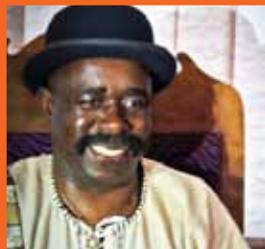


Be a Change Champion

A Guide to Promoting Better Health in Your Community



Mothers
Alive
BE PART OF THE CHANGE



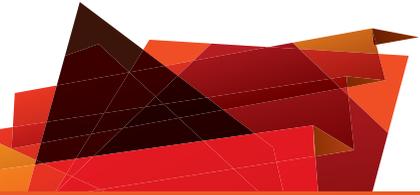
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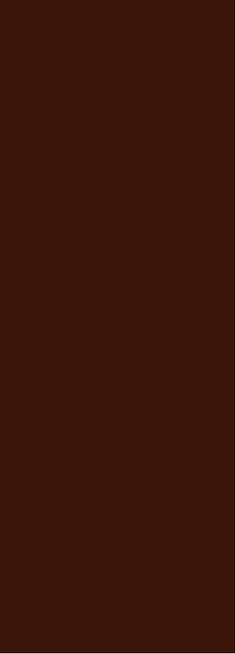


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1. INTRODUCTION





Zambia's leaders have always devoted themselves to safeguarding our nation's culture, norms, practices, and relationships. They have shown a special zeal for preserving the Zambian values of peace, authority, security, and self-determination; even in the face of the many changes and new challenges that have come about in this generation. When local leaders commit to a cause by focusing attention on it and mobilizing their communities, magic happens.

Leaders must define their priorities and be proactive to address situations that affect communities. While most leaders naturally take on their issues of law and governance, fewer have been involved in health. Yet, health is a critical component of a flourishing society. It affects everyone every day. It defines our families, our environment and our future. Leaders can make decisions that fundamentally improve the health of their communities. By making decisions and committing to change, leaders become Change Champions.



2. WHAT IS A CHANGE CHAMPION?



A Change Champion is a leader who has engaged and mobilized community members to improve their entire community's health and well-being. A Change Champion can be ANY leader - it is not a nominated or appointed position. A leader assumes the role of "Change Champion" when he or she:

- Identifies and defines a challenge or problem in the community.
- Consults with community members, other leaders and partners to devise a set of possible solutions to the problem.
- Holds discussions in the community to decide which solutions to pursue.
- Mobilizes resources within the community and advocates for additional resources, when necessary.
- Engages national and international partners in supporting solutions.
- Implements actions and continuously encourages participation from community members - including men - and other leaders.
- Publicly monitors progress towards solutions.
- Celebrates success.



3. SAFE MOTHERHOOD & HEALTH



In many ways, the health and well-being of any community starts with the health and well-being of mothers. Without healthy mothers to nourish our society, we cannot thrive. Therefore, in this guide, we have chosen the issue of safe motherhood to illustrate the power a leader can have; but these principles can be applied to any issue a community faces.

What is Safe Motherhood?

In our society, the joy of becoming a mother involves certain risks. In fact, giving birth is one of the most risky experiences many Zambian women will ever have.

Zambia has one of the highest maternal mortality rates in the world - with around 4,000 Zambian women dying each year due to complications related to pregnancy or delivery. For every one woman who loses her life, about 30 suffer complications that can affect them for the rest of their lives. These include conditions such as fistulas. The fact is that almost all of these women can be kept alive and healthy - the world knows how to prevent maternal death and disability.

Keeping mothers alive throughout pregnancy and delivery involves six specific steps:

1. Creating a birth plan.
2. Accessing 'antenatal care' as soon as a woman knows she's pregnant and eating nutritious foods during pregnancy.
3. Going for 'antenatal care' at least four times during pregnancy.
4. Delivering the baby in a facility with a skilled attendant.
5. Accessing adequate post-delivery care.
6. Using family planning.

Essentially, safe motherhood practices start before a woman becomes pregnant and end when she and her child are safe and living healthy lives. But these practices are not up to just the woman. Success involves an entire community - the husband or partner, the extended family, as well as neighbors and friends.



4. WHAT CAN A CHANGE CHAMPION DO?



Talk, Talk, Talk

The most important thing a Change Champion can do is to talk, talk, and talk! Get the word out in your community about each of the six practices involved in safe motherhood. Ask women and men what might be preventing them from carrying out the six steps to safe motherhood and what can be done to help.

A Change Champion can also hold community meetings to discuss the problems and possible solutions, set goals and decide how to reach those goals, and harness resources within the community to see what can be achieved.

Form Safe Motherhood Action Groups

Another important thing a Change Champion can do is form or support existing Safe Motherhood Action Groups (SMAGs). This is a group of community individuals selected to serve as on-the-ground counselors to pregnant women and their families. They meet regularly with families to help them prepare birth plans and think through all of the things they need to do to keep mothers safe during pregnancy, delivery and afterwards.

SMAGs are typically groups of woman: however men can also make great counsellors and are encouraged to do so. In addition traditional birth attendants (TBAs) should be encouraged to become SMAGs as their extraordinary experiences can help encourage woman to plan for safe and healthy delivery in a facility.

