

MENTAL HEALTH, CARE PRACTICES, GENDER AND PROTECTION:

WORKLOAD ANALYSIS OF PREGNANT & LACTATING WOMEN ATTENDING BABY FRIENDLY SPACES AT NGUENYYIEL REFUGEE CAMP, GAMBELLA, ETHIOPIA

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BACKGROUND AND CONTEXT

Action Against Hunger established its Ethiopia office in 1985 in response to severe drought and subsequent famine. In 2014, they responded to the influx of refugees from South Sudan by initiating an emergency nutrition, Mental Health and Care Practices (MHCP) intervention in the Gambella Region. With nutrition security at the core of its work, the MHCP team worked in collaboration with the nutrition teams on integrating MHCP with a community management of acute malnutrition programme within the refugee camp. The intervention provided a number of baby friendly spaces to 13,262 pregnant and lactating mothers and their children (under two years old), who are some of the most vulnerable people in the community. The objectives of the programme were to provide a holistic, psychosocial

service to:

- 1** Prevent the increase of malnutrition, morbidity and mortality rates
- 2** Help caregivers to adapt and provide optimal childcare practices
- 3** Improve the well-being of pregnant, lactating women and their infant children

WHY DO A WORKLOAD ANALYSIS, AND WHAT IS IT?

As a means to understand beneficiary needs, practices and challenges, a number of assessments and surveys of pregnant and lactating mothers were conducted at field level.¹¹ These showed that competing

demands on a mother's time were a major contributory factor to child malnutrition; mothers did not have sufficient time to provide the best childcare practices for their children, especially infants and young children, who are more vulnerable to malnutrition and illness. This lack of time was also evidenced in the high amount of defaulting or lack of consistent attendance in sessions at baby friendly spaces.

However, these assessments and surveys did not fully uncover exactly what household duties mothers were occupied with. As such, a Daily Activity Clock study was conducted in November 2017 to get a fuller, more detailed understanding.

Data was taken from 200 randomly selected mothers who used the Action Against Hunger BFS, located in four

11 Nutritional Causal Analysis (LINK NCA) 2017, and MHPSS Rapid Assessment and Gender Analysis 2016 – Gambella (ongoing in May 2018).

different nutrition sites spread across the camp. All participants were either pregnant or had a child under two years old. The study was conducted by the MHCP team of psychosocial workers, led by a psychologist. The benefit of using the MHCP team was that they had experience of running group activities with mothers and had established a relationship that was more conducive for open discussion and sharing.

The data was collected using the Daily Activity Clock sheet, a simple form where mothers list their activities from when they get up in the morning until they go to bed. Data was collected for the five days of the week (Monday to Friday), as these were assumed to represent typical daily household duties, as most government and NGO services are closed at the weekend.

SUMMARY OF FINDINGS AND LESSONS LEARNED

KEY FINDING 1

The results showed that the amount of time provided for childcare was very limited as household activities took up a significant proportion of the mothers' energy and time. These duties impacted upon their ability to participate in psychosocial support activities such as the Mother-to-Mother Support Groups, and to regularly attend the sessions in the baby friendly spaces. Data showed that the main daily duties for a mother were: cooking for the family, travelling to and queuing at different sites to collect food rations



and non-food items, fetching water from water points, and collecting firewood in the surrounding areas, typically outside of the camp perimeter. Collectively this consumed 76 per cent of their daylight hours.

Lessons learned: Because mothers have limited time in which they can attend the baby friendly spaces, it has been made available all day for walk-in visitors. Women often schedule their activities at the baby friendly spaces to coincide with child food distribution days. The result is that the baby friendly spaces reaches almost all beneficiaries with at least one session (when they attend distribution), but that many are too busy to return until the next distribution day. To address this, the MHCP psychosocial workers operate outreach activities including home visits, defaulter follow-up, and co-facilitate mother-to-mother groups in each block.

KEY FINDING 2

One of the more difficult and time consuming tasks was getting firewood for cooking; the study showed that most mothers spent 2.5 to 3 hours per day doing this. This task was increasingly challenging due to the hot weather, and the fact that mothers have to walk further and further due to the expansion of the camp/ reduction of available wood. Mothers often need to take their youngest child with them, or leave the child with other family members (most commonly young daughters who are children themselves). This leads to poor childcare practices and a greater risk of malnutrition and sickness.

For the mother, there is also an inherent protection risk with women being exposed to attack and rape when foraging.

Lessons learned: One of the key findings from the workload analysis was the amount of time taken to collect firewood, and the related protection issues. Possible solutions to this could include the introduction of locally made clay stoves/ovens that are more efficient and result in less wood consumption, encouraging United Nations Refugee Agency investment in building a bio plant to produce biogas from organic waste, and to consider women-led group-cooking and firewood collecting cooperatives.

KEY FINDING 3

It was evident from the diversity of their duties that there was an absence of support for mothers, especially for physical tasks. Women and children represent over 80 per cent of the camp population, because men are typically away protecting their family's homestead in South Sudan, may be involved in fighting, or have been killed.

Lessons learned: The programme aims to expand its activities at community level by generating greater awareness of the needs of mothers by targeting men and other adults in the household, who can help share the burden of work. The MHCP team will introduce discussion and awareness groups for men and other potential adults such as mother in laws and relatives in order to deliver this. It is important to

note that this will have to been done with sensitivity due to the strongly defined traditional gender roles that exist commonly throughout the country. For example, women generally take care of all household chores, children and the elderly, while men are engaged in manual labour, trading in the market and searching for work across the region.

WHAT DID WE LEARN BY CONDUCTING A WORKLOAD ANALYSIS?

In addition to programmatic learning, the team learned a lot about the process of conducting a workload analysis, which may inform future analyses:

The individuals conducting the analysis (MHCP team) were already known and trusted by the participants. This created an open environment for mothers to share, and increased accuracy of the data.

The Daily Activity Clock exercise is simple and quick to implement. The questionnaire is technically simple and takes very little time, and because mothers were already accessing the centres regularly, they were easy to access. In addition, beneficiaries were happy to engage, and have a platform through which to share their challenges.

Compiling 200 daily activity response sheets was time consuming, and as many of the activities were the same, standardising, coding and using tick boxes would speed up data compilation. The use of tablets to conduct the interviews would

be a low cost efficient tool to use.

The team noticed that there was less detail on activities in the evening than those during the day. Based on anecdotal information, it is presumed this may be because activities conducted during this time may be more sensitive forms of commerce, including making alcohol, selling and trading goods and commercial sex work. Because mothers may be less likely to disclose such activities, this data can be difficult to acquire.

We believe this study could easily be replicated in other contexts across Action Against Hunger. The data being collected is not culturally sensitive (making it easy to apply in other countries), but provides context-specific understanding of the burden on mothers. This is vital in helping us to prevent children from developing malnutrition, and realise our strategic goals of reducing childhood mortality and the prevalence of both chronic and acute undernutrition.

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