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How to Make Maternity Homes Sustainable in Remote Areas of Zambia's Luapula Province: Formative Research with Women, Communities, and Stakeholders

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Study Setting

- Population ~1M
- TFR: 7.2
- 68% facility deliveries (DHS 2013)
- Poverty and food insecurity

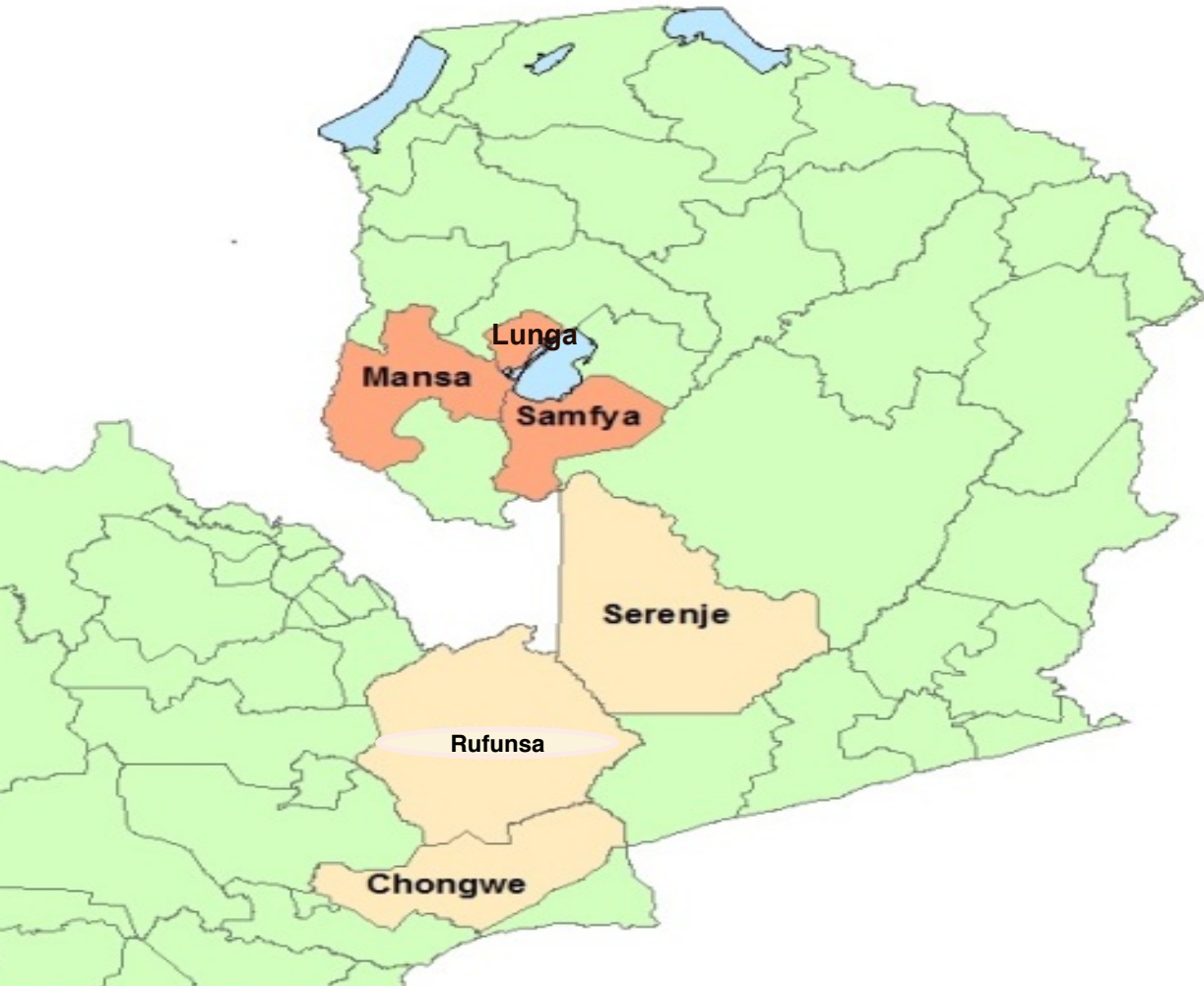


Goal:

Improved maternity waiting homes → increased timely skilled birth attendance → better birth outcomes



Study Sites & Design



21 FGDs with 210 participants

- MWH users and non-users (facility- and home-deliveries), first-time pregnant women, senior women, community volunteers

72 Key Informant Interviews

- Couples attending antenatal care; Chiefs and Headmen; DCMOs, DNOs, Facility in-charges, educators; Partners; Maternity waiting homes in Luapula and Central Provinces (“high-functioning”)

