Future Health Systems
Innovations for equity

SHOWCASE

News and lessons from the MANIFEST study in Uganda | Autumn 2014

Inside this issue:

A warm welcome to *Showcase* and the MANIFEST study

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Welcome to the first edition of *Showcase,* which is debuting at the third Global Symposium on Health Systems Research in Cape Town, South Africa. *Showcase* is published by the Maternal and Neonatal Implementation for Equitable Systems (MANIFEST) study to share news and lessons from the study.

Introduction

MANIFEST is a three-year (2013-2015) partnership of the Makerere University College of Health Sciences at the School of Public Health and the districts of Kamuli, Pallisa and Kibuku in eastern Uganda. We are building on work done by the Uganda Newborn Study (UNEST) project conducted in Iganga and Mayuge districts that involved the use of community health workers (CHWs) and the Safe Deliveries study in the districts of Kamuli, Buyende and Pallisa that used a voucher scheme to increase access to maternal and newborn care services.

Both interventions were successful in increasing utilization of health facility delivery and newborn care services. However, scale up and sustainability became a challenge outside of the pilot districts. Therefore, **MANIFEST attempts to generate evidence that can contribute to solving barriers to successful scale up of these pilot interventions.** We are investigating mechanisms for mobilizing and using locally available resources and existing structures in a sustainable manner to improve access to quality maternal and newborn healthcare.

New Approach

We are using a participatory action research approach, in which the different stakeholders work 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 has three major components, with district health teams leading on their implementation:

Community mobilization & sensitization

We work with community members to improve birth preparedness and access to transport for maternal and newborn services. Community health workers (CHWs) visit mothers to help them to prepare for birth; community dialogues create spaces to discuss problems and solutions related to mothers and newborns; and radio sensitization programs and spot messages raise awareness.

Savings & transport schemes

Communities are helped to create links between households, savings groups and transporters to improve access to hospital transport for maternal and newborn health services.

Health systems strengthening

Improved quality of the health services on offer encrouages their use. We work with health service providers by: providing refresher trainings for health workers to improve their knowledge and skills in basic and emergency obstetric care, and training health managers in health services management. Other initiatives include improving support supervision, mentorship, and recognition of hardworking health workers at biannual health symposia.

We are continuously engaging the different stakeholders as a way of fostering sustainable linkages and laying a foundation for scale up of the intervention.

Enjoy our preliminary stories of change from the three thematic areas!

Tackling negative social cultural norms through community dialogues and radio

The Challenge

Having knowledge of obstetric danger signs and embracing good birth preparedness practices could enhance maternal and newborn health outcomes. For example, a woman, working with her family, can choose her preferred birth location; choose her preferred birth attendant and make advance arrangements with that provider; make advance arrangements for transport to the skilled care site; obtain basic safe birth supplies; and save or arrange alternative funds for costs of skilled and emergency care.

However, in many Ugandan households, especially in rural areas, it is taboo to make these preparations. As a result, by the time of delivery, many are stuck in a reactive mode, which has sometimes led to death of either the mother or newborn, and sometimes both.

Our Intervention

Through the use of communications and media advocacy, the intervention study is tackling social and cultural issues that affect maternal and newborn health negatively. We are using village-level dialogues (once every three months) and radio talk shows (monthly) as well as spot messages (daily). The dialogues and talk shows offer a platform for discussing these issues and rally community suggestions and participation in addressing them. This community involvement promotes ownership and sustainability of behavioral changes. The dialogues are also expected to provide peer influence in favour of healthy maternal and newborn practices. And as convenors of the dialogues, village health teams (VHTs) have shared vital knowledge that is slowly changing the negative attitudes towards birth preparedness.

Initial Success

During the dialogues, women and men shared sad memories of maternal and newborn illness and death, underlining the grim reality of the situation. They also discussed good and bad practices and made commitments to abandon negative practices and therfore improve maternal and newborn health.

"I resolve to stop putting cow dung and other dangerous things on the cord of newborns. After today's talk I realise why my baby's cord took that long to heal. I urge fellow women to join a new me," said Ms Nabirye at a dialogue in Kamuli to a thunderous applause from fellow women.

