

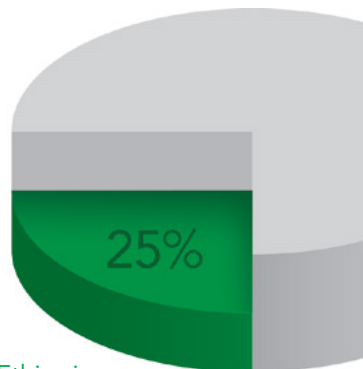
# Working with communities to help Ethiopian women access safe, legal abortion



## Ipas partners with community-based organizations to promote women's sexual and reproductive health.

Safe, legal abortion is increasingly available at health facilities in Ethiopia, as the law permits abortion to protect a woman's health, for minors and women with physical or mental impairments, and in cases of rape, incest and fetal impairment.

However, abortion stigma—along with other religious and social barriers—persists in denying many women access to safe abortion. Ethiopian women suffer high rates of unintended pregnancy, and without accurate information about sexual and reproductive health and where to access safe services, they often have no alternative than to resort to clandestine, unsafe abortions.



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## Ipas Ethiopia

Unsafe abortion is a leading cause of maternal death and injury in Ethiopia. Despite recent progress, approximately 25 percent of women of reproductive age (15–49) have an unmet need for contraception, according to the 2011 Demographic and Health Survey.

Ipas began working in Ethiopia in 1999 to reduce deaths and injuries from unsafe abortion. Since revision of the country's abortion law in 2005, Ipas has worked closely with the Federal Ministry of Health, regional health bureaus and other partners to expand women's access to high-quality, safe abortion services and contraception.

## Working with communities

Collaboration with community-based organizations (including community development associations and women's associations) has always been a key component of Ipas's strategy to build knowledge on sexual and reproductive health services, including safe abortion, and to enable more women to access these services.

Since 2001 Ipas has partnered with 148 such organizations—primarily in Amhara, Oromia, Tigray, Addis Ababa, and Southern Nations, Nationalities and Peoples' Region (SNNPR)—to educate women and other community members about preventing unwanted pregnancy, Ethiopia's abortion law, and how to access safe, legal abortion and contraceptive services.

Through community volunteers recruited and trained by community-based organizations and health extension workers deployed by the health system, the projects also provide women with referrals to reproductive health services when needed. Volunteers receive a three-day training on sexual and reproductive health that covers contraceptive methods, the consequences of unwanted pregnancy and unsafe abortion, the provisions of Ethiopia's abortion law, peer counseling and facilitation skills.

## Project spotlight

Three recent projects described here exemplify the objectives, processes and results of collaborative efforts by Ipas Ethiopia and community-based partners. Overall, these efforts:

- reached large numbers of people with information on sexual and reproductive health and rights, including safe abortion;
- contributed to changed community attitudes and behaviors;
- increased women's knowledge and awareness of sexual and reproductive health services and their ability to access these services.

### Tiret Community Empowerment for Change Association:

With support from Ipas during a 12-month period between 2013 and 2014, this organization educated more than 25,000 community members and referred more than 3,000 for contraceptive and safe abortion services in Guraghe Zone, SNNPR.

"Now more women are coming to the health center seeking family planning and abortion care services. For instance, the caseload for family planning services has increased from three a week to nine a week over the last six months."

—Provider at Wosherbe Health Center

**Woliso Youth Development Association:** Ipas partnered with this organization in the Southwest Shewa Zone, Oromia Region, on three projects over a period of two and a half years. In just six months between 2012 and 2013, the group reached 13,000

community members with information on sexual and reproductive health and referred more than 600 women for contraceptive and abortion services.

"There is evidence that shows the start of attitudinal change. Women come to me and ask whatever they want to know openly without any discomfort. I see women discussing childbirth, family planning and unsafe abortion at various occasions."

—Community volunteer with Woliso Youth Development Association

**Awi Development Association:** A recent one-year project with this partner organization in Awi Zone, Amhara Region, reached more than 42,000 community members with family planning and abortion care information and provided referrals for these services to almost 6,200 women.

"The service uptake has increased, the awareness of people has grown very much ... they have better understanding on reproductive health and there is a good change."

—Project coordinator with Awi Development Association

## Effective strategies

**Community dialogue sessions** organized by Ipas and its partners engaged women on a wide range of sexual and reproductive health issues, using discussion and print materials. Topics included contraceptive methods, the dangers of unsafe abortion, and the availability of safe, legal abortion. These sessions were also important opportunities for community members to begin building one-on-one relationships with trained volunteers who could provide health information and referrals to services.

