Building Resilience: How Community Health Workers Engage Drought-Affected Communities in Oromia, Ethiopia

By: Gelila Abraham (Jimma University, Ethiopia)

PARES
Partnerships for Resilience

FUNDED BY
NIHR
National Institute for Health and Care Research
UKaid
from the British people

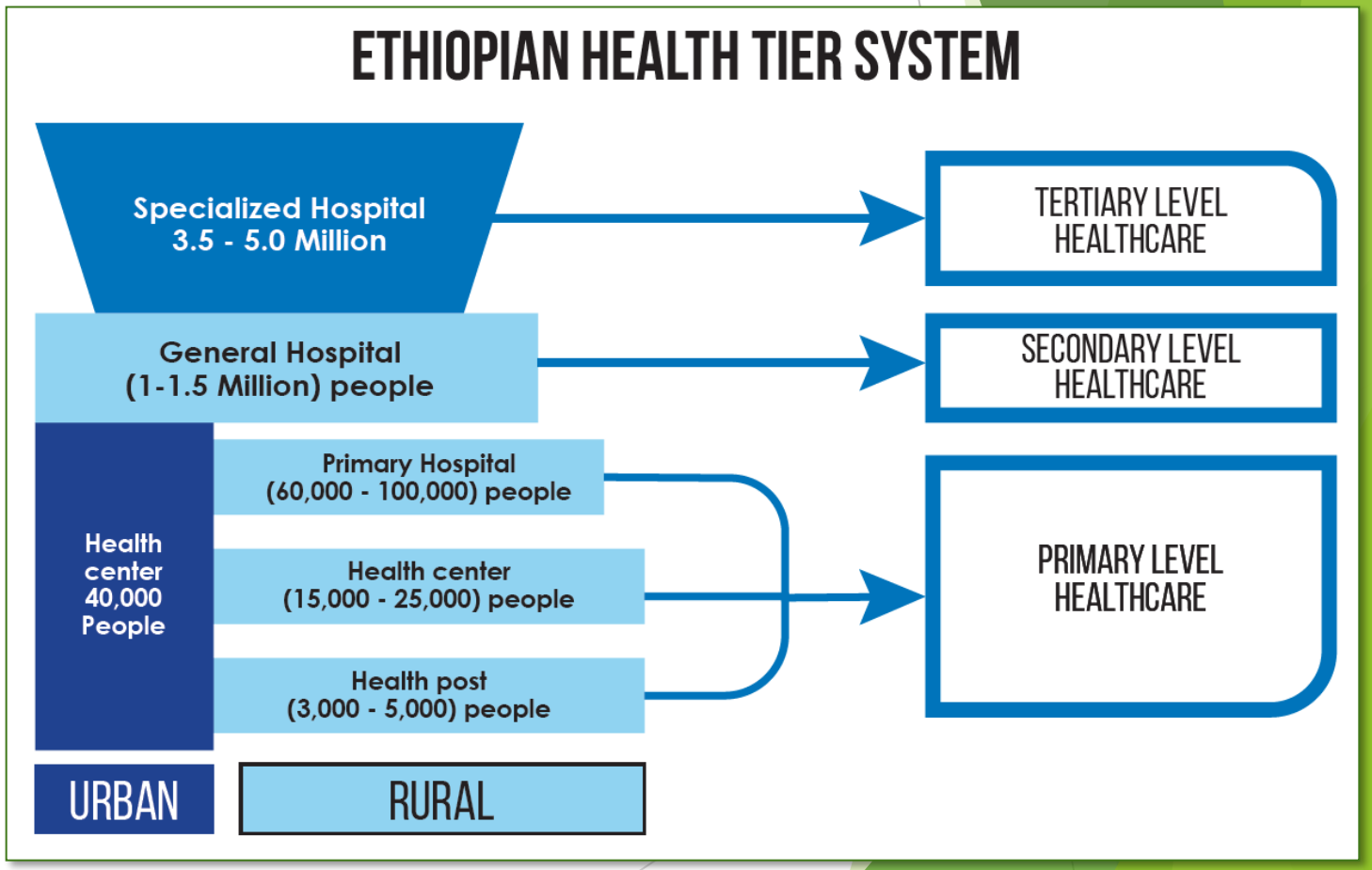
LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

