

Berine and Bokwe Foundation (BEBOF)

**Comprehensive Baseline  
Narrative Report on Community  
Health**

Baseline Report

Monitoring and Evaluation Team  
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## Executive Summary

This report presents key findings on maternal health issues, focusing on complications during pregnancy and childbirth, awareness of maternal deaths, and preferences for childbirth assistance within the community.

**Complications During Pregnancy and Childbirth:** A significant portion of respondents, 47%, reported experiencing mild complications, while 13% encountered moderate and another 13% faced severe complications. Alarming, 4% reported life-threatening complications, showcasing the critical risks associated with childbirth. Conversely, 23% had no complications, emphasizing the importance of effective maternal healthcare services to manage both mild and severe issues.

**Awareness of Maternal Deaths:** The findings reveal that 51% of respondents are unaware of any maternal deaths in their family or community, whereas 49% are aware of such occurrences. This near-even split underscores the urgent need for enhanced community education and resources to address maternal health challenges and improve health-seeking behaviors.

**Preferences for Childbirth Assistance:** The survey indicates a strong preference for traditional birth attendants, with 67% of respondents choosing this option. Only 29% preferred medical doctors or midwives, and a mere 4% favored both equally. This preference highlights the necessity to integrate traditional practices with modern medical care to create culturally sensitive and safe childbirth experiences.

In conclusion, these findings emphasize the need for a comprehensive approach to maternal healthcare that respects cultural preferences while ensuring safe practices. By addressing the identified challenges and integrating community knowledge with medical expertise, we can improve maternal health outcomes and reduce complications associated with childbirth.

## 1. Introduction

The North-West and South-West regions of Cameroon face a mix of economic and health challenges, especially regarding maternal health. Both regions are crucial to the national economy, largely due to agriculture, which employs 47% of people in the North-West and 44% in the South-West. However, there are key differences: the South-West has larger cash crop plantations, while the North-West mainly relies on small-scale farming. This economic difference affects healthcare access, as areas with more agricultural output often receive more resources.

While the South-West has significantly reduced its poverty levels in recent years, the North-West continues to struggle with high poverty rates and a lack of economic diversity. Poverty is a major barrier to accessing quality healthcare, which is especially critical for maternal health.

Insecurity further complicates the maternal health situation in these regions. Non-State Armed Groups (NSAGs) have created a dangerous environment, leading to violence and disruption of essential services, including healthcare. Security forces are mostly located in cities, leaving rural areas vulnerable. Pregnant women often cannot reach health facilities due to fears of violence, poor transportation options, and a lack of information about available services.

In 2023, insecurity remains high in the North-West and South-West, where armed conflict and crime are common. Civilians, including pregnant women and new mothers, face risks of abduction and assault, making it even harder for them to access healthcare. The line between politically motivated violence and everyday crime is increasingly blurred, creating fear and uncertainty that hinder women's ability to seek timely care.

As a result, maternal health is a pressing concern in these regions, marked by high rates of maternal and infant mortality, limited access to prenatal and postnatal care, and a reliance on traditional practices that may not align with modern medical standards. The combination of economic challenges, insecurity, and cultural practices creates a complex issue that requires a coordinated approach to improve maternal health.

This report aims to provide a detailed baseline assessment of maternal health in the Matoh Health Area by gathering insights from community leaders, health facility staff, and pregnant women. Understanding the current state of maternal healthcare will help

track progress and inform future efforts to enhance maternal health outcomes in this vulnerable region.

## 2. Objectives of the Survey

### 2.1 Main Objective

The overall objective of the survey was to provide a situational analysis at the start of project activities and establish baseline values for indicators to track overall change by the end of the project.

