

## CASE STUDY

# Community contributions to eliminating mother-to-child transmission at Licilo Health Center, Mozambique

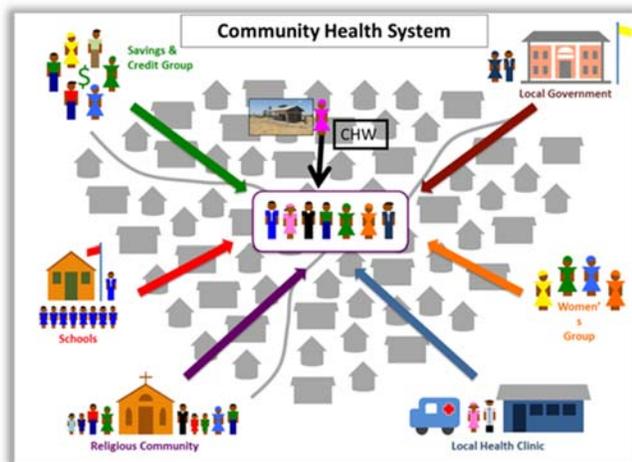
The goal of the Partnership for HIV-Free Survival (PHFS) community demonstration project was to contribute to EMTCT through increased community awareness, improved community-facility linkages, and increased access to services for pregnant women. The project engaged existing community groups to provide health messaging on the importance of antenatal care (ANC), identify pregnant women, refer them to care, and follow up with those who did not go. Amongst the 15 *bairros* in the catchment area of Licilo Health Center, 95 community groups identified 896 women between March 2014 and February 2015. There was an increase in the median number of women coming for ANC from 32 per month in the six months prior to the intervention to 45 per month between March 2014 and February 2015. They also increased the percentage of women coming to ANC earlier in their pregnancy.

## Background

Beginning in late 2013, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project began to provide technical support for community-level improvement of elimination of mother-to-child transmission (EMTCT) services to the Ministry of Health (MOH) of Mozambique as part of the PEPFAR-funded Partnership for HIV-Free Survival (PHFS). The project took place in Bilene District in Gaza Province, which was chosen as a priority due to its high rates of HIV prevalence and low coverage of PMTCT. USAID ASSIST and the MOH together chose Bilene District in Gaza Province and the three health centers within the district based on low coverage of antenatal care (ANC), postnatal care (PNC), and PMTCT services, and high prevalence of HIV, which in Gaza was as high as 29.9% for women and 16.8% for men according to a 2009 prevalence survey (INSIDA 2009). The activities focused around three health centers in Licilo, Chissano, and Incaia and their associated catchment areas, which included 15, 11, and 13 *bairros* (communities) respectively.

The goal of the PHFS community demonstration project was to contribute to EMTCT through increased community awareness, improved community-facility linkages, and increased access to services for pregnant women. The demonstration project employed the Community Health System Strengthening model (see **Figure 1**) to improve the quality of PHFS services at the community level. In the Community Health

**Figure 1: The Community Health Systems Strengthening Model**



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System Strengthening model, the improvement intervention is managed by representatives from local community groups, such as religious groups, agricultural groups, 'savings and credit' groups, representatives from the facilities, and delegates from the local government, who all come together to serve as the community improvement team for the purposes of identifying local health gaps and developing and testing strategies to overcome those gaps. The community improvement team applies improvement principles to strengthen the performance of the community health system by identifying and strengthening the processes by which participating groups and structures function and interact with each other to provide integrated, seamless care. When all elements of the community health system are harmonized and functioning well and coordinated with the efforts of community health workers, health services become more accessible to community members, and accurate information exchange between health facilities and households occurs more rapidly and effectively.

## Organizing a community system

Following a situational analysis, ASSIST conducted an initial training in February 2014 on improvement and the community health system strengthening model for coaches and selected community members in Gaza Province. Representatives from the 15 *bairros* (communities) in the catchment area of Licilo Health Center and the maternal and child health nurse were part of this training. Trained *bairro* representatives then met with *bairro* leaders to explain the goals of the activity, the importance of getting pregnant women into ANC early and what was needed from the leader and community. They asked the leaders to help them identify existing community groups which met at least twice per month and had a minimum of 10 to 15 members.