Monitoring data shows that, while only 17 per cent of sampled women who had just given birth treated cords with nothing but the appropriate saline water in mid-2013, that percentage had shot to 56% in mid-2014.

Mr Francis Kedi, a CHW in Pallisa says he has observed that more families are now appreciating delivery under skilled care, a view backed by monitoring data. In mid-2013, deliveries in health facilities in the three districts stood at 66%. As of May 2014, that number had jumped to 84 per cent.

As at the end of August 2014, a total of 73,429 persons had attended the meetings. And if one of the goals of dialogue is to find common ground and find better solutions, then this is starting to manifest itself in the context of maternal and newborn health in the districts of Kamuli, Pallisa and Kibuku.

Community health workers encourage women to seek skilled care early in pregnancy

The challenge

Deciding to seek care from a skilled health worker by a woman at the time of delivery is highly encouraged in order to improve health outcomes for both mother and baby. When a woman delivers under skilled care, it is easier to detect and attend to any emergences that arise. However in Uganda, 42 per cent of the estimated 1.2 million women who conceive every year do not deliver under skilled care. Some of the drivers of this sad state of affairs include: poor understanding of complications and risk factors in pregnancy and of when emergency medical interventions are necessary; previous unfortunate experiences of health care services; and acceptance of maternal death as something normal in many communities.

Our Intervention

Still under the community mobilisation and sensitisation component of the study, around 1,691 community health workers (CHWs, also known as village health teams or VHTs), were trained across the three study districts of Kamuli, Pallisa and Kibuku. The training focused on early detection of emergencies, birth preparedness and care for mothers who just delivered and their newborns. During the visits, CHWs provide households with information needed to ensure mothers have a safe delivery and remain healthy with their babies. Two home visits happen during pregnancy and two after delivery.

Initial Success

Ms Grace Asio is a mother of five with her youngest child delivered in early 2014. A mother of five, Grace has conceived seven times since getting married, but lost two pregnancies. She attributes that loss to a failure to appreciate the danger signs and to seek medical care in time.

"On both occasions I bled to near death and would get to hospital late. But all this happened because I did not know that bleeding was a danger sign. But now I can at least tell what the danger signs are during pregnancy. Upon detecting any I quickly tell my husband and we find ways of going to the health centre as fast as possible."

Mr Francis Kedi is the CHW for Okisiran central village in Akisim sub-county of Pallisa district, where Grace resides. Grace has nothing but praise for him. According to Francis, it was not easy "to get into some homes initially because the men thought we were going in to use their families as bait for some personal economic gains."

He adds: "We persisted and explained that what we were doing was for their good and many came on board save for a few perennial drunkards."

Beaming with pride, Francis further intimates that he is increasingly seeing the women he has visited seeking care in time whenever they suspect a problem with the pregnancy, and opting to deliver from health facilities. Francis has visited 65 homes with pregnant women in the last year. And the outcomes are not any different from Grace's.

A total of 35,108 home visits had been made by the end of August 2014 across the three districts.The home visits by the CHWs who are always armed with flipbooks and demonstration mama kits are enabling women and families prepare better for birth and make informed timely decisions.

Minimising maternal delays through saving for health schemes

The Challenge

When Mrs X (real name withheld) went to her local health centre in one of our intervention districts for a final check-up just one month before her expected due date, she never anticipated what the midwife told her. She was told to make plans to deliver at the health centre or a general hospital because there was a likelihood of her delivery being complicated. Mrs X had an unusually large baby and needed to deliver in a health facility where caesarean section could easily be offered in time if the need arose. Sadly Mrs X had not saved for the anticipated expenses in form of transport fares, upkeep and the surgery. By the time Mrs X went into labour, her family could hardly raise the transport fare and by the time her husband got the money, a traditional birth attendant had been called in and was failing to help. Mrs X and the baby were lost a few metres from the hospital! Without any kind of savings in the house to cater for transport Mrs X's family delayed reaching care. The family of Mrs X is not in isolation. There are many more like it.

