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Achieving the Goal of Safe Motherhood Initiative in Nigeria through Community Mobilization and Advocacy in Covid-19 Era: A Review

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Abstract
The Safe Motherhood Initiative was launched in 1987 at the safe motherhood conference in Nairobi, Kenyan, with the aim of reducing maternal mortality by 50% in 2000. The initiative was among other things committed to strengthen primary health care through adequate community participation and involvement. As a community based health programme, the implementation of the various interventions aimed at achieving the goal of Safe Motherhood Initiative may be significantly affected by the COVID-19 pandemic. It was therefore imperative to strategically mobilize and advocate appropriately for support from the various stakeholders in the community with a high degree of compliance to all recommended COVID-19 protocols. This scoping review was therefore conducted to identify the strategic framework for community mobilization and advocacy, designed to achieve the goal of Safe Motherhood Initiative in the COVID-19 era. A list of academic databases comprised of Medline, PubMed, and Google Scholar were reviewed to obtain relevant information on Safe Motherhood Initiative, maternal health and mortality, interventions in Safe Motherhood Initiative, community mobilization, concept and procedure for advocacy and framework for advocacy and community mobilization for health actions during COVID-19 pandemic. The review concluded that, effective community mobilization and advocacy is imperative to the achievement of the objectives of the various interventions designed and implemented under the Safe Motherhood Initiative in the community. Several suggestions were made, including health care personnel and other critical stakeholders in the health care delivery system should be trained with skills and strategies that will enable them carry out result-oriented advocacy and community mobilization.

Keywords: Advocacy, Community mobilization, Community participation, Maternal mortality, Safe motherhood initiative

Introduction

Maternal death during pregnancy and child birth has been a serious public health problem globally especially in the developing world. Every year several mothers die of pregnancy related causes that are usually preventable (Anthony & Wilson, 2020). The global burden of maternal mortality was difficult to ascertain until 1987, when the safe motherhood initiative was conceptualized and adopted as the sure pathway to improve maternal and child health

(Andrew &Moses, 2020). This was because majority of the deaths at that time were at home, during labour or post-partum and not at the health facilities where they could be captured, making it an invisible problem. According to Santora (2020), reducing maternal death to a level that will not significantly deter the economic potentials of any country especially the low-income nations was the major reason, the safe motherhood initiative programme was initiated. As at the time of its inception, over 500,000 women of child bearing age were dying as a result of pregnancy related and child birth annually and about 98% of these deaths occurred in low-income countries (Nynke, 2013). The safe-motherhood initiative was a brain child of the World Health Organization conceived in an international conference which was aimed at reducing the prevalence of maternal mortality around the world (Andrew & Moses, 2020)

This global initiative that was conceptualized in 1987 was aimed at reducing maternal mortality rates by 50% by 2000 was committed to three basic strategies; strengthening primary health care to provide efficient prenatal care and family planning services through adequate community participation and involvement, building the capacity of referred level facilities and developing an alarm and transport system to link the community (United State Agency for International Development 2016). However on the expiration of the MDGs and the initiation of the SDGs in 2015, this target was modified and focused to reduce maternal mortality rates to 70 per 100,000 live births by 2030 which is a major target of SDG 3 (Belay, 2020). The Sustainable Development Goals (SDGs) were adopted in 2015 with focus on health, gender, job creation, poverty reduction and formed a comprehensive global agenda to end poverty by 2030. The 17 Sustainable Development Goals are built on the eight Millennium Development Goals set by United Nations in 2000 to eradicate poverty, hunger, illiteracy, and diseases which expired in 2015 (United Nation, 2017). One major area of focus of the SDGs is the promotion of good health and well-being and SDG 3 was structured with interventions to address this. SDG 3 has spelt out various achievable objectives and targets that are committed towards achieving universal health coverage by ensuring access by all to quality essential health services including maternal health services and family planning which are core pillars of the safe motherhood initiative (FRN, 2017).

