

## 1: Background

In 2008 maternal mortality ratio in Zambia was 603/100,000.<sup>1</sup> Skilled attended births in rural areas is 31% compared to 83% in urban areas.<sup>2,3</sup> **75% of maternal deaths can be prevented by timely access to emergency obstetric care.**<sup>4</sup> The MAMaZ programme aims to improve access by tackling the 3 delays.<sup>5</sup>

## 2: Aim:

To explore the factors affecting volunteer motivation and retention in the MAMaZ programme.

## 3: Methodology

Design – Cross sectional qualitative research study with purposive convenience sampling

Population – vCHWs: 18 MAMA SMAGs, 9 ETS drivers  
– 3 district programme officers (DPO).

Data collection – 27 face-to-face and 1 focus group interview

Data analysis – Thematic content analysis

### The 3 delays

1 -Delay in the decision to seek care

2 - Delay in arrival at the health facility

3 - Delay in access to appropriate care

### MAMaZ programme component

Community mobilisation through education on maternal and neonatal danger signs, and establishing community support systems through saving schemes and food banks

Provision of community and facility based emergency transport, for example, motorcycle, bicycle, ox-cart, and boat ambulances

Increase training of skilled birth attendants and appropriate staffing and resourcing of basic emergency obstetric care centre.

### Service delivery personnel

Safe Motherhood Action Group [MAMA SMAGs]

Emergency Transport System drivers [ETS riders]

Skilled birth attendants [SBA/ Midwives]

**The retention and motivation of volunteer community health workers (vCHWs) is vital for the sustainability of the programme.**<sup>6</sup>

## 4: Findings

### Key:

- Factors affecting volunteer motivation
- Factors regarding the community
- Factors regarding the DPO and DHMT
- Plans and reasons for attrition
- x/y = positive responses/participants queried or elicited

### Programme officer's visits and encouragement

"Our DPO, we know she loves us. She visits us every month and when she says she is coming, she comes." 20/27

### Provision of emergency transport system<sub>3/3</sub>

### Training

"The training gave us good knowledge, how to load the women, use the bikes on bad roads, control the speed, and not to ride when drunk." 25/27

### Welcomed and encouraged by the district health medical team (DHMT) 26/27

### The contents of the programme

"Women are highly motivated because they can relate to the programme's teachings, they in turn motivate the men." 3/3

### 2 more years of work

"I think when the monitoring is gone activity will continue for about 2 more years." 1/3

### Support of the community and village headmen is important<sub>30/30</sub>

### In-kind incentives

"My community respect my work... when I escort a woman, to the health facility they help me till my land." 7/27

### Attrition

The have been drop-outs due to: illness, marital status changes, and lack of remuneration. 12/27

### Respect, gratitude, and encouragement

"I know they appreciate the work because they encourage us, they say thank you." 23/27

### Need for protective clothing

"In the rainy season, we need raincoats, and at night some gum-boots, as it is hard to see the road ahead and there are snakes." 7/12

### Would like more regular visits from the DPO<sub>7/27</sub>

### Some women in the communities expect the SMAGs to give them money or gift after the discussions<sub>1/27</sub>

### Identity

"The orange T-shirts and bags, give us an identity. They [the community] have taken us to be health worker." 7/27

### Most volunteers intend to work until old age or death prevents them<sub>20/27</sub>

### Peer to peer support

"If we [MAMA SMAGs] have difficulties, we always inform the others. We do not work alone." 17/18

### Desire to help others

"I want to help save the lives of women" 15/27

### Lack of SBA

"Two of the health facilities in my area have no SBAs, it makes very difficult for the vCHWs to convince the community to deliver there." 1/3

### Distance of travel

"The distances are quite long, it can be very tiring." 17/30

## 5: Recommendations

The MAMaZ programme and the DHMT should ensure all ETS riders are provided with protective clothing.

DPOs and DHMTs, should approach communities where there is a lack of support. The voluntary nature of the vCHWs should be reiterated and the issue of in kind incentives should be addressed.

vCHWs should be encouraged and assisted by the programme in the recruitment and training of new vCHWs particularly in communities with large catchment areas.

The DHMT should increase its efforts to provide skilled birth attendants at all health facilities. As the lack of SBAs in some communities has a negative impact on volunteer and community mobilisation.