Key results from MORE MAMaZ – a successful community empowerment initiative

MORE MAMaZ
Mobilising Access to Maternal Health Services in Zambia

EVIDENCE BRIEF

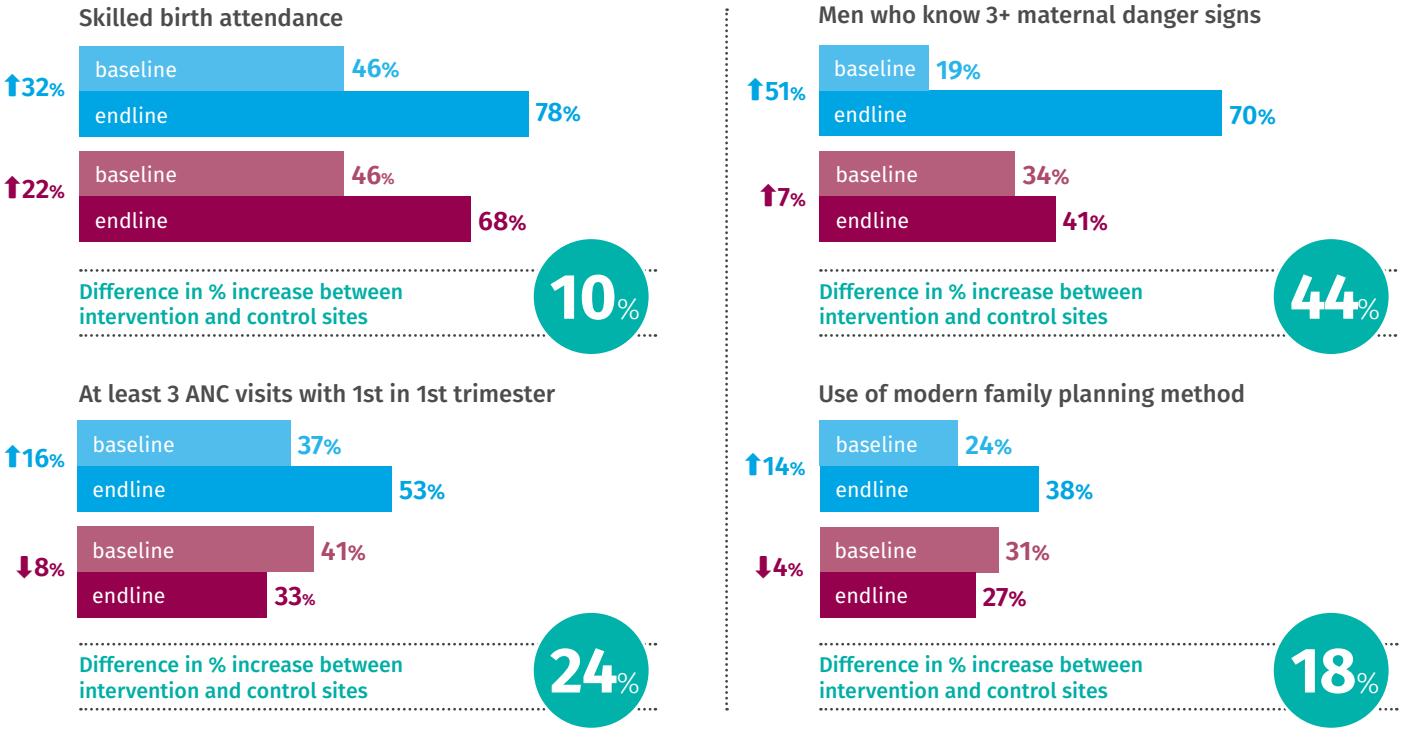
Rural communities in Zambia face enormous challenges in terms of health care access. Skilled birth attendance (SBA) is a key indicator of maternal and newborn health (MNH), but only five in ten rural births are attended to by a skilled provider, compared to almost nine in ten urban births[1] – a striking rural-urban divide. This is associated with poor health outcomes. The lifetime risk for Zambian women of a maternal death is 1 in 79 compared to 1 in 5,800 for women in the UK.[2] One in every 22 Zambian children dies before reaching the age of one year. Violence against women is widespread, with 47% of married women having experienced violence in some form from their husband or partner.

The More Mobilising Access to Maternal Health Services in Zambia (MORE MAMaZ) programme worked with the Zambian government to scale up a community-based intervention that addressed MNH barriers and delays originating at household and community levels. The programme strengthened and broadened the focus of the national Safe Motherhood Action Group (SMAG) initiative, a key part of the government's safe motherhood policy response. An empowerment approach mobilised communities around a MNH agenda and built local capacity to take action. The results achieved by the programme provide robust evidence of the effectiveness of the approach.