To form SMAGs in your area, contact your nearest health center or the district health office for materials and support.

Involve Men! Involve Everyone!

Make sure that this effort is coming from the community as a whole; childbirth is not just women's work! Men need to support their partners in planning and using safe motherhood services, including antenatal care, facility delivery, care after the baby's birth, and family planning. It is up to leaders to make sure men recognize this important role.



The next pages will describe each element of safe motherhood in more detail and give you some ideas about what a Change Champion can do to promote them.

Birth Planning

A birth plan is a written document that includes all of the intended actions that a woman and her partner agree to take during the course of pregnancy and after. These actions include such things as attending all antenatal care visits, choosing which clinic to attend for antenatal care and delivery, and arranging for transportation and child-care in case of a medical emergency. Planning in advance will help the woman and her partner feel more in control of the pregnancy, facilitate a comfortable pregnancy, and anticipate and better manage any complications that may occur.

YOUR PREGNANCY CARE PLANNER 

	visit 1	visit 2	visit 3	visit 4	visit 5	visit 6	visit 7	visit 8	visit 9	visit 10	AFTER DELIVERY	
KNOWLEDGE	Identify and date when when to expect with pregnancy <input type="checkbox"/>	Learn about danger signs (See back sheet) <input type="checkbox"/> Start learning about breastfeeding <input type="checkbox"/>						Learn about signs of labor <input type="checkbox"/> Prepare for breastfeeding <input type="checkbox"/>				Care for baby <input type="checkbox"/> Care for mother <input type="checkbox"/> Breastfeed as soon <input type="checkbox"/>
SOCIAL SUPPORT	Discuss the pregnancy with family <input type="checkbox"/>	Discuss pregnancy with family <input type="checkbox"/>					Why to go to clinic with? <input type="checkbox"/> Who can be chosen? <input type="checkbox"/> Where to go when sick? <input type="checkbox"/>				Breastfeeding support <input type="checkbox"/> Emergency family planning options <input type="checkbox"/>	
LOGISTICS	Transport (See transport and supplies sheet 20K) <input type="checkbox"/>	Carfare materials & supplies <input type="checkbox"/> Keep saving <input type="checkbox"/> Save 20K <input type="checkbox"/>			Carfare materials & supplies <input type="checkbox"/> Keep saving <input type="checkbox"/> Save 20K <input type="checkbox"/>			Choose type of transport <input type="checkbox"/> Keep saving <input type="checkbox"/> Save 20K <input type="checkbox"/>			Transport home <input type="checkbox"/> Transport back to clinic for labor <input type="checkbox"/>	
HEALTH CARE	Trained person to cut cord <input type="checkbox"/> Good diet <input type="checkbox"/> Iron & folic acid tablets <input type="checkbox"/>	Trained person to cut cord <input type="checkbox"/> Good diet <input type="checkbox"/> Iron & folic acid tablets <input type="checkbox"/>			Trained person to cut cord <input type="checkbox"/> Good diet <input type="checkbox"/> Iron & folic acid tablets <input type="checkbox"/>			Trained person to cut cord <input type="checkbox"/> Good diet <input type="checkbox"/> Iron & folic acid tablets <input type="checkbox"/>			Trained person to cut cord <input type="checkbox"/> Good diet <input type="checkbox"/> Iron & folic acid tablets <input type="checkbox"/>	
HEALTH	Increased iron visit 1: <input type="checkbox"/> - Weight <input type="checkbox"/> - Blood pressure <input type="checkbox"/> - 17-20 sec <input type="checkbox"/> - Urine <input type="checkbox"/> - No abdominal pain <input type="checkbox"/> - No vaginal bleeding <input type="checkbox"/>	Increased iron visit 2: <input type="checkbox"/> - Weight <input type="checkbox"/> - Blood pressure <input type="checkbox"/> - Abnormal report <input type="checkbox"/> - Multiple abdominal examination <input type="checkbox"/>			Increased iron visit 3: <input type="checkbox"/> - Weight <input type="checkbox"/> - Blood pressure <input type="checkbox"/> - Abnormal report <input type="checkbox"/> - Multiple abdominal examination <input type="checkbox"/>			Increased iron visit 4: <input type="checkbox"/> - Weight <input type="checkbox"/> - Blood pressure <input type="checkbox"/> - 17-20 sec <input type="checkbox"/> - Urine <input type="checkbox"/> - No abdominal pain <input type="checkbox"/> - No vaginal bleeding <input type="checkbox"/>				Post-delivery visit <input type="checkbox"/> - 8-10 days <input type="checkbox"/> - 6 days <input type="checkbox"/> - 6 weeks <input type="checkbox"/>
FEEDBACK	How did you find your visit? <input type="checkbox"/> - No idea <input type="checkbox"/> - Not pleasant <input type="checkbox"/>	How did you find your visit? <input type="checkbox"/> - Yes <input type="checkbox"/> - No/Not pleasant <input type="checkbox"/>			How did you find your visit? <input type="checkbox"/> - Yes <input type="checkbox"/> - No/Not pleasant <input type="checkbox"/>			How did you find your visit? <input type="checkbox"/> - Yes <input type="checkbox"/> - No/Not pleasant <input type="checkbox"/>			How did you find your visit? <input type="checkbox"/> - Yes <input type="checkbox"/> - No/Not pleasant <input type="checkbox"/>	



What can a Change Champion do?