#### 2.1.2 Specific Objectives

The baseline survey aimed to assess the starting point or foundation, which would be used to measure the extent to which the project achieved its objectives, with an emphasis on outcomes. To achieve this, the survey:

- Evaluated the current state of maternal healthcare access, including barriers faced by pregnant women.
- Assessed the knowledge and attitudes of community leaders, health facility staff, and pregnant women regarding maternal health services.
- Identified cultural practices influencing maternal healthcare decisions and preferences.
- Measured awareness of existing maternal health services, including mobile clinics and traditional birth attendants.
- Gathered data on maternal and infant health outcomes, including maternal mortality rates and access to prenatal and postnatal care.

**Table of Indicators Measured**

SN	Indicator	Target	Baseline	Endline
1	Percentage of Pregnant Women Receiving Prenatal Care	Increase to 80% by end of project	55%	
2	Skilled Attendance at Birth	Increase to 90% by end of project	60%	
3	Maternal Mortality Rate	Reduce to 150 deaths per 100,000 live births	300 deaths per 100,000 live births	
4	Postnatal Care Coverage	Increase to 70% by end of project	40%	

5	Knowledge of Maternal Health Services	Increase to 75% by end of project	50%	
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## 2.2 Study Design

The study employed a cross-sectional survey design to assess maternal health indicators in the Matoh Health Area. This design was chosen to provide a comprehensive snapshot of the current state of maternal health at a specific point in time, which would serve as a baseline for future evaluations.

### Key Components of the Study Design:

#### a) Survey Questionnaires

Structured questionnaires were developed to gather quantitative data on various maternal health indicators. The questionnaires included sections on access to healthcare, quality of care, health outcomes, knowledge and awareness, and cultural practices related to maternal health.

#### b) Data Collection Tools:

The questionnaires were deployed using KoBoCollect, a mobile data collection tool that allows for efficient data gathering in the field. This method facilitated real-time data entry and ensured data accuracy.

#### c) Training of Data Collectors

A thorough training program was conducted for data collectors to ensure they understood the survey objectives, the importance of accurate data collection, and ethical considerations. The training included practical sessions on using KoBoCollect, interviewing techniques, and handling sensitive information.

#### d) Target Population

The target population for the survey included community leaders, health facility staff, and pregnant women within the Matoh Health Area. This diverse group provided a comprehensive perspective on maternal health challenges and resources available in the community.

#### e) Data Collection Process

Trained data collectors were deployed to the field to conduct interviews and administer the questionnaires. They engaged with community leaders to gather

insights on local health practices and resources, interacted with health facility staff to assess service availability and quality, and interviewed pregnant women to understand their experiences and barriers to accessing care.

#### f) **Data Analysis**

After data collection, the responses were downloaded into excel and analyzed to determine baseline values for the identified indicators.

### **2.3 Sample Size**

The sample size for the study was determined based on the target population of community leaders, health facility staff, and pregnant women in the Matoh Health Area. A power analysis was conducted to ensure that the sample was large enough to detect meaningful differences in the maternal health indicators. The final sample size aimed to achieve a confidence level of 95% with a margin of error of 5%.

#### **Calculation:**

- **Estimated Population Size:** 10000
- **Confidence Level:** 95%
- **Margin of Error:** 5%
- **Response Distribution:** Assumed to be 50% for maximum sample size estimation.

Using these parameters, the calculated sample size was approximately 211 ensuring sufficient representation across the target groups.

### **2.4 Data Quality Assurance**

To ensure data quality for this survey, several measures were taken:

- **Intensive Training:** A one-day intensive training was provided to data collectors to ensure adequate internalization of the study's objectives, data collection instruments, procedures, and ethical considerations.
- **Debriefing Sessions:** At the end of each field day, a debriefing session was held to give data collectors an opportunity to reflect on their observations, challenges encountered, and other issues. Strategies and mechanisms were discussed to avoid similar challenges in subsequent data collection efforts.

### **2.5 Confidentiality and Data Protection Considerations**

When conducting the baseline survey, the following ethical considerations were made:

- **Community Engagement:** Prior to the survey, necessary communications were made with village chiefs and community leaders about the overall purpose of the survey.
- **Informed Consent:** Study participants were provided with complete information in their local language regarding the objectives of the survey, potential benefits/risks, and their right to participate only after giving their consent. Informed verbal consent was secured from each participant using the consent form integrated into the survey tool.
- **Data Confidentiality:** All information and data collected were accumulated, organized, stored, analyzed, and retrieved, guaranteeing confidentiality.