The journey to improved maternal health is associated with several socio-economic hurdles which are more pronounced in sub-Saharan Africa. Safe motherhood initiative was deliberately initiated to address and eliminate these hurdles especially in the low-income countries of the world. Maternal health services can be described as integrated sets of health care services structured holistically for the promotion and maintenance of good among woman of child bearing age (Olonade, Olawande, Alabi, & Imhonopi, 2019). The objectives of maternal health of maternal health care include promotion reproductive health, ensure birth of healthy child, promote healthy gestation and delivery, promote and nutrition, prevent communicable and non-communicable disease and early diagnosis and treatment of health problems.

These maternal health care services are structured to prevent maternal mortality. The death of a mother who contributes significantly to the economic well-being of the family will greatly affect the household and the society at large. Maternal mortality is simply described as deaths of women due to pregnancy and child birth related complication. According to Peter (2020), maternal mortality is the death of a woman, while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. These deaths are broadly categorized into direct obstetric death and indirect obstetric care (Walker, 2018). Direct death is when the death of the mother is directly attributed to the

pregnancy, while the indirect obstetric death is when the death occurs as a result of a preexisting health challenge (disease) being aggravated by the pregnancy

According to Azur, Azur, Iweala, and Adeloye (2017), 94 per cent of the deaths occur in low and middle income countries including Nigeria, and most of which are preventable. According to UNICEF (2015), Nigeria accounted to about 20 percent of the global maternal death burden. The mortality rate of Nigeria, according to WHO (2019) is 814 per 100,000 live birth, making the life time risk of a Nigerian women dying during pregnancy, child birth postpartum or post-abortion to be 1 in 22 in contrast to the 1 in 4,900 for developed countries. Like in other developing countries in sub-Saharan Africa, the high level of maternal mortality in Nigeria is significantly linked to three forms of delays identified by Thaddeus and Marine (Yaya, Okonofua, & Nteimo, 2018). According to them these three deadly delays include (1) Delay in identifying danger signs and making decision to seek maternal health care, (2) Delay in Locating and arriving at the nearest health facility and (3) Delay in receiving skilled maternal care while in the health facility. Addressing these barriers that prevents women from receiving adequate timely maternal health care demands improvement of primary health care implementation because primary health care being the entry point to the national health system covers all health wards and hard-to-reach rural areas. According to Ikhioya and Olohi (2014), to improve maternal health in Nigeria, a priority attention be given to the provision of quality maternal health care services and should be made accessible to all individuals in the community.

With a robust plan and framework for effective advocacy and community mobilization, the various stakeholders in the health care sector in the communities could contribute significantly for the achievement of the global goals of the safe motherhood initiative. Engaging the various stakeholders for their committed participation is very pivotal to the success of any community based health interventional programme (Brynne, Rawlance, Adalbert, Vergil, Mago, Alpha, & Claudia, 2020). These stakeholders are engaged through advocacy and community mobilization. Advocacy and community mobilization are two key instruments through which the political-will and support needed for any primary health care intervention programme are obtained. As one of the main pillars of public health, advocacy is strategically designed to obtain political support, policy commitment, system support and social acceptance for a specific health programme. It is a key strategy for the achievement of health programme objectives (Chapman, 2016). It is a key strategy for the achievement of basic public health objectives in any community.

Implementing a community based health intervention programme in a multi-cultural African society is always saturated with various challenges that might hinder the achievement of programme objectives if not properly managed (Andrew &Moses, 2020). The emergence of COVID 19 Pandemic has further compounded these challenges as a result of the limitations and the new normal that have serious implications on the way things are done among individuals and families in the community. According to Akshaya, Wafa, Jamal, Mohammadjavad, and Deepak (2020), COVID-19 is described as an illness caused by a novel coronavirus called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) that was first identified in an outbreak dimension in Wuhan City, Hubei Province of China. It has since become a global pandemic affecting all the contents and territories in the world. Since COVID-19 was declared global pandemic in March 11, 2020 by the World Health Organization, the global apex health body was at the fore front of the global response to COVID-19 in collaboration with governments of countries that are affected (Adepoju, 2020). One fundamental aspect that is consistently emphasized by WHO in this response is the responsibility of individuals to protect themselves from the highly infectious virus. The Director General of WHO in specific terms, out-lined the COVID-19 protective protocols and