You can work with members of your community to help them understand the importance of creating a birth plan by:

- Accessing copies of the picture-based birth plan from your district health office.
- Distributing copies of the birth plan to all pregnant women in the community via SMAGs or health workers.
- Educating women and men about the importance and benefits of creating a birth plan.
- Encouraging women to create their own birth plan with the help of their partner and family.
- Emphasizing to women and families that the most important parts of planning are:
 1. Saving for transportation to and from the clinic for all antenatal care visits.
 2. The delivery and post-delivery check-ups.
 3. Deciding when and how to go to the clinic when they are near delivery.

Chieftainess Waitwika of the Namwanga people in Nakonde has been encouraging her community to have only the number of children they can afford to provide for. The Clinical Officer in charge of Waitwika Health Centre reports that since the Chieftainess started her programme they have recorded an increase in the number of couples using maternal services at the clinic.



Antenatal Care

Antenatal care is the care that a woman receives during pregnancy to ensure she and her unborn baby stay healthy. A woman is encouraged to make at least four antenatal care visits from the time she knows she is pregnant until delivery. During these visits, she will:

- Receive information on how she is doing (such as her blood pressure and iron level) as well as how her baby is growing and its position in the womb.
- Receive important nutrition information about what foods to eat to stay healthy.
- Receive medicine to prevent malaria and anemia.
- Get tested and if necessary treated for tuberculosis and sexually transmitted infections (STIs), including HIV.
- Receive treatment to prevent the baby from being born with HIV if she is HIV-positive.

Going to these ‘antenatal care’ visits is the **ONLY** way that a woman can know she is having a healthy pregnancy. Even though things might seem normal and even if a woman has had healthy pregnancies before, complications can happen and if a woman is not regularly seeing a health provider, these complications can turn serious or even life threatening. For women who are HIV positive, knowing their status as early as possible in pregnancy allows the best chance to make sure the baby is born free of HIV. In addition, receiving and taking malaria prevention medication during pregnancy is important as women are more at risk of getting sick with malaria during pregnancy and the disease is especially dangerous to the baby.

Chief Mphuka of the Cikunda people in Luangwa has decreed that men should escort their pregnant wives to antenatal care. Any man who fails to do this is summoned to the chief’s palace to explain why. “Men are part and parcel of the pregnancy,” the chief explained. “It is just fair that they are involved in every stage of the childbirth process.”



What can a Change Champion do?



A Change Champion can work hand-in-hand with community members and other community leaders to promote antenatal care by:

- Creating awareness about antenatal care services available in the community, including when and where they are available.
- Convincing women that medication given routinely during pregnancy is perfectly safe and will not harm the baby (including iron, folic acid, and malaria prevention medicine).
- Educating women and men on the importance of antenatal care, making a birth plan, and knowing common danger signs and complications of pregnancy.
- Getting copies of the birth plan from the district health office and/or the local clinics and distributing them to SMAG groups or to families directly.
- Encouraging men to be involved in pregnancy by going with their partners to antenatal care.
- Advocating to government and other partners for the construction of more health facilities and mothers' waiting shelters to increase access to antenatal care.
- Obtaining educational materials about antenatal care from NGOs and other partners, such as Communication Support for Health (CSH).
- Working with SMAGs to help identify pregnant women who might be reluctant to go to antenatal care, and encouraging and assisting these women and their male partners.

Attention to maternal nutrition should start well before a woman gets pregnant and remain a concern throughout pregnancy, delivery and breastfeeding. Before pregnancy, a woman needs to eat well to ensure her body is as healthy as possible to welcome the baby.

Young girls should eat as healthy and diverse a diet as possible to ensure that they have all the nutrients they need to become healthy adults and eventually have safer pregnancies. If young women do not have the necessary nutrients, they run a higher risk of pregnancy complications and of giving birth to small, weak babies.

Once pregnant, a woman needs additional calories to help her maintain her own strength and help the baby grow well. Food amount is important because a woman during pregnancy is “eating for two.” That means the mother now needs to eat more than she used to in order to provide for both her and her unborn baby with the nutrients they need. Plus, not eating a good diet, especially one rich in iron (or taking iron supplements given during ANC), can leave a mother with anemia, which puts her at higher risk for complications from bleeding during delivery.

During labor, it is important for a woman to continue eating so that she can maintain her strength. After delivery, she must continue to focus on her diet, eating and drinking a good variety of foods to ensure she recovers from delivery and passes on her good nutrition to her baby through breast milk.

What is a good diet?

