



USAID | **ZAMBIA**
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COMMUNICATIONS SUPPORT FOR HEALTH (CSH) PROGRAMME

**MOTHERS ALIVE CAMPAIGN CHANGE CHAMPIONS ASSESSMENT
SURVEY FINDINGS**

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I. Background: CSH and the Mothers Alive Campaign

1.1 Communications Support for Health Project Background

The United States Agency for International Development–funded Communications Support for Health (CSH) project provided technical assistance to the Ministry of Health (MOH) of the Government of the Republic of Zambia to help strengthen national health communication activities. The primary objective of CSH is to improve the capacity of the MOH to develop, implement, monitor, and evaluate behaviour change communication (BCC) activities and interventions. Within this mandate, CSH provided support to the MOH on the Mothers Alive campaign.

1.2 Mothers Alive Campaign Background

The Mothers Alive campaign and the Saving Mothers Giving Life (SMGL) initiative aim to contribute to the reduction of maternal deaths due to pregnancy and delivery complications. One critical aspect of this work is an approach termed the “Change Champion” strategy, which leverages the strength and voice of local leaders in encouraging pregnant women and their families to plan for and access critical health services.

CSH recruited approximately 350 community leaders, oriented them on the causes of maternal mortality and complications associated with pregnancy, and encouraged them to become “Change Champions” for safe motherhood in their communities. Leaders were provided with examples of other leaders’ successful strategies and activities as ways to focus their efforts and, as part of their initial training, they created detailed action plans for their work. These leaders did not receive any funding to carry out activities, but they were encouraged to assume the responsibilities and also leverage community resources as part of their leadership role.

II. Change Champions Survey

2.1 Objectives of the Survey

The objectives of the survey were to understand and document the actions taken by local leaders trained as Change Champions to support safe motherhood initiatives in their communities.

2.2 Survey Methodology and Instruments

CSH developed the study protocol, including the methodology and instrument for the survey. Ethical approval was obtained from a local ethics review board (ERES Converge) and from ICF International’s Institutional Review Board in the United States.

The survey instrument consisted of primarily close-ended questions with defined answer options aimed at understanding what actions were taken by the leaders to support women in their communities, the perceptions of safe motherhood and role of Change Champions, and the challenges encountered when leaders planned and implemented their activities. The instrument also included open-ended questions and response options that captured responses amongst the pre-defined response options.

2.3 Survey Implementation

Initially, CSH held a programme meeting with the Change Champions, during which CSH administered the survey to each leader individually. If leaders were unable to attend the meeting, CSH attempted to contact each by phone and arrange to conduct the interview with the leader elsewhere. If, however, after three attempts CSH was unable to reach the leader, contact attempts were stopped. In all cases, the CSH researcher obtained verbal informed consent before beginning the survey.

Two teams implemented the survey; each team comprised four interviewers, or research assistants, and one supervisor, a CSH coordinator. The research assistants received a one-day orientation to the activity. The interviewers translated the survey into the appropriate local language as they conducted the interviews to assist in its administration to community leaders who did not speak or who were not fully proficient in English.

Between 21 and 29 October 2014, CSH administered the survey to 128 of the 227 Change Champions who were oriented and trained prior to September 2014. Those who were not interviewed may have passed on, been relocated, or transferred to another district; several others were attending a funeral. Of those Change Champions successfully contacted, no one refused to be interviewed. As shown in Table 2.3.1, the participants were from nine districts in seven provinces.

Table 2.3.1 Number of Change Champions Interviewed, by Province and District

Province	District(s)	Number
Eastern	Lundazi	14
	Nyimba	17
Luapula	Masna	20
Muchinga	Nakonde	14
Northern	Mbala	17
North Western	Kasempa	16
Southern	Kalomo	18
Western	Senanga	12
Total Interviewed		128

There were 34 female participants and 94 male participants; however, there was no sex variable in the dataset, so responses could not be assessed by sex. The data were entered into Microsoft Excel and imported into Stata 12 for analysis. Frequency analysis was used for all the variables in the survey. Additional qualitative information was extracted from open-ended questions directly into Excel.