safety measures for individuals, communities and governments (United Nations Children Fund & World Health Organization, 2020). These protocols were aimed at encouraging people all over the world to play their part in preventing the spread of the pandemic, by observing social distancing, wearing of face mask, and washing of hand with soap in a running water, coughing into a bent elbow or tissue paper and voluntary testing. To remain alive and healthy in the midst of the pandemic, it is very pertinent to encourage individuals and families in the community to consciously carrying out these protective COVID-19 protocols designed by WHO, without returning to the "old normal." (Khan, Khan, Khan, & Nawaz, 2020).

As a community based health programme, the implementation of the various interventions aimed at achieving the goal of Safe Motherhood Initiative may be significantly affected by the COVID-19 pandemic preventive restrictions. There is therefore the need to strategically mobilize and advocate appropriately for support from the various stakeholders in the community in compliance with the COVID-19 preventive protocols (Brynne, Rawlance, Adalbert, Vergil, Mago, Alpha, & Claudia 2020). It is not also very clear the kind of information available in literature about strategic framework for community mobilization and advocacy, designed to achieve the goal of Safe Motherhood Initiative in Bayelsa State during the COVID-19 pandemic. A scoping review was therefore conducted with the aim of systematically mapping out the research done in this area, as well as identifying any existing gaps in Nigeria. These questions were formulated to achieve this objective: What advocacy strategy can be adopted to achieve the goal safe motherhood, during COVID-19 pandemic? How can community mobilization be conducted to achieve safe motherhood goals during COVID-19 pandemic.

Methods

This scoping review was conducted throughout the period of the study (may to September, 2021) to track current development and published reports and article that are related to community mobilization and advocacy, and programmes designed to achieve the goal of Safe Motherhood Initiative in the COVID-19 era. The review was carried out and finding reported in accordance with a modified Preferred Reporting Item for Systematic review and Meta-analysis protocol (PRISMA) that was outlined by Arksey and O'Malley (2005). The modification was done by the research team members. Relevant articles, reports and web page documents that met the inclusion criteria were selected and reviewed. The inclusion criteria was all the data related to advocacy in health care, community mobilization, safe motherhood initiative and COVID-19 preventive protocols. To be included in the review, papers needed to focus on advocacy in health care interventional programmes, community mobilization strategies, interventional programmes related to safe motherhood and COVID-19 restriction protocols. Peer-review journal papers published between 2010 and 2020 were included. Quantitative, qualitative and mixed method papers were all included. Papers were excluded if they did not fit into the conceptual framework of the study.