Summary

- MORE MAMaZ worked with the Ministry of Health (MOH) and district partners to scale up an evidence-based approach that strengthened and broadened the focus of the national Safe Motherhood Action Group (SMAG) initiative.
- The programme led to significant improvements in key maternal and newborn health indicators, and in women's and girls' empowerment.
- The approach was cost-effective and built sustainable capacity at community and district levels.
- Applying key lessons from MORE MAMaZ will strengthen and help to sustain current efforts to scale up SMAGs at national level.

Key results



Background and context

Despite recent improvements in some key areas, MNH indicators in Zambia remain a concern, particularly in rural areas. This is a conspicuous reminder of the multiple barriers that constrain women's and girls' access to and uptake of essential health services. Many household and community level barriers affect both the decision to seek care and an individual's capacity to reach care. These include lack of awareness, gender inequality, social exclusion, lack of affordability and physical access.

The two key interventions known to reduce maternal mortality are the provision of skilled attendance at delivery and effective referral to emergency obstetric care. Antenatal care (ANC) is an important pathway to utilisation of these and other essential maternal health services. ANC service utilisation is high in Zambia. However, many women delay their first ANC visit until after the first trimester and are, therefore, deprived of essential interventions in the early stages of pregnancy, such as access to iron supplementation, HIV testing, or early screening for pregnancy complications.

In Zambia, of the women who failed to attend ANC, only 14% delivered in a health facility, compared to 75% of women who attended four or more times.[3]

International evidence suggests that up to a third of maternal deaths could be prevented by delaying marriage and first birth, preventing unwanted pregnancies, and eliminating unsafe abortion.[4] Zambia's total fertility rate is 5.3, higher than many other countries in sub-Saharan Africa, although knowledge of modern methods of contraception is high among both men and women in Zambia, even in rural areas. Factors other than lack of knowledge are therefore constraining utilisation of essential reproductive health services.

As the global development community moves into the era of the sustainable development goals, inclusive community engagement has been highlighted as a key action area in improving women's, children's and adolescents' health.[5]

Strategy

The Comic Relief-funded MORE MAMAZ programme (2014-2016) is based on the successful UK aid-funded Mobilising Access to Maternal Health Services in Zambia (MAMaZ) programme which aimed to develop, assess and validate implementation models that promoted appropriate maternal and newborn health-seeking behaviour in poor rural communities. These models were tailored to address the locally-specific factors at household and community level that were preventing timely utilisation of routine and emergency MNH services and appropriate home-based care. MAMaZ succeeded in increasing SBA rates from 43% to 70% in intervention sites. SBA rates had been stagnant in Zambia for more than 20 years.

The primary focus of MORE MAMaZ was on scaling up MAMaZ's successes and on understanding the drivers that lead to the acceptance and institutionalisation of an innovation. The innovation was a community engagement approach which stimulated changes in MNH seeking behaviour, empowered women and female adolescents, and built sustainable social capital at community level. The process was led by Safe Motherhood Action Group volunteers (SMAGs).

A key focus of the approach was on empowering communities, particularly women and girls, but also men, and helping to build community capacity and cohesion. It ensured a whole community approach aimed at reaching entire families and all parts of the community, including the vulnerable and excluded. This was vital if change was to be equitable, widespread and sustained.

MORE MAMaZ worked with District Health Management Teams (DHMTs) in five districts to scale up the coverage of interventions already supported during MAMaZ in order to reach all district priority geographical areas. To support the scale-up, an innovative training module was developed as a pilot for health care providers on the social factors that affect health decision-making and behaviours. This aimed to help health workers to be more understanding of community level barriers and more responsive to their clients.

At national level, MORE MAMaZ supported the government in operationalising the national SMAG initiative through:

- Participating in the national Safe Motherhood Technical Working Group to share learning.
- Ensuring the inclusion of learning and good practice from MORE MAMaZ within national SMAG training resources.
- Further strengthening the core group of lead SMAG trainers at national level.
- Supporting the roll-out of the MORE MAMaZ approach to new districts.
- Holding national level dissemination events to share lessons and results from MORE MAMaZ.

[1] Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. **Zambia Demographic and Health Survey** 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.

[2] http://data.worldbank.org/indicator/SH.MMR.RISK (2015).

[3] Ditto footnote 1.

[4] DFID, 2004, **Reducing Maternal Deaths: Evidence and Action: A Strategy for DFID**, London: UK Department for International Development.

[5] Every Woman, Every Child, 2015. **Global Strategy for Women's, Children's and Adolescents' Health** (2016-2030).

Programme approach

- A community empowerment process facilitated by trained SMAGs mobilised communities around a maternal and newborn health agenda.
- Community systems provided safety nets for pregnant and newly delivered women, addressing barriers of access, affordability and lack of social support. This included Emergency Transport Systems (ETS), savings schemes, food banks, child-care schemes, and mothers' helpers.
- A community monitoring system generated data on the maternal and newborn health activities and changes in the community.
- A system of mentoring and coaching support helped communities make the transition from increased awareness to sustained change.

