

# Rapid Qualitative Assessment of Maternal and Newborn Health Care (MNHC) Speaking Book in Two Districts in the Amhara Region, Ethiopia

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## BACKGROUND

The Health Extension Program (HEP) is an important institutional framework developed to achieve the goals of the Health Sector Development Program (HSDP) at community level<sup>(1)</sup>. It aims to improve access and equity of services by providing health interventions at kebeles and the household level, with a focus on sustained preventive health actions and increased awareness<sup>(2)</sup> by covering all rural kebeles with the HEP. The HEP focuses on four key areas: (1) Hygiene and Environmental Sanitation, (2) Disease Prevention and Control, (3) Family Health Services, and (4) Health Education. These packages address proper and safe water/waste management and disposal systems; HIV/AIDS, malaria or tuberculosis prevention and control; first aid; maternal and child health, family planning and reproductive health. The Speaking Book is used as an additional health promotion tool particularly for community health promoters with low levels of literacy and for health extension workers (HEW) to use for existing projects related to community-based maternal, newborn, child and family health. As such, the research study has the following objectives:

- Assess use and effectiveness of MNCH Speaking Book in selected kebeles by HEWs and HDA
- Understand care-takers' perception of the Speaking Book and the potential impact of this initiative on caretakers' knowledge and practice
- Assess effectiveness of Speaking Books as a health promotion tool in general and for future initiatives

## SPEAKING BOOKS

The first Speaking Book in Ethiopia was developed in 2010 by the Federal Ministry of Health (FMoH) in partnership with United Nations International Children Fund (UNICEF), the Integrated Family Health Program (IFHP), and the Last Ten Kilometers /JSI. The Speaking Book is an educational tool containing 16 key messages on community based maternal and new born health presented through text, pictures, and a recorded soundtrack in Amharic. Health extension workers (HEWs) and the health development army (HDA) utilize the books as a supplement to the Family Health Card during interactions with the community (mothers, fathers, grandparents, aunts, care-takers and others) regarding antenatal care, safe delivery, postnatal and new-born care (including early and exclusive lactating), recognition of danger signs,



care-seeking and immunization.

## **PROCESS**

The aim of the study was to assess the effectiveness, acceptability and relevance of the Speaking Book as a health promotion tool. As the use of Speaking Books as a communication tool is still in the development phase in this region, the pool of potential participants for this study was too small to fill both the intervention and the control group. However, the study can be valuable by providing:

- Information on who is being served by this program
- Information that suggests whether anticipated changes are occurring
- Information on whether anticipated changes are occurring in some subgroups and not others<sup>(3)</sup>

A total number of 1500 Speaking Books were distributed to the Amhara region during March, 2012. The field research was conducted between May and July 2012. Structured interviews, focus group discussions (FDGs) and observations (use of book during home visits, outreach and at health posts) in the woredas of Dembia (North Gondar) and Dembecha (W/Gojjan) were conducted to provide qualitative reports on the appropriateness, contribution, and challenges of the Speaking Books. Interview participants included:

- 18 health extension workers (HEWs)
- 29 health development army members (HDA)
- 27 care-takers (10 breast feeding mothers and 17 pregnant women)
- 4 focus group discussions with 21 pregnant and 15 lactating mothers

Transcripts were prepared for analysis through: (1) transcription from voice recorder to paper, (2) translation from Amharic to English, and (3) manual text analysis.

## **FINDINGS**

In some locations, it was found that both HEWs and HDAs were using the Speaking Book as a job aid on daily basis in health posts, for home visits and during outreach programs. It was also found that HDAs were using Speaking Books once a week during home visits, local meetings, market days and local holidays. The book was also used for health promotion during local gatherings including coffee ceremonies, pregnant women's conferences and in churches.

HEWs and HDA made the following observations:

- The book was a good communication tool to strengthen messages of the Family Health Card.
- The book helped HDA and HEWs gain community acceptance.
- The book enabled health workers to provide essential MNCH information in an organized, structured and creative format suitable for small groups.
- The book assisted and simplified health education efforts of health workers and made more efficient use of health workers time and energy.

- The intended audiences trust the messages and consider the Speaking Book information as 'expert advice or as a professional delivering the message'.
- Mothers claimed to learn new information including the importance of avoiding harmful traditional practices and importance of calling HEWs to attend delivery.
- The book is a good communication tool for the illiterate – the majority of the intended audience.

The following are key takeaways from interviews with health workers:

- Showing pictures followed by hearing sound messages was an effective way to deliver the message.
- Speaking Books were useful during conferences for pregnant women, home-visits, outreach programs, and at church.
- It is worth noting that the number of new attendees in antenatal care in April and May 2012 were double that of February and March, 2012.

Interviews with care-takers revealed that:

- The Speaking Book is a good tool to deliver full information.
- The voice was clear and understandable and was the most informative aspect of the Speaking Book.
- They trust the messages from the Speaking Book.
- They appreciated the commitment of the responsible parties for the provision of Speaking Book and hoped such programs will continue.
- Women showed interest in having frequent and repeated learning through the Speaking Book and preferred to have available at least one book at household or community level during their pregnancy and lactation period.

Focus groups with pregnant/lactating mothers, none of whom could read or write, revealed that:

- All FGD participants claimed to learn something new. Information found to be particularly useful included: importance of antenatal care visits; danger signs during pregnancy and labor; birth preparation; attending a health facility; delivery; new born colostrum feeding; breast feeding; not washing a new born before 24 hours post-delivery; and feeding of infant after 6 months.
- Participants claimed the book provided the opportunity to ask HDA questions during book use for additional information (i.e. availability of delivery service in the health posts; stretcher to carry laboring women from home to health post; solution to those infant with throat and tooth problem if it is not extracted or cut; and type of complementary food they need to give to their children, etc.).
- The voice was the most informative aspect of the book and the pictures were also found to be clear and understandable.

There were very few challenges or obstacles in using the Speaking Books. Some challenges that were identified included failing battery/replacing the battery, un-adjustable volume and protecting the book from water/rain damage.

## **RECOMMENDATIONS**

Due to the limited availability, rotating Speaking Books between HEWs and HDA would result in more efficient use and increased exposure in the community. As suggested by pregnant and lactating mothers and HDA/HEWs, it would be highly beneficial to create Speaking Books to cover other health areas such as: malaria, sanitation, and hygiene. Speaking Books can be used in someone's home, in community and social gathering forums, church programs, development forums and even during informal meetings. Clear training by instructors should be provided on how to replace the battery of the Speaking Book. Alternatively, instructions to replace the battery could be added to the Speaking Book in a picture format. Adding adjustable volume to the Speaking Books would make it useful to distribute to larger groups or in larger venues. Finally, advocacy for resource mobilization at federal and regional levels is needed to provide communities with effective health promotional tools.

## **REFERENCES**

1. FMOH, HSDP IV document, Ethiopia, 2012
2. FMOH. Health Extension Implementation Manual, Ethiopia. 2005
3. Kristin Anderson Moore, Ph.D. QUASI-EXPERIMENTAL EVALUATIONS Part 6 in a Series on Practical Evaluation Methods, Publication #2008-04