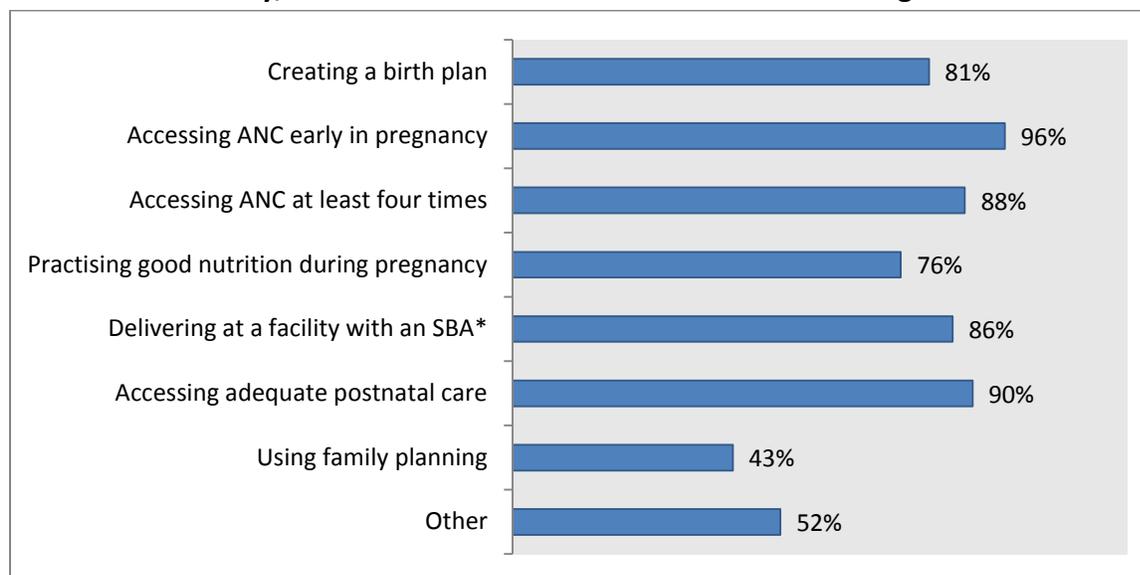
III. Findings

3.1 Key Health and Well-Being Practices or Behaviours That Promote Safe Motherhood

To begin the survey, Change Champions were asked what key health and well-being behaviours women should practise during pregnancy, labour, and delivery to promote safe motherhood. Amongst those women interviewed, accessing antenatal care (ANC) early in pregnancy—as soon as a woman learns that she is pregnant—was the most commonly mentioned behaviour. As shown in Figure 3.1.1, 96 percent of Change Champions listed early ANC access. All other safe motherhood topics shown in the figure were

mentioned by at least 76 percent of those interviewed, with the exception of family planning; only 43 percent of Change Champions listed family planning as a key practice.

Figure 3.1.1 Key Practices and Behaviours That Women Should Practise During Pregnancy, Labour and Delivery, and After Birth for Their Health and Well-Being



*SBA: skilled birth attendant

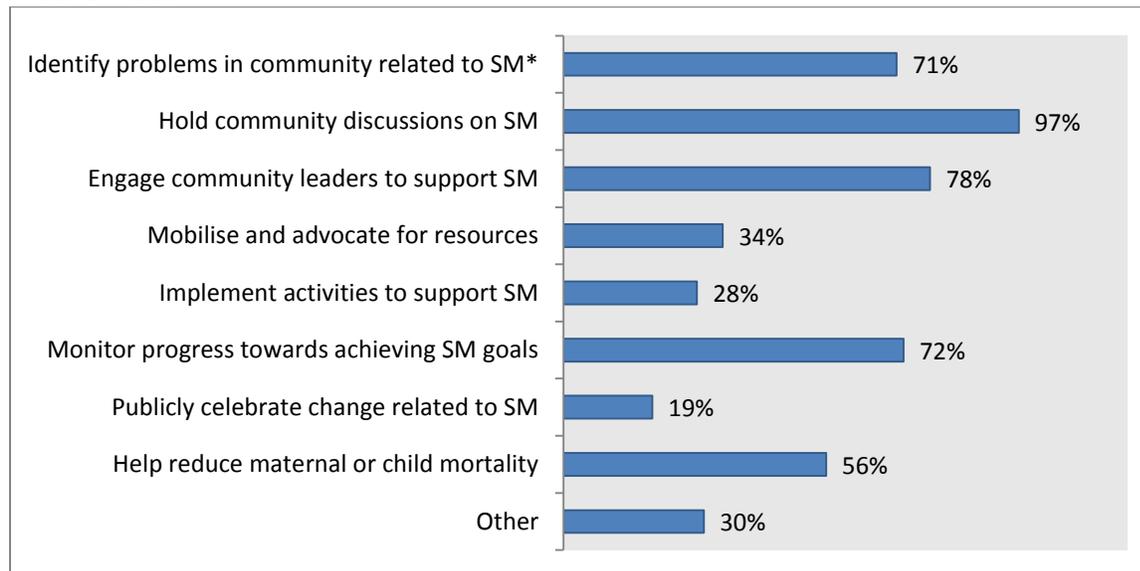
Just over half of those interviewed (52 percent) also mentioned a behaviour that was not amongst the pre-defined response options. These behaviours are specified as “Other” in Figure 3.1.1. The most frequently mentioned behaviour in this category was male involvement (13 percent), of which six responses were specific to ANC and postnatal care (PNC) and three responses were specific to HIV support or testing. Four additional responses were related to family involvement. Other responses that were common included: (1) adequate rest and avoidance of strenuous work during pregnancy (9 percent); (2) insecticide-treated net (ITN) use during pregnancy (9 percent); (3) HIV couples’ counselling (8 percent); and (4) cleanliness, sanitation, or hygiene (6 percent). Responses mentioned by multiple respondents—but not by more than three—included exclusive breastfeeding, immediate breastfeeding, not using traditional medicines, and watching for danger signs throughout pregnancy.