The study adopted a qualitative approach in order to comprehensively describe the aim and objectives of the study. The study was based on both primary and secondary data. A comprehensive literature search was done using the following academic databases; Medline, PubMed, and Google Scholar. The electronic database search was supplemented by hand-searching of key journals and relevant publications from health institutions and agencies.
The key terms related to the research questions that were searched included Safe Motherhood Initiative, maternal health and mortality, sustainable development goals, community mobilization, concept and procedure for advocacy and framework for advocacy and community mobilization for health actions during COVID-19 pandemic.
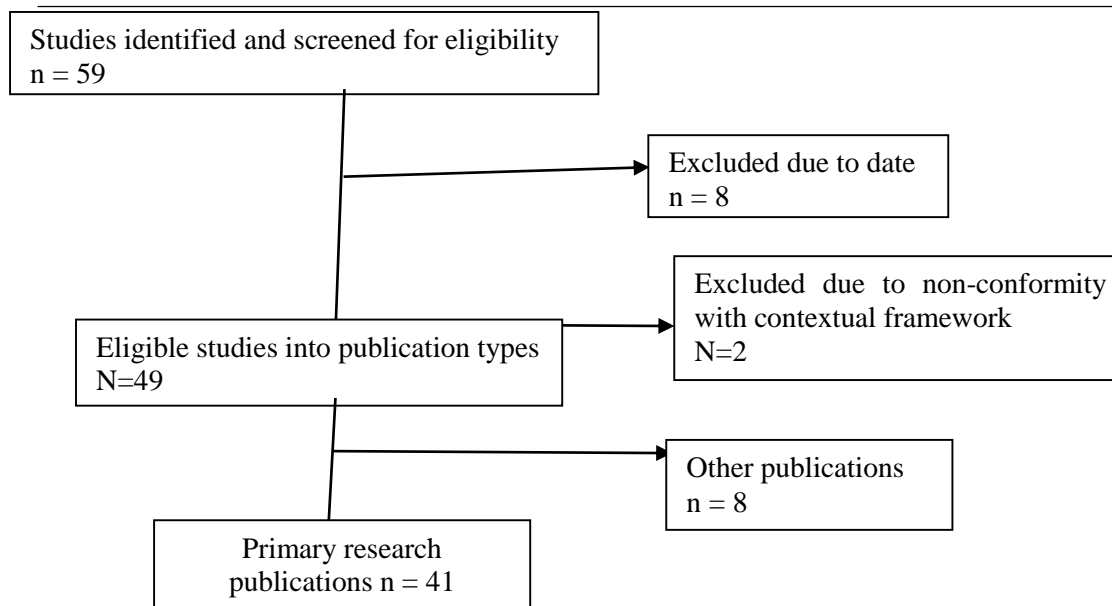
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│ Studies identified and screened for   │
│ eligibility                           │
│ n = 59                                │
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                                    │ with contextual framework      │
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│ Eligible studies into publication │
│ types                             │
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│ publications n = 41               │
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Fig 1. PRISMA flow diagram describing study selection

Results and Discussion

In this scoping review, we identified 59 primary studies that were related to strategic framework for community mobilization and advocacy, interventional programmes designed to achieve the goal of Safe Motherhood Initiative and COVID-19 protective protocols. Out these number 10 studies were excluded for various reasons. Forty nine studies were included which were published between 2010 and 2021.

Concept of Safe Motherhood Initiative

Our findings indicate that safe motherhood initiative is a very pivotal component of reproductive health which goal is to comprehensively improve the health and well-being of mothers through an integrated strategy of providing, preventive, promotive, curative and rehabilitative health care. Safe motherhood is a community-based primary health care interventional programme that ensure all women receive the desired level of care they need in order to be healthy and safe throughout the gestational period and during childbirth. According to Santora (2020), it creates the platform for mothers to have safe and healthy pregnancy and delivery. It achieve this through three key strategies, which include encouraging all women of child bearing age to have unhindered access to contraception with the aim of avoiding unintended pregnancies. Provision of adequate skilled birth attendants that will enable all mothers to access them without hindrance during delivery (Azuh, Azuh, Iweala, & Adeloye, 2017). Provision of efficient and quality emergency obstetric care for all women with complication to access timely without delay. Several countries have since established their national safe motherhood programme including Nigeria with the 8th of May, every year being observed as safe motherhood day (Carla, 2013). The primary focus of safe-motherhood initiative is to reduce material morbidity and mortality rates with the following interventional pleasures; Provision of family planning services, improvement of socio-economic status of women, Provision of safe and legal abortion services, improvement of emergency obstetric care, training of traditional birth attendants with skills to carry out some minimum level of obstetric care, effective community mobilization and participation, Improved provision of postnatal care services, provision of comprehensive antenatal care services, promotion of material nutrition (Gwyneth, Lesley, Chelsea, & Eric, 2017)

As affirmed by Federal Ministry of Health (2011), the major objectives of the national safe motherhood initiative programme include (1) To improve quality and increase accessibility to family planning and maternal health care service by all women of child bearing age (2) To promote the planning and implementation of integrated cost-effective reproductive health intervention through primary health care approach (3) To promote of system for efficient monitoring maternal and child health care services for realization of stated objectives (4) To promote reproductive health education for couples on the need to have wanted and safe pregnancy (5) To promote the conduct of operational research that will generate results to address the priority reproductive health problems.

