

8 key messages for policy makers in the health sector



Mobilising Access to Maternal Health Services in Zambia

1 Community engagement in the health sector can result in rapid and significant improvements in maternal and newborn health indicators and other gains for women and girls. These activities need to be adequately supported and funded

MORE MAMaZ and its District Health Management Team (DHMT) partners achieved a 25% increase in institutional deliveries (from 64% to 89%) and a 32% increase in skilled birth attendance rates (from 46% to 78%) over a two year period. These results were significantly better than in control sites. A comprehensive community engagement and empowerment effort helped achieve these results. Community engagement in the health sector needs to extend beyond awareness-raising to tackle all household and community barriers preventing timely use of maternal and newborn health services. The empowerment-related gains seen in the districts supported by MORE MAMaZ extended beyond health to other aspects of women's and girls' lives.

2 DHMTs would benefit from having an individual to lead on activities that help to strengthen the community health system

Considering the importance of community engagement in improving health indicators in Zambia, additional capacity is required within DHMTs to manage and support SMAGs and all other health-related community engagement efforts, including local health committees. This individual should ideally have community development expertise alongside an understanding of the health sector. With or without this additional capacity, it is vital that DHMTs put in place a system for routine supervisory support of community volunteers.

3 Community transport is an essential part of the safe motherhood policy response

The Zambian government needs to find a way to provide essential community-based and managed transport options in order to reduce maternal and newborn mortality. Without transport communities lack the means to take action. The unit cost of a Disacare bicycle ambulance is GBP 649. In sandy areas such as Mongu, the cost of an ox cart and oxen is GBP1,113 (both figures include essential tools of the trade such as reflector jackets, gum boots, logbooks etc). The costs per woman transferred are modest – and fall over time as use increases.

4 Training a large number of SMAG volunteers in each community is essential to obtain high coverage, achieve rapid change, and for sustainability

The ideal number of SMAG volunteers per community is between 10-16. MAMaZ and MORE MAMaZ used a cost-effective cascade training approach to train large numbers of volunteers. The initial investment in SMAG training was more than compensated for by improved coverage of the community, improved effectiveness of the SMAG effort, and better retention of volunteers.



5 It is possible to mainstream a focus on GBV into the work of SMAGs and other community health volunteers at low cost

MORE MAMaZ successfully mainstreamed a focus on gender-based violence into the activities of SMAGs. This is helping to address a critical underlying factor in persistent gender inequality. The reported incidence of GBV fell dramatically in the MORE MAMaZ intervention sites where 79% of men and women attributed the decline to the work of the SMAGs, compared to only 23% and 24% respectively in control sites.

6 Since the least-supported in the community are likely to carry the highest burden of ill-health, it is vital that any community engagement approach reaches out to these individuals

MORE MAMaZ successfully trained SMAGs and other health volunteers to reach out to and include the least-supported women and girls in maternal and newborn health-related activities. Women and girls can lack support for reasons other than poverty, and hence communities were encouraged to provide a variety of types of support, including friendship. Involving these women in group activities is an effective and evidence-based means to focus health-related resources on where they are needed the most.

7 It is essential to address supply-side bottlenecks alongside interventions that focus on increasing demand for services

Supply-side bottlenecks, particularly shortages of skilled staff, a lack of useable mother's shelters, and poor staff attitudes, undermine maternal and newborn health behaviour change efforts. It is essential to identify and address service delivery gaps alongside demand-side interventions. Communities are well-placed to advise on supply-side gaps that affect their service use.

8 Community monitoring data can complement HMIS data, providing additional information to aid management decision-making in the health sector

MORE MAMaZ worked with DHMTs to establish community monitoring systems. These allowed SMAGs and other community health volunteers to record their activities and provide vital maternal and newborn health related data to health facility staff. It is important to focus these systems on a minimum dataset and to provide adequate training to health volunteers so that they can manage these systems and use the data.

MORE MAMaZ is funded by Comic Relief. The programme is implemented by Transaid, Health Partners International, Development Data and Disacare in partnership with the Ministry of Health and District Health Teams.

