Reaching every woman and every newborn through SMAGs

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MORE MAMaZ
Mobilising Access to Maternal Health Services in Zambia

Why focus on social inclusion

- Child mortality often tends to cluster in a small group of women
- Many MNCH programmes fail to reach sub-section of women with lop-sided burden of mother and child mortality, as they are often those least likely to use health services
- Recent study undertaken by PRRINN-MNCH in 3 states of Northern Nigeria identified clustering of child mortality

Clustering of child mortality

- 20% of the households had 80% of the deaths. Average deaths within these households was 3 each
- Even within a compound of several families, clustering was found among some but not all women
- Study found that clustering was not related to:
  - Child spacing
  - Distance from health facility
  - Education
  - Religion
  - Poverty

Social support and exclusion factors

Study found strong association between clustering and:

- Not feeling respected by family and community members
- Not feeling supported by family and community members
- Respect and self-confidence play a very big role for women in caring for their children and themselves
- Respect is related to relationships, interactions, and support from people around the woman

Conventional ‘at risk’ categories not useful

- People living with disabilities, orphans, poor people, widows, single parent households are commonly described as at risk groups
- But individuals in these categories may be well-supported
- Some people not in at-risk categories are poorly-supported and have a lot of health problems

Our strategy

Two complementary strategies to reach the hard-to-reach:

1. A focus on local communities

- Mainstreamed a focus on social inclusion into training of SMAGs and Emergency Transport System (ETS) riders

- Built capacity of SMAGs and other community based groups to identify the least-supported women and girls and to support them to access MNH services and community resources

2. Training in communication and social factors for frontline health providers

Training for frontline health providers

- Health providers, despite their knowledge of how to communicate well, do not always do so
- Health providers' frustrations and negative emotions tend to be expended on selected patients/colleagues
- The very people health providers have problems with/do not give the best attention to are much more likely to have difficult social situations and to be most in need of attention and support

Training for frontline health providers

The training focused on:

- Making health workers aware of the social issues that affect health
- Allowed staff to reflect on their personal experiences and interactions with family members, colleagues and clients
- Explored ways of controlling their emotions

Community strategy

Social inclusion included as core topic in SMAG training:

- Community discussion group participants reflected on the women and girls who were most likely to need help in order to achieve a safe pregnancy and delivery
- Communities encouraged to consider the wide range of situations – in addition to poverty- that could leave women and girls in a vulnerable position or lead to their exclusion
- Communities encouraged to consider types of support that could be provided to help women and girls who are in vulnerable situations or are excluded

Results

1. Assessment in intervention sites in three districts (Chitambo, Serenje, Mkushi)

    - Staff at health centres
    - SMAG volunteers
    - Community Health Workers
    - Community members

2. Social inclusion questions included in programme endline household survey

Results

- Deep and extensive impact on health facility staff. Almost all staff described how transformative training was in terms of:
  - Relations with other staff, improved staff communication and team work
  - More careful attention to clients, particularly to women who seemed to lack confidence, insecure, alone, worried and unkempt

Results

- Widespread improved recognition by staff, CHWs and volunteers of women who need more moral and social support from family members/community
- Widespread improvement in clinic attendance by under-supported women and increase in their trust of health providers
- Widespread recognition by communities of improved communication and trust in health services
- BUT several staff who had been oriented had a much poorer grasp of the training

Changes in provider-client relations

“They are now receiving patients warmly and with respect. There is no more shouting at patients. No sending away single pregnant women. No asking for new things as people come for deliveries.”

