



MATERNAL AND NEWBORN HEALTH

Projet L'Espoir Pour La Santé Des Mères Et Nouveaux Nés (Project Hope)

Background

Projet l'Espoir pour la Santé des Mères et Nouveaux Nés (Project Espoir, or Project Hope) is a collaborative effort between CARE International and CARE Mali. Project Espoir aims to improve maternal health, with a specific focus on safe delivery practices, by a combination of improving the quality of care available at local health centers and challenging social and cultural norms that inhibit women's access to essential health services before, during and after childbirth. The goal of the project is to strengthen maternal health service delivery at both the community and primary care levels and improve the referral system in two districts (Bankass and Bandiagara) of North-Central Mali.

Operations Research

Projet Espoir is designed to measure the added value of social change interventions to enhance maternal and newborn health. This research is testing the hypothesis that social change interventions will help to augment service utilization in areas with ongoing technical reproductive health interventions. Working in collaboration with a research partner from Emory University, the primary data collection tool is a household quantitative survey. The survey has been designed to cover maternal, newborn, and family planning behaviors, normative attitudes and beliefs regarding a woman's value in the community, power dynamics, gender roles, and traditional practices and norms related to gender and fertility.

Survey respondents included women who had given birth in the last 12 months, their husband, their mother-in-law and co-wife. By surveying all of these family members individually, we are able to determine levels of similarity or incongruence in beliefs and attitudes among them and to identify associations between those beliefs and attitudes and the desired health behaviors.

Projet l'Espoir pour la Santé des Mères et Nouveaux Nés (Project Hope) is being implemented from December 2010 – September 2013 in the Bankass and Bandiagara districts. The project is working closely with Emory University on the impact evaluation and with the Malian Ministry of Health and the USAID-funded Keneya Ciwara project for implementation. Projet Espoir is funded by the Tides Foundation with a donation from Google.

Defining The Intervention

CARE staff carried out three activities as part of baseline data collection and formative research:

- 1) A situational analysis to identify key social factors that influence maternal health behaviors
- 2) A baseline household survey to measure current maternal health and family planning behaviors, gender and power constructs in the household, and perceptions of community norms; and
- 3) A health facilities assessment to identify priorities for service strengthening



Key Findings

Situational Analysis¹

The situational analysis of key social factors that influence maternal health behaviors found:

- Communication around pregnancy tends to be coincidental and sporadic. Neither the husband nor the extended family talk openly about a woman's pregnancy, and a woman's mother-in-law is likely to be the only person who can address the issue directly.
- A woman's value in society is often determined by how many children – and more specifically how many sons – she has born. Her position in her husband's family is threatened if she does not meet expectations in this regard.
- A variety of factors influence a woman's power and ability to make decisions within her household. Among these are: whether she is part of a monogamous or polygamous marriage; how far she is from her paternal family support; whether she has independent access to financial resources; and her relationship with her husband's family.

Household survey²

While a full analysis of the household survey has yet to be completed, the baseline offered the opportunity to systematically measure a range of social domains that we hypothesize to be significant in influencing maternal health and family planning behaviors: power in the household, decision making, access to resources, traditional attitudes and practices, trust within the family, and gender roles within the couple and the household.

Health Facilities Assessment³

The assessment helped to identify priorities for health service strengthening:

- Mali's policies have been favorable towards maternal health for many years, and considerable resources have been invested in upgrading services.
- Utilization statistics – particularly for delivery and referral services – remain very low, and there are significant gaps in the ability to provide essential services.
- The two districts' hospitals are reasonably well-equipped and staff have been trained and equipped for the use of partographs and active management of the third stage of labor. However, the capacity of the community health centers to serve as a frontline resource for normal deliveries and referral in case of emergency is weak.

Project Implementation

This project is currently implementing two sets of interventions: health service strengthening in both the control and intervention districts and the integration of strategies for social change in the intervention district. Below are some of the strategies the project is implementing.

Health Service Strengthening (both districts)

- Providing essential equipment and supplies for normal deliveries and minimum first-aid response for emergency referrals;
- Training community health center staff in the use of partographs, diagnosis, early management and immediate referral of complications, and active management of the third stage of labor;
- Reinforcing management systems, including the use of information systems for monitoring and decision making, and the tracking and management of equipment;
- Reinforcing the referral system, including community generation and management of funding.

Strategies for Social Change (intervention district only)

- Encouraging husband involvement in pregnancy and childbirth, including creating male friendly pre-natal and delivery services, establishing couple support groups associated with pre-natal care, and developing pregnant couple activities at the community level;
- Involving the extended family in birth planning;
- Establishing community committees that support pregnancy surveillance and help catalyze accountability for each pregnancy;
- Community dialogue around norms for supporting pregnant women including increased communication about her concerns and needs.

Looking Forward

We expected that the research and learning from Project Espoir will contribute to the global discourse around the importance of the integration of social and behavior change interventions with health service strengthening to improve maternal and newborn health.



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To learn more about Project Espoir and CARE's work in Sexual, Reproductive and Maternal Health, please visit: <http://familyplanning.care2share.wikispaces.net/Project+Espoir>

¹Maguiraga, Fodie. "Analyse Situationnelle Bankass." May 2011.

²Stephenson, Robert. "PEMN Household Survey – Baseline Report." October 2011.

³Dynes, Michelle and Marcie Rubardt. "Health Facilities Assessment Report." September 2011.