

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

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Service Delivery 2014 Statistics/Profile

- ❑ 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



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

❖ 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

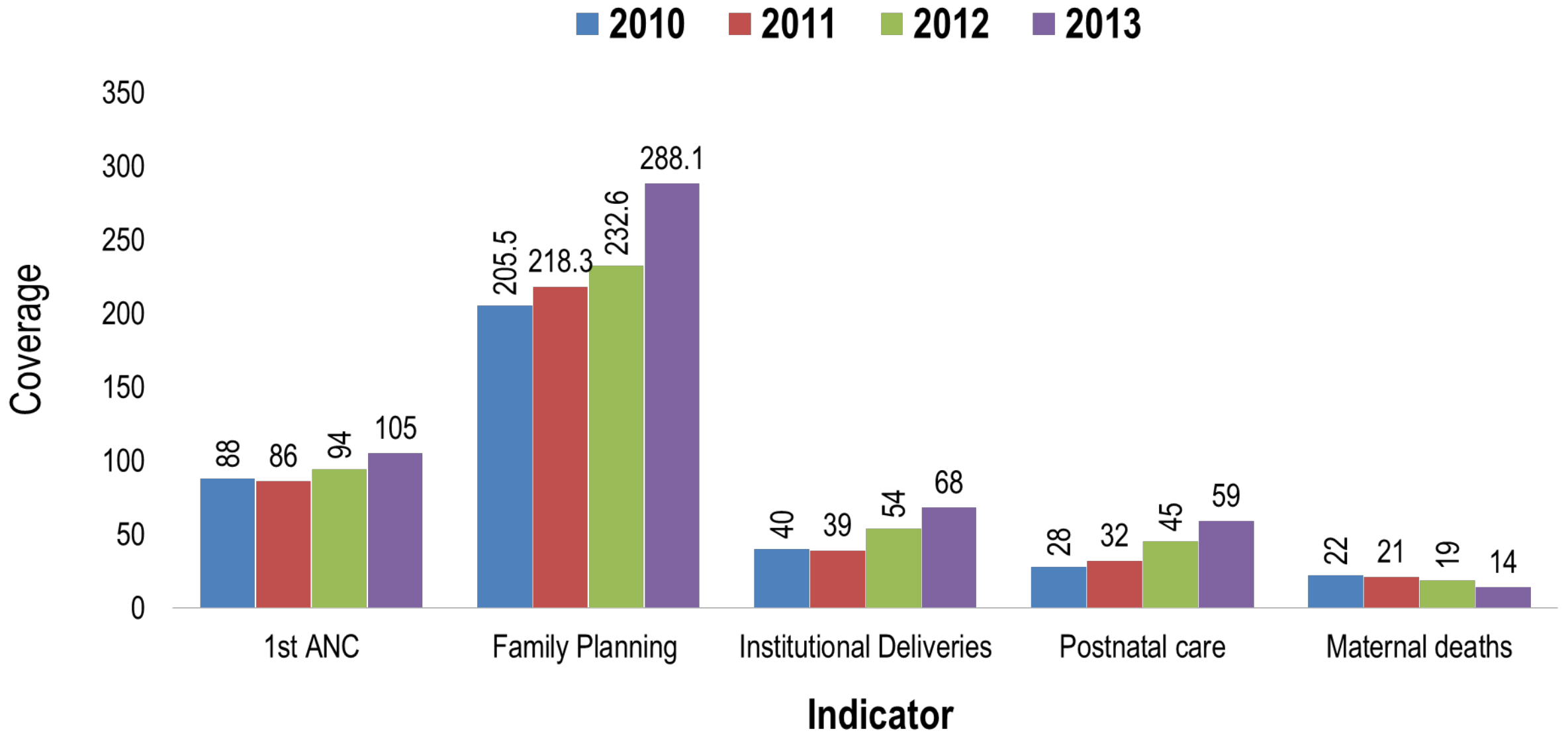
❖ Provision of materials:

- ❑ 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 a 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

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





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.

- ❖ 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

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

- ❖ 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!