

Mobilising Access to Maternal Health Services in Zambia



Technical Brief

Each day in Zambia, eight women die due to complications during pregnancy and childbirth. Whilst service delivery is constrained by shortages of trained personnel, essential equipment and drugs, and poorly-maintained health facilities, there are also significant physical, financial and social barriers which prevent women from accessing essential care. The Mobilising Access to Maternal Health Services in Zambia programme (MAMaZ) is working with communities to tackle these barriers and increase the number of mothers and newborns using life-saving health services.

Tackling the Barriers

MAMaZ focuses on catalysing improvements in maternal and newborn health (MNH) by working with communities to tackle barriers to service utilisation. Funded by UKaid from the Department for International Development, MAMaZ is supporting district health teams to test effective ways to create demand, reduce barriers to access, and improve referral to maternal health services along the household to hospital continuum of care. The programme complements ongoing supply-side strengthening of the health system, which includes the provision of emergency obstetric care equipment to health facilities in programme intervention areas with appropriate training of facility staff. Implemented as an integrated operations research initiative, MAMaZ is collecting and compiling robust evidence on what works with a view to replicating successful approaches in other parts of Zambia.

MAMaZ is being implemented in 6 districts: Serenje, Choma and Mongu during the first year and expanding into Mkushi, Kaoma and Chama from mid-2011. District and provincial authorities play a central role in the planning and monitoring of all activities taking place in the communities, and have invited MAMaZ to likewise participate in district planning for health services.

Community Component

There are five core elements in MAMaZ's community level activities:

1. Community mobilisation: A participatory community mobilisation approach is being used to create demand for emergency and routine maternal and newborn health services, and promote effective home-based care. The approach gives priority to: effective engagement with the whole community; raising awareness of core MNH issues; and generating community-wide social approval for behaviour change. The approach works with and builds on existing mobilisation efforts within the intervention sites, including the Safe Motherhood Action Groups (SMAGs) launched by the Zambia Ministry of Health (MOH).

2. Establishment of community systems: Communities are being supported to set up systems to address the barriers preventing MNH utilisation and effective home-based care. These include: communal savings schemes; community based emergency transport schemes using bicycle ambulances and oxen and carts; establishment of core groups of mother's helpers who know the maternal and newborn danger signs; and a child minding scheme which will free up women's time to be able to access MNH services.

Maternal Health in Zambia: The context

Ensuring the health and survival of mothers and their newborns is a significant challenge in Zambia, which has a maternal mortality ratio of 591 per 100,000 live births and a neonatal mortality rate of 37 per 1,000 births. Delivery by a skilled attendant is still uncommon and uptake of ante natal and post natal care is low. Poor road infrastructure, challenging terrain and limited transport options are major constraints to service utilisation, and commonly result in delayed transfer of maternal and newborn emergencies. Limited knowledge of maternal and newborn danger signs and concerns about the high cost of transport and out of pocket expenditure on health compound the delays.

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3. Facility-based emergency transport system:

Participating health facilities will manage and operate a motorcycle ambulance, the eRanger. Health staff with life savings skills will use the ambulances to reach local communities quickly, and also to transfer women with complications from the health facility to an agreed meeting point with a district ambulance.

4. Community monitoring system: A community monitoring system generates data on the activities and changes that are underway. It provides information on the performance and utilisation of community emergency response systems. As well as providing useful data for MAMaZ, this also helps to build the community's capacity to document and reflect on the changes that they have brought about through their own efforts.

5. Mentoring and coaching support system: A system of ongoing mentoring and coaching support ensures that communities in the intervention sites receive the assistance they need to move from increased awareness to action. The support provided is intensive initially, becoming lighter over time. The mentoring and coaching team comprises MAMaZ technical advisers, programme staff, and members of the District Health Management Teams.