## **2.6 Limitations of the Study**

The study faced several limitations, including:

- **Security Challenges:** Ongoing security issues in the region hindered the movement of BEBOF staff to certain locations, affecting the supervision and integrity of the data collection process.
- **Poor Road Infrastructure:** Inadequate road infrastructure made it difficult for data collectors to access remote areas, potentially leading to incomplete data collection from certain populations.

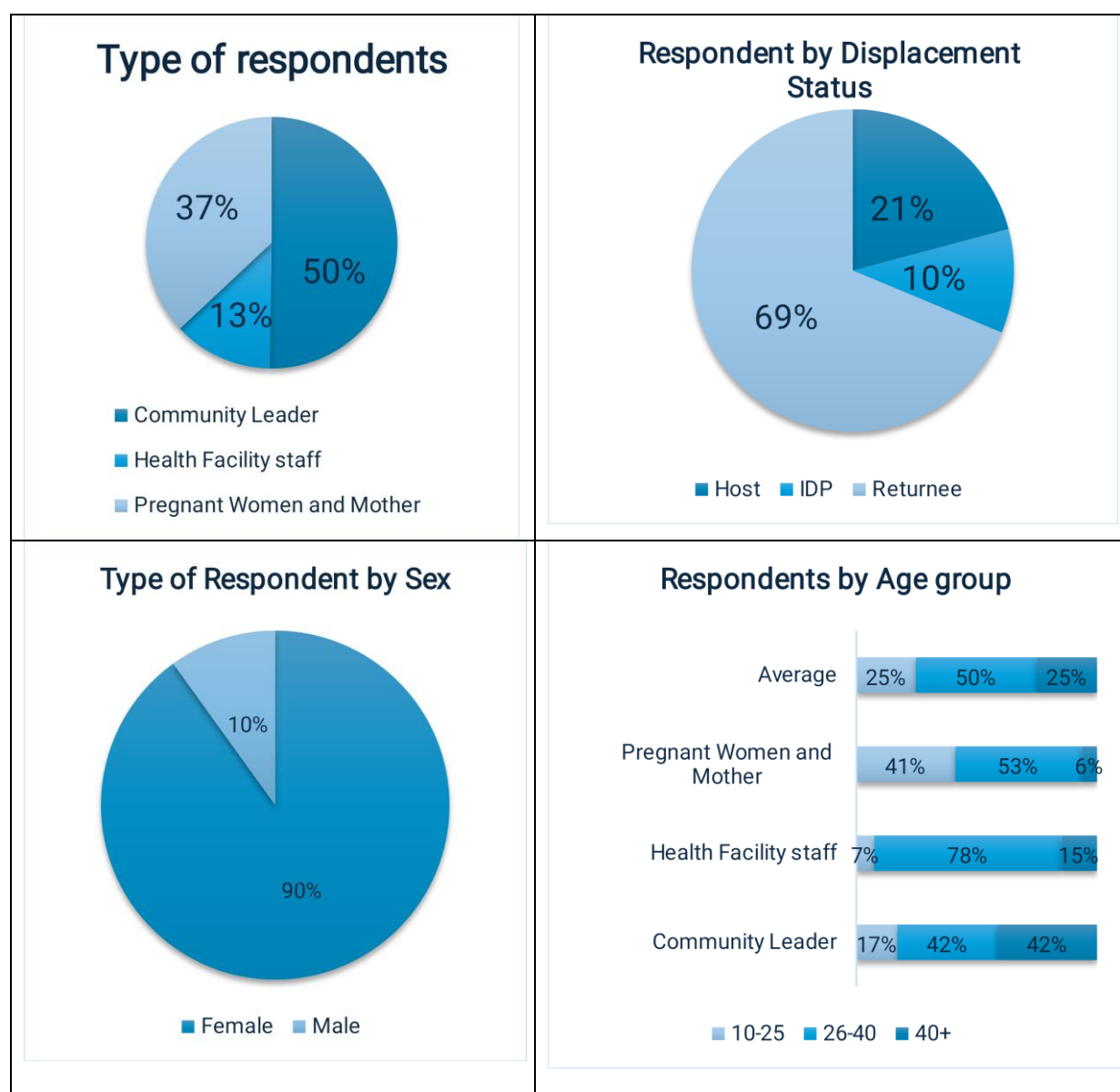
## **Key Findings**

### **4.1 Community Leader Survey**

#### **Demographics and Cultural Influences**

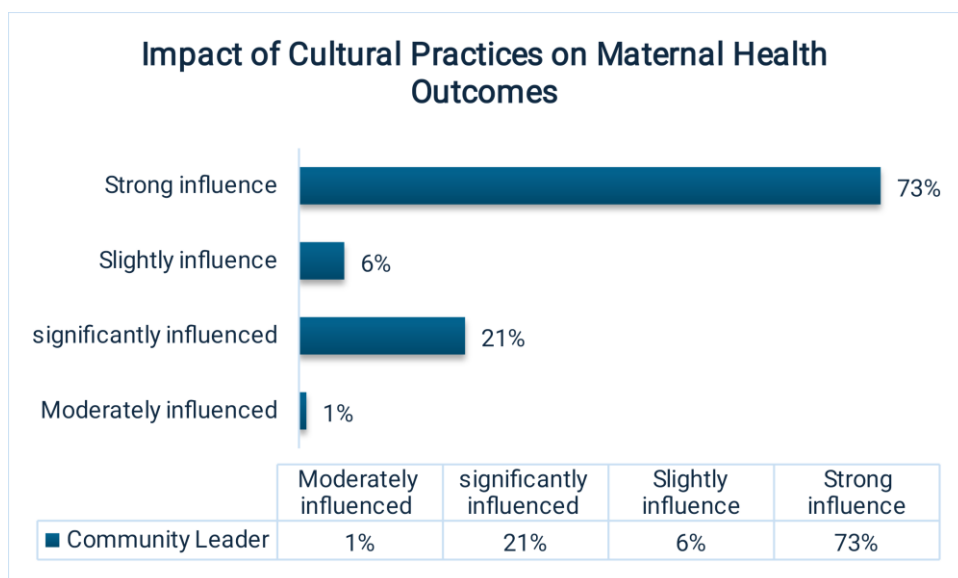
A total of 211 participants participated in the survey, with 50% identifying as community leaders, 13% as health facility staff, and 37% as pregnant women and mothers. The gender distribution was predominantly female, comprising 90%, while males constituted 10%. This significant discrepancy is largely attributed to the high number of responses from pregnant women. In terms of displacement status, the participants included 21% from host communities, 10% internally displaced persons (IDPs), and 69% returnees, with the majority of respondents aged between 26 and 40 years.





### The Impact of Cultural Practices on Maternal Health Outcomes

A majority of community leaders (73%) indicated that cultural practices significantly influence maternal health outcomes. They highlighted that traditional childbirth practices are prevalent, with 79% noting that women often prefer these methods over modern medical care. This reliance on traditional practices raises concerns about the potential risks associated with childbirth and maternal care. They expressed concern about the low awareness of available maternal health services among the population. They reported that educational initiatives are necessary to promote understanding of modern healthcare options and their benefits.



## 4.2 Health Facility Staff Survey

### Childbirth Among Participants

This report summarizes the childbirth experiences of the surveyed participants, comprising primarily pregnant women and mothers. Out of 211 respondents, 68% have given birth to 1-2 children, indicating a trend towards smaller family sizes. Additionally, 17% reported having 3-4 children, while only 10% have more than 4 children. Notably, 5% of participants reported having no children.

