

## ORIGINAL RESEARCH ARTICLE

# Sustainability and factors affecting the success of community-based reproductive health programs in rural Northwest Ethiopia

Daniel Argaw<sup>1\*</sup>, Mesganaw Fanthahun<sup>2</sup> and Yemane Berhane<sup>3</sup>

WHO/Ethiopia, P.O.Box 3069, Addis Ababa, Ethiopia

\*For Correspondence: E-mail: daniel@whoet.org or daniel7019@yahoo.com

## Abstract

Various Community-Based Reproductive Health interventions were initiated in many developing countries but their effectiveness has not been evaluated as much as needed. A comparative cross sectional study was carried out in February 2002 among women who participated in community based reproductive health interventions in South Gondar zone, Ethiopia. The study was conducted in eight *kebeles* taking successful and weak program areas for comparison. Both quantitative and qualitative methods were used for data collection. The qualitative method included key informants interview, and Focus Group Discussions with Community-based reproductive health agents (CBRHAs). A multistage sampling technique was employed to select 792 study subjects for the quantitative part of the study. Awareness of the presence of the CBRHA in the locality, participation in selection of the agents, acceptance of the agent, and evertalking to CBRHA about reproductive health issues were significantly higher in successful than in weak program areas [OR(95%CI) = 2.32(1.74,3.08), 3.28(1.22,9.27), 6.65(3.59,12.43), and 5.05(3.22,7.96), respectively]. In multiple logistic regression analysis awareness of presence of CBRHA in the village, acceptance of the CBRHA, and having had discussion with CBRHA maintained significant associations with type of community-based reproductive health program (successful/weak). Focus Group Discussions and Key Informant Interviews revealed better involvement of community leaders and health workers in the process of selecting and supervising CBRHA in successful areas compared to weak areas. The sustainability score of the Community-Based Reproductive Health Program (CBRHP) graded by the program coordinators was 2.92 out of 5. Acceptance of the CBRHAs, communication of the agents with community members, level of support to the agents, better involvement of community representatives in the selection process were found to be the major factors affecting CBRHP. Overall sustainability of the CBRHP was low which calls for an urgent action.

**Keywords:** *Community based reproductive health program; reproductive health service; reproductive health programme sustainability; community-based distribution;*

## References

1. World Health Organization. The Global burden of reproductive ill-health. *Progress in human reproduction research* 1997; 42:1-8.
2. Türmen T. Operationalizing Reproductive Health: The Mother-Baby Package. Geneva, World Health Organization, 1995.
3. World Bank. World development Report 1993. Investing in Health. New York, Oxford University Press, 1993.
4. Central Statistical Authority. Ethiopia, Demographic and Health survey. Addis Ababa, 2000.
5. UNAIDS/WHO. Epidemiological Fact sheet and sexually transmitted infections, Ethiopia. 2000 update.
6. FHD, MoH. Curriculum for the training of CBRHA, Ethiopia. Addis Ababa, 1997.
7. Gordon, G., Phiri F. Moving beyond the 'KAP GAP': A community based reproductive health program in eastern province, Zambia. International institute for environment and development, 2000.
8. Mitike G. Community based distribution of family planning as perceived by people in the reproductive age group, North and South. Gondar Zones, Ethiopia. *Ethiop J Health Dev* 2000; 14(1): 31-42.
9. Ethio-German Cooperation, Integrated family planning in Amhara Region, ZOPP 4 workshop report. Gondar, Ethiopia, Oct 1995.
10. Amhara National Regional State Health Bureau. Annual Health Activity Report. Bahir Dar, July 2000.
11. East Africa Investment Securities. Operational guideline for sustainability. COFAP/Pathfinder International, Addis Ababa, Feb 1999
12. Katz KR. Increasing access to family planning services in rural Mali through community-based distribution. *Family planning perspectives* 1998; 24(3): 104-110.
13. Oakley P. Community involvement in health development: An examination of the critical issues. World Health Organization, Geneva, 1989.
14. Rifkin BS. Community participation in MCH/FP programs. WHO, Geneva, 1990.

15. Bruce J. Fundamental elements of quality of care and simple framework; *Studies in family planning*, 1990;21(2):61-69.
16. Haile-Mariam D. Determinants of Community Health Agents functionality in Arsi Zone. (Thesis Work), Addis Ababa, May 1989.
17. Mohammed S. Determinants of Utilization of Community Health Agents in rural Communities. (Thesis Work), Addis Ababa, May 1989
18. From rhetoric to reality. Delivering reproductive health promises through integrated services. (1999); [www.fhi.org/en/wsp/wspubs/rehtor.html](http://www.fhi.org/en/wsp/wspubs/rehtor.html).
19. Ferguson A. Motivating CBDs in Kenya, Kenya Family Health Project/MOH/GTZ Reproductive Health Project. Kenya/DFID/EEC Nairobi, 2001.
20. Genna S. Comparison of CBD, Non-CBD and Former CBD areas to assess effectiveness of Community Based Family Planning services. (Thesis). Addis Ababa University, Addis Ababa, 2000.