The MAMaZ Approach

The initial design of MAMaZ envisaged a scenario where most of the programme implementation would be sub-contracted to a national or district level NGO. However, after further exploration it was clear that no NGO existed which had the interest or capacity to run such a programme; hence it was decided, in close collaboration with the relevant health authorities, to sub-contract only specific activities to appropriate NGOs and to manage the bulk of the implementation internally. District Programme Officers (DPOs) were hired for each district to support the District Health Management Team (DHMT) and to supervise two Community Facilitators each. The DPOs are the programme's focal persons within the district and they are based in the DHMT office so that they can easily coordinate and manage all district activities, and ensure consistency and integration with the district health plans.

Following the community engagement design work and discussions at the first annual stakeholder forum, a decision was made to include health facilities from a wider referral area, more specifically, the **zonal catchment area** of the selected Basic Emergency Obstetric Care (BEOC) facilities. By focusing only on the immediate catchment areas of the intervention BEOCs MAMaZ would have reached approximately 8% of the population in each district, whereas including a larger catchment area will allow MAMaZ to reach between 16% and 25% of the district population. Working on a larger scale will enable the programme to make a more significant contribution to district efforts to increase utilisation of MNH services. District policy is for BEOCs to act as zonal referral centres. In practice, however, this concept has yet to be operationalised in many districts. By adopting a zonal focus, MAMaZ will support the districts to translate their zonal commitments into viable strategies.

However, due to limited programme resources, both financial and human, not all communities within the zonal catchment area will be able to benefit from the intensive community mobilisation engagement strategy defined above. For example, in the first phase districts the zonal catchment area includes 149 communities. While the full intensive approach will be implemented in the 57 communities of the immediate catchment areas, a lighter community engagement approach will be applied in the 92 referral areas. The lighter approach consists of the following elements: less intensive **community mobilisation** with rapid awareness-raising community meetings and training of lead volunteers; a similar approach to **community systems** as described above including emergency transport schemes and saving schemes; and **addressing other access barriers**, including improvement to mothers' shelters and communications.

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Training for Maternal Health in Zambia:

The training approach in MAMaZ uses a cascade system from national to community level, based on the *Community Discussion Guide for Maternal and Newborn Health Care*, a key output of the programme design phase. Participants are introduced to a number of innovative participatory training methods and tools, and significant emphasis is placed on participants internalising the content of the training and the training techniques rather than relying on written materials. This approach is suitable for replication in resource constrained, low literacy environments and has been highly appreciated by participants so far.

MAMaZ has actively engaged with key stakeholders at both national and district levels to ensure effective planning of activities and alignment with stakeholder plans and priorities. While national level stakeholders are regularly updated on progress during monthly meetings, technical working group meetings and sector events, key district level stakeholders are actively involved in all programme activities by various means, including:

- Dissemination meetings with district health teams to present and validate planned interventions
- Joint planning and setting up of interventions with active participation of DHMT in supervision visits
- Working with districts to re-allocate available human resources, and train and launch SMAGs

These engagement processes help to ensure that the Ministry of Health at both national and district levels are fully involved in all MAMaZ activities and will be increasingly able to integrate demand side initiatives into the national health system over time.

Social Fund

MAMaZ has established a fund that will be used primarily to support community projects that *directly* address barriers of access, affordability and acceptability of MNCH services or that support appropriate home-based care of pregnant women and those whom recently delivered, as well as newborns. Applications for funding will be generated by and funds channelled through the SMAGs. Examples of initiatives likely to attract funding include: 'top-up' funding for community savings schemes that reach pre-agreed saving targets over a set timeframe; establishment of community bicycle maintenance scheme; (minor) refurbishment of mother's shelter; establishment of community food bank scheme (to support female inpatients and women who have to stay at mother's shelter); establishment of community child care scheme (construction/repair of shelter; non-cash incentives for carers); provision of non-monetary 'rewards' for community volunteers (e.g. community celebration in support of volunteers; prizes/certification for high-achieving volunteers); exchanges with/visits to other communities to share community engagement experience and lessons learned. All funding applications will need to demonstrate how the initiative to be supported will enhance equity of access to MNCH services and care at community level. A monitoring system will be put in place to track use of grants and their impact.



