Addressing Delay 1:
Mobilizing Safe Motherhood
Action Groups (SMAGs)

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 District population 366,432 (CSO 2010)

 Women of child bearing age 80,615

 Expected 1,649 pregnancies and 1,588 expected deliveries per month

 42 health facilities, 29 of which have SMAGs

 SMGL was started in 2012 with the objective of reducing maternal mortality by 50% by 2015

 Training of community based agents including Change Champions and SMAGs have been one of the key components in addressing this objective.
Active SMAGS escorting mothers to health facilities
Activities Done by SMAGs

A. Demand Creation

- Conducting community meetings on different topics like importance of early booking, facility delivery.
- Sensitizations through the local radio station

B. Other Activities

- Follow up of pregnant and postnatal mothers
- Identification of danger signs
- Early referral of mothers for booking, delivery or management of complications
- Identification and reporting on community maternal deaths, still births
What Worked?

❖ Social mobilization of community:
  ❑ SMAGs have been successful in using local structures to ensure participation; engaging traditional leaders, religious structures, etc.
  ❑ Ownership/acceptance of program and information because SMAGs come from the communities they are working with.

❖ Training:
  ❑ After training most SMAGs see the importance of their role and are motivated to work for their communities
  ❑ Most SMAGs understand the safe motherhood material, and as a result facilities have reported increased early booking of ANC, recognition of danger signs, facility delivery, family planning uptake, etc.
  ❑ TSS/Mentorship visits have been effective in addressing problems
What Worked?

❖ Provision of materials:
   ❑ Distribution of uniform items like ‘chitenges’ and badges help to give SMAGs credibility in the community.

   ❑ SMAGs report that utility items like bikes, gum boots, rain coats, torches, megaphones, etc. help them to conduct meetings in more communities and follow up on pregnant women in their catchment areas.

❖ Collaboration
   ❑ Change Champions have positively reinforced SMAG efforts

   ❑ RBF funds have been used to incentivize SMAG performance and facility delivery/PNC
## Maternal Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal 1st visits / Exp Del</td>
<td>14999/16971</td>
<td>15366/17955</td>
<td>17401/18553</td>
<td>20091/19163</td>
</tr>
<tr>
<td>%</td>
<td>88%</td>
<td>86%</td>
<td>94%</td>
<td>105%</td>
</tr>
<tr>
<td>Attendance Family Planning - New</td>
<td>14209/69142</td>
<td>15966/73151</td>
<td>17584/75585</td>
<td>22496/78073</td>
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<tr>
<td>Rate/1000 WCBA</td>
<td>205.5</td>
<td>218.3</td>
<td>232.6</td>
<td>288.1</td>
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<tr>
<td>Institutional Deliveries/ Exp Del</td>
<td>6501/16343</td>
<td>7052/17955</td>
<td>9678/17866</td>
<td>12473/18454</td>
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<tr>
<td>%</td>
<td>40%</td>
<td>39%</td>
<td>54%</td>
<td>68%</td>
</tr>
<tr>
<td>Postnatal care within 6 days / Exp Del</td>
<td>4646/16343</td>
<td>5722/17955</td>
<td>8077/17866</td>
<td>10807/10807</td>
</tr>
<tr>
<td>%</td>
<td>28%</td>
<td>32%</td>
<td>45%</td>
<td>59%</td>
</tr>
<tr>
<td># of Maternal deaths</td>
<td>22</td>
<td>21</td>
<td>19</td>
<td>14</td>
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What Did We Learn?
What Did We Learn?

- SMAGs are more effective when there is a strong link with the facility and facility staff.

- SMAGs are more motivated and more consistent in reporting at those facilities where staff are trained in SMAGs and meet with them regularly.

- SMAG members need to be reinforced in the methodology after training.

- Without follow up SMAG members tend to move toward traditional lecture style health education.
What Did We Learn?

❖ There are still significant social and cultural barriers to acceptance of safe motherhood information:

- Resistance to family planning
- Difficulty reaching certain groups (men, people with disabilities, adolescents)

❖ The SMAGs are influenced by other initiatives in the district:

- RBF funds used to incentivize escorting pregnant women for delivery
- Change champions creating sanctions for men who do not accompany their wives for 1st ANC visit, or women who deliver from home
How To Improve
Potential Challenges for New Areas

- Identification of SMAGS and mobilization
- Resistance to new information due to cultural and traditional beliefs
- Transportation
- Financial resources
- Human resource e.g. SMAG Trainers
How to Improve

❖ Linkages between SMAGs and facilities need to be strengthened
  ❑ Ensure there is a facility staff member trained in SMAGs at each SMAG facility
  ❑ Mentor facility staff on how to motivate and encourage their SMAGs
  ❑ Encourage staff to meet with SMAGs monthly to share experiences and consolidate data

❖ We need to reinforce SMAG training including methodology and monitoring tools
  ❑ Refreshment courses
  ❑ Mentorship visits
  ❑ Facility staff participation in community meetings
  ❑ Need for more SMAG trainers in the district
We need to find new and innovative ways to help SMAGs address social and cultural barriers

- Strategies for increasing male involvement and acceptance of information
- Methods for engaging excluded populations like people with disabilities and adolescents

Uniformity of information and materials

- Those groups with bikes and other resources are more effective than those with fewer resources
- There has been difficulty with uniform distribution and use of monitoring tools
In conclusion, the district is encouraged by the success achieved through SMAGs and hope that the positive trend shall be sustained.

Thank you for your attention!