Historical Background of Safe Motherhood Initiative

Following the revelation of Maine and Rosenfield in their article, WHO become more concerned with the escalating neglect of maternal health around the world and search for a strategy that will deliberately decrease the prevalence of maternal mortality. In 1987 the World Head Organization with United Nations population Fund and World Bank sponsored and international conference on maternal health in Nairobi, Kenya (Carla, 2013). It was in this first international conference on safe motherhood that the safe motherhood initiative was formally established. The safe motherhood programme was officially launched in Nigeria in September, 1990 with the aim of reducing the high number of death and these resulting from complicates if pregnancy and child birth (Bardan, 2020).

In the late 1980s when the safe motherhood initiative was conceptualized, the focus was on reduction of maternal mortality rates, however in the 1990, specialists in the field gathered from various nations and agreed to expand the goals of safe motherhood initiative to include the abortion care (Akokuwebe, & Okafor, 2015). Several workshops took place in the 1990s that were aimed at improving maternal mortality through the safe motherhood initiatives. In 2000, one of the United Nations millennium Development Goal was increasing access to maternal health measures. This goal was carefully and deliberately included with objectives and targets that are aimed at reducing maternal maternity rates. According to WHO (2014), the maternal mortality rates were reduced by 37% by 2015 and it was also observed that majority of the maternal related death were caused by preventable factors. This prompted the United Nations to add maternal health care as part of the Sustainable Development Goals in 2016, which was an expansion and continuation of the MDGs (United Nations 2020).

Pillars of Safe motherhood Initiative

Like the foundation to a building, the pillars of safe motherhood initiative form the fundamental base of the super structure of which safe motherhood initiative resides. Interventions designed to reduce the prevalence of maternal mortality in any safe motherhood programme are based on these six pillars (Ope, 2020). These pillars can also be called the basic principles of safe motherhood and they include:
1. Family Planning
2. Antenatal Care
3. Obstetric and Newborn Care
4. Post Abortion Care
5. STI/HIV/AIDS Control.

Significance of Advocacy in Public health

Holistic actualization of set goals and objectives in public health requires a strategic framework that could raise the levels of familiarity with a health issue and promote health and access to quality health care services at the individual and community levels. The key

players and managers of public health programme depend significantly on the leaders and policy makers in the political system to efficiently implement health policies and programme. According to Farrer, Marinetti, Cavaco, and Costongs (2015), this is aimed at gaining support from policy makers for effective implementation of a specified health programme. A combination of both individual and social actions may be adopted when lobbing policy makers to gain political commitment, policy and system support, and social acceptance for a particular public health programme (Alexander & Heather, 2015). This is the basic principle of advocacy.

Advocacy is defined as the process of gaining political commitment for a particular health goal or programme (Basseth, 2013). The target audiences of advocacy include decision-makers, policy makers, programme managers and as many that on potentially influence actions that affect several segments of the society. The various categories of opinion leaders in the community which include paramount rulers, community Development Committee Chairman, Youth Leaders women leaders, religious leader and so on. Advocacy for public health policy change demands a set of the skills that are potentially viable to create the needed influence that convinced policy maker's action (Chapman, 2016).

