22/05/14) Met with 25 Kebele leaders in Wonago.</p>	<p>Identified problems relating to a) women and men's lack of awareness around health issues and hygiene issues; b) 1 ambulance between 31 Kebele (often being used by officials) c) poor capacity/equipment at health facilities. d) women see delivering in h/c as weak/poor/seen as without family e) prefer TBAs as transport to health facility a problem and TBA less likely to refer to a H/C f) some women associate family planning with weight gain /loss/bleeding so multiple pregnancies g) husbands unaware of how to help wives in preg.</p> <p>On a positive note communities do try to support women with healthy diet around childbirth (honey, false banana, lamb). Men sometimes help prepare the birth surface.</p> <p>One leader had been present at Chito men's group and said that after that discussion their community was keen to start a financial planning scheme.</p> <p>Discussion on birth practices.</p> <p>Conga identified as well structured Kebele round communication systems during labour.</p>	<p>Encourage HEW to include men in birth preparedness discussions. Consider implementing micro finance systems. Encourage HEWs to explore obstacles to Family planning uptake</p> <p>Dinkinesh Morkati Kebele, Banko Okolo identified as a particularly popular HEW with men and women, able to mobilise the community for meetings. Consider ways to develop her.</p>

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<p>To meet with Health Extension Workers who participated in previous training course to evaluate use of misoprostol and SDK</p>	<p>Met with 31 HEWs in Yirgacheffe for the morning. Carried out evaluation of sDKs and Misoprostol. Met with 32 HEWs in Wonago.</p> <p>Picture cards demonstrated and two HEWs in yirgacheffe and wonago selected on basis of active participation in discussions, to trial the cards.</p>	<p>-Evaluation forms for SDKs completed. Discussion indicated all used the kits, the bowls weren't popular, the contents were not all being replaced, they all wanted more gloves provided, some wanted towels included, thought plastic difficult to clean well. -Evaluation forms for Misoprostol completed. Positive feedback on use from discussion, Women coming more frequently to HP for delivery, feeling safer when misoprostol available. Miso. being replaced from Woreda office supplies.</p> <p>Selected HEWs keen to use cards and showed good understanding of the content.</p>	<p>Content of bowls to be re appraised. ?use tote bag instead of bowl ? provide boxes of gloves to HP Consider whether SDKs should be used as teaching and demonstration aid to encourage women to prepare their own.</p> <p>Continue to supply Miso. via DKT and train HEWs in it's use</p> <p>Zalalem to write up research article for publication.</p> <p>Evaluate use of picture cards during next visit. Debrework to make contact with users in the interim for feedback and to encourage use.</p>
<p>To initiate pilot study of mobile phone app. Identify potential HEW to trial app for 6 months.</p>	<p>Mobile learning app explained. Two HEWs (Nigist and Shitaye) selected on the basis of their good grasp of English and good workplace practice to trial the phones. Phones explained to them and conditions of use.</p>	<p>Initial positive reaction to app, both women seemed happy with the use and initial preview of content.</p>	<p>Evaluate suitability and ease of use of Oppia app on next visit. Debrework to make contact with N and S to get feedback.</p>

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<p>To provide 2 day training course for HEWs in Dilla Zuria</p>	<p>47 Hew attended a two-day training in Zuria. taught by melrose, Anna, Debrework and Brydon. antenatal care, labour care, PPh, family planning. Distribution of SDK. Zalalem unable to stay for training as Wossenallah unhappy despite adequate communication before our visit.</p>	<p>Responsive group. Good verbal feedback. Amharric evaluation form completed by participants. Pinnards, SDK, Misoprostol, t-shirt and tote bag given.</p>	<p>Possible production of pocket reference book for HEWS. Debrework to complete evaluation report.</p> <p>Evaluation of SDKs and Miso. in 6 months</p>
<p>To meet with Marie Stopes International to explore possibilities of collaboration and idea sharing.</p>	<p>Met with Meron Hagus in Addis (had previously attended SEGHL 'train the trainers' course).</p>	<p>Marie Stopes is a family planning service provider so not necessarily suitable to link directly with. Meron offering clear advice to register in Ethiopia, consider Ethiopian based co ordinator (possibly 6 month trial),</p>	<p>Find out what local NGOs offer as salaries. Think about office base in Awassa (contact Miseker Lemma) Think about possible co ordinator role and who might be suitable. Approach Awassa office to possibly use Marie Stopes for FP section of training courses. Initiate registration process.</p>
<p>To meet with PATH to explore possibilities of collaboration and idea sharing.</p>	<p>Met with Birkety Jembere and Meron Paulos from PATH. Discussed our work. in particular mhealth trial, picture cards and SDKs.</p>	<p>PATH developing locally produced MCH video in near future with HEWs and HDAs but in Oromia region/language. PATH concentrating on strengthening midwifery in line with Ferederal government PATH developing idea for project around mhealth for midwives (training apps, reference material)</p>	<p>Possible future collaboration and sharing of ideas around mhealth for midwives. SDK distribution is a sensitive issue at federal level (as want 90% H/c deliveries) so a need to review our work around SDKs especially if registered) Initiate registration process.</p>

