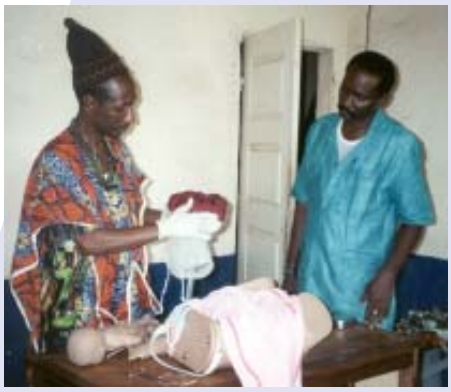
Safe Motherhood in Northern Guinea: A Community Partnership



PRIME's Community Partnerships for Safe Motherhood project in the Mandiana district of Guinea resulted in substantial improvements in the knowledge and skills of traditional birth attendants, a dramatic jump in the percentage of trained attendants assisting in births, and a significant decline in the district's maternal mortality ratio.

The Situation

The Republic of Guinea has proven to be an excellent setting for demonstrating how effective partnerships between communities and the health service delivery networks that serve them can improve maternal health among rural women. Maternal mortality is estimated at 528 deaths per 100,000 live births in Guinea (DHS; 1999), but the ratio is much higher in underserved regions of the country. In one such area, the sparsely populated northern district of Mandiana, PRIME, with support from USAID's Africa Bureau, has led a successful intervention to reduce maternal and infant mortality by expanding access to life-saving measures and techniques. Beginning in late 1998, PRIME partners Intrah and the American College of Nurse-Midwives provided technical support, training and supervision to integrate a Community Partnerships for Safe Motherhood initiative into an ongoing child survival/maternal health program implemented by the district ministry of health and Save the Children/US. The Community Partnerships model emphasizes establishing response plans at the community level to deal with obstetric emergencies; training traditional birth attendants (TBAs) to provide home-based life-saving skills; and improving referrals between TBAs, primary-level health care facilities and the district hospital.

The Intervention

The Community Partnerships for Safe Motherhood approach enhances coordination between district officials, supervisors, facility-based providers, TBAs, and community associations and

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leaders. For the Mandiana intervention, health system support included a training needs assessment, orientation of 26 clinical staff, the development of clinical protocols, and the strengthening of supervision systems. Under the guidance of eight service providers trained by PRIME, 78 TBAs (39% of those working in Mandiana) participated in a week-long facility-based clinical training session. This competency-based training included skills related to stabilization and referral, infant resuscitation, initial management of postpartum hemorrhage, and prevention and treatment of shock, procedures usually performed only by health workers. PRIME also collaborated with Save the Children/US, local government officials, public sector health workers, and community members to develop community-based strategies for reducing maternal mortality. Priorities included building awareness of the danger signs of obstetric emergencies, identifying mediators to serve as bridges between communities and health centers, creating birth-preparedness plans, and setting up revolving funds for emergency treatment, including transportation costs.

The Results

An evaluation conducted three months after the intervention showed that the TBAs had dramatically increased their knowledge of the danger signs of obstetric emergencies (mean test scores rose from 0% at baseline to 75% post-training). The TBAs also showed significant improvement in their ability to perform infection prevention procedures (mean scores on skills tests went from 33% at baseline to 84% post-training). TBAs reported eliminating such harmful traditional practices as giving newborns liquids after birth or waiting to cut the umbilical cord until after the placenta is delivered. And 44% of the communities involved in the project had set up emergency treatment and transportation funds.

A follow-up evaluation 15 months later produced further affirmation of the project's success, revealing that trained attendants were now assisting in 83% of the births in Mandiana—a jump from 36% at baseline. All of the 73 villages participating in the project had established obstetric emergency treatment and transportation funds. And the estimated maternal mortality ratio in Mandiana for 2000 had fallen to 313 deaths per 100,000 live births—significantly below the national average of 528 (1999).

Lessons Learned

The success of the initiative in Mandiana suggests that TBAs can be trained effectively in certain critical obstetric life-saving skills, as well as the ability to recognize danger signals and make referrals in a timely manner. The project also points to the willingness of TBAs to change longstanding traditional harmful practices associated with pregnancy and childbirth. Another important lesson learned emphasizes the potential for replicating the Community Partnerships model in similar settings when district- or community-based efforts can partner with USAID technical assistance projects.

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