Facility assessment of existing mothers’ homes and associated health centers

Strong social pressure in favor of facility delivery



Transportation was one barrier to facility use



They liked the idea of maternity waiting homes



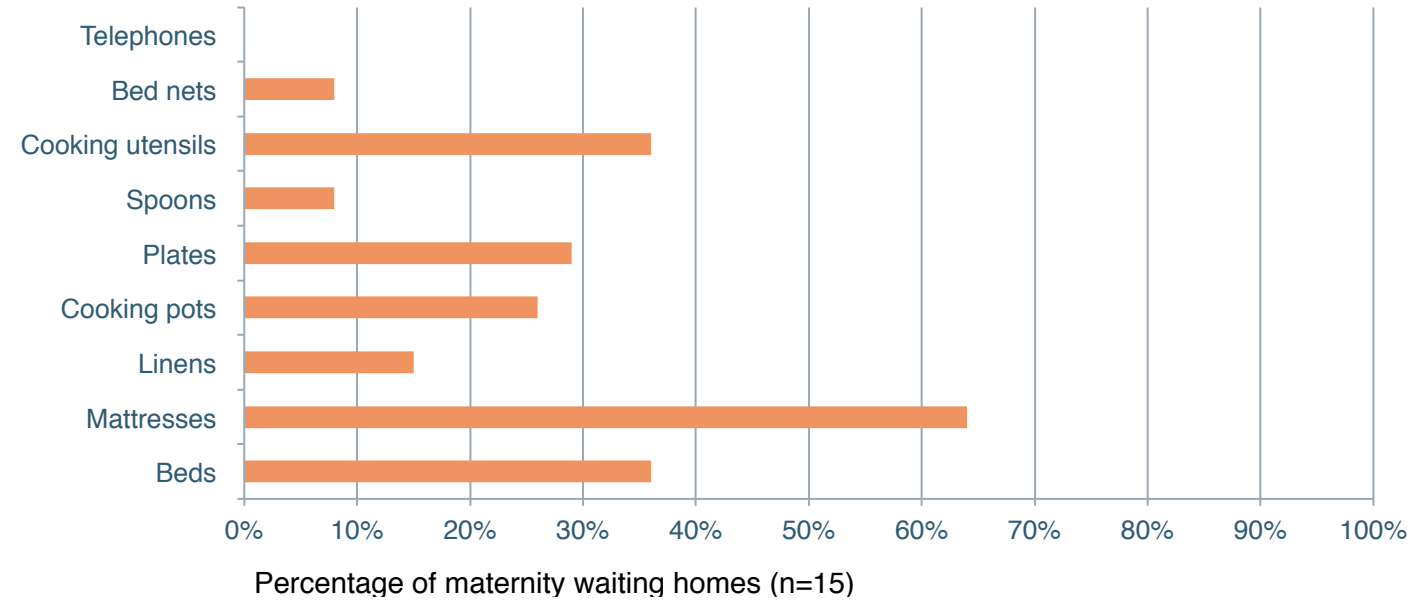
“...pregnant women with previous complications should **go early to wait for delivery...**”

“Also if one comes from a faraway community, **to avoid delivering on the way** or in cases where the husband is not always at home, **a woman can await labour at the shelter.**”

...not always the reality.



Amenities available at Maternity Waiting Homes



No food to spare



Proposed Improved Maternity Waiting Home



Acknowledgements

- Ministry of Community Development, Mother and Child Health
- Ministry of Health
- Ministry of Agriculture and Livestock
- Ministry of Chiefs and Traditional Affairs
- Merck for Mothers
- DCMOs and health staff in the seven research districts
- Traditional leaders
- Safe Motherhood Action Groups and all women and men who participated
- Partners implementing MNCH programs in Luapula
- Research assistants that collected the data
- All photos by Jhpiego

Appendices: More Detailed Extra Slides

Research Questions

1. What are the user and community needs?
2. What are the current and prospective use patterns?
3. Can and how do MWHs, facilities and communities work together?
4. What are the most promising practices and gaps in current models of MWHs in Zambia?
5. How can communities utilize entrepreneurial models to support MWHs?
6. What are the desirability, feasibility and sustainability features?
7. What management approach is most feasible and sustainable?

Study Sites & Design



Luapula Province

- 4 districts
- Locations / Sites:
 - 18 CRHCs, 3 Hospitals
 - 17 MWHs

MWHs Outside Luapula

- Central Province: 4 CRHCs
- Lusaka Province: 1 mission hospital

Study

- Mixed methods, formative research
- Data collected Oct–Dec 2013

Methods: Data Collection

Qualitative

21 FGDs with 210 participants

- MWH users and non-users (facility- and home-deliveries)
- First-time pregnant women
- Senior women
- SMAGs/NHCs

72 Key Informant Interviews

- ANC Couples
- Chiefs and Headmen
- DCMOs, DNOs, In-charges, educators; Partners;
- MWHs in Lusaka and Central Provinces

Quantitative

- Health Facility Assessments and Register Review (n=21)
- MWH Assessments (n=17)
- Agriculture Assessments (n=21) and Interviews (n=12)

Notable Findings



- Most MWHs lack **food, security and privacy**
- Many MWHs in **worse condition than expected**



- Women described an **inability to pay**
 - some said K1-5 for stay
- Most MWHs had **weak management / accountability structures**
- No **transport** to MWH



- **Boredom** was cited as a common problem to MWH utilization



- **Traditional leaders promote facility delivery**

Notable Findings Continued

Figure 1. Amenities and Foods Provided by MWHs for Women's Use