3.2 Change Champion Roles To Promote Safe Motherhood

Next, interviewers asked participants what they perceived their roles to be as Change Champions promoting safe motherhood. As shown in Figure 3.2.1, 97 percent of participants saw holding discussions about safe motherhood in their communities as one of their roles. This responsibility was the most frequently mentioned by almost 20 percentage points. Three other roles were mentioned by approximately three-quarters of respondents: engaging community leaders and other partners to support safe motherhood (78 percent); identifying problems in the community related to safe motherhood (71 percent); and monitoring progress towards safe motherhood goals (72 percent).

Change Champions were least likely to see implementing activities related to safe motherhood (28 percent) and publicly celebrating activities or progress towards safe motherhood goals (19 percent) as their roles. Additionally, only 34 percent believed that the role of Change Champion included mobilising community resources or advocating for additional resources as needed. Just over half of participants (56 percent) believed that they had a role in reducing maternal and child mortality.

Figure 3.2.1 Respondents’ Perceived Roles as Change Champions To Promote Safe Motherhood



*SM: safe motherhood

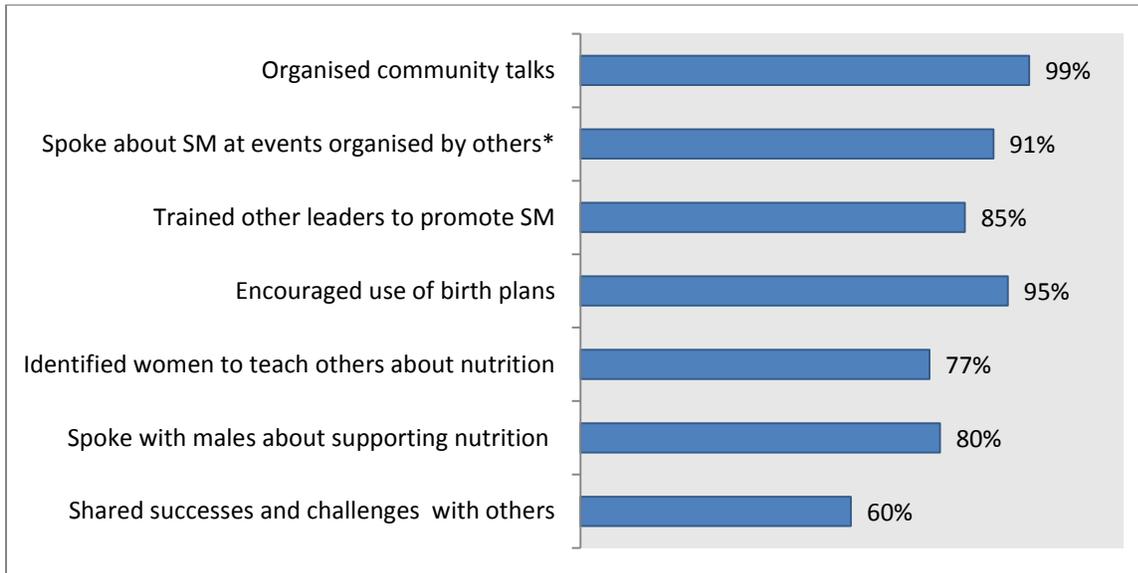
More than one-quarter of those interviewed (30 percent) also mentioned a role that was not amongst the pre-defined response options—specified as “Other” in Figure 3.2.1. Aligning with the most common “other” response to key health and well-being behaviours in the previous section, the most common “other” response here was related to male involvement as well. Six Change Champions indicated that one of their roles was to encourage male involvement throughout their partner’s pregnancy. Change Champions also stated that their roles included decreasing early marriages, encouraging good health during pregnancy, encouraging deliveries at health centres, encouraging HIV couples’ counselling, breaking traditional myths, and changing religious beliefs so that they support safe motherhood.

