Family-Focused Community Model to Increase Male Involvement in RMNCH and PMTCT Services

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Background

In many sub-Saharan African countries, male partner- and family involvement are encouraged as strategies to improve RMNCH health outcomes in mother-infant pairs. Against this background, m2m designed a family-focused community programme to complement its facility-based programme model, grounded in best practice and with greater consideration of gender and the broader family environment. Working with existing community cadres, Community Mentor Mothers (CMMs) engage pregnant and postnatal women, male partners, and family members, who are influential decision makers in health-seeking behaviors, and lead community dialogues about PMTCT, HIV, and barriers to uptake of facility services.

Method

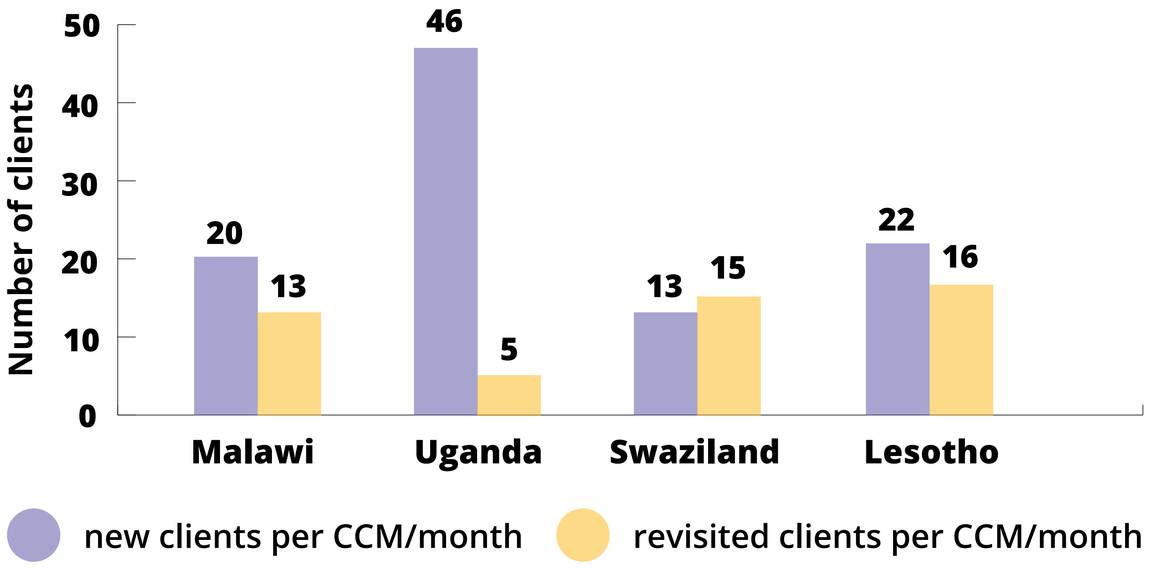
An internal Acceptability, Feasibility and Early Learning (AFeL) study was performed based on a four to six month observation period of the community engagement programme implementation in Malawi, Uganda, Swaziland and Lesotho. Routine m2m facility data were collected and quantitative analysis (t tests) were performed in order to assess whether or not the community programme was effective at reaching men, and driving them to facilities. The analysis also compared gestational age at first antenatal (AN) visit before and after the community engagement intervention.

Results

CMMs enrolled an average of 25 new clients per month (see figure). In Malawi, Uganda, Swaziland and Lesotho men were present at 24%, 48%, 13% and 19% of household visits respectively. In Malawi and Uganda, significantly more couples attended m2m services per month after the intervention. For example, in Malawi, on average 24% of facility visits were couple visits, compared to a norm of just 10% in other Malawi facilities.

Results from Malawi, Uganda and Lesotho also show significant positive shifts in the average gestational age at the first AN visit. For example, in Lesotho, the average gestational age at first booking before the community engagement programme was 23 weeks, which shifted to 21 weeks 6 months after the programme was introduced (p<0.001, see Table).

Community enrolments per cmm per month



Comparing gestational age before and after the m2m community programme in Lesotho

Indicator	Site	Mean gestational age before CEP	Mean gestational age after CEP	P-value
Gestational age	Facility 1	24	22	0.368
	Facility 2	23	19	0.002*
	Facility 3	29	20	0.001*
	Facility 4	20	21	0.528
	Facility 5	20	211	0.221
	Facility 6	27	21	<0.001*
	Facility 7	26	27	0.362
	Facility 8	26	21	0.013*
	All facilities	23	21	<0.001*

Conclusion

These encouraging findings underscore the importance of intensifying family and male partner engagement through strengthening models of care and support that have both facility and community components.

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