

Introduction

The Countrywide Mortality Surveillance for Action (COMSA) is being implemented in Mozambique to measure and monitor pregnancies, pregnancy outcomes and deaths reported by a community worker and to determine causes of death through verbal autopsy. A formative research was conducted prior to the COMSA implementation aiming to identify key informants to report vital events and to describe barriers for the identification of vital events in the community.

Methods

- ✓ Is there any approach to identifying vital events in communities? How do approaches work? (eg Records made by community authorities? Reports by health workers in communities)
- ✓ Who is the appropriate person in the community to conduct community surveillance with the responsibility of identifying and reporting vital events, including pregnancies and outcomes of pregnancies such as abortions and stillbirths?
- ✓ Who are key informants in the community who are aware of events such as pregnancies, births and deaths and who work with the assistants in community surveillance?
- ✓ What is the appropriate strategy to identify vital events in the community, including pregnancies and pregnancy outcomes such as abortions and stillbirths?
- ✓ How to involve the community to register pregnancies, births and deaths?
- ✓ Are there cultural barriers to reporting pregnancies, births and deaths in the community? How to deal with these barriers from a community perspective?
- ✓ What is the interest of the community in learning about the causes of death? Would it be acceptable to conduct interviews with members of the bereaved family to try to identify the causes of death (verbal or social autopsy)?
- ✓ What is the mourning period that should usually be respected for verbal and social autopsy interviews?
- ✓ Statute of civil registration of births and deaths, and barriers to registration

Fig 2. Questions to explore during FGD and KII

Data Analysis

A matrix of analysis was elaborated based on the main questions of the formative research containing: research questions, the general answers obtained, the possible geographical discrepancies, and relevant and illustrative notes. The transcribed data were analyzed using the criterion of saturation, triangulation and contextual analysis, since all respondents answered the same questions.

Results

The communities present a complex structure where there can be more than one community authority or community representative that can identify pregnancies, pregnancy outcomes and deaths such as: rulers, secretaries, zone heads, heads of 10 houses, religious leaders, traditional healer, traditional birth attendant and community health worker (CHW).

“CHW who work in communities are the ones who give most of the information. We have Community Committees on Health. They work with some deficiencies but we have had a lot of information.” (physician, Bilene)

Identification of pregnancies, stillbirths and neonates showed to be more challenging to identify compared to live births and child and adult deaths due to cultural barriers. Identifying the community representative that leads directly with such events would help to overcome this cultural barrier.

“It’s difficult for someone to say they had an abortion; even in situations where abortion was spontaneous. First, abortion has been hidden. Miscarriage is also not reported. There is a way of thinking that the woman who had abortion is not well seen in the community. In the case of stillbirths, no public burial is performed. Only the people in the family are aware of what happened. (OSC representative, Lago).

“It’s hard to leave and let people know I’m pregnant. There is fear or shame in informing.” (GDF, MIF, Mocuba).

Conclusion

Building a community surveillance to identify and report vital events require involving multiple community representatives from the same community. This complex structure should be clearly identified prior implementation to allow the identification and reporting vital events in such communities.

References

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- KULA (2007) *Crenças, Atitudes e Práticas Sócio-Culturais Relacionadas com os Cuidados com o Recém-Nascido: Estudos de Caso e Chibuto, Búzi e Angoche*. Save the Children, Saving Newborn Lives Initiative Mozambique.

Districts	Focal Group Discussions (FGD)				Key informants Interviews (KII)					
	Mothers of under 5 children	Pregnant women	Women in reproductive age	Fathers of under 5 children	CRVS leaders	Health representatives	Community leaders	Community volunteers	Civil society representatives	Other intervenients
Central level					2	2				
Lichinga		1	1		1	1		1	1	1
Lago	1			1	1	1	1	1	1	1
Majune		1		1	1	1	1			1
Quelimane		1		1	1	1		1	1	1
Mocuba	1		1		1	1				1
Gurué	1		1		1	1	1	1	1	1
Xai-Xai			1	1	1	1		1	1	1
Macia	1			1	1	1	1			1
Mapai	1	1			1	1	1	1	1	1
Total	5	4	4	5	11	11	5	6	6	9
6 sites	18				48					

Fig 1. Number of FGD and KII performed between December 2017 and January 2018 in 9 districts from the regions of Mozambique