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Impact Brief

Improving Maternal Health in rural and remote villages in Papua New Guinea

July 2017

Since 2015, CARE has been working with Community Leaders and Village Health Volunteers in the Eastern Highlands and Morobe Provinces of PNG to improve Sexual, Reproductive and Maternal Health services for rural and remote villages. Until recently, in the village of Siaka in Morobe Province there had not been a supervised birth in the health centre for 35 years. Find out how CARE PNG is saving the lives of mothers and babies.

Context

Women in PNG have a 1 in 120 chance of dying in their lifetime during pregnancy while in Australia it's 1 in 8,200. Every year in PNG more than 5,000 babies will die in the first 24 hours of life while in Australia it is 400. In PNG, when mothers and babies die, one contributing factor is delays in decisions to seek medical help.

So what causes a community to delay these lifesaving decisions?

In many remote communities in PNG, where men are often the decision makers, some traditional customs isolate women from men during menstruation, pregnancy and childbirth. As a result, men's knowledge of women's antenatal health needs, the life threatening complications that can arise and the need for supervised care by a health worker are very limited. Women in remote rural areas are especially at risk where a health centre could be many hours' walk away, and even then still lacking in basic drugs, supplies and suitably trained staff. It is no surprise that an estimated 40 per cent of women do not give birth in a health centre or hospital putting them at greater risk of death due to complications.

Why don't women choose to have a supervised birth in a health centre?

There are many reasons women choose to give birth in their village or the bush. Some traditional customs perpetuate misinformation that men will get sick if women give birth in a health centre or in the presence of men. Violence against women directly prevents women from accessing health services. Many women in fear of violence believe home making responsibilities are most important while pregnant. For poor rural families, the cost of a delivery in a health centre is too expensive 5-10 kina (\$2-\$4.50) and they feel ashamed of not having clothes for their babies. A lack of running water and unwelcoming experience at health facilities do not make for safe and mother friendly birthing environments. Making matters worse, women avoid health centres if they hear stories of pregnant mothers dying in the company of a health worker at a health centre. Blame can then be unfortunately attributed to the health worker and the health centre.

What is CARE doing?

If men and the broader community are part of the equation for PNG's dismal maternal and infant mortality, then they must also be a part of the solution. CARE is saving the lives of mothers and babies by challenging gender and cultural norms

and educating men, families and communities about the needs of women and infants before, during and after pregnancy.

In remote communities in Morobe and Eastern Highlands Province, CARE trains **Village Health Volunteers** like Tabitha Bafe to provide vital information that saves lives. Tabitha walks between villages in the highlands from house to house talking with pregnant women about nutrition, adequate rest, family planning and antenatal, post-natal and vaccination services and then accompanies them to the health centres for check-ups.

Tabitha said, *“Before I received the training through the CARE program there was no place for women to talk about their health and keeping their babies strong. The mothers knew very little about how to look after themselves and their babies.”*

CARE also educates key **Community Leaders** like Thomas Nongo from Siaka village in Morobe Province to improve community understanding to keep mums and babies safe and healthy. Thomas said *“Prior to the CARE training we used to just make decisions individually as the heads of our households, but now we talk more and make decisions together in our families and in the community. The training has also helped us to challenge some of our traditional customs and beliefs that prevent women getting the services they need.”*

What Did CARE Achieve?

- **Better health seeking behaviour that can save lives:** There was a 36% increase in community members able to name a modern contraceptive and a 29% increase in people being able to identify when a woman is most fertile during her cycle. In some project areas there has been a 50% increase in supervised births, 45% increase in women seeking antenatal care, 20% increase in new uptakes of family planning services and over 40% increase in neonatal vaccinations.
- **Access to lifesaving health services has improved:** Over 27,000 women, men and children now have improved access to ante-natal, post-natal, family planning and vaccination services and a further 123,000 people have indirectly benefited from improved health facilities. There has been up to a 9% increase in modern contraceptive use in program areas.
- **Leaders are engaging with public health education:** 333 male and female Community Leaders completed training that increased their understanding of maternal, infant and sexual reproductive health and taught them how to advocate for healthy changes in their community.
- **Behaviour is changing:** There was a 24% increase in women feeling more confident to speak to their husbands about family planning and a 53% increase in community members believing women should do less work during pregnancy. Families are discussing traditionally taboo topics with a 12% increase in people receiving sexual health information from family members.

How Did We Get There?

- **Developing Solutions with Community Leaders:** CARE supports leaders to identify priority health issues, analyse problems, find solutions, set goals and objectives and develop community Action Plans to improve demand for and supply of health services.
- **Promoting health as a human right:** CARE facilitates discussions for male and female leaders, husbands and wives to learn about and discuss gender and customary norms that prevent women's human rights and access to health services. Public health forums are conducted in villages, schools and health centres teaching all community members about infection control, hygiene, antenatal care, birth supervision, family planning and vaccinations.
- **Supporting families to discuss sensitive customary norms:** CARE brings families, husbands and wives together to discuss and challenge sensitive gender and traditional customs that prevent women and girl's rights and access to health services.
- **Training health workers and volunteers:** CARE provides opportunities for frontline health workers to receive lifesaving clinical training including; essential and emergency obstetric care, antenatal and post-natal care and family planning. 228 frontline Village Health Volunteers have been trained to provide antenatal support, identify high risk pregnancies, counsel women on family planning and walk with them to the nearest health facilities to access services.
- **Partnering with local service providers:** CARE provides transport, accommodation and freight for clinical staff, medications, equipment and vaccinations to provide antenatal, post-natal and family planning clinics for mums and babies in rural villages.

Who is CARE Working With?

CARE implements this program with three national organisations in order to strengthen local capacity and ensure the project is sustainable.

- The **Morobe Provincial Health Authority** provides staff for clinical screenings and training
- **Marie Stopes International** provides clinical staff to support family planning services
- **Barola Haus Mama** a local NGO provides training and supports Village Health Volunteers.