An orientation was given to each community group to invite them to participate in helping to spread health messages and identify pregnant women. The key messages that they were expected to provide were around why women should go to the health center early to avoid transmission of HIV from mother to child through early testing and treatment. Community groups were asked to set aside time, approximately 30 minutes, in their regular agenda to discuss health-related issues. The community groups that were interested in participating included groups such as church groups, leadership groups, well groups, Mozambican Women's Association, savings and loans groups, and *activistas* (community health workers). In addition, they decided to use an existing political structure where there was a leader of every 50 households.

Not all community groups were eager to participate at first. A pastor told a story that at first, the traditional healers were unwilling to participate. He kept visiting them and explaining the importance of the work to care for pregnant women and eventually they began to participate.



Licilo community team members look at a data register showing numbers of pregnant women identified by the community team. Photo credit: Kim Stover, URC.

Each group sent a representative to a *bairro*-level improvement team called the *Bairro* Committee. The *Bairro* Committee was responsible for collecting data from all of the community groups, passing on critical health messages, and brainstorming ways to support and encourage pregnant women to seek antenatal care at the health center. Given the workload of the nurse, she was unable to visit all of the 15 *bairros* regularly. Therefore, a Health Committee was created which met at the Licilo Health Center once per month. The Health Committee was responsible for bringing data from the *bairros*, receiving data from the health center, and discussing challenges and possible solutions to supporting women.

## Improving care for pregnant women

Every participating community group began to spend some time during each meeting discussing the importance of ANC for pregnant women. **Figure 2** outlines reasons why women were reluctant to seek care. While the goal of this activity was to get pregnant women tested for HIV and on treatment if HIV-positive, the community groups rarely discussed HIV openly. Due to strong fear of learning HIV status, the community groups focused on other reasons for seeking ANC, such as being tested for anemia and general infections, to receive bed nets, and to learn about the food to eat.

Each community group member was responsible for identifying pregnant women in their households and networks. When a pregnant woman was found or self-identified in a group, her name was recorded by the community group and passed on to the *Bairro* Committee. The *Bairro* Committee representative would bring the list of names to the Health Committee meeting at the health center. The nurse and the Health Committee members would compare the list of names to the ANC register to determine who had been to their first ANC visit and who had not yet been. The Health Committee would share experiences and challenges from the different *bairros* and discuss possible solutions to try to bring women into care. Health Committee members would share the names of previously-identified women who had not been to ANC with the *bairro* committees, who would determine strategies to encourage women to go.

The Health Committee realized that one group of women who were not going for their ANC visit all belonged to the same religious sect. *Bairro* Committee members went to the leaders of that sect and told them the importance of pregnant women receiving early ANC. The religious leaders then used time following their service to encourage pregnant women to go to ANC as soon as possible. The women from this sect began to go for ANC following this intervention.

Around Licilo Health Center, many of the husbands of pregnant women were working in South African mines. While their husbands were away, they were often not allowed or were afraid to make decisions about going for care, being tested for HIV, and starting on treatment. The *Bairro* Committees determined that the most effective strategy was to target specific messages to mothers-in-law who could convince their sons to let the wives go for ANC services. This was done both on a one-on-one basis but also in more general community meetings and gatherings.

One of the biggest challenges that arose was the ability of the health center to keep up with the increased demand for services. The nurse did her best to see everyone that came, but she was the only health care worker providing ANC services. When she was away from her post, it meant that women were either turned away or seen by someone who was not well trained in maternal care.

### Figure 2: Reasons for reluctance of pregnant women to seek care\*

- Fear of learning their HIV status and potential negative consequences such as being turned out by their husbands.
- Husbands are in South Africa working in the mines and women need their permission before seeking care.
- Long lines and waiting time at the facility.
- Long distance to the facility.
- Did not go for previous children and everything was OK.
- Poor treatment in health facilities
- Lack of understanding of the importance of early ANC.