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<p>To meet with Andy Piller DKT Addis to discuss Misoprostol supply and possibilities of collaboration and idea sharing.</p>	<p>Met with Andy. Leaving DKT shortly but happy to pass on and encourage participation with M@e to new Director, Rory Harrington.</p>	<p>Discussed a)Happy to continue supplying Miso for our use and Miso/ Mifeprostol to Debrework for use in his clinic.b)discussed SDK supply by DKT. Simple kit similar to ours 50birr each.c)Discussed collaboration on production of picture cards,shared costs 50/50, DKT logo and FP section d) Will meet with Dagamawit (Deputy Country Director) to discuss collaboration on Midwifery related projects.</p>	<p>Liase with Rory Harrington new country director of DKT Review possibility of providing SDK to HEW ? quantities.(month notice.) Include SDK provision in bids. Discuss further production of picture cards with DKT Review card content: add DKT logo, DKT kit, change car from Addis taxi, baby cloths to hat, socks and towel.</p>
<p>To meet with Dagamawit Girmay (Deputy Director DKT) to discuss ideas of possible collaboration on Midwifery projects.</p>	<p>Met with Dagamawit and Carol Squire (Strategic planning consultant). DKT meeting this week to discuss 5 year strategy and keen to include Maternity care in strategy.</p>	<p>Discussed distribution of SDKs to rural areas.DKT looking for ideas on delivery systems on a large scale country wide, M@e thinking on a more local scale. ?women buying kits through income generating schemes without miso.? distributing at MTA(market town activity schemes). DKT keen to collaborate on picture card production with LEKIE logo (umbrella logo for company meaning "what's right for me"). Advised registration as International NGO not local.</p>	<p>Maintain contact with DKT to discuss further these initiatives. Complete picture cards and cost production. Order SDKs before November. Decide on plan of distribution/ numbers. Plan for evaluation of DKT kits.</p>

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			<p>Meet with women's groups in the Kebele. Focus group with Health Centre Staff to discuss their views on Health centre utilisation.</p>
<p>To meet with Mezgebu..... IRC. working with community outreach programmes to discuss mhealth programme being piloted.</p>	<p>Short meeting with Mezgebu.</p>	<p>Discussed Pfizer funded mhealth project. Just in process of distributing 50 phones. Data collection (text ET) and information apps in English.</p>	<p>For Debrework to maintain contact and follow pilot study progress.</p>

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<p>To meet with EMA to share ideas and explore collaborative ideas.</p>	<p>Met with Hiwot Wubeshet, Executive Director EMA.</p> <ul style="list-style-type: none"> -Discussed ideas already being implemented to improve rates of delivery at H/C. 1) community members donating one kilo of cereal per pregnant women to generate funds to provide food/coffee for postnatal women at H/C, greatly increasing popularity of H/C delivery. 2) some areas training TBA's.3) some TBAs being payed to bring women to H/C. -EMA offering m@e help with translation of material. -Encouraging about picture cards -EMA would welcome assistance with establishing midwifery journal(office space available but no funding). -EMA would welcome help with regulation issues,standard setting,registration issues. 	<p>To write short report about m@e for their website.</p> <p>To continue exploring ideas of partnership.</p> <p>Pass on Martha's details for future artwork.</p> <p>To keep in mind EMA request for support with journal launch and professional issues/ documentation.</p> <p>Consider m@e training courses being accredited with EMA.</p>	<p>To maintain close links with EMA</p> <p>To look out for professionals who could support setting up Ethiopian midwifery journal, writing of professional publications.</p> <p>To consider accreditation of m@e programmes with EMA.</p>
<p>To meet with Debrework to reflect on fortnight, discuss job description</p>	<p>Met with Debrework. Discussed his Masters application.</p> <p>UK trip discussed</p> <p>Job description discussed</p> <p>Asked for DW's opinion on trip.</p>	<p>Process of Application for Masters started</p> <p>Has started visa application for UK visit.</p> <p>Memory stick given as no printer available</p> <p>Positive feedback.</p>	<p>Receipt for Masters to be forwarded to M@E</p> <p>Visit to be planned. Letters of support to be sent from UK</p> <p>Encourage comment from Debrework.</p> <p>Encourage article writing and networking.</p>

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<p>To meet with Alice Jenner and Fiona Ledger from BBC media to discuss collaboration.</p>	<p>Discussed BBC media activities (weekly radio broadcasts based on behaviour change messages, possible production of health message videos and pocket cards). Part of 5 year DfID programme aimed to reduce maternal mortality.</p>	<p>Ideas discussed of collaboration on picture cards, stories and videos. Dependant on funding from one or other side. Offer of help with registration process. Possible invitation to join technical advisory group in the future.</p>	<p>Keep channels of communication open to share ideas.</p>
<p>To meet with Ruth Lawley from E4A to discuss their contribution of MDSR training for midwives in November.</p>	<p>Met and discussed E4A work and overlap with m@e</p>	<p>Provisionally agreed one day training with midwives on MDSR in November. Discussed frustration of supply chains of miso and equipment to rural areas. Discussed increase of H/C use by 50% in some areas, and knock on affect of exceeding capacity/staffing levels.</p>	<p>Possibility of m@e members becoming MDSR trainers in the future. To follow up details of November training and organising one day training on MDSR which E4A will deliver ? per diem.</p>