Results

Baseline data were calculated from the MAMaZ endline survey results from 2013 which included matched control sites. Changes were measured through various means, including:

- An endline survey conducted in 2016 in intervention and control districts
- An external evaluation of the entire programme
- A series of qualitative reviews capturing key aspects of the programme strategy on empowerment, volunteerism, emergency transport systems, social factors training for health workers, and scaling up
- A Community Monitoring System managed by SMAG volunteers
- A rapid assessment of health facilities supported by MORE MAMaZ in 2014 and 2016.

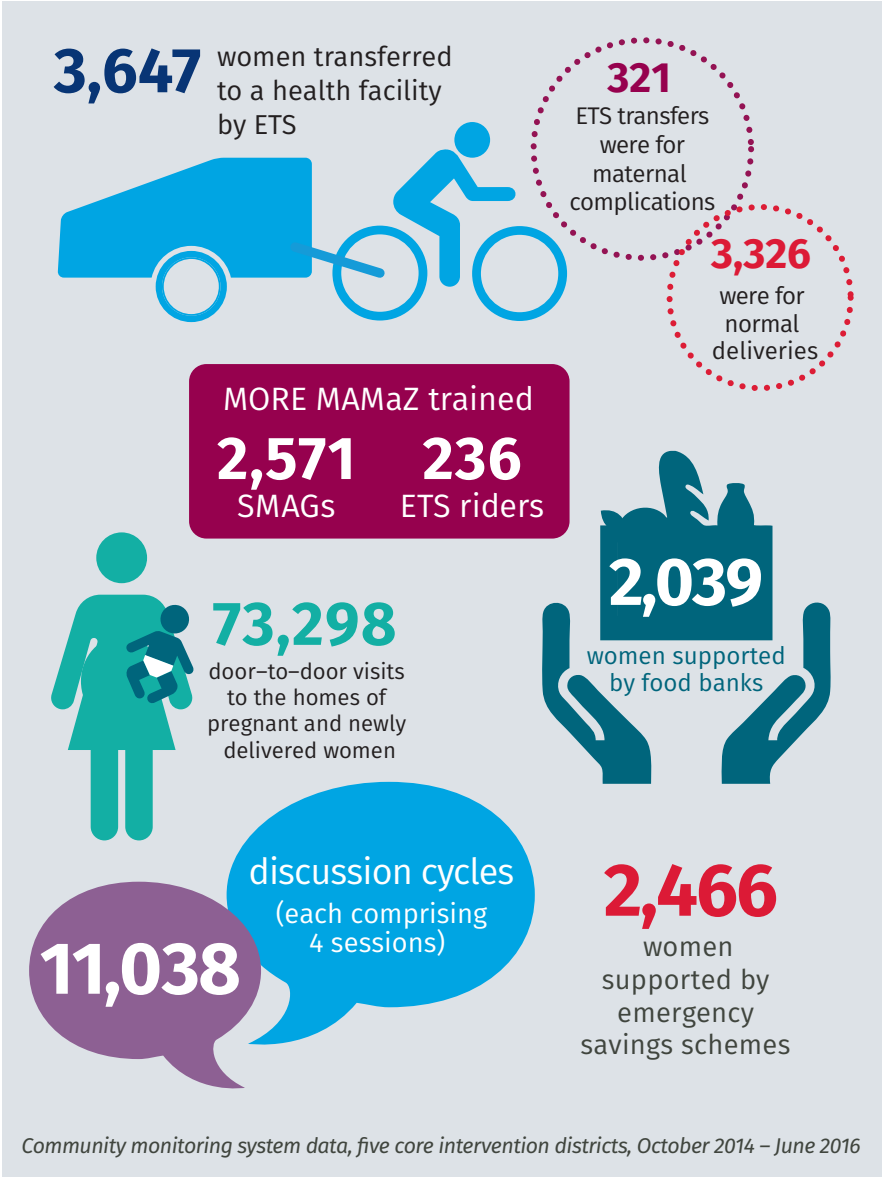
These data sources confirmed that MORE MAMaZ had similar, but even more impressive, successes compared to MAMaZ in terms of increased knowledge and increased utilisation of essential MNH services.

