

Improving maternal and newborn health in midwestern Uganda: Insights from Kibale and Hoima

The project

The districts of Kibale and Hoima in midwestern Uganda have had some of the country's poorest reproductive maternal newborn and child health (RMNCH) indicators in recent years.^[1] From July 2017 to December 2018, Malaria Consortium worked with the Ugandan Ministry of Health to implement a project that sought to improve maternal and child health outcomes in these two challenging districts.

As part of this project, Malaria Consortium expanded the scope of services provided by community health workers, referred to as village health team (VHT) members, by integrating selected RMNCH services into the existing integrated community case management programme and training VHTs to support antenatal and postnatal care.

Malaria Consortium introduced new village health clubs and had SMS text reminders sent to pregnant women and their spouses to encourage communities to seek and demand quality care from public and private health facilities. In so doing, it strengthened linkages between communities and health facilities.

Impact

Between baseline (April-June 2017) and endline (September-December 2018):

- the number of sick newborns who were identified by VHTs and referred to health facilities for appropriate care increased from 380 to 1,170, while the number of preterm and underweight babies referred to health facilities increased from 593 to 2,828
- the number of newborns that were visited twice by VHTs in the first week of life increased from 1,613 to 5,891
- the number of pregnant women aged 10-19 and 20-49 years who delivered under the supervision of a skilled birth attendant increased from 3,362 to 5,767 and from 19,051 to 32,682 respectively
- the number of pregnant women aged 10-19 and 20-49 years who attended four antenatal care visits increased from 2,069 to 3,233 and from 11,722 to 18,318 respectively
- the number of women aged 10-19 and 20-49 years who attended postnatal care visits within two days of giving birth increased from 3,784 to 10,765 and 21,440 to 61,002 respectively
- the number of children aged 1-24 months and 2-4 years with malaria, pneumonia and diarrhoea that were seen and appropriately treated by VHTs increased from 10,336 to 23,827 and 5,566 to 12,694 respectively.

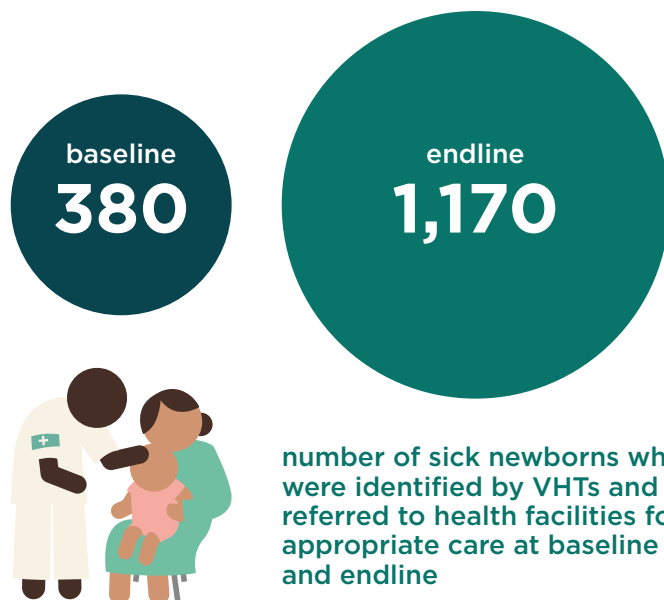
Additionally, by the end of the project 567,234 men were participating in village health clubs.

Lessons learnt

- Integrated community case management can strengthen links between communities and health facilities, improving access to and uptake of quality healthcare services, including RMNCH services.
- With the correct training, VHTs can effectively provide house-to-house follow-up visits to advise on, and provide support for, the proper application of antenatal and postnatal care practices.
- Village health clubs are an effective method of engaging men around RMNCH in villages with poor RMNCH indicators.
- Engaging men, who are often the heads of households in Kibale and Hoima districts, led to more women attending antenatal care visits at their nearest health facilities.

Recommendations

- RMNCH services should be incorporated into existing integrated community case management programmes in areas of Uganda that have poor RMNCH indicators.
- Uganda's national VHT strategy and implementation guidelines should promote stronger links between communities and health facilities so that more babies born at home and mothers who give birth without the assistance of skilled birth attendants receive appropriate and timely postnatal care in health facilities.
- VHTs will be key to fostering such links; they should be trained to visit and refer new mothers and their babies to health facilities for such care, and to follow up with mothers to ensure they are (correctly) implementing the advice they have been given.
- Social and behaviour change techniques, such as village health clubs, should be used more widely to promote services provided by VHTs and health facilities, particularly among men and young people.
- Better communication between health facilities and VHTs should be encouraged to enable more integrated data collection.



Reference

1. Uganda Bureau of Statistics, ICF International. Uganda demographic and health survey: Key indicators report. Kampala: Uganda Bureau of Statistics, Maryland: ICF International; 2017. Available from: https://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/Uganda_DHS_2016_KIR.pdf.

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Contact: info@malariaconsortium.org

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