Many women feel they do not have a large enough variety of foods available to them. However, most homes in Zambia have more than enough variety of foods to keep women and girls healthy. Here are some examples:

Fruits and Vegetables

- Green leafy vegetables (usually either rape or cassava leaves)
- Seasonal vegetables, which can be dried and preserved (pumpkin leaves, amarathus and bean leaves)
- Bananas, paw-paw, avocado or mango

Carbohydrates

- Pumpkins, sweet potatoes, rice, maize, cassava and nshima

Proteins

- Beans, cowpeas, soya beans, ground nuts
- Yogurt, milk, kapenta, caterpillars, eggs, chicken and beef



What can a Change Champion do?



Change Champions have a great advantage and capacity to work not only with the community but also with the government officers in their localities. These relationships are important to improve food security for everyone by ensuring that a good variety of food crops are grown and that these foods are preserved for consumption throughout the year. Some of the things you can do are:

Working with the SMAGs, the health center staff and people in his community, Chief Mumena is implementing a programme whereby SMAG members go around the villages to check what pregnant women are eating. Those that have challenges accessing balanced diets are given food from communal gardens.

- Work with the Ministry of Agriculture to provide seeds, fertilizers and technical knowledge on how to grow a variety of crops as well as preserve food and produce small livestock.
- Create community gardens at schools or health centers and donate or sell food at a greatly reduced price, especially to poor or vulnerable women and children.
- Identify women in the community who can be examples of how to properly choose, prepare and store local foods. Have these woman lead talks and discussions with pregnant women and new mothers on how easy good nutrition is achieved.
- Involve the local health centers in conducting food preparation demonstrations for mothers and children.
- Encourage men to feel responsible for keeping their wives or partners well-nourished and for allowing them to eat luxuries like meat and eggs, when available.

Malaria Prevention

Pregnancy reduces a woman's immunity to malaria, making her more vulnerable to infection and increasing the risk of illness, severe anemia, and death. For an unborn child, maternal malaria increases the risk of stillbirth, as well as premature delivery and low birth weight, which are leading causes of child mortality. But malaria prevention and control efforts, especially for pregnant women, are well-established in Zambia and easy to access.

During each antenatal care visit, all women are given a dose of a medication which treats a mother for malaria even if she is not showing symptoms. This is important because it is possible that the mother has a mild case of malaria without knowing it and will pass it to the baby.

This medication is safe for the mother and the baby. Sometimes, if it is taken on an empty stomach, it can make a mother feel nauseous. To prevent this, the mother should carry a small snack with her to the ANC visit to eat before taking the medication. This could be a piece of fruit, a small amount of nshima, or some groundnuts.

Additionally, insecticide-treated bed nets (ITNs) are given out for free during ANC visits to all women. Sleeping under this bed net every night, even in the dry season when there are fewer mosquitoes, is the best way to prevent malaria and keep the mother and baby safe.

A Change Champion can lead the campaign for pregnant women and babies sleeping under an insecticide-treated net. Leaders can work with their communities to design initiatives or schemes for people to acquire insecticide-treated mosquito nets, even where free access is limited.

Such initiatives might involve community credit schemes, or getting token donations from community members to identify community members who cannot afford an ITN and helping them buy and hang mosquito nets when they become pregnant.

Communal gardens and the sale of vegetables from such gardens can be another source of funds for buying ITNs for pregnant women.



What can a Change Champion do?

As a Change Champion, you should work with community members and other community leaders to encourage all pregnant women (as well as all children under 5 years of age) to get an insecticide treated net from the clinic, hang and sleep under it each and every night. Furthermore, women should take their prescribed medication at each ANC visit. To decrease malaria infections in your community:

- Talk to community members about how important treated bed nets are for everyone, especially pregnant women and young children.
- Encourage all pregnant women to go for ANC and receive medication to prevent malaria. Make sure to reinforce the idea that the medication is safe for the mother and baby, and that they should carry a small amount of food with them to the clinic to avoid feeling sick when they take the medicine.
- Educate community leaders and members on the signs and symptoms of malaria, encouraging anyone with a fever lasting more than a day to go immediately to the health center to get tested for malaria.
- Ensure GRZ and NMCC (National Malaria Control Center via the district health office) are aware of any stock-outs or challenges in securing treated bed nets for women and young children.
- Hold “hang your net days” where all community members help each other hang up mosquito nets in each others’ homes.
- Urge families to accept indoor residual spraying and convince community members that the spraying is perfectly safe for humans.



Hygiene

Good hygiene plays a big role in keeping communities free from various common illnesses. Specifically, good hygiene means washing hands with soap before preparing and eating food and after using the toilet or contacting children's feces; safely disposing of children's feces and other solid waste; using treated drinking water; and safely storing prepared food to protect from flies. These practices can greatly reduce or eliminate the risk of getting infections like dysentery, cholera and typhoid which can be especially dangerous during pregnancy.

Many communities and individuals do not practice good hygiene. It is important to discuss within the community itself what challenges exist to hand washing, safe feces disposal and using treated water (especially for young children and pregnant women). Sometimes, people may have difficulty understanding that there is a connection between these practices and staying healthy.

