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**Community-based Safe Motherhood in Tanzania: Promoting Access to Obstetric Care through Community Volunteers in Mtwara Rural District.**

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In Tanzania, the maternal mortality ratio remains unacceptably high with 578/100,000 live births. Despite a high coverage of antenatal care (97%) and free maternal health care services, only 44% of deliveries take place within the formal health services. Still, "*Ensure skilled attendant at birth*" is acknowledged as one of the most effective interventions to reduce maternal deaths. Health seeking behaviour during pregnancy and delivery is largely determined by social-cultural environment in which a woman lives. Evidence from innovative interventions, demonstrates that community-based interventions can significantly reduce delays and increase the utilization of obstetric care.

The aim of the study was to develop, test and assess a community-based safe motherhood intervention in Mtwara rural District of Tanzania. This was a two years (2004-2006) community action research designed as a pre-post comparison study, covering 4 villages with a combined population of 8300 and 512 deliveries during the study period.

The key variables for assessing the effectiveness of the intervention were (1) knowledge of maternal health issues, (2) coverage of skilled delivery attendance, (3) the performance of safe motherhood promoters (SMP), and (4) the impact of intervention on community health system. We relied on quantitative methods (individual interviews and the review of health facility and intervention records) and qualitative methods (focus group interviews and key informant interviews) to assess the intervention process and outcome. In total, we interviewed 242 mothers, 24 key informants and we conducted 6 focus group interviews. Triangulation technique was carried out to ensure data validity.

Intervention activities were implemented through the existing community health system. SMPs formed the backbone of the intervention and their main role was to promote delivery with a skilled attendant. The study key findings and conclusions are summarized as follows:-

1. Some improvement in the overall knowledge of maternal health from a score of 44% to 52%. Remarkable changes were observed with regards to causes of pregnancy complications (29% to 47%) and HIV/AIDS as the threat to safe motherhood (76% to 90%).
2. There was a significant increase in the early antenatal care booking (18.7% in 2004 to 37.7% in 2006) and the utilization of a skilled attendant at delivery (33.3% to 49.8%). The study has demonstrate that organizing communities to put into practice specific maternal health promoting actions with the help of community based volunteers (SMPs) through frequent home visiting can result in a substantial improvement in the utilization of maternal health services.
3. Referral advise by SMPs from home to the first line facilities (referral rate 52.9%) was well received with a compliance of (66%). On the contrary, referral by health staff in first line facilities from there to the referral hospital (referral rate 32%) was mostly refused with a low compliance of only 34.5%. Main reasons for refusal were fear of caesarian section, up-keeping costs and not having relatives in town. Moreover non-compliant women were reluctant of going back to their first line facility because of fear of being refused, not well attended or taken to the referral hospital. Consequently, most of them avoided formal health services altogether and delivered at home with TBAs or relatives despite their high-risk status.
4. Health services are contributing to this situation, as current referral criteria are very wide and unspecific, classifying up to 50% of pregnancies as high risk and in need of referral. On the other and antenatal care counseling is often directive with little consideration of women's and their families' preferences. Thus, inappropriate referral criteria and lack of effective counseling are counter productive to the very purpose of the antenatal care as it drives women away from utilizing the health services.

5. Socio-cultural factors, shortage and absenteeism of health providers and poor referral system remain to be important barriers for institutional delivery.
6. The performance, effectiveness, and motivation of SMPs depend very much on the composition nature of the team and the acceptance by community.
7. Our intervention had further impacts on the community health system such as reduction of community health workers' and health providers' work load, increased involvement of men and improved partnership among informal and formal sectors.

Conclusively, "*skilled care at delivery*" can be achieved through community-based safe motherhood interventions. Although our study results are context specific, the principles and the lessons learnt can be applied in villages with similar characteristics in most parts of Tanzania or in other rural setting in Africa.