



MANIFEST

ISSUE BRIEF

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Using integrated strategies can help improve knowledge of maternal & newborn danger signs and service utilization

KEY MESSAGE

Reducing maternal and newborn deaths in rural areas of Uganda requires the use of integrated strategies focusing on already existing structures at community and health facility level. For instance, community interventions such as community dialogue meetings and VHT (Village Health Team) home visits are key in increasing the knowledge of women on obstetric danger signs, and health facility utilization.



A community discussion on newborn survival in Kirika, Kibuku District (Image Credit: Kakaire Kirunda)

Introduction

Reducing maternal and newborn deaths has been a key goal for the Government of Uganda. Focus has been put on increasing access to reproductive health services including antenatal care and skilled birth attendance. Reducing maternal and newborn deaths cannot be solely achieved through increasing access to reproductive health services and skilled birth attendance. This brief shares key findings under the Maternal and Neonatal Implementation for Equitable Systems (MANIFEST) study in both the intervention and control area. Integrated strategies were implemented to reduce maternal and newborn deaths in the districts of Kamuli, Kibuku and Pallisa, in Eastern Uganda.

The MANIFEST Approach

We employed a participatory action research approach that promoted the use of local experiences and locally available management structures (e.g. district health management teams, village health teams, community service organizations, and local council leaders). The community interventions in this study were conducted through VHT home visits; community dialogue meetings and radio sensitization programmes. VHTs visited women in the intervention area and sensitized them about maternal and newborn danger signs, saving for maternal and newborn care practices. In addition, they helped in identifying women and newborns with danger signs that facilitated referral to the health facility for more assessment and management.

Working with Community Development Officers (CDOs), we helped communities start or realign existing saving groups to include saving for maternal and newborn health issues including transport and birth preparedness in general.

We also retrained health workers in emergency obstetric and newborn care and implemented a mentorship scheme as well as support supervision for health workers.

Key findings

Findings presented in this brief compare the baseline and endline results in the intervention and control arms of the study. The endline results presented are compared against the project's set targets.

Knowledge of maternal and newborn care practices

- Knowledge of maternal and newborn danger signs among women was higher in the intervention area than in the control area at endline.
- Knowledge of pregnancy danger signs improved by 37% in the intervention area (from 28% to 65%) and by 9% in the control area (26% to 35%).
- Women who were aged 25 and above were more likely to know at least 4 pregnancy danger signs compared to those aged 15-19 years.

Saving for maternal health and birth preparedness

- Women in the intervention area who attended ANC at least four times and were visited by the VHTs while pregnant were more likely to save for maternal health.

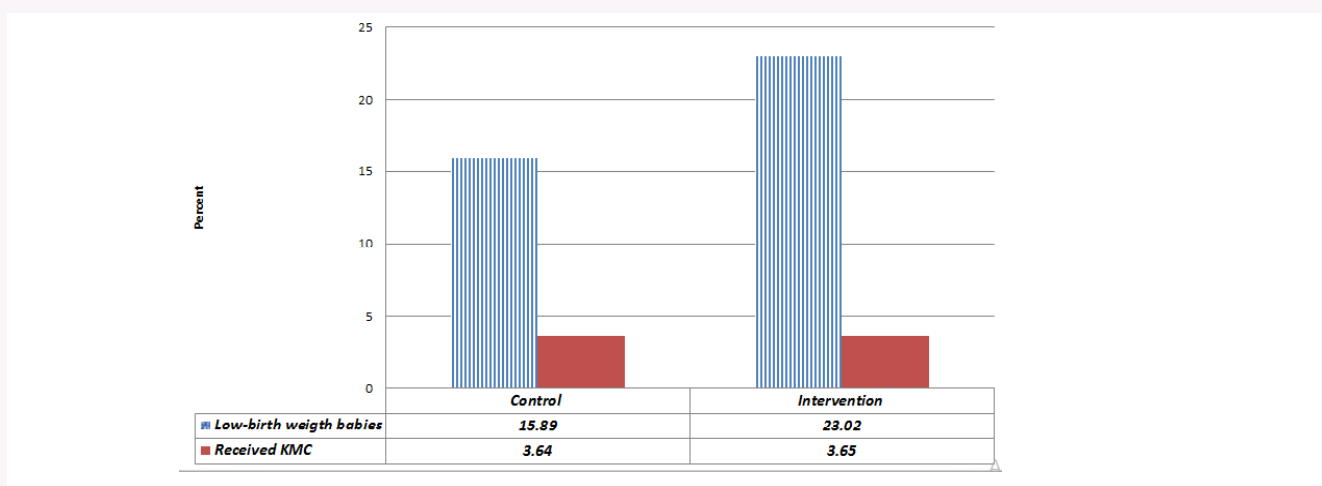


Figure 1: Low birth weight and care at the health facilities

Health facility utilization

- At endline women in the intervention area were more likely to attend ANC within first trimester and at least four times than those from the control area.
- Women in the intervention area were more likely to deliver from the health facility than those from the control area.

Newborn care practices

- Women in the intervention area were more likely to put nothing on the cord of the newborn when compared to those from the control.
- Women in the intervention area were more likely to practice delayed bathing of newborns for 24 hours when compared to those from the control.

Gaps in health care delivery

However, the study revealed some facility gaps that need attention for instance;

- Assessments like blood pressure, weight measurement, urine samples were not taken for all women.
- A considerable proportion (25%) of newborns were not weighed and only 4% of the low birth weight babies in the study area received Kangaroo mother care, which is critical for newborn survival.

Conclusion

In improving maternal and newborn care outcomes, there is need to understand that there are multiple interventions that contribute to each other. Absence of one component undermines achievement of key maternal and newborn indicators. For instance, poor quality of care would greatly undermine the health facility utilization aimed at reducing maternal and newborn deaths.

Recommendations

We recommend the use of integrated approaches such as MANIFEST in addressing barriers to maternal and newborn health care services. Strengthening of the quality of maternal and newborn care is also strongly recommended.



District and national mentors compare notes after a mentorship session at Pallisa Hospital

About MANIFEST

MANIFEST was a 4 year study (2012-2015) involving the Makerere University School of Public Health and the districts of Kamuli, Pallisa and Kibuku. The study was funded by Comic Relief with technical assistance from the Future Health Systems Research Consortium. We used a participatory action research approach, in which the different stakeholders worked as partners rather than study subjects. In 2012, we engaged various stakeholders in the design of a sustainable and scalable intervention aimed at improving maternal and newborn health outcomes. The resulting design had three major components, with district health teams leading on their implementation. The components included:

- Community Mobilization and Sensitization
- Savings and Transport
- Health Systems Strengthening

Credits

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