### Access to Maternal Health Care

Findings reveals that 56% of respondents have never accessed maternal health services, indicating a significant gap in healthcare utilization. In contrast, 41% reported accessing care 1-2 times, while only 3% accessed services 3-4 times. These statistics highlight critical barriers to regular maternal healthcare, which could negatively impact maternal and child health outcomes.

Labels	Pregnant Women and Mother	Average
1-2 times	41%	41%
3-4 times	3%	3%
Never	56%	56%

### Narrative Report on Accessibility to Health Facilities

Overall, 33% of respondents live 11-20 km from the nearest health facility, which can hinder access during emergencies. Additionally, 31% reside 5-10 km away, still requiring significant travel. Only 21% live within less than 5 km, indicating limited access for most. Furthermore, 15% are located more than 20 km from health services, highlighting additional barriers. These accessibility challenges emphasize the need for targeted interventions to improve maternal health outcomes. Addressing these distances will help ensure that pregnant women and mothers receive timely and necessary medical care.

Labels	Pregnant Women and Mother
11-20km	33%
5-10Km	31%
Less than 5Km	21%
More than 20km	15%

### Awareness of Maternal Health Care Services Provided by Mobile Clinics

The findings revealed varying levels of awareness among pregnant women and mothers regarding the maternal health care services offered by mobile clinics. Specifically, 58% of respondents reported being slightly aware of the services, indicating a general familiarity but not comprehensive knowledge.

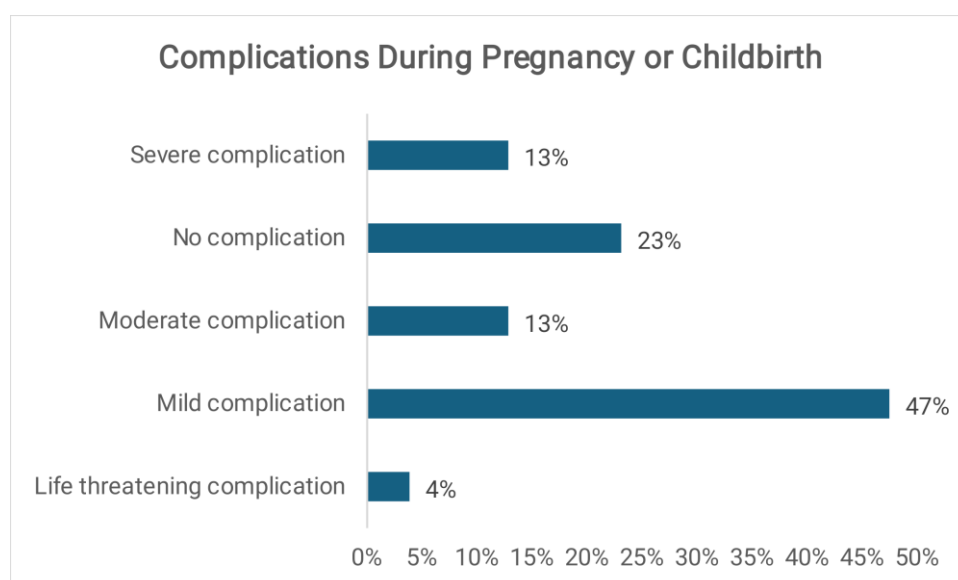
Additionally, 23% stated they are not at all aware of the services, highlighting a significant gap in awareness that could hinder access to care. Only 10% of participants reported being moderately aware, while a mere 6% claimed to be very aware of the available services. Lastly, only 3% of respondents indicated they are fully aware of the mobile clinic offerings.

Labels	Pregnant Women and Mother
Fully aware	3%

Moderately aware	10%
Not at all	23%
slightly Aware	58%
Very aware	6%

### Complications During Pregnancy or Childbirth

The findings indicate various experiences of complications among pregnant women and mothers. Specifically, 47% reported experiencing mild complications during pregnancy or childbirth, suggesting that many women face manageable issues. In terms of severity, 13% experienced moderate complications, while another 13% reported severe complications. Notably, 4% faced life-threatening complications, underscoring the serious risks some women encounter. Conversely, 23% of respondents reported having no complications at all.