3.3 Safe Motherhood Activities Implemented

Almost all Change Champions organised community talks and worked with at least one community group, organisation, or Government entity.

As shown in Figure 3.3.1, 99 percent of those interviewed organised community talks, and 91 percent spoke at events organised by others. Change Champions also spent time engaging, training, and communicating with community members beyond community talks. They trained others to promote safe motherhood (85 percent), encouraged the use of birth plans (95 percent), identified women to teach other women about nutrition (77 percent), and spoke with males about supporting nutrition (80 percent). Change Champions were least likely to share success and challenges related to their efforts with organisations or Government groups (60 percent).

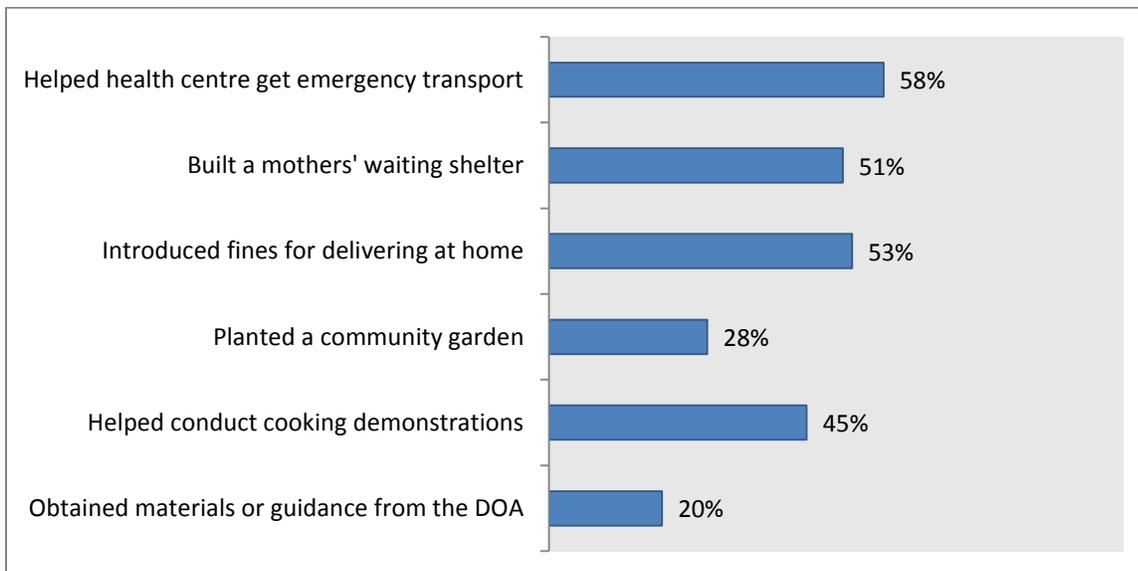
Figure 3.3.1 Communication-Related Activities Implemented by Change Champions to Promote Safe Motherhood



*SM: safe motherhood

In addition to the activities already discussed, Change Champions promoted safe motherhood in their communities by implementing a variety of other activities with more tangible inputs or products—although to a lesser extent than those in Figure 3.3.1. As shown in Figure 3.3.2, more than half of the Change Champions helped to bring emergency transportation to the local health centre, built a mothers’ waiting shelter, or introduced fines for delivering a child at home. Almost half (45 percent) helped to conduct cooking demonstrations. Change Champions were less likely to plant a community garden (28 percent) or obtain seed, other materials, or guidance from the Department of Agriculture (DOA).