A common problem in communities can be a shortage of latrines or toilets. In this case, the community must work together to think of a solution. For example, designate an area to bury feces. Make sure everyone understands they need to wash their hands with soap, ash or sand after using the toilet to prevent getting sick

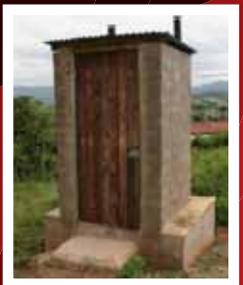
Leaders in several districts plagued by challenges with access to clean water and lack of sanitation facilities have banded together with their people to dig and construct public latrines as well as clean up and create small fences around water sources to keep animals away and to keep them as clean as possible.

Leaders have also gone out into communities to encourage families to create handwashing stations outside their homes with a vessel for pouring water and soap (if possible) or sand for scouring ready to be used.

These stations make handwashing easy for all family members to wash their hands after using the toilet and before touching any food.



What can a Change Champion do?



A Change Champion should work with his or her community to:

- Create commitment for good hygiene and set goals.
- Explain what good hygiene means.
- Explain to a community the connection between good hygiene and health.
- Define the challenges to good hygiene practices and work together to find solutions.

In other communities, Change Champions have focused on digging latrines and encouraging community members to use communal water wells to help ensure the community has access to clean drinking water.

Alternately, leaders have been instrumental in teaching families to boil water or add chlorine to water before drinking, especially for young children and pregnant women.

Safe Delivery

Promoting safe delivery in your community is critical. Delivering a baby without a skilled attendant and in a place without equipment required to respond to emergencies during and after labor is the number one reason women die while giving birth. Although childbirth is a normal part of life, problems such as the position of the baby can be life-threatening, especially if someone who is trained in handling them is not present. These emergencies can occur even in a perfectly normal pregnancy. It is good to always be prepared.

This is why safe delivery includes delivering the baby in a health facility where there are trained staff with equipment to handle any complications/emergencies. Additionally, it is critical during late pregnancy and early labor for women and their families to recognize and act on danger signs such as swollen feet, legs and hands; high blood pressure, or bleeding of any sort.

In many areas, the distance women live from the health facility is a major barrier to their ability to deliver in a clinic, even if they want to do so.

In these instances, it is important to help women and families recognize early labor and plan to leave home in enough time to make it to the clinic or, alternately, go to a maternity shelter in the last weeks of the pregnancy to wait for delivery.

Chief Mphuka travels around his community teaching his people the importance of making sure every pregnant woman delivers at a health facility. He requires payment of a goat for any woman that gives birth at home or on the way to the health center.

Chief Mphuka explains that it is not because he enjoys making people pay, it's because he wants to make sure people are safe and that means having a plan to reach the health center in time for delivery. Health centre deliveries have increased since he began this programme.



What can a Change Champion do?



A Change Champion should:

- Make sure that all women and men in their communities understand and accept the fact that a health facility is the safest place to deliver a baby. Even if this means spending more money and making extra efforts to plan ahead, the risk of having a baby at home is just not worth it.
- Make sure that expecting families complete a birth plan and decide how they will save for transport to the clinic and when they will need to go.
- Advocate for and harness resources (such as sand and mud) from within the community to construct or improve maternity shelters.
- Help find emergency transportation resources, such as one community member with a car, bicycle or cart, should the need suddenly arise.
- Create stronger links between the health center staff and the community through outreach, community meetings, or other such forums so trust in the process of facility delivery can be fostered.

Care After Delivery

Many of the deaths counted as maternal deaths actually occur in the hours and days right after delivery. The deadliest complications include severe bleeding (called hemorrhage) and infection (called sepsis). Both complications are quite common and can be managed easily in a clinic setting, but are very likely to lead to death in a home. Because of this, it is critical that women understand the importance of post-delivery care and go for all suggested exams.

The first exam should happen approximately six hours after delivery. Therefore women should stay in the clinic after birth for at least this amount of time. This allows the health worker to make sure that a woman's body is starting to heal properly and that her risk of hemorrhage (bleeding) and sepsis (infection) are minimal before she goes home.

The next visit should occur within the first week after delivery. This visit is often skipped because women who deliver in a clinic get home and settle into their routines with a focus on the new baby. Furthermore, many cultural practices in Zambia encourage women to not leave their homes for the first month after having a baby. However, this exam is very important to catch any problems before they become life-threatening.

The last recommended exam should take place six weeks after delivery. This exam is generally well-attended in Zambia because it coincides with the infant's first recommended set of vaccinations. Mothers come to the clinic for their babies and are given an exam at the same time.

In some areas of Zambia, Change Champions are working together with health workers to make sure women know they need to plan a return visit to the clinic six days and six weeks after the baby is born. In some locations, because culturally many women don't feel comfortable leaving their homes with the baby so soon, leaders have worked with health workers to create an outreach program where the sixth day visit is conducted at the woman's home. If there are any signs of problems, the woman is referred to the clinic.



What can a Change Champion do?



Change Champions should work with members of the community to help them understand the importance of going for all post-partum visits. You can do this by:

- Urging mothers to comply with all recommended visits.
- Educating families on the risks of trying to manage complications at home.
- Giving women permission to leave their homes one week after delivery, despite tradition, for this very important exam.
- Encouraging women and families to make plans to save for transport for these visits.

