

Integrating Community Communication Into the SBA Model for Reducing Maternal Mortality

Adapted from TOWARDS BETTER SOLUTIONS FOR REDUCING MATERNAL MORTALITY, presented at the American Public Health Association Annual Meeting 2014

Community Communication for Safe Motherhood Prevents Rural Maternal Mortality

The millions of women who will continue to give birth at home have a right to more accessible life-saving Skilled Birth Attendant (SBA) emergency services.

Women giving birth at home need more rural Community Communication interventions integrated with strengthened SBA services.

Policy and decision-makers need more research to ensure value for money during Community Communication for Safe Motherhood scale up and sustained impact.

Integrate the Millennium Development Goal (MDG) Skilled Birth Attendant (SBA) and the 3-Delay Models

- 1st Community Delay: deciding to seek SBA care
- 2nd Community Delay: reaching SBA care
- 3rd SBA Delay: providing good care

Adopt Community Communication (CC) for Delays 1&2

- An innovative community mobilization intervention
- Developed and rolled out in UKaid-funded projects in Northern Nigeria¹

Given the magnitude and dispersion of rural, non-SBA births,² SBA delivery will not be a feasible solution in the near term for too many women

- 30 million will give birth without the benefit of SBAs in S. Asia & Africa before the end this MDG round
- 85% of African births are non-SBA births
- Facility births are a burden for rural women; births at home or with traditional birth attendants are the norm
- Cultural, transport, facility care and residential costs are exacerbated by birth timing uncertainties



Women with the “fever” communication tool

N. Nigerian Rural Communities Referred Women for Emergency Obstetric Care (EmOC), Saving their Lives

- CC overcame Delays 1 & 2
- Transformed rural apathy into social responsibility
- Maximized lifesaving scope of SBAs
- Rural communities overcame delays for
 - 5,643 women with maternal emergencies
 - 8,438 facility deliveries within 2.5 years³

Reduced MMR by 16.8% from 1271/100,000 (4 years)⁴

- SBAs doubled in all areas but
- Intervention Endline MMR = 1057
- Control Endline = virtually unchanged
- “the critical elements may have been the intense efforts of the community engagement activities”

Community Communication distinctive features

- Focuses⁵ on the outcome: no more maternal deaths
- Empowers everyone to own the message
- Reaches people in groups making it easier for each person to change
- Catalyzes community maternal support systems
- Ensures rapid positive feedback

¹Partnership for Transforming Health Systems (PATHS1); PATHS2; and Programme for Reviving Routine Immunization in Northern Nigeria-Maternal Newborn Health (PRRINN-MNCH)

² <http://www.biomedcentral.com/1471-2393/12/4>

³ PATHS2 Annual Report, September 2014; www.paths2.org

⁴[www.prrinn-mnch.org/documents/PRRINN-MNCH 4Endline MNCH Outcomes Brief.pdf](http://www.prrinn-mnch.org/documents/PRRINN-MNCH%204Endline%20MNCH%20Outcomes%20Brief.pdf).

⁵ On the need for focussing the safe motherhood initiative, see Maine, D and Rosenfield, A. *Commentary: The Safe Motherhood Initiative: Why Has It Stalled?* American Journal of Public Health, April 1999, Vol. 89, No. 4.

CC focuses on the outcome

- Pragmatic mobilization intervention
- Staff limited to forum; training & coaching volunteers; data collection
- Community chooses to implement a life-saving pre-defined intervention and objective
 - No woman dies from the 2 community delays

CC tools empower everyone to own the message

- People's PowerPoint: Participants SAY the new information & DO something to help recall the information⁶
 - Say FEVER & CROSS YOUR HANDS OVER YOUR CHEST WHILE SHIVERING
 - Say SEVERE BLEEDING & PUSH YOUR HANDS DOWN FROM YOUR CROTCH
- Made into songs, radio spots and ring tones

CC tools elicit participant responses and recall

- CC tools **address multiple senses**: sight, hearing, touch and body movements as well as emotions
- CC body tools are **fun & always available**
- CC tools are **equitable**. Everyone can own & use them
 - literate or illiterate, experienced or inexperienced, male or female, adult or child, rich or poor

Beyond awareness raising and messaging

- People learn enough basic information to make decisions about the benefits of change
- **Memorable CC tools make it easier for everyone to learn, recall, own and share new information, attitudes and actions.**

CC tools are keys that unlock the

IF WE DON'T TALK ABOUT IT BARRIER TO CHANGE

*If we don't talk about it,
We won't think about it.*

*If we don't think about it,
We won't do anything about it.*

*If we don't talk about it,
We won't know what others think about it.
If we don't know that others agree about it,
We won't do anything about it.*

A step-down training system based on modelling the CC activities

- From master trainer thru to volunteer health promoters, we model CC tools and discussions
- Trainees practice in small groups imitating their leader
 - Maternal Danger Signs
 - Safe Pregnancy Plan
 - Clean Delivery
 - Barriers and Solutions to EmOC and facility delivery

Communities own the changes

- Catalysed by 30 trained Community Volunteer Health Promoters: trusted peers—low or non-literate, low status women and men
- They lead multiple, small groups of their own peers in 4 health promotion sessions spread over a month

Reaches people in groups making it easier to change: Participants become the communicators

- They discuss with friends and family and feedback to their small group
- Everyone quickly realises that others agree on the new behaviors
- Social approval and pressure to participate spreads deeper into the community

Catalyses community-owned maternal support systems

- Barriers discussed during initial community forum
- Community leaders and Lead Volunteers set up their own systems without staff input
 - Saving; Transport; Blood Donors
 - Standing Permission; Mother's Helpers
- Immediate feedback (safe return of mother and newborn) exerts more social pressure to contribute; to use the new life-saving systems

Towards more inclusive MMR solutions

- Continue expanding and upgrading SBAs services & fully integrate CC
- + PHCs providing FANC & PNC with FP
- + "Suboptimum solutions" that will have "a large public health effect"⁷
 - Lead Volunteers can distribute maternal drugs: malaria, anaemia, calcium, misoprostol

⁶ PATHS2 MNCH health talk e-manual for community communication, Abuja, Nigeria, July 2014; www.youtube.com/watch?v=3IUcbHMMvWY.

⁷ DOI:10.1016/S0140-6736(09)61566-X