



Engaging the community in transforming maternal care



Introduction

The Sustainable Development Goals are ambitious, with Goal 3 striving for health and well-being, including a focus on reducing deaths of pregnant women and their babies. While Mozambique has made some progress in recent years, the maternal mortality rate remains concerningly high at 289 deaths per 100,000 live births.¹ Infant mortality, deaths before one year of age, is 55 deaths per 1000 live births.² In rural northern parts of Mozambique, these figures are even higher. Previous efforts to lower mortality rates have tended to be narrowly focused on a single intervention; however, without adopting a holistic approach that accounts for systemic issues, the success of these efforts has been limited.

The Alert Community Prepared Hospital (ACPH) research project in Natikiri, Northern Mozambique is a partnership between Natikiri community, University Lurio, Nampula Provincial health directorate, several local non-governmental organizations and the University of Saskatchewan (Canada). University Lurio and the University of

Saskatchewan have been working in Natikiri for over ten years and have developed close partnerships with community members and leaders. Beginning in 2016, the project developed a unique approach that engaged communities in improving maternal and infant outcomes through a number of system-wide interventions.

To begin, the project posed a question to a diverse group of community members: Why are pregnant women and newborns dying in your community? The most common answers included: lack of knowledge and awareness about safe motherhood practices; difficulties accessing hospitals and health centers; and unacceptable healthcare services. In response, ACPH adopted a focus on enhancing community education, improving health facility access, and strengthening the provision of safe, professional and family-centered healthcare services.

Research goal

The goal of this research was to develop and implement community engagement interventions that promote better maternal and infant outcomes.

1 2017 (latest available) modelled estimates from UNICEF Data Warehouse: <https://data.unicef.org/> [Accessed 19 October 2020]

2 2019 data from UNICEF Data Warehouse: <https://data.unicef.org/> [Accessed 19 October 2020]

Specifically, the project aimed to facilitate greater access to maternal and newborn health services and to improve the quality of those services. The project interventions focused on: adolescents, traditional births attendants (TBAs), local health committees and a Media campaign.

Community engagement interventions

Improved sexual and reproductive health education in adolescents

With 48% of girls married before the age of 18 years and 46% of girls aged 15-19 years already having at least one child, sexual and reproductive health education and support for adolescents is paramount. Given the high rate of school drop out after elementary school, we provided sexual reproductive health education in two contexts: (1) at the local high school, by strengthening the efforts of the Geração Biz team and (2) in the community, during the transformative initiation rites education process that most adolescents attend.

Key findings and achievements:

- Teachers passed on information about modern contraceptives to adolescents attending initiation rites ceremonies. Further research funding is needed to determine whether this education – provided during a transformative experience in their lives – led to behaviour change among adolescents.

Strengthened role of traditional birth attendants

Ensuring that health data are an accurate reflection of what is occurring in the community is an ongoing challenge. Drawing on our strong relationships with local traditional birth attendants (TBAs), we trained 84 of them to enhance their role in the community such as collecting health data.

We set up a monthly reporting system to capture the numbers of: pregnant women, prenatal referrals, referrals to the hospital for delivery, and deliveries in the community. TBA training also addressed topics like how to identify danger signs of pregnancy. We worked closely with the local

hospital and provincial health system so that TBAs could accompany pregnant women during the labor and delivery process.

Key findings and achievements:

- The communication between the community and the hospital was strengthened, and there was improved continuity of care.
- Communities registered marked improvement in all areas of TBA care (Table 1).

Table 1. Indicators related to Traditional Birth Attendant (TBA) care, 2018 and 2019

Indicator	2018	2019
Pregnant women assisted	215	2004
Women referred for increased obstetric risk	54	108
Women referred for institutional delivery	512	708
Women referred for prenatal care	487	1061
Births outside of hospital	168	341*
Neonatal deaths	51	45
Sick newborns referred to hospital	17	69

*Note: The increased number of births outside of the hospital reflects more through data collection: the 2018 figure is the statistics collected from the health center, whereas the 2019 figure also captures data collected from the community.