Family Planning

In one of our local languages, a pregnant woman is called “Mutumba,” which refers to a clay pot that requires careful handling because it still needs to be cured by fire to make it strong. This term recognizes that pregnancy and childbirth can involve risks and complications. The average number of children per woman in Zambia is six. With each additional pregnancy, a woman’s risk of complications and death increases. This is especially true for pregnancies that occur less than two years apart, and pregnancies among women who are either younger than 18 or older than 35 years of age. Family planning gives couples an effective means to avoid all of these high-risk situations.

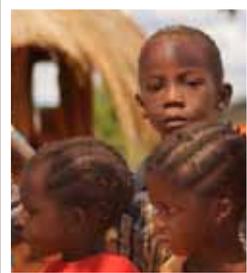
Family planning means planning when to have children and how many children to have, as well as what contraceptive method to use to make that plan happen. Contraceptive methods may be short-term (like the condoms and the pill), longer-term (like injections and intrauterine devices [IUDs]), or permanent (sterilization for men and or women). All modern contraceptive methods available in Zambia are safe and families can choose the one that best fits their lifestyle and preferences.

At any age, pregnancy is a major event for a woman’s body. After one child is born, the body needs at least two years to recover fully before another pregnancy.

Major complications during pregnancy and labor are more likely to occur with mothers who have not yet reached the age of 18 because their bodies are not yet fully developed. By waiting until she is at least 18 years old before becoming pregnant, a woman greatly improves the likelihood that she and her children will be healthy.

For many women and men, and even leaders, the idea of modern family planning is at odds with tradition. But it doesn’t have to be. Change Champions in Eastern Province have recognized that the number of pregnancies women have and the fact that many women start having children while still adolescents has put them at great risk for complications or even death.

These leaders are therefore going village to village to teach families about the lifesaving and economic benefits of having fewer children and making sure that everyone knows family planning is totally safe.



Waiting two years between pregnancies may seem like a long time, but a woman's body needs that much time to heal. As soon as a baby is born, a family needs to talk to their health worker about family planning options to make sure they give themselves time before any more children. Modern family planning options like condoms, the pill, injectables like Jadelle, or an IUD/"the loop" work the best.

Women who are over the age of 35 years are also at an increased risk of problems during pregnancy and delivery. In addition to the higher risks for themselves, older women are more likely to give birth to children with health problems or defects. They also have a greater chance of having twins, which brings additional risk.

Beyond helping women stay healthier, family planning also helps families raise healthier children because more resources can be devoted to each child in a smaller family, including critical resources like time, emotion, and money for education and food.

In many communities, one of the key barriers to women accessing and practicing family planning are worries about long term effects. Although it is true that some methods have mild side effects, such as weight gain in the beginning, all modern contraceptive methods offered in Zambia have been proven to be safe through rigorous scientific testing. Women and couples should feel free to ask a family planning provider as many questions as they want before selecting a method. Even after choosing a method, they can change to another for any reason.

One out of every three girls in Zambia has had a baby by the time she is 19. This means that family planning and contraception is equally as important for adolescent girls and boys as it is for older women and men. But many young people feel anxious about seeking out family planning services for fear of being mistreated or judged by health workers, their communities and even their families. This should not be the case. Young people should be empowered to use family planning to protect their health and future.

What can a Change Champion do?

A Change Champion should:

- Tell everyone in the community that family planning is safe, effective and can be stopped easily as soon as a couple decides they are ready to have a baby.
- Discuss with families and the community that family planning is a good way for families with modest resources to better ensure they can meet their daily needs. Explain that family planning allows a mother to wait to have her first baby, decide how many children to have, and space pregnancies more than two years apart. Therefore, she will have a much better chance of being healthy during all of her pregnancies.
- Work with the clinics in your area to ensure that adolescents and unmarried women feel welcome to come for services. Talk with families of teenagers to encourage them to talk about sex and relationships and help their teenage girl or boy seek out contraception if needed.
- Specifically address the role that men have in planning their families. Make sure men understand the health benefit to their partner and the financial benefits to their families. Tell them that a big man is a man who takes care of his family, rather than a man who simply has many children. The fewer children, the more resources each one can be given.
- Lead by example - use family planning in your own life and discuss your experience with the community. You can also show and discuss different family planning methods during community meetings. Make it an acceptable thing for people to do and talk about.





Marriage is a universal and well-respected institution in our culture. It is considered noble and important. With this in mind, some parents try to marry their children at a very young age in order to secure a desirable union and avoid difficulty later in finding a suitable partner. In other cases, early marriage may be motivated by economic considerations - in most of our traditions a bride price is paid by the husband to-be, thereby bringing financial benefit to the bride's parents. Although there might be immediate financial gain from such a marriage, the overall economic benefits of a well-educated bride would outweigh any immediate gain.