Political Advocacy

Another MAMaZ workstream concerns the generation of greater political will to improve maternal and newborn health. Following capacity assessment of selected national level partners, an advocacy strategy was developed which provides a framework for strategic, systematic and coordinated advocacy, capitalising on comparative advantages as well as the specific skills and experiences of each partner organization. It links with the Campaign for Accelerated Reduction of Maternal Mortality (CARMMA) which focuses on pushing for concrete action to reduce maternal mortality. The strategy defines and outlines concrete goals for MAMaZ coalition advocacy; introduces key issues to be addressed on both the demand (transport, funding, incentive systems, etc.) and supply (budget allocation, community engagement, etc.) sides; presents targets (in particular parliamentarians and political parties on higher level, and traditional and faith-based rulers on lower level) as well as influencers (first ladies, partners' board members, etc.); suggests messages; outlines considerations on timing (which are dominated by the upcoming general elections); and summarises an approach to advocacy monitoring and evaluation. The strategy takes a two-pronged approach, complementing direct advocacy by MAMaZ and partner representatives at high-level with popular mobilisation activities at lower level in order to facilitate advocacy by affected individuals and groups themselves. The implementation plan includes activities such as engagement with political parties and members of parliament (MPs), training of community groups and journalists, and provision of technical support for the White Ribbon Alliance of Zambia.

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Research Component

The community interventions are being implemented within an operations research framework: evidence on what works will be used to improve practice and leverage funds to support the roll-out of innovative demand-side models and approaches within and outside the implementation districts. MAMaZ is carrying out comprehensive baseline and endline surveys to enable a robust and statistically viable analysis which will generate strong evidence for the validity of the demand-side interventions and their impact. National data suggest that the Maternal Mortality Ratio in Zambia has been improving; however the drivers behind the data are not well understood. Thus, MAMaZ's research component analyses data from national surveys, including the Demographic & Health Survey (DHS), and the Health Management Information System (HMIS), to understand the drivers of changes and new trends reported in the past rounds of DHS, and establish which of these factors are at work in Zambia. MAMaZ also plans to conduct a number of small qualitative research studies to further explore specific issues influencing utilisation of critical MNH services.

Monitoring & Evaluation

The key principle in MAMaZ is the utilisation and strengthening of existing data and monitoring systems as much as possible. The current data available emanates from the HMIS and the Zambian DHS of 2007, with the next DHS due to be undertaken in 2012. However, the programme also requires additional data, some of which has already been collected during the design stage, and some of which will be collected over the life of the programme. The Monitoring and Evaluation (M&E) framework was developed in October 2010 and includes a detailed operational plan to guide implementation of the M&E system, outlining key inputs, processes, timeframe and assigned responsibilities. In order to complement existing data sources MAMaZ will collect supplementary data on a regular basis in the intervention areas in collaboration with the District Health Office and track the specific programme indicators as well as any other critical issues identified to ensure a successful programme outcome. Concurrent capacity building of key stakeholders in the intervention communities and districts will be an important principle throughout the life of the programme.

Some of the critical indicators MAMaZ will be monitoring include: the inclusion of demand-side activities into district health plans; knowledge, attitudes and practices of families regarding pre-, peri- and post- delivery care; functionality of SMAGs or other relevant community structures and their ability to implement a continuum of SRH/MNH care approach; and EMOC equipment supplied to and used in facilities in interventions areas.

Goals of the MAMaZ Programme:

By 2013, MAMaZ aims to achieve increases in skilled birth attendance and post natal care in intervention sites by 50% from baseline rates, as well as increasing access to emergency obstetric care and family planning. Emphasis is being placed throughout on documenting and sharing lessons learned with national, regional and international partners.



MAMaZ is managed by [Health Partners International](#) (HPI), a leading provider of health sector expertise and programme management services. A UK registered company with broad experience in health systems development, HPI's projects are client-led and build in-country capacity. HPI is committed to empowering the people with whom it works and prioritises reciprocal knowledge transfer, skill sharing and local participation.

In Zambia HPI is working in partnership with Oxford Policy Management, the Mailman School of Public Health, University of Columbia, and several local NGOs.

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