Figure 3.3.2 Other Activities Implemented by Change Champions To Promote Safe Motherhood

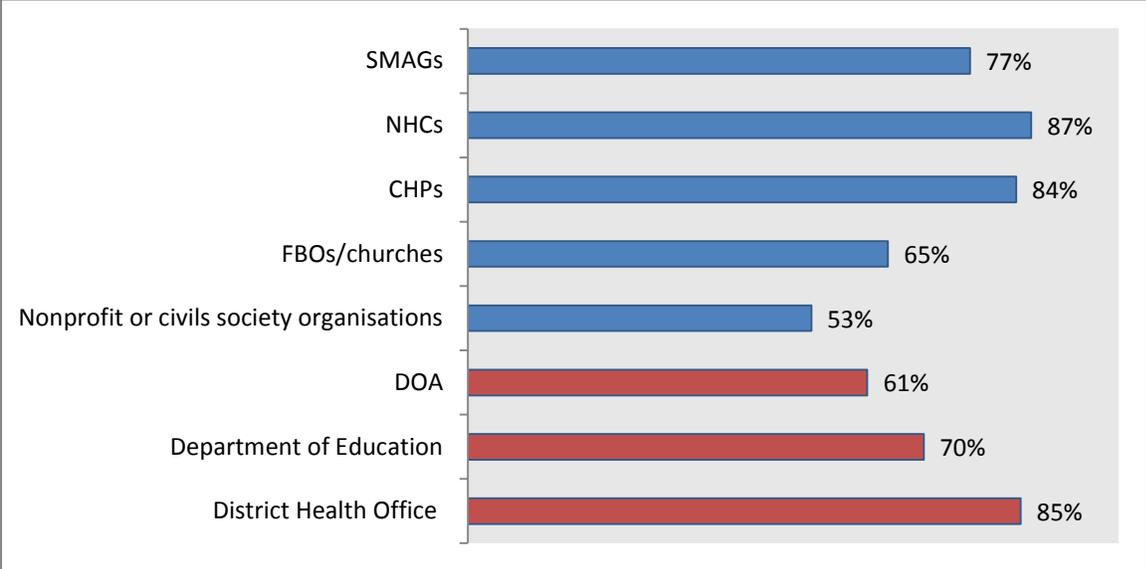


Slightly more than 10 percent of participants reported that they had implemented other activities, including training peer educators on other topics such as early marriage, gender-based violence, and the prevention of mother-to-child transmission of HIV; organising community radio talks; and organising tie-dye meetings to both learn a skill and share information about safe motherhood.

In promoting safe motherhood, 94 percent of survey participants reported working with a community group or nongovernmental organisation. As shown in Figure 3.3.3, Neighbourhood Health Committees (NHCs) and Community Health Promoters (CHPs) were most commonly cited as collaborators (87 percent and 84 percent, respectively), but Change Champions also frequently worked with Safe Motherhood Action Groups, or SMAGs (77 percent). The two groups that Change Champions were least likely to work with were faith-based organisations (FBOs) or churches and nonprofit or civil society organisations, but even so, more than 50 percent of participants indicated that they worked with these groups.

A high percentage of survey participants also reported working with at least one governmental entity (91 percent)—most commonly the District Health Office (85 percent). A substantial number of Change Champions also reported working with the Department of Education (70 percent) or DOA (61 percent).

Figure 3.3.3 Groups That Change Champions Worked With To Promote Safe Motherhood



In addition to these groups, participants mentioned a myriad of other groups that they worked with, including the police on gender-based violence, the Department of Community Development, the National Women’s Lobby Group, area food committees, and the Farmers’ Union.

3.4 Challenges as a Safe Motherhood Change Champion

Although Change Champions reported implementing a variety of activities to promote safe motherhood, their work was not without challenges. Eighty-two percent of participants encountered challenges while trying to fulfill their role as a Change Champion, and 70 percent indicated that there were activities that they would have liked to implement but were unable to—primarily due to the lack of funds.