Disadvantages of Early Marriage and Pregnancy

- Early marriage puts young brides in danger of getting pregnant and delivering children before their bodies are ready. Although girls are able to get pregnant as soon as they begin to menstruate, they still have a much higher risk of complications during pregnancy, labor, and delivery until their bodies are fully grown at age 18.
- An early marriage makes it very difficult for young girls to later develop a career and fend for themselves and their children. If they remain dependent on their husbands or their families, it becomes much easier for them to be abused and taken advantage of.
- Marriage brings a lot of responsibilities in managing a home and taking care of children. A child who is also a mother and wife is not yet mature enough to deal with all these responsibilities. In addition, most girls in this situation leave school early. With less education, they are less likely to be able to recognize and respond to their children's health and nutritional needs, as well, as their own.



What can a Change Champion do?



Change Champions hold a high place in society and therefore can contribute significantly to making early marriage unacceptable in their communities. This is important because newly-married girls are often expected to immediately take on the responsibility of producing a child. Therefore it is crucial to work with:

- Parents and guardians to ensure young girls are not given into marriage.
- The community to sensitise members on the economic benefits of educating girls and delayed marriage as well as to agree on a suitable age for marriage to protect young girls' health.
- Community counsellors (Bana Chimbusa and Bashi Bukombe) and others to encourage parents to let their girls continue school and complete their education before marriage.
- Health centers to ensure that young girls who are sexually active or who are married can receive family planning services without being stigmatized or censured.
- Schools to encourage girls to do well in school and, if they fall pregnant, allow them to go back to school after delivery.

5. HARNESSING RESOURCES



The most important thing to remember is that most of the resources you need to make a big impact are already available in your community. Every few months, call a community meeting of leaders (Indunas, Headmen, NHC Chairmen, SMAGs Chairmen, Health Centre Staff, Head Teachers, Community Development officers, etc...) and regular community members to discuss issues relating to safe motherhood. These might include the following:

- Safe motherhood services available in the community and where and when they are accessed.
- Transportation routes available for regular and emergency transport to clinics or facilities.
- Various roles family members and the community play in pregnancy and childbirth.
- Number of women in the community suffering complications or dying due to preventable causes during pregnancy and delivery.
- Ways the community can work together to support women and their families to access care during pregnancy and labor.
- How men can get more involved.

As a Change Champion, you do not have to act alone. Work with other leaders, health center staff and community members and delegate meetings to them. You do not have to be an expert! You just have to be a leader!

Consider creating a community map, which is a drawing of the community with the various services (including schools, health centers, markets, transport routes, and even homes) marked as well as an idea of which households have pregnant women. This helps give a frame of reference to the activities and is an effective way to bring a community together, physically showing that everyone is connected and involved in the activity.

Survey existing groups in the community - do you have active SMAGS? Are there other mothers groups or fathers groups? What roles can these groups play in helping work on the various challenges you've identified?

Health workers are a valuable resource, how many health workers do you have? Do they need any additional training, either in communication or in their clinical skills? Can you urge the directors of their health facilities to facilitate needed capacity building?

You might also want to create a coordinating committee, if one does not already exist, to serve as a link between the health center, community volunteers, and the community leadership. To form such a group, ask for volunteers from the community to meet once a month to create and update community registers (see below), review the activities of the previous month, and make a plan for supporting all upcoming births and community activities. Emphasize that community members are the most valuable resource for keeping our mothers healthy and happy. We all must help each other take the six steps to safe motherhood.

Community Register

A community register is a resource you can create to help keep track of what is happening within the community. It is a written record of information on all pregnant women and their families. The details collected in the registry could include:

- Name of the pregnant woman and her husband or partner.
- Expected date of delivery.
- Plan made for the birth of the child.
- Where the birth will take place.
- Transport prepared to take the woman to the health center.
- When she is expected to go to the center and who will accompany her; and
- What the community will contribute.

How to Conduct The Registration of Women and Their Families

Collection of data for the register could be an exercise that the community carries out with little or no resources. There are several ways to do this:

1. As described above, leaders (such as headmen or NHC chairpersons) would explain the importance of the community register at the first community meeting.
2. The leaders would then ask some community members to register women and their partners (each community member covers a small area of the community so that it does not become too much work for them).
3. The information is then put together in one register and updated each month.

Once the registry is created, it can be used to make sure all pregnant women get the support they need to seek all appropriate care.



6. MONITORING PROGRESS & CELEBRATING SUCCESS



Throughout your work as a Change Champion, continuously ask the health center staff, other leaders in your area and families themselves how things are going. Consider asking for regular reports from the health facility on how many women are:

- Creating and using a birthplan.
- Attending antenatal care and at what stage in pregnancy.
- Accompanied by men to the health facility.
- Coming to the facility for delivery.
- Receiving post-delivery care.
- Seeking family planning.

You should also ask both the health facility and the community for any instances of maternal death to be reported directly to you.

These reports can tell you if your efforts are paying off. They can also be presented back to the community and used to motivate women and families to continue their progress and celebrate their success.

Chief Mumena's community in Solwezi, Northwestern Province, regularly meets to recognize its progress — that no mother has died there while giving life in two years. Letting the community know that its work has paid off is very important to encouraging them to continue their efforts.

A leader can set up his or her own system for gathering data or can work closely with the health facility, but that data needs to be given back to the people to celebrate and reflect on what still needs to be done.

