Harnessing the role of community volunteers for maternal and newborn health in a context of workforce shortage: findings from a baseline assessment in Rural Sierra Leone

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Background: Low utilization of prescribed maternal, newborn, and child health (MNCH) services result from supply- and demand-side barriers, which are not mutually exclusive in their cause or effect. Health workforce capacity is one common predictor of the availability and utilization of quality MNCH services. With a Skilled-Birth-Attendance coverage of 42% and one midwife per 1000 population, Sierra Leone qualifies for World Health Organization (WHO)’s definition of “critical shortage”, yet new policies exclude Traditional birth attendance (TBAs) from the health system. This paper discusses the potential of harnessing the strategic position of TBAs to address barriers to health services utilization.

Methods: We used findings from a baseline assessment that was conducted to guide our intervention design. The intervention, Essential Newborn Care Corps (ENCC), trained and rebranded TBAs as maternal and newborn health promoters (MNHPs) who provide health promotion services and referrals. A survey was conducted among 795 pregnant women and women with live births in the preceding 12 months with questionnaire exploring interactions of women, during their pregnancy; delivery and postnatal periods, with both formal and informal aspects of the health system.

Findings: Nearly half of women interviewed saw TBAs during pregnancy. During these encounters, they were advised on birth preparedness, especially regarding financial plans (89%) and transportation (15%). The TBAs also assessed women for headaches (64%), swelling of feet and limbs (64%), and bleeding (60%), and referred women with danger signs to a health facility. About half of women with live births were visited by TBAs after delivery. Out of these, 10% and 87% were referred to a health facility for newborn danger signs and for PNC, respectively. More than 80% of those referred sought skilled care at a facility.

Interpretation: TBAs are trusted community members who continue to influence the decisions, behaviors and health of pregnant women and new mothers by engaging in activities such as home visits, assessment of maternal and neonatal well-being, detection of danger signs, provision of guidance on birth planning, and referrals for care by professional personnel. Thus, their integration into health workforce strategies can be galvanized, particularly in rural, hard-to-reach areas.

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