Increased presence of local health committees

Local health committees are the backbone of community health education. In 2017 we mapped the community found that there were 23 committees on paper, but only six were functioning (and poorly, at that). We began meetings, discussion and trainings with the local health committees to strengthen and expand their presence in the community. Through the efforts of our project, there were 17 functional committees by 2018 and 20 groups in 2020. The 20 local health committees in the area are thriving groups with strong family health champions, spreading key sexual and reproductive health messages to the community and working closely with the co-management committee of the hospital.

Key findings and achievements:

- All local health committees are now represented on the Co-Management committee at the local hospital, allowing for open discussion of community problems at the health facilities and sharing of this knowledge back to the community. As a result, the quality of care has improved and misunderstandings between community members and health professionals have been resolved.
- The local health committees have been active in:
 - giving health lectures;
 - making home visits;
 - providing referrals of pregnant women for prenatal care, institutional delivery, family planning and newborn care; and
 - providing referrals of children with fever, malnutrition, incomplete vaccination according to age for children from 0 to 5 years old.

Spreading health messages through a media blitz

In rural Mozambique, health messages are commonly delivered over the radio and by word of mouth. The aim of this intervention was to

broadcast ACPH sexual and reproductive health key messages to the community. Our media campaign initially included 16 radio spots and four radio theatres. To support the uptake of these messages, we donated radios to villages and established listening groups to discuss the messages. Efforts were further strengthened by visits from the community theater group, which was also developed and supported by the project. Much singing, laughing, and learning occurred at the monthly visits of the theater group to various outlying villages.

Key findings and achievements:

- In December 2017, a total of 22 time slots, each 30 minutes long, were purchased at two local radio stations: Rádio Vida and Rádio Encontro. Three 15-minute radio theater plays and 10 information spots were recorded by actors from the community theater group.
- To ensure full understanding, all the messages were transmitted in the local language, Emakhua. A renewal of the memorandum of understanding with these two radio stations allowed for further dissemination of the project's activities by radio twice a week until November 2019.

Policy recommendations

1. Adolescents:

- a. Fund and support Geração Biz groups in all secondary schools, as students see this as a helpful way to learn about sexual and reproductive health.
- b. Develop a teaching manual for teachers who conduct traditional initiation rites to use in training adolescents on sexual reproductive health.

2. Traditional birth attendants:

- a. Develop community/healthcare center connections with traditional birth attendants, as they are a valuable resource for accompanying laboring women,

ensuring safe access, and compiling accurate community statistics.

3. Local health committees:

- a. Provide adequate resources in rural communities to support local health committees

4. Media Campaign

- a. Encourage regular radio broadcasts of key sexual and reproductive health messages in rural areas as many people listen to this modality and it can effect change.
- b. Develop community theater with the aim of sharing key sexual and reproductive health messages.

Call to action

It is important to invest in the existing structures to strengthen the link between communities and the health system. These interventions are low-cost and encourage the implementation and of Mozambican health policies and strategies. Through this project, we have seen that using community-based interventions to address sexual and reproductive health and enhance access to healthcare works and as a result, significant improvement has been noted in maternal and newborn care.



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Policy brief prepared by:

P. Pires¹, C. Belo², R. Siemens³, C. Puaheque⁴

¹Faculdade de Ciências de Saúde da Universidade Lúrio; ²Faculdade de Ciências de Saúde da Universidade Lúrio; ³University of Saskatchewan; ⁴Comité de Co-gestão do Hospital Geral de Marrere



Contact: ¹Cell: 00 258 824235287, **email:** druidatom@mail.com; ²Cell: 00 258 843018240;
³Cell: 1 306 241 3925; **email:** ron.siemens@usask.ca; ⁴Cell: 0 258 842838816



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