"Community dialogue is helpful to increase the level of knowledge of women through discussions and question and answer. Formerly we were using mass education to a community. Now our focus is interpersonal and it is leading women to accept family planning and abortion services."

—Project coordinator with Tiret Community Empowerment for Change Association

**Home visits** allowed community volunteers to tailor information to meet individual women's needs. Volunteers already had established rapport with their fellow community members, which allowed them to discuss sensitive topics more easily. Some women who received personal home visits by volunteers with Awi Development Association described the visits as "sisterly." Volunteers with Woliso Youth Development Association reported that women in their communities began approaching them to ask questions individually, with some requesting accompaniment to nearby health centers—evidencing the trust volunteers had built.

## Evidence of impact

Qualitative assessments of the three projects highlighted in this brief showed shifts in people's attitudes and behaviors, particularly regarding contraception. For example, some project officers noted that more women began choosing long-acting contraceptive methods, which have higher success rates and fewer barriers to continued use than short-acting methods. A nurse at one health center also observed that women who interacted with project activities were more knowledgeable about the safety and efficacy of long-acting contraception when they arrived at the health center. In addition, some project officers noted that men became more supportive of contraceptive use and were more likely to make joint decisions about it with their female partners.

Community members' attitudes were slower to change on abortion. Attitudinal shifts on abortion were more pronounced when projects spanned time periods longer than one year, suggesting the need for longer-term, sustained community education. Project assessments indicated that, while many community members continued to hold negative views of women who have abortions, most agreed that safe abortion should be available in their community even if they did not approve of it.

Moreover, despite the persistent stigma surrounding abortion, projects documented more women asking community volunteers and health-care providers about safe abortion services when needed. Volunteer counselors' willingness to give women accurate information about safe abortion and how to access services—topics that were not openly discussed before Ipas-supported projects began—further attested to positive attitude change.

## Lessons learned

Ipas's community-based projects in Ethiopia have yielded a number of lessons that will be useful to future programs in Ethiopia and worldwide.

Stakeholder collaboration is crucial for success. With all community projects, success depends largely on the engagement and support of a broad range of community members and authorities, such as local health offices, women's affairs offices and community leaders. Sensitizing such stakeholders and involving them in project implementation has contributed to achievements such as reaching diverse populations and better integration of family planning and safe abortion into existing services.

**Community health volunteers improve access to information and services.** Ipas-supported projects recruited and trained health volunteers to work in their own communities, strengthening their knowledge of sexual and reproductive health topics and their counseling skills. Volunteers are effective in these roles because they are known and trusted figures in their communities, can offer confidential information and referrals to services, and can even accompany people to health centers if needed.

**Integrating reproductive health into existing initiatives is key.** Working with existing community structures—such as local government health authorities and women's groups with established credibility in their communities—can catalyze project success. For example, through Ipas's partnership with Awi Development Association, project coordinators were able to tap into the expertise of local health volunteers and strengthen collaboration with other local government units that were also working to improve community health.



**Strengthening local partners' capacity improves project outcomes—and sustainability.** Several partner organizations reported having directly benefitted from technical support provided by Ipas. They specifically noted increased skill in project management and report writing, in addition to improved knowledge about comprehensive abortion care. They were then able to integrate these enhanced skills and knowledge into their ongoing projects, increasing benefits to the communities they serve even after Ipas partnerships end.

**Referrals to health services by volunteers are effective but can be challenging to fully implement.** Ipas-supported projects had mixed results in efforts to refer women to contraceptive and safe abortion services. Community volunteers in all projects reported that they referred women to health-care facilities for services, but gaps in facility-based record-keeping prevented comparison of referrals reported to services received. Instances in which health-center workers were not adequately sensitized to community needs or knowledgeable about legally available abortion services highlight the need for increased attention to referral sites and processes.

## Making and sustaining an impact

In Ethiopia, Ipas is increasing people's knowledge of sexual and reproductive health and rights—including how to access safe abortion services—through partnerships with community-based organizations. Well-trained and well-equipped community-based organizations have the ability to build support within their communities, mobilize volunteers, reach people easily with information on health services and referrals, and shift attitudes on sensitive issues such as contraception and abortion.

As a result of recent community-based projects, Ipas Ethiopia has helped women gain knowledge of and access to contraception, leading many women to adopt more reliable long-acting methods. Projects have also enabled communities to more openly discuss reproductive health issues, including the dangers of unsafe abortion. Ipas will continue to partner with community organizations across Ethiopia to expand knowledge on sexual and reproductive health, enhancing the capacity of community organizations and empowering more women to safely make their own reproductive health choices.



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