

TITLE: Implementers as innovators: Pathfinder Mozambique's experience combining community and health system strengthening approaches to increase institutional deliveries.

AUTHOR(S) AND AFFILIATIONS: Alicia Mehl, MSc; Maria Teresa Vittorino, MPH; Adalgisa Viola, MD; Claire Cole, MPH

CORRESPONDING AUTHOR: Alicia Mehl, MSc

a) Introduction

- i. Background.
- ii. Rationale/significance
- iii. Statement of research problem
- iv. State main research question/hypothesis/programmatic question/intervention activity tested

Low institutional delivery rates are associated with increased risk for maternal mortality. Institutional delivery coverage in Mozambique's Nampula Province has increased steadily from 58% in March 2011 to 75% in March 2014. The Strengthening Communities through Integrated Programming (SCIP) project developed a two-part practice that combines community and health system strengthening to mitigate barriers to institutional delivery. A facility nurse is trained to facilitate community discussions (in the catchment area of her health facility) to improve knowledge and demand for safe delivery practices. The nurse further trains traditional birth attendants (TBAs) in safe delivery, risk identification, the importance of referring pregnant women to facilities, and provides supervision to TBAs to support skills application in the community. Regular meetings between the nurse and the TBAs encourage dialogue, collaboration and offer an opportunity for continuous follow up and refreshment of technical skills. This emerging practice may offer lessons regarding community access to services.

b) Methodology: (including location, setting, period, analysis approach), including data (if relevant)

To better understand the contribution that the practice made to improvement in institutional delivery coverage, a micro-analysis was undertaken at the rural health facility of Muatua in the Mogovolas district of Nampula Province. Community discussions were held between June 2011 and May 2012 and TBA training began in June 2011. 18 communities were included in the analysis – 9 with and 9 without practice implementation, according to implementation constraints. This was a retrospective study with secondary analysis of existing institutional delivery data of the Ministry of Health between April 2011 and September 2013. Institutional delivery coverage was calculated as the number of deliveries reported divided by the number of deliveries expected. The number of expected deliveries was calculated by multiplying population projections from the 2007 Census by 4.5%, the expected delivery rate in Mozambique.

c) Results/Findings

- a. Research findings: State knowledge contribution
- b. Programmatic findings: State lessons learned

Institutional delivery coverage increased across communities, possibly explained by other SCIP activities not included in the analysis (i.e. supportive supervision of providers at the HF, bicycle ambulances, household visits by community health activists, etc.). In the 9 implementation communities, institutional delivery coverage increased from 6% to 20%. In the 9 no implementation communities, institutional delivery coverage increased from 4% to 10%. A key component of this practice is the role of the nurse who leads these activities in the communities and with community-based TBAs, strengthening the link between communities and health services.

d) Conclusion and key recommendations

Data suggests that the practice positively contributes to increased institutional delivery coverage. These results suggest the benefits of strengthened linkages both in the broader context (between communities

and health facilities), as well as on an individual level (between TBAs and nurses). The strategy of collaboration between TBAs and nurses has proven to be a positive form of maximizing available human resources in a culturally-sensitive way that values the skills and contributions of both parties. The same data from another health facility in a neighboring district is under analysis to see if similar results are observed and to determine the generalizability of the practice in other contexts.