According Micah, Titus, and Wendy (2019), a successful advocacy plan must be modeled around those steps; Identify and understand the issue to be changed and advocacy opportunities; determination of target audience and what they know currently, establish measurable objectives for the target audience, identify or define the message point and channel of communication to deliver message (You know your facts), Specify or map out a time line for the advocacy and responsible persons for each activities, identify and understand the process of getting to these policy makers and opinion leaders, evaluate it objectives have been achieved, develop a strategy and Plan the activity

Fig 2: Advocacy Action Plan

Activity	Action	Target Audience	Success Indicator	Schedule Timeframe	Resources Needed

Source: Sklar, 2016

Community Mobilization in Public Health

The health problems of the community can best be addressed, when the various component leaders and individuals are accorded with the opportunity to cooperatively come together and make significant input in the process. The process of motivating all structures of the community to the goal of promoting locally available resources to solving their problems is community mobilization. Community mobilization is the process of bringing together all stake holders with the purpose of raising awareness of the need of a specific programme, to help in resources and service delivery that is oriented towards strengthening participation for sustainable self-reliance (Khasnabis, & Heinicke, 2010).

The efforts of community mobilization can only yield positive result if the health personal resides in the community. Community mobilization a developmental and capacity building process that brings together individual groups or organizations in the community plan to carry out, and evaluate activities on a participatory and sustainable manner that can potentially improve their health and other needs, either initiated on their own or stimulated by others. Community mobilization enables communities to identify their own problems (needs) and respond to address these needs, thereby making them self-reliant.

Improving Safe Motherhood through Community Mobilization

Save motherhood initiative is a community-based health programme that is implemented through primary health care with much emphasis on community participation and involvement (Idowu, Edewor, & Amoo, 2014). To mobilize a community to support safe motherhood programme, it is very necessary for the health personnel to be knowledgeable about the community. You study to identify the physical, economic, social and political structures of the community identifying the power structure of the community are an important activity in community mobilization. The process of community mobilization for safe motherhood is better sustained when internally driven by community's leaders and members to provide support for programmes that are designed to improve maternal health in the community. The following areas must be given priority attention when mobilizing the community for effectively and result-oriented safe motherhood programme (Ibrahim, 2016); Investing in maternal health care services and making them available, especially in poor and rural underserved areas, Strengthen the capacity of primary health centers and ward level hospitals to provide needed care through staling training and provision of equipment, Work with private providers to expand and improve safe motherhood services, Supporting NGOs and voluntary organizations to provide care and services to the underserved or disadvantaged women, Implementing laws that protect women's health interest in the community, Engage communities in the effort to improve access to maternal health care service, Expanding women's decision-making power within the family and community.

Regular dialogue meeting with policy-makers and health system staff is very essential to identify measures that can overcome barriers to women seeking maternal health care services. Through community town hall meetings traditional beliefs about pregnancy-related complications that one often blamed on a women's behaviour, faith, evil influence and other factor beyond the reach of the health system are considered and addressed. The goal of community mobilization is to ensure that appropriate health seeking behaviours become part of the local social norm.

Raising Awareness of Safe Motherhood through Advocacy

As revealed from the review, safe motherhood initiative was conceived as a community-based programme that places much emphasis on community centered strategy through primary health care with the aim of improving material health services. Implementing safe motherhood programme requires that human resources equipment and supply with a supportive policy, regulatory and legal environment are provided by government at all levels. To create a striking impact in safe motherhood initiative, there is the need for a strong advocacy that can potentially espouse the cause and significance of safe motherhood among the political leaders and other decision makers in the community. As affirmed by Fernandez, Bateman-House, & Rivera, (2020), political will and strong leadership commitment makes innovative and cost-effective interventions possible to improve the health and well-being of individuals and families in the country.

The target groups for these activities of various levels include religious leaders, traditional rulers, political leaders, decision makers head of schools, CBOs and NGOs corporate organization, Mass media, women groups, faith based organization, wives of governors and chairman and so on (Berman, Tobin-Tyler, & Parmet, 2019. According to Gomm, Lincoln, and Pikora (2016), advocacy activities that seek support, commitment and recognition from policy and decision makers and general public about interventional problems under safe mother-hood initiative that improve maternal health include the following; Identify influential persons, decision makers and institution with details on their scope of influence; Identify the target sphere of influence; Plan and organize advocacy meetings and events like sensitization

meetings, relies and so on; Plan and organize specific advocacy activities which will include one-on-one meeting stakeholders and policy maker with the lobbing support for state motherhood; Arrange seminars for various stakeholders including government officials on maternal health related issues; Discuss and bargain with relevant policy makers on safe motherhood issues.