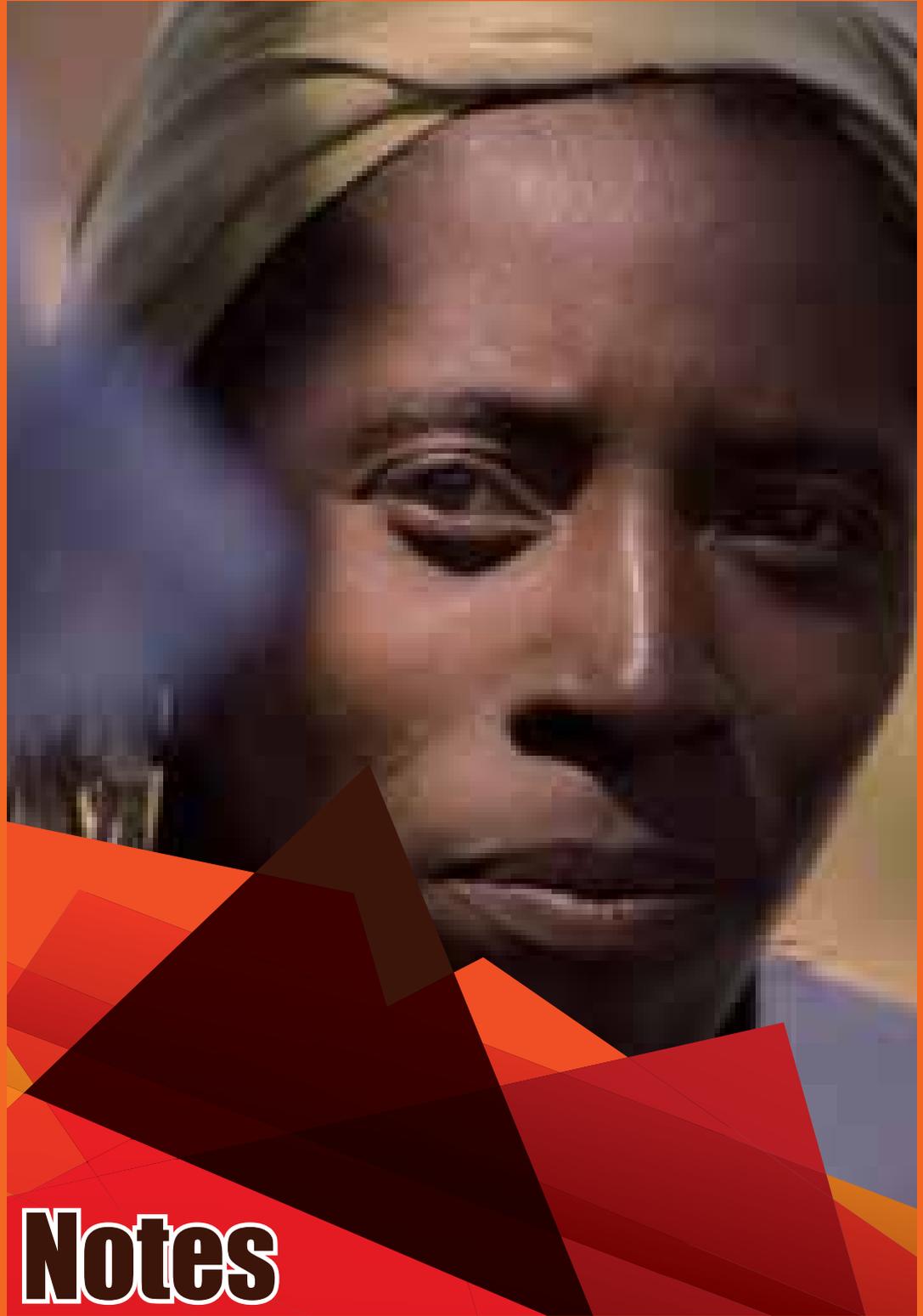
7. SAMPLE ACTION PLAN





SAMPLE ACTIVIES INCLUDE:

- Form implementation committee consisting of indunas, other community leaders, health center staff.
- Meet with committee to orient them on change champion process.
- Determine zones/sections for implementing work.
- Assess current resources in each zone/section—SMAG groups, health facility hours and staff, mothers waiting facility, community gardens, etc.
- Hold initial meetings in each zones with families and communities to talk through problems and challenge.
- Make monthly visits to each zone to meet with families to talk through issues and practices.
- Form SMAG groups in each zone/as part of each health facility if not already existing.
- Meet with SMAG groups quarterly to identify challenge.
- Solicit materials from District Health Office (such as birthplan) for SMAGs to use.
- Hold quarterly progress meetings with committee.
- Get quarterly data reports from health facility and communities.
- Share progress and challenges with provincial medical office, district health office and other leaders.



Notes





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Mothers make many sacrifices to help us grow our communities. Those sacrifices should not include their health or even their lives because we know how to prevent most of the risks that occur during pregnancy and delivery. By becoming Change Champions, community leaders can ensure that Safe Motherhood becomes a normal part of Zambian life.



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