Community member

“Staff have changed in the way they treat us. There is now confidentiality. Patients are treated well and they don’t complain, they receive respect. Due to good communication by staff more people are encouraged to attend the clinic. Staff communicate well with respect.”
Community member

Changes in provider-client relations

Feedback from health facility staff

Improved focus on least-supported women

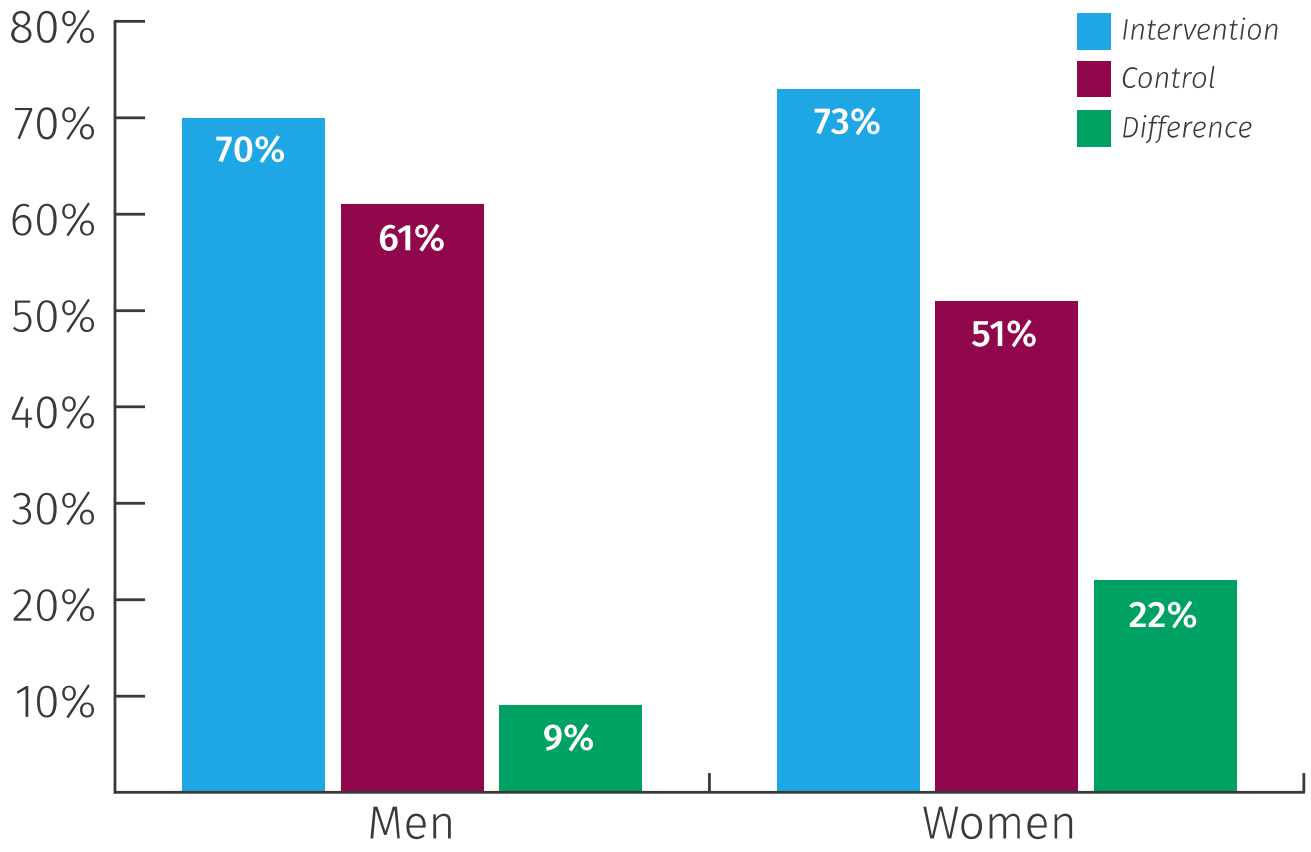
“Under-supported women are now involving themselves in community activities: we had one who joined the NHC. Some women who received less support are now being supported and escorted to the facility by their husbands. Communities are now concerned about the under-supported.”
SMAG Volunteer

“Before the training we did not bother to pay attention to the reasons for women's circumstances. Like looking dirty, unkempt and late for clinic. After the training we became more aware - we began to pay attention to these people to identify their situation better.”
Health centre staff

