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# A community approach for improving maternal health

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RAJMUND DABROWSKI/ANN

The delivery of new surgical equipment to the General Hospital of Marrere, Mozambique earlier this year was an important step for improving maternal and child health. It was also a milestone in the implementation of a research project led by *Universidade Lúrio* in Mozambique and the University of Saskatchewan in Canada, funded through the [Innovating for Maternal and Child Health in Africa](#) (IMCHA) initiative. Securing the equipment needed for emergency obstetrical care is just one of the many project interventions underway to reduce maternal and newborn mortality.

## Facing tremendous challenges

Mozambique's maternal mortality ratio is high, at 490 per 100,000 live births according to the World Health Organization. UNICEF reports high rates of adolescent pregnancy in the country: 40% of women aged 20-24 had given birth by the age of 18, and pregnancy and childbirth complications are the leading cause of death in 15-19-year-old women. These high rates are a result of poverty and cultural norms that favour early marriage, as well as sexual and gender-based violence that have long plagued the environment where girls grow up. For example, 70% of schoolgirls surveyed by the Ministry of Education in 2008 knew of cases of teachers coercing girls to have sex in exchange for grades.

Nampula province, where the General Hospital of Marrere is located, is one of Mozambique's poorest provinces. Health facilities in the province have a lower use of delivery and postnatal care services than in the rest of the country.

## Finding solutions

Poor knowledge about healthy pregnancies and family planning emerged as the most pressing concern [in the initial studies carried out by the research team under IMCHA](#). Community members also cited logistical issues as a challenge, such as lack of transportation to get to clinics and the hospital. The poor services received once they reached health facilities further deterred community members from seeking care.

Working in collaboration with community members, traditional medical practitioners, nongovernmental organizations (NGOs), and the provincial Ministry of Health, the team is developing and testing an innovative set of culturally acceptable — and achievable — interventions. They include expanded family planning services, especially for adolescents, a community-based transportation system, quality prenatal consultations, caesarian deliveries, and training for medical staff in obstetrical emergency care and neonatal resuscitation.

The researchers are assessing the impact and cost of these interventions in the rural Natikiri district of Nampula. Regular monitoring enables them to determine how each intervention can be improved.

Communities are particularly looking forward to the introduction of a community-owned motorcycle ambulance service. Once researchers have gathered sufficient evidence about the best ways to run such a service, they will communicate their findings to national health authorities who are piloting community ambulance models throughout the country.



**"ALERT COMMUNITY TO PREPARED HOSPITAL CARE CONTINUUM"**

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## Building on strengths

Careful consultations carried out by the project helped consolidate already strong relationships between the university, community members, and the Nampula Ministry of Health, forged through Lúrio University's highly successful One Student, One Family program.

This program is pioneering a new approach of pairing each student in the Faculty of Health Sciences with a rural family for the duration of their studies. Working in cross-disciplinary teams — medicine, dentistry, pharmacy, nutrition, nursing, and optometry — students gain a deeper understanding of their families' healthcare needs. The families benefit from better healthcare, delivered to the home. The trust that develops between students and families is transformative, leading to effective change and health improvements at the individual level, and potentially at the community level.

The students are collaborating with the research team by reporting community health needs to the Faculty of Health and the researchers under IMCHA to inform interventions.

## Pooling resources

All participants are showing their commitment to the project by investing some of their own meagre resources to make it a success. Community members stepped forward when research identified the need to have a “waiting home” for pregnant women near the hospital. They built a traditional mud structure and are now trying to mobilize additional resources for a more permanent cement house. In addition, a plan was developed for storing the new motorcycle ambulances and participants decided that each family will pay a regular stipend to cover ongoing maintenance and fuel.

Communities also selected adolescent and young women to act as family health champions. They will be supported by NGOs in the area, such as the Girl Move Foundation, which educates girls about their rights and encourages them to pursue education.

For its part, the provincial Ministry of Health has allocated its only researcher to the team, and although the ministry can't provide a gynecologist/obstetrician for Marrere Hospital, it has hired additional health personnel to improve the quality of care.

## On the national scene

The project's strong grassroots foundation bodes well for its success, as do the increasingly strong links being forged with the provincial and national health ministries. Lessons learned from the many interventions under study will determine the best community-based approaches to maternal and child health that can be scaled up to the rest of the province of Nampula, and eventually throughout Mozambique.

**Learn more** about the [Marrere project](#) and the [Innovating for Maternal and Child Health in Africa initiative](#).

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