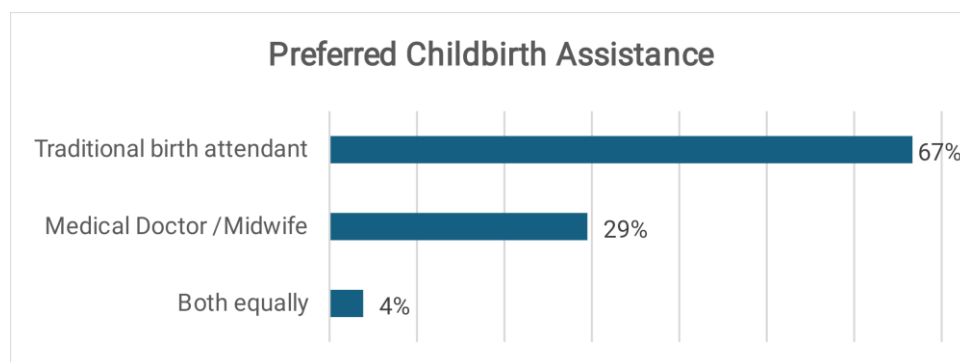
### Maternal Death in Family or Community

51% of respondents reported that they do not know of any maternal deaths in their family or community. In contrast, nearly half, 49%, indicated that they are aware of maternal deaths occurring around them.

### Preferred Childbirth Assistance

The survey results reveal that 67% of pregnant women and mothers prefer assistance from traditional birth attendants, indicating a strong cultural inclination towards traditional practices. In contrast, 29% favor medical doctors or midwives, while only 4% express a preference for both types of assistance equally. This preference highlights the

need to integrate traditional methods with modern medical care to ensure safe and culturally appropriate childbirth experiences.



### Programmatic Recommendations

1. **Cultural Competence Training:** Implement training programs for healthcare providers to understand and integrate cultural practices into maternal health services, ensuring that care is both respectful and effective.
2. **Community Outreach and Education:** Develop targeted outreach programs to increase awareness of maternal health services through community meetings, workshops, and informational materials. Engage community leaders to amplify the message.
3. **Improved Access to Services:** Enhance transportation options for women in remote areas to facilitate access to healthcare facilities. Consider establishing more mobile clinics to reach underserved populations effectively.
4. **Data Collection and Monitoring:** Strengthen data collection methods to ensure accurate maternal mortality data and improve monitoring of maternal health outcomes. Training staff on data management practices is essential.
5. **Support for Traditional Birth Attendants:** Provide training and resources to traditional birth attendants to ensure they can offer safe practices and refer women to medical facilities when necessary.
6. **Educational Campaigns:** Launch educational campaigns specifically targeting pregnant women to improve their understanding of the importance of prenatal care, skilled birth attendance, and available healthcare services.
7. **Monitoring and Evaluation Framework:** Establish a robust monitoring and evaluation framework to assess the effectiveness of implemented programs and initiatives, including regular feedback from community members and healthcare providers.

## **Conclusion**

The baseline findings from the health assessment in the Matoh Health Area underscore significant challenges in maternal healthcare access, cultural influences, and data accuracy. This report serves as a crucial foundation for future health initiatives and highlights the urgent need for targeted interventions to improve maternal health outcomes. By implementing the recommended programmatic strategies and tracking key indicators, the community can enhance healthcare delivery and ensure that all women have access to the necessary resources for safe childbirth and maternal care. Addressing these issues holistically will be vital in fostering a healthier community, improving the quality of maternal health services, and ultimately reducing maternal and infant mortality rates in the region. The collaborative efforts of healthcare providers, community leaders, and the women themselves will be essential in driving meaningful change and ensuring the well-being of mothers and children in the Matoh Health Area.