063 | ADDRESSING HIDDEN BARRIERS TO INSTITUTIONAL DELIVERIES – A KEY INTERVENTION FOR REDUCING MATERNAL MORTALITY IN RURAL ZAMBIA

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Background In Zambia, majority rural women deliver at home without skilled birth attendants, leading to high maternal mortality rate (MMR) 591/100,000 live births; among highest worldwide 60% Zambians live below poverty line. Institutional delivery by skilled birth attendants is considered most important strategy to reduce MMR. Institutional deliveries are low (48%) despite high single antenatal attendance (93%). An important barrier to institutional delivery identified was demands by health providers requesting women to bring delivery supplies and mother/baby clothes.

Objectives The aim of this study was to determine the effect of provision of non-financial incentives on institutional deliveries in rural Monze district, Zambia.

Methods A one-year community intervention trial was conducted (Jan–Dec 2014) supported by UNICEF and WHO. Two comparable rural regions in Monze separated by central urban region, intervention arm expectant women who chose delivering at health facility received a mother-baby delivery-pack at delivery containing basic delivery supplies as non-financial incentives, control arm continued with routine health services. Primary outcome-measure was comparison of the number of institutional deliveries in the two arms over one year, and comparing institutional deliveries before (2012 & 2013) and after (2014) the intervention.

Result There was a 43% increase in institutional deliveries in the intervention arm in 2014 (n=2396) compared to 2013 (n=1674), 2012 (n=1680); p<0.000, while in the control arm the numbers of deliveries did not significantly change over the three years (2012 (n=1182); 2013 (n=1322); 2014 (n=1182); p>0.103).

Conclusion The mother-baby delivery pack provides high-impact, low-cost, easier-to-replicate and scale-up intervention using existing health systems. The pack was developed responding to hidden barriers identified by end users in the community through cross-sectional survey conducted prior to the study. The results provide scientific evidence for policymakers to design effective interventions to overcome reversible barriers hindering facility utilisation by pregnant-women, a key intervention for reducing MMR.