

Mamayo Project Briefing Paper

Mamayo is a 4-year project funded by the Australian Aid program, implemented in 3 locations: Morobe and Eastern Highlands Provinces, and the Kunua District in the Autonomous Region of Bougainville. The project began in April 2018, and will be completed by June 2022.

Our goal:

Increasing family planning uptake and improving the reproductive and maternal health and wellbeing of women, their families and communities in rural, disadvantaged areas of Papua New Guinea, by promoting gender equitable relations and decision-making.

Our approach:

- **Targeting community leaders to gain their support**

Influential community leaders are trained using CARE's Community Leadership Series program, where participants are guided to analyse and challenge cultural and social gender norms and unequal power relations that support intimate partner violence, prevent women's access to reproductive and maternal health services, and stop women participating in equitable household and community decision-making. After each session, community leaders are supported to facilitate community discussions around developing action plans to overcome these barriers.

- **Training couples to have more equitable relationships**

Couples are trained in healthy, violence-free relationships, decision-making and conflict resolutions, reproductive and maternal health, human rights and the law, and family dreams and family budgets. Couples are guided through an action planning process towards increasing women's participation in decision-making at the household level, violence-free conflict resolution, creating healthy, respectful relationships and men's participation in safe motherhood and support for women.

- **Inspiring Village Health Volunteers to be more active**

Village Health Volunteers are trained using the nationally mandated curriculum on safe motherhood so they can increase the knowledge, skills, self-efficacy and confidence of women and girls to make decisions about their own reproductive and maternal health, and refer women and families to the health centre. Village Health Volunteers also receive CARE training on gender inequality and intimate partner violence, so they can reinforce messages of equitable decision-making between couples, and the right to respectful and non-violent marital relations.

- **Strengthening health systems for improved service delivery**

CARE works to improve the capacity of Health facilities and staff in the communities we work in, and to increase support from Provincial and district health services to provide high quality reproductive and maternal health services. Together with the district and the provincial health authorities, CARE plans and supports training aligned with National Department of Health priorities, to improve clinical

skills related to maternal and reproductive health as well as health facility management and administration.

Recent achievements:

- 367 community leaders (33% women) were trained through the Community Workshop Series training program.
- 6 Health Facilities, with approximately 24 health facility staff, benefited from capacity support and training.
- 231 Village Health Volunteers were trained.
- 98 (48% women) people participated in the first couples training in October 2020.
- Non-Scalpel Vasectomy (NSV) training was provided to 10 male health workers in Morobe Province.
- Improved health infrastructure, including water, sanitation and hygiene facilities, at Kwaplalim Sub Health Center.

Evidence of change at community level:

Our work with community leaders, health volunteers and couples has led to the following changes in communities participating in CARE's Mamayo project¹:

- Increased uptake in family planning.
- More babies delivered at health facilities.
- Improved immunization outreach and coverage.
- Improved hygiene that has led to less sickness, easing pressure on health facilities that could be redirected towards reproductive and maternal health services.
- Improved access to reproductive and maternal health information and advice.
- Women leaders speaking in public, and being listened to, more than before.
- Male leaders respecting women more than before.
- Leaders actively supporting Village Health Volunteers to deliver reproductive, maternal health messages, and some community leaders initiating changes to harmful social norms that inhibit women's reproductive and maternal health.
- Improved relationships and family cohesion by those directly trained by the project.

Promising signs of change at systems level:

Our work with health facilities, district and provincial health authorities has led to the following change at systems level:

- As a result of trainings provided to health facilities
- In Menyamya District, Morobe Province, we have been working with Health Posts, connecting them to District and Provincial Health Authorities

¹ This evidence is based on the *CARE International in PNG Mamayo Project Mid-term Review Report: January 2021*, that included project quantitative monitoring data and primary data from interviews with 115 partners, stakeholders and project participants (55% women).

Lessons learned & next steps:

- While we have seen significant positive impact at community level, the approach taken by Mamayo (that is, CARE staff working intensively with communities) is not scalable, as the cost per capita is too high. **Now that we have a proven model for this community level work, we will shift to supporting local partners to take over this community-level role.**
- There have been factors beyond the control of the project, such as changes in PHA and DHA staffing, that have limited the impact at systems level. **Future work with PHA and DHA will include a broader range of staff in various roles, to move towards sustainable systems change.**
- We have seen positive results when we have strengthened connections and relationships between PHAs, DHAs, health clinics and communities. **Our next step will be using CARE's Community Scorecard² approach, to promote participation, transparency, accountability and informed decision-making within the health system.**

Weaving together the interests of mothers, children, volunteers, health professionals, and community leaders, the Mamayo approach is producing holistic and sustainable change that leads to women having more control over their lives.

"Before I had the heart to help women, but I did not know how. After the training, I can say that I now can give advice to mothers and especially single mothers not to feel down or nobody in the community. I am happy because there are people like village health volunteers in the community to help the mother, my job is to support them to do their work" (Female community leader (Ward Member), Community Workshop Series participant, Sipai, ARoB)

*"[changes I've noticed as a result of Mamayo project] the number of antenatal checks went up, family planning services also increased not like before, the deliveries also increased compared to before, **more mothers are delivering at the health centre**". (Community Health Worker, Kunua, ARoB)*

*"Some men and women do not come to the health facility because they do not know tok pisin very well, and feel ashamed to come and speak with the health worker. Now we **village health volunteers are acting as a bridge between these people and the health worker**. We encourage and bring them if they need it" (Village Health Volunteer, Ubagubi, Eastern Highlands Province).*

*"The most important changes I've seen [brought about by the Mamayo project] have been village health volunteers **saving lives of mothers and children**, improved infrastructure to the labor ward*

² CARE's Community Score Card© (CSC) is a citizen-driven accountability approach for the assessment, planning, monitoring, and evaluation of public services. It enables community members, health providers, and government officials to work together to identify and overcome health coverage quality and equity obstacles. The approach is simple, can be adapted for varied contexts, and can systematically pinpoint and address the specific challenges women face in health services. CARE Malawi pioneered the CSC methodology in 2002, and since then, it has become an internationally recognized social accountability tool, spreading within CARE and beyond. CARE PNG has successfully used CSC in other projects.

and water tank at the health centre, and improved immunization coverage” (Project Partner, Coordinator for Menyama District, Lutheran Health Services, Eastern Highlands Province)