WAGENINGEN UNIVERSITY & RESEARCH

blue ventures
beyond conservation

Introduction and the Ethiopian HS

- Oromia, Ethiopia is facing increasing drought severity, which impacts community health and livelihoods, making the role of community health workers crucial in providing preventive measures, education, and health services
- Collaborative approaches among health workers, local communities, NGOs, and government can effectively address health emergencies caused by drought, enhancing resilience and promoting sustainable recovery



Methodology

Objective

To assess community engagement strategies employed by community health workers along with their effectiveness in fostering resilience among communities affected by drought

Setting

- Borena Zone, Oromia, South Ethiopia
- The economy relies mainly on pastoralism, with livestock rearing being central to livelihoods
- Highly vulnerbale to recurring droughts which are exacerbated by climate change and other environmental factors

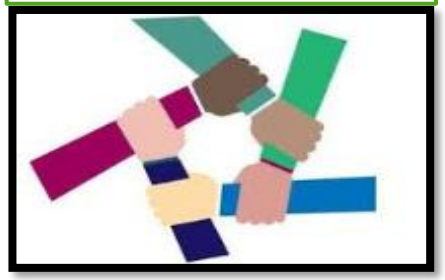
Data Collection

- **Study Period:** 25 March – 15 May, 2024
- **District Selection:** Three districts, all similarly prone to drought are selected conveniently
- **Data Collection Methods:**
  - **18 KIIs and 9 FGDs**
- **Data Management and Analysis:**
  - **Coding Process** – Use of code book for systemic coding, assisted by ATLAS.ti software
  - **Data Analysis** – Review of data to identify themes and relationships; Identification of patterns; and Integration of findings

Key Findings: Actors

Women Health Groups

Social Support System



COMMUNITY STRUCTURES

Men Development Groups

Elders

Traditional Court

GOVERNMENTAL ORGANIZATIONS

NON-GOVERNMENTAL ORGANIZATIONS

PARES
Partnerships for Resilience

key Findings: Mechanisms for CE

(1) Use of existing social support system

To identify and prioritize highly vulnerable families, collect resources, and distribute

- Drought conditions create scarcity and increase the risk of food insecurity
- Heightened challenges prompts community members to contribute their resources

(2) Strengthening existing Women Health Groups

By proving training and updated information on the crisis and its health effects

- Increased health challenges and resources scarcity due to the drought catalysed introduction of training and updated information

key Findings: Mechanisms for CE

(3) Establishment of Men Health Groups

To break barriers faced by women that limit their participation in health related initiatives due to reluctance of their husbands

- Heightened food scarcity and health risks prompting enagagement of both men and women for improved health awarness and proactive measures
- Pressing need for change in traditional gender roles, as survival during tough times necessitates adaptable solutions

(4) Elders

Active engagement of elders helps to facilitate health awarness and response initiatives

- Drought creates a need for recognition of elders' role as respected and trusted community figures and repositories of traditional knowledge

key Findings: Mechanisms for CE

(5) Training

A series of trainings and dialogues with men and women health groups with a support from humanitarian NGO to empower the community to play active roles in health promotion, disaster prepardness, and response

- Intensive supervision of health workers to stay in the community during the drought led to greater community awarness and engagement in health initiatives
- Escalating health emergencies and awarness of vulnerabilities necessitate training to enhance community capacity

(6) Traditional court system

Announcement of meetings and dissemination of important information on the crisis and its health effects

- Need for a unified effort to withstand and respond to the crisis, attendance and engagement of the community members is paramount – leveraged by mandatory attendance

Conclusion

- Use of existing community structures; social support and traditional court systems, women health groups, and elders were identified as key community engagement mechanisms
- Additionally, establishment of men health groups was identified as a promising mechanism to have a meaningful engagement of both men and women in initiatives in response to health emergencies of drought
- As a result of implementing various community engagement mechanisms, community awareness and engagement (and particularly of men) has increased, which is reported to improve health seeking behaviour and health service utilization among community members
- Collectively, these short-term outcomes would contribute to a resilient community that is better equipped to respond to health emergencies

Thank you!