The most commonly reported challenge was the lack of transport. Sixty-four percent of all respondents and 82 percent of those who reported that they encountered challenges stated that transport was a problem. Related to specific transport challenges, 18 participants cited distance, two cited bad road

networks, and two cited challenges with obtaining fuel. While many responses simply indicated “Transport,” more detailed responses from Change Champions included the following:

- *Transport has been the biggest challenge.*
- *Transport and bad road networks.*
- *Transport is usually a challenge because there are very long distances in our communities.*
- *Transport is a problem because some people stay in far places, and no vehicle can get there apart from bicycles.*
- *Transport to go in the field, especially where vehicles cannot pass.*
- *There is no transport when there is a need to go to other communities.*
- *Clinics are very far from the communities.*

In addition to transportation, other challenges fell into three broad categories: traditional beliefs and resistance from community members, lack of materials and funds, and programme logistics. Select responses that fell into each of these categories follow.

Traditional beliefs and resistance from community members

- *Lack of male involvement in the safe motherhood campaign.*
- *Resistance from the people.*
- *In terms of tradition beliefs, it’s a challenge to talk to the mothers about the importance of delivering from the health facilities.*
- *Belief that maternal deaths are caused by the husband’s unfaithfulness.*
- *Inadequate education levels among the women.*
- *Men did not want to participate in this programme.*
- *The major problem is that women are stubborn, and they would prefer delivering at home.*
- *Especially that in the communities there are a lot of misconceptions from male counterpart.*

Lack of teaching materials, identification, and other resources

- *Logistics like stationery and allowances.*
- *Materials for use, such as teaching materials and posters.*
- *No forms for reporting and no allowances.*
- *Reading materials to help us teach expectant mothers on safe motherhood.*
- *No gumboots or rain coats to use during rainy season.*
- *Lack of outreach programmes and doing this from your own pocket.*
- *It’s hard to get resources and food to get people together.*
- *Lack of identity cards.*
- *No identification as Change Champion (T-shirts).*
- *Recognition—there is need to be branded (T-Shirts) so that we are identified in the community.*

Programme logistics

- *No coordination between Lusaka and people on the ground, and no offices.*
- *Lack of adequate linkages to other programmes.*
- *Cooperation with other health groups.*
- *Meeting with SMAG members.*
- *Lack of empowerment to strengthen the groups.*
- *There is no group action, and everyone works on their own, and that’s why they are inactive. No proper structure to follow.*

- *Lack of adequate visitation and support from the Washington, D.C. office.*
- *No Government officials to accompany them in the communities.*
- *Supportive visits.*

Two additional challenges mentioned by Change Champions that did not really fit into any of the categories included the lack of commitment by some women who, for instance, did not attend meetings, and high community expectations that result when nongovernmental organisations visit the communities.

There was a long list of activities that Change Champions wanted to undertake but could not. The most frequently mentioned activities included making their communities friendlier to safe motherhood (e.g., building maternal waiting shelters or starting community gardens), expanding the programme and reaching more people, and using more channels to spread safe motherhood messages. Excerpts from survey participants illustrate each of these points below.

Making the community friendlier to safe motherhood

- *Open a garden. We would have liked to start a garden but we could not due to wild animals.*
- *Wanted to start gardening, but we did not have seeds to start with. If we are able to put up a garden it's going to help encourage mothers in nutrition.*
- *Formation of women clubs in the villages.*
- *Deploy ambulances at zonal centres rather than keeping them at a central place.*
- *To have a health post at every school.*
- *We have tried to raise chickens, but we don't have enough resources (money).*
- *We wanted to build a shelter for mothers to wait at before being attended to and before the ambulance comes because the clinic and hospital are very far.*
- *Trying to build a bridge because sometimes during rainy season it is hard to cross to the other side, but we did not have resources.*

Expanding the programme and reaching more people

- *Wanted to go to places where we had identified the need, but we could not go there because of lack of resources.*
- *Tried to mobilise and sensitise other communities, but we can't because of transport.*
- *To do sensitisation on a large scale to reach more people.*
- *Visiting all prospective mothers in the area but could not due to lack of transport.*
- *Wanted to visit women's groups and children who are not pregnant, but no funds to support this initiative.*
- *Training to expectant mothers on nutrition [which includes a] practical [exercise].*
- *We need more trained Change Champions.*
- *To bring people to one place, continue with capacity building to other leaders.*
- *Wanted to expand the programme to the whole district but there has been no funding.*
- *Training of more community leaders to be Change Champions. Recruiting more Change Champions in all areas of the chiefdom.*
- *Teachings and trainings—some people still hold on to traditional beliefs (e.g., pregnant women should not eat eggs).*
- *Focus group discussions with males.*
- *Involvement of men so that fathers should appreciate the programmes.*
- *We have tried to help mothers who can't afford to buy food, but we don't have money.*