In intervention sites compared to control sites:

- MORE MAMaZ achieved significantly higher increases in early and frequent ANC, skilled birth attendance rates, knowledge of danger signs during pregnancy and use of modern family planning.
- Of particular importance is the increase in SBA rates from 46% to 78%. This increase was 10% higher than in control sites. The current national rate for rural areas is 52%.
- Deliveries conducted in health facilities increased in line with SBA rates from 64% to 89% versus a change in control sites from 62% to 78%. The current national rate for rural areas is 56%
- The programme succeeded in encouraging 15% more men to accompany their partners for early ANC and 95% of men who went for ANC were offered HIV counselling and testing. This shows that a primarily MNH-focused initiative leveraged improvements in broader sexual and reproductive health service uptake.
- Men were much more likely to know at least three maternal danger signs (70% versus 41% in control sites).

In addition, data showed a significant effect on the empowerment of women and volunteers:

- In intervention sites, women felt more able to achieve a safe pregnancy (85% versus 57% in control sites).



Community monitoring system data, five core intervention districts, October 2014 – June 2016

- Women were also more likely to feel that wife beating had declined (88% versus 76% in control sites).
- The impact of the supply-side work, which focused on improving health workers' volunteering was well sustained with 82% retention among SMAGs trained by MAMaZ five years ago and 95% retention among those trained by MORE MAMaZ two years ago.
- Community monitoring system data collected by SMAGs and other community health volunteers proved to be both comprehensive and accurate, closely resembling the results generated by the programme's endline survey.

The impact of the supply-side work, which focused on improving health workers' communication skills and their understanding of and capacity to address social exclusion, was noted to be significant in a review of the training. This input complemented the demand-side intervention and is likely to have contributed to the increased use of MNH services. The rapid health facility surveys, however, did not show much improvement in terms of overall staffing during the programme period, although there was variation between districts. Nevertheless, there was a steady increase in the number of institutional deliveries and in Caesarean sections, indicating better access to emergency obstetric care.

Good progress was made in scaling up the MORE MAMaZ approach at district level. Between 61% and 94% population coverage was achieved in core intervention districts, covering all priority locations specified by district partners. An additional 15 districts were supported to roll-out a demand-side MNH approach against a target of five. At national level MORE MAMaZ made an important contribution toward sustainability by ensuring inclusion of significant elements of the programme's training approach into the national SMAG Training Manual and leveraging funds into SMAG programmes from other partners.

The programme was shown to be cost-effective in the external evaluation assessment, costing US$0.35 per year per head of population. The cost per extra delivery with complications, compared to control groups, was around US$ 1,030. This is well within the cost-effective range of international comparators. Cost-effectiveness is likely to be much higher than this, if other benefits are taken into account, particularly the intervention's likely impact on the very much larger number of neonatal deaths and stillbirths, as well as wider health and social benefits.

Female SMAGs in Mkushi District

Lessons learned

Key lessons learned include:

- As many as 96% of Zambian women are informed of danger signs during pregnancy and delivery, yet in rural areas institutional delivery rates are only 56% (2014 DHS). In the MORE MAMaZ intervention sites knowledge of three maternal danger signs was 68% and 70% among women and men respectively, and yet institutional delivery rates were 89%. This result reinforces the fact that awareness-raising alone does not address all the barriers and constraints that prevent uptake of essential maternal health services. Other interventions that address the range of barriers are required.
- 'Whole community' approaches, rather than interventions that target individuals or individual households within communities, are needed to change social norms in favour of women's and girls' health. The large number of SMAG volunteers trained in the MORE MAMaZ intervention sites enabled them to trigger a whole community response. This cannot be achieved in situations where only one or two SMAG volunteers are trained per community.
- MORE MAMaZ worked hard for equity. It reached people further away from health centres by supporting the formation of SMAGs, by providing bicycle ambulances, and by encouraging women to use Mothers' Shelters at Rural Health Centres. Reaching remote communities is more costly: faced with limited budgets, difficult trade-offs have to be made between the number of people reached and the resources available for each intervention site.
- Enhancing demand for essential health services is only fully effective when a comparable improvement in the supply-side occurs. Health worker attitudes are a significant factor in encouraging use of services, particularly for those who feel excluded.

Policy implications

Recommendations for the MOH to support further expansion and strengthen the effectiveness of the national SMAG initiative include:

- In order to maximise the cost-effectiveness of the SMAG approach, conduct a feasibility study to compare the costs and benefits of the existing approach with an approach that covers a broader range of primary health care issues, such as malaria control, family planning and HIV.
- Engage with other key ministries such as transport and agriculture, to build and sustain community systems to support SMAGs.
- At national, provincial and district levels, work towards integrated planning for MNH demand- and supply-side service delivery to ensure that supply can meet demand, and align M&E tools and systems.
- Given its positive impact, consider rolling out the MORE MAMaZ's pilot supply-side intervention which built health providers' communication skills and their understanding of and capacity to work on social exclusion.
- The differences between SBA rates and deliveries conducted in health facilities show that skilled health workers are not always available in facilities and hence, more efforts are needed to ensure that reaching a health facility means receiving adequate quality of care.

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