*\*According to interviews with community group members.*

### Artist Group in Action

One very large and active community group was a singing and drama group. This group created songs and skits around the importance of early ANC for pregnant women which they would perform at market days and other gatherings. As they sang and taught about the importance of identifying yourself and connecting with the health facility, one of the members would roam the audience looking for pregnant women and encouraging them to seek care.

## Results

Amongst the 15 *bairros* in the catchment area of Licilo Health Center, 95 community groups identified 896 women between March 2014 and February 2015. They increased the percent of identified pregnant women receiving first ANC in the same month from 36% in March 2014 to 97% in February 2015.

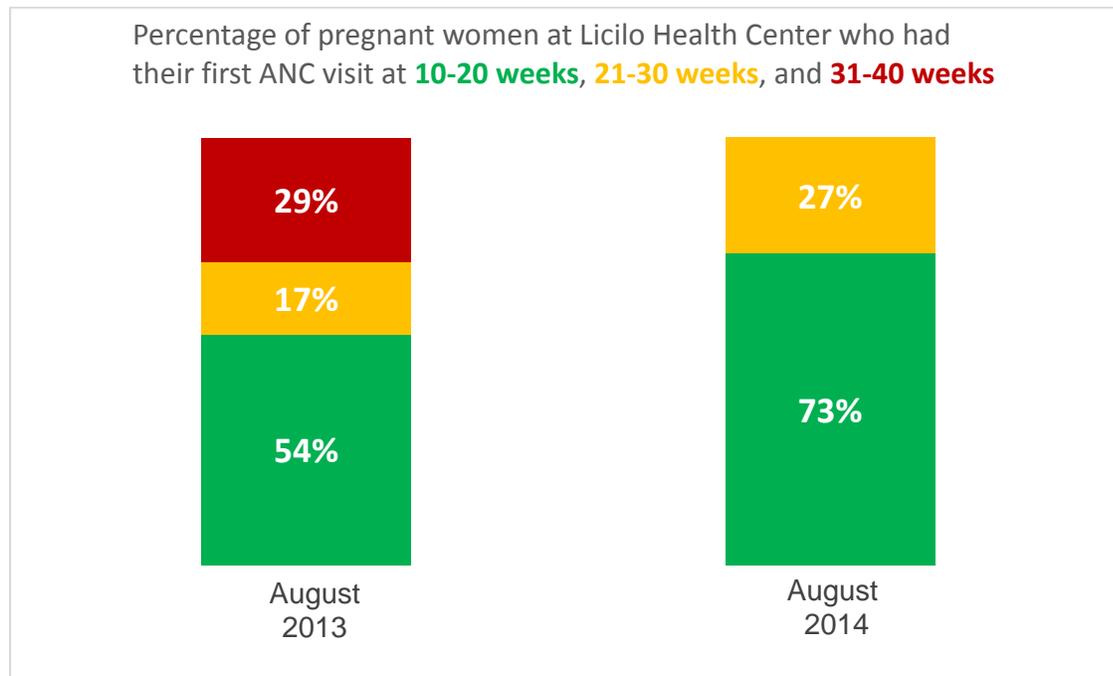
There was an increase in the median number of women coming for ANC from 32 per month in the six months prior to the intervention to 45 per month between March 2014 and February 2015. There was an increase in the percentage of women coming to ANC earlier in their pregnancy (**Figure 3**).

The Licilo Health Center nurse reported that no HIV-exposed infants had tested positive for HIV between September 2014 and March 2015.

*“With this program, there was a great change here. There is a population of 17,580 and before I was the only responsible for pregnant women. I found this program helpful because it makes my work easier when these groups spread messages. I find [the community system] important for my work here. If [a woman] comes from a group that is already sensitized, she is prepared for the visit and that gives me more time for other patients.”*

-- Licilo Health Center Nurse

**Figure 3: Percentage of pregnant women at Licilo Health Center receiving ANC by gestational age**



The experience of the PHFS community demonstration project in Gaza, Mozambique has shown that the community health systems strengthening model can be applied successfully to improve care for pregnant women, increase links between health facilities and communities, and support the work of facility and community health workers.