Implementing Advocacy and Community Mobilization activities for Safe Motherhood during COVId-19 Pandemic

Advocacy and community mobilization activities involve meetings that bring together various stakeholders through direct or indirect representation with the aim of exploring measures that can improve maternal health care services in the community (Bassett, 2013). The emergence of COVID-19 in Wuhan City in Hubei Province of China in 2019 has changed the manner in which people gather in meetings and conferences globally. The sure way of containing its spread within the community is through the committed adoption of preventive measures.

According to Elbarazi, (2021), the following measures were globally identified as effective approaches in breaking the chain of transmission of SARS-CO-V-2 in a given environment; Lockdown that involves closure of roads, offices, business premises and so on, Restriction of movements in areas where there are lockdowns, Frequent hand washing with soap or hand sanitizers, Wearing of face mask, Maintaining social distance by avoiding or restricting of people gathering in large numbers, Maintaining physical distance by avoiding close contact between individuals and Isolation of individuals that shows symptoms of infection or who have been exposed to infect person(s).

Besides the medical, economic and social implications, the pandemic has also revealed and sustained other very essential ways that can make living together very easy in the community (Gan, Lim, & Koh, 2020). During the pandemic when strict protocols were enforced including lockdowns and restrictions, the use of internet based interactions and communications became very relevant (Khan, Khan, Khan, & Nawaz, 2020). Official government activities, businesses and private gatherings and meetings were held virtually, through the appropriate virtual platforms. Some of the official government meetings that were virtual during the pick of the pandemic are still sustained with some modifications through a hybrid event (Wiederhold, 2020).

Community mobilization and advocacy meetings during COVID-19 can also be conducted through virtual gathering through virtual meeting platforms. Virtual meeting platforms are video applications and software that brings together people over the internet (Standaert, Muylle, Basu, 2016). They are also called online meeting platforms. Stakeholders can be mobilized for meetings from the comfort of their houses virtually without coming together in numbers and crowds that will facilitate the spread of the infection. The various internet based platforms that can be employed conveniently for community mobilizations and advocacy meetings include Zoom, Microsoft Team, GoToMeeting, Skype, Cisco Weber and so on (Karl, Peluchet, & Aghakhani, 2021). Carrying out community mobilization and advocacy meetings virtually during COVID-19 pandemic may be challenging as a result of the restrictions protocols that are structured to curtail the spread of the virus. These challenges are associated with unreliable internet services especially at the rural areas. The cost of providing the gadgets and devices that facilitate such online meetings is also a great challenge (Strassman, 2020). This is because not all critical stakeholders in the community can afford them.

Conclusion

Effective community mobilization and advocacy is imperative to the achievement of the objectives of the various interventions designed and implemented under the Safe Motherhood Initiative in the community. Making motherhood safe for every woman calls for a holistic commitment and support from all stakeholders in the community. A commitment to make maternal health a top priority is fundamental to the successful motherhood programme. A list of academic databases comprised of PubMed, and Google Scholar were reviewed to obtain relevant information on Safe Motherhood Initiative, maternal health and mortality, interventions in Safe Motherhood Initiative, community mobilization, concept and procedure for advocacy and framework for advocacy and community mobilization for health actions during COVID-19 pandemic.

Suggestions

The following suggestions were made in order to achieve effective advocacy and community mobilization that attracts political will and support to improve the results of safe motherhood initiative interventional programmes.

1. Strengthening the capacities of stakeholders in the community through the provision of infrastructures (light, telecommunication networks) that can facilitate effective communication during the periods of restriction.
2. Priority attention be given to the sustained training of stakeholders on the skills involve in online meeting and conferencing.
3. Health care personnel and other critical stakeholders in the health care delivery system should be trained with skills and strategies that will enable them carry out result-oriented advocacy and community mobilization.

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