Reaching people through more channels

- *Would have loved to use videos to educate my subjects.*
- *We wanted to create subgroups, like drama groups, to help facilitate activities in the communities.*
- *Sketches and drama for easy communication to the communities on safe motherhood.*
- *We planned to have cooking demonstrations, but we did not have logistics.*
- *Radio programme.*

IV. Discussion

4.1 Discussion of Findings

Results from the survey indicate that Change Champions were quite knowledgeable about safe motherhood and were also active in their communities. There were a number of impressive results, including that nearly 50 percent established maternal waiting shelters and emergency transport, and almost all conducted outreach, using their leadership platform to promote healthier behaviours.

In terms of key behaviours and practices that promote safe motherhood, the majority of Change Champions interviewed were aware that creating a birth plan, accessing ANC early and at least four times, eating well, delivering at a facility, and accessing PNC all contribute to a healthy pregnancy, delivery, and newborn and mother post-delivery. However, Change Champions were less likely to report that using family planning contributes to safe motherhood. A possible reason for this is that leaders may well have been promoting the use of family planning and its benefits related to a happier, more economically sound family, but without making the connection to safe motherhood.

In terms of Change Champions' perceived roles, only about one-third saw mobilising and advocating for resources as one of their roles, and lack of resources or funds was one of the main challenges mentioned and also the primary reason Change Champions could not implement all the activities that they would have liked to implement. While almost all Change Champions engaged other groups or organisations in their safe motherhood work, it appears that they need to continue to explore ways to leverage more resources.

Lack of male involvement was a frequently mentioned challenge, while publicly celebrating positive changes and progress towards safe motherhood was the activity least likely to be implemented by Change Champions (only 19 percent). Perhaps if progress were more frequently celebrated by Change Champions, males would be more aware of behaviours and practices around pregnancy, labour, and delivery that promote healthier women and children. Further, one participant stated that he/she wanted to hold a focus group discussion with males in the community but was unable to due to lack of funds. If Change Champions could find the resources to conduct such meetings, they could help to raise awareness amongst men and involve them more in women's health and their pregnancies.

That only 28 percent of survey participants reported implementing activities to support safe motherhood was an odd finding, particularly because all but one Change Champion reported organising community discussions, which in and of itself is an activity. Change Champions were able to list the specific activities that they implemented, but perhaps they did not think of the more general concept of "implementing activities" as something that they did, or they may have thought about implementation in more clinical terms.

Change Champions appeared more likely to implement activities that did not require physical resources. Talks and trainings were substantially more common activities than were planting a community garden,

which requires seeds and fencing off an area; building a maternal waiting shelter, which requires building materials; or conducting cooking demonstrations, which requires food that women would ideally consume during pregnancy. Outreach and programme expansion were two other activities that were severely limited because of the lack of funds—and thus a lack of transport.

4.2 Limitations

Although the responses detailed in this report are reflective of the Change Champions surveyed, the responses do not necessarily represent all Change Champions across the area in which the Mothers Alive campaign was implemented, as researchers were only able to administer this survey to approximately two-thirds of all Change Champions. Additionally, because of the small sample size, any differences that may have existed amongst the provinces or districts could not be explored.

V. Conclusion

The survey findings indicate that the Change Champions interviewed had a good grasp of key behaviours and practices that contribute to safe motherhood, and that they were active in their communities—implementing or assisting with a variety of activities and also collaborating with a variety of groups to promote safe motherhood. Despite limited resources, the Mothers Alive campaign empowered leaders to leverage their positions and take action. Next steps could be to better link leaders to available resources, such as community development funds or other small grants.

APPENDIX
Survey Instrument

COMMUNICATIONS SUPPORT FOR HEALTH (CSH) PROJECT

MOTHERS ALIVE CAMPAIGN AND SMGL INITIATIVE QUESTIONNAIRE

ASSESSMENT OF THE CHANGE CHAMPION ACTIVITIES IN THE SMGL AND MOTHERS ALIVE DISTRICTS

Introduction

The Communications Support for Health (CSH) programme works with the Ministry of Health and the Ministry of Community Development and Maternal and Child Health to design and implement effective national health communications interventions.

