

Maternal health utilization and birth preparedness status in Kampala City

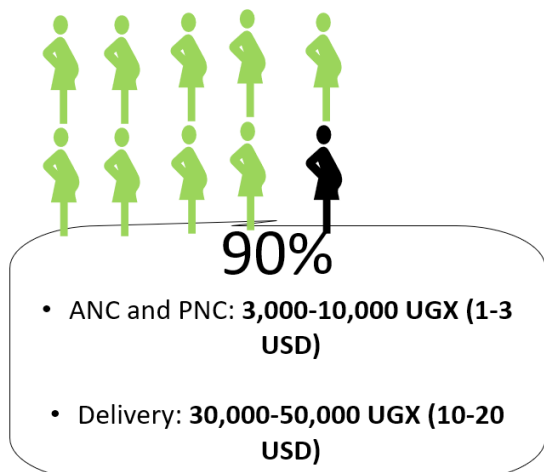
The issue

The 2016 Uganda Demographic Health Survey report indicates that neonatal mortality in the Kampala region is estimated to be 32 per 1,000 live births, which is above the national average of 27 per 1,000 live births. Such results in an area that is assumed to have better access to health care services is worrying. Although improving maternal and child health among the urban poor is among the target priorities for the Uganda Reproductive, Maternal, Child and Adolescent Health Sharpened Plan, there is a scarcity of information to inform planning and implementation of maternal and newborn interventions targeting the urban poor. In this issue brief, we present the status of birth preparedness and service utilization among Kampala women, which are known interrelated interventions for reducing maternal and newborn adverse outcomes.

The Kampala Slum Maternal Newborn Project: Innovating for Better Systems Outcomes (The Kampala MaNe Project) conducted secondary analysis of data collected by Population Services International on pregnant women who attended Antenatal Care in Kawaala and Nabweru health facilities which serve slum dwellers, as well as the 2016 Uganda Demographic and Health Survey data. The analysis aimed to inform the design of the MaNe project that is targeting women and newborns residing in the slums of Makindye and Rubaga in the Kampala district.

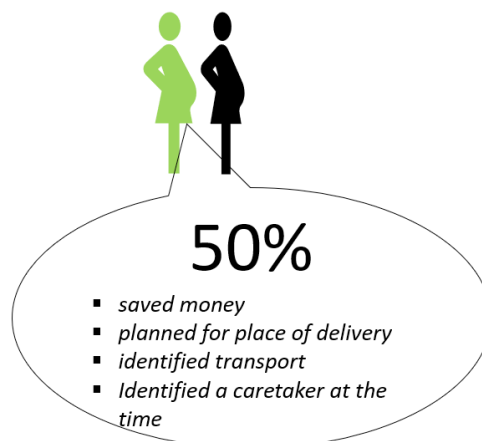
Key findings

Willingness to Pay for services



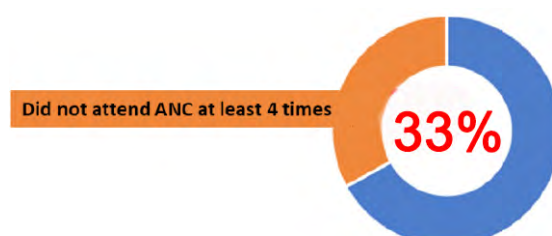
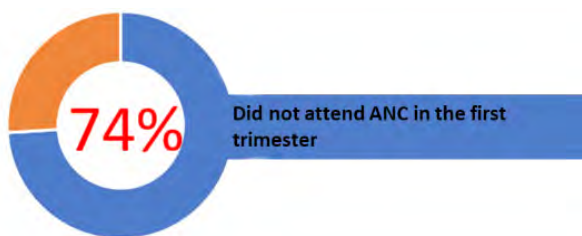
Data source: PSI, mum decongestion survey, 2016

Birth preparedness practice

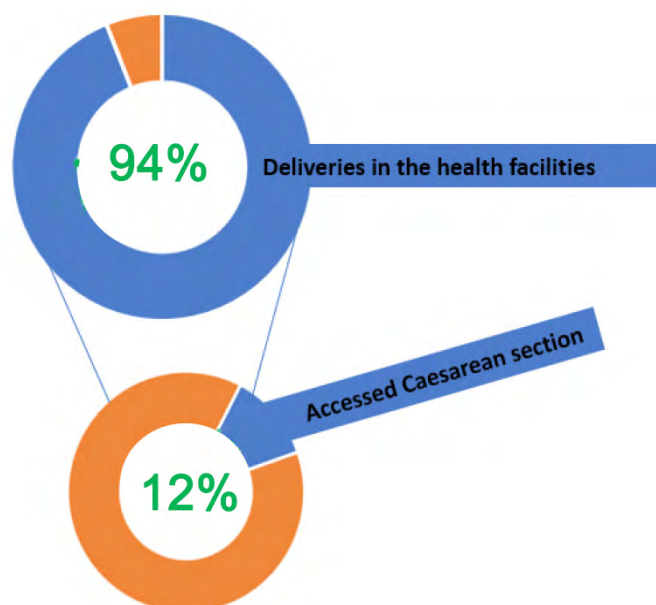


Data source: PSI, mum decongestion survey, 2016

ANC attendance (Data source, UDHS, 2016)



Delivery (Data source, HMIS data, 2018)



Conclusion and Recommendations

- Birth preparedness, which is critical in improving access to maternal and newborn health services, is low among the urban women. It is important to set up community mobilization and sensitization models that target such groups.
- Urban women are willing to do some co-financing of the services provided by health facilities if they are of quality. There is a need to work with both private and public health facilities on how to subsidize services.
- Many women are not attending ANC as recommended, especially with regard to timely attendance or attending required number. Sensitization and mobilization interventions on the need for attending ANC early and recommended numbers are suggested.
- Given that the majority of the women deliver in health facilities, there is a need to understand if the services provided by various health providers within the city meet the required standards. This could be done through strengthening supportive supervision and conducting health facility audits.
- There should be further research conducted to determine if caesarean section services are provided according to the expected protocols.

About the Kampala Slum Maternal Newborn Project: Innovating for Better Systems Outcomes

The Kampala MaNe Project is a 3-year (2019-2021) implementation research project aimed at harnessing the public and private health care systems as well as generating evidence on the most effective and feasible approaches to improving Maternal and Newborn Health for the urban poor in Kampala.

Collaborators

The project is a collaboration of Kampala Capital City Authority, Population Services International and Makerere University School of Public Health, Centre of Excellence for Maternal Newborn and Child Health. The project is being implemented in the divisions of Rubaga and Makindye in Kampala City, with financial support from the United States Agency for International Development.

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