

# Improving Maternal Health Through Male Involvement in Birth Preparedness and Complications Readiness Planning (BPCR): Experiences from the Maternal and Child Survival Program in Mozambique

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## Background

- With 408 deaths per 100,000 live births, Mozambique's maternal mortality ratio is one of the 20 highest in the world.
- The Ministry of Health (MOH) estimates that 54% of institutional maternal deaths are related to delays in deciding to seek care and late arrival of women at health facilities.
- The World Health Organization (WHO) considers Birth Preparedness Planning and Complications Readiness (BPCR) an effective strategy to promote timely use of services, as it enables couples to jointly prepare for possible logistical challenges in the event of complications and addresses gender inequalities that may inhibit access to care, including decision for seeking care.
- In 2015, the USAID-funded Maternal and Child Survival Program (MCSP) and the Nampula and Sofala Provincial Health Directorates (DPSs) initiated interventions to integrate gender into reproductive, maternal, newborn, and child health (RMNCH) programs, including BPCR counseling at community and facility levels.

## Methods

Baseline data was extracted from the national health information system for the period of January to December 2014 on male participation in antenatal care (ANC), the percentage of women attending at least four ANC consultations during pregnancy (ANC4), and the number of institutional births at 86 program-supported health facilities.

## Approach

Gender integration interventions in the two provinces included:

- Training of Community Health Workers (CHWs) and health providers on male engagement on BPCR
- Community dialogue and couples counseling on BPCR
- Male engagement on BPCR at ANC
- BPCR implemented and monitored at 86 health facilities and their respective communities
- Follow up of couples counseled in BPCR at community and facility level



## Results

- By June 2018, MCSP and the DPSs trained **1,358** clinical providers and managers from 56 health facilities in Nampula and 30 in Sofala and **7,683** CHWs in linked communities on the gender approach for health promotion and service delivery including couples counseling for BPCR.
- 36,167** couples developed birth plans in Nampula and Sofala provinces.
- Between the Baseline (2014) and the period of April-June 2018:
  - Male participation at first ANC visit increased from **55% to 75%**
  - ANC 4 attendance increased from **39% to 56%**

## Conclusion

- Male involvement, particularly couples communication, seems to be critical for women to complete BPCR
- Male involvement in BPCR has the potential to meaningfully engage men on MCH and promote increased ANC service utilization and institutional delivery.