CSH has been working with the Ministry of Health and the Ministry of Community Development and Maternal and Child Health to implement both the Mothers Alive campaign and Saving Mothers Giving Life (SMGL) initiative, which has as its main objective to contribute to the reduction of maternal deaths due to pregnancy and delivery complications through the development and implementation of effective health communication strategies and service delivery improvements to support safe motherhood practices. One of the components of this work is the Change Champion programme, of which you have taken part. This component of the programme aims to leverage the strength and voice of local leaders in encouraging pregnant women and their families to plan for and access critical health services.

In order to identify some of the successes achieved as part of this initiative, we would like your participation in filling out this short survey on the activities you have conducted in your community. The survey should take about 5 to 10 minutes to complete. The findings will be used to inform future safe motherhood programmes.

Your participation in this study is completely voluntary. You may choose not to answer questions that you do not want to. And your name will not be used in any reports about this survey.

Thank you very much for your time and for being a Change Champion.

READ ALOUD: I'm going to begin asking you if you have implemented certain activities. These are not activities that any leader necessarily SHOULD have done, but rather kinds of activities that people have undertaken. There is no expectation that you will have done these, so please feel free to answer honestly.

1. What are the key practices/behaviours that women should practice during pregnancy, labour and delivery, and after birth for their health and well-being? **DO NOT read answer options aloud. Click as many as selected.**
 - a. Creating a birth plan. _____
 - b. Accessing 'antenatal care' as soon as a woman knows she's pregnant. _____
 - c. Going for 'antenatal care' at least four times during pregnancy. _____
 - d. Practicing good nutrition during pregnancy. _____
 - e. Delivering the baby in a facility with a skilled attendant. _____
 - f. Accessing adequate post-delivery care. _____
 - g. Using family planning. _____
 - h. Others (**fill in**) _____

2. What did you see as your role as a Change Champions in your community to promote safe motherhood? **DO NOT read answer options aloud. Click as many as selected.**
 - a. Identify specific problems in the community related to Safe Motherhood. _____
 - b. Hold discussions in the community on Safe Motherhood. _____
 - c. Engage community leaders and partners to support Safe Motherhood. _____
 - d. Mobilise resources within the community and advocates for additional resources, when necessary. _____
 - e. Implement actions or changes to support Safe Motherhood (shelters, emergency transports, gardens, etc.). _____
 - f. Monitor progress towards achieving Safe Motherhood. _____
 - g. Publicly celebrate positive changes and actions related to Safe Motherhood. _____
 - h. Help reduce maternal and/or child mortality. _____
 - i. Others (**fill in**) _____

3. What Safe Motherhood activities have you done in your community as a Change Champion? **Read answer options aloud. Click as many as selected.**
 - a. Trained other leaders to promote Safe Motherhood. _____
 - b. Organised community talks. _____
 - c. Spoke about Safe Motherhood at events organised by others. _____
 - d. Built a Mothers Waiting Shelter. _____
 - e. Helped health centre get emergency transportation (ambulance/car, motorbike, bicycle, etc.). _____
 - f. Encourage use of the birth plans. _____
 - g. Introduced fines for delivering at home. _____
 - h. Planted a community garden. _____
 - i. Helped to conduct cooking demonstrations. _____

- j. Identified women to teach other women about nutrition. _____
- k. Spoke with male partners about supporting nutrition. _____
- l. Obtained seeds and other materials or guidance from the Department of Agriculture. _____
- m. Worked with Safe Motherhood Action Groups (SMAGs). _____
- n. Worked with Neighborhood Health Committee (NHC). _____
- o. Worked with Community Health Promoters (CHPs). _____
- p. Worked with faith-based organisations (FBOs)/Churches. _____
- q. Worked with District Health Office. _____
- r. Worked with Department of Education. _____
- s. Worked with Department of Agriculture. _____
- t. Worked with nonprofit or civil society organisations to get funding or other resources. _____
- u. Shared information about the successes and challenges of your activities with other organisations or Government offices. _____
- v. Others (**fill in**) _____

4. Have you faced any challenges in fulfilling your role as a Change Champion in promoting safe motherhood? **Click one answer**
- a. Yes _____
 - b. No _____

If NO to question 4, skip to question 6.

5. What challenges have you faced? _____
6. Were there activities you would have liked to do to promote Safe Motherhood, but weren't able to? **Click one answer.**
- a. Yes _____
 - b. No _____

If NO to question 6, end survey.

7. What activities would you have liked to do to promote Safe Motherhood, but weren't able to? _____

That is the end of the questionnaire. Thank you again for your time.