“We probe more to help women open up. For example, about being abused, I helped one woman and counselled her husband with her.”
Health centre staff

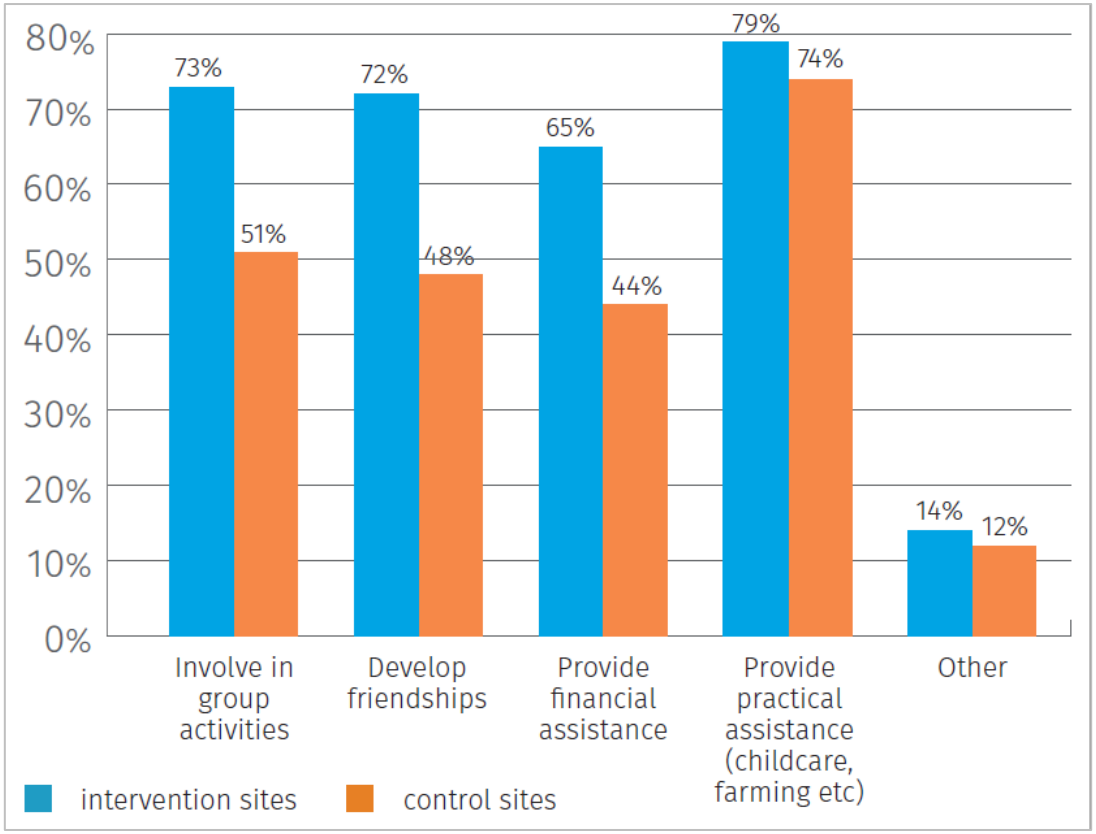
Results from endline survey

Figure 1: Awareness of actions taken to include socially excluded women in groups



Results from Endline survey

Figure 2: Type of Support Given to Least-supported Women



- Socially excluded women received more support/wider variety of support than those in control sites. They were much more likely to be involved in group activities - an evidence based strategy for improving maternal health

Recommendations

Appropriate orientation and training of community volunteers and health providers can overcome barriers to reaching the least-supported.

- The MOH could **consider rolling out similar training for health providers nationwide** and explore ways to institutionalise the training by integrating it into pre-service and in-service training curricula
- As the national SMAG initiative is rolled out to new districts, adequate **attention should be given to the social inclusion components** of the National SMAG Training Manual