Our Intervention

Households and individual community members are being educated and encouraged to join or start financial social networks, like saving groups, which offer financial protection. In addition to the business funds, the networks are advised to have a separate fund to cater for maternal and newborn health needs. Members can access these funds to cater for emergency transport to and from the health facility for pregnant women, mothers and newborns. The fund is also meant to provide funds to cater for birth items. Saving groups are similarly encouraged to enter into partnership with transporters. At inception of the study in 2013, 816 existing groups of all manner and 795 transporters (*boda boda* drivera) were oriented on the new initiative.

Initial Success

Twambagane Saving Group is one of the groups that has been esteablished in Kamuli district as a result of the orientation and training. With 34 members — 26 women and 8 men — the leader Godfrey Kisubi, who is also a CHW, says membership is closed. His strategy is to encourage groups with manageable numbers that only open up to more members after gaining experience.

Group member Miriam Kisakye is very proud and happy to be part of the initiative. "When the labour started we did not have readily available funds for transport to hospital but our savings in the group came in handy. Let those who have not started such groups act immediately because they are very beneficial," says Miriam who had given birth just two weeks prior to our visit.

There is good news in Pallisa as well, as Betty Opolot, the leader of Puti Puti Central Saving Group explains:

"I attended training organized by MANIFEST. After the training, we organized the women and talked to them about the issues related to maternal and newborns and the reasons why we need to save money specifically for maternal and newborn emergencies. 21 women managed to join the group. The saving group started this year (2014) and so far we have saved 500,000 Uganda shillings. So far one woman has accessed the funds to cater for her transport needs to the hospital."

If this momentum is not lost, it is believed that the cases of Mrs. X will be greatly reduced. As at end of August 2014, a total of 1260 groups had an MCH (maternal and child health) fund.

Training health workers in management skills bears fruit

The Challenge

Every day, health service leaders face challenges like working with limited resources while delivering results, managing change, and keeping staff motivated. Decentralisation adds to these challenges, as many health workers have both clinical and managerial responsibilities.

However, little attention is paid to leadership and management skills during their health training. Communities, donors, local politicians and opinion leaders are demanding accountability and results, which is achievable with simple leadership and management skills.

Our Intervention

In partnership with the districts, who select the candidates, the Makerere University School of Public Health is training health workers in three areas: planning and management of health services, improving management of logistics and improving management of labor and newborn care. A six-month distance health services management certificate course, targeting district and health facility managers, caters for the first two thematic areas, the focus for this article. In the first phase, 30 health service delivery personnel were drawn from the three study districts (10 from each), and another 30 are attending the second phase of training. The results have been tremendous, with beneficiaries already registering significant improvements back at their work places.

Initial Success

Stephen Otukor, a clinical officer in Pallisa district, said that the financial management skills

he acquired during the training are invaluable. Before the training, spending and fincances were not streamlined. Now all his staff know how his clinic's financial resources are used.

"The other good thing is that when we collect the data nowadays, we analyse it, and we utilize it," adds Stephen. "This has helped us in decision making. For instance, if we plot a graph and find problems, we trace the root causes of why. We then find solutions to the challenges."

For Edith Bogere, a senior nursing officer with Kamuli district, turning support supervision into a blame game and police-like interrogation had failed to solve a long-standing problem. But, while still on the course, Edith decided to employ her new skills by suggesting the involvement of the in-charge of the health centre and the staff to find solutions.

"The in-charge gave us her views, and one of them was to change a midwife that was there to another health facility and get her another one or two. And the district health management team respected her opinion. We have since seen deliveries increasing in this facility, even the OPD attendance is improving. When you compare the HMIS report 105 of Bupadhengo now and those before, you see a marked improvement. This is simply because we were able to change our approach to supervision and problem solving."

And in the case of Anek Santurinah, a midwife in Pallisa, time management was a problem. "Things like phone calls and visitors who came unnecessarily would take my time. I would sometimes attend to these visitors and ignore clients. But this changed after the training."

By the end of the study, each of the three districts will have had 30 key personnel trained in health services management.

WHO official applauds MANIFEST initiative

Dr Olive Sentumbwe, Family Health and Population Advisor, WHO Uganda

Makerere University School of Public Health is empowering communities to address real issues as they affect them. Knowing that they have a role to play, that they have responsibilities and actually that they have the answers. And that they have resources; and that resources will not always come from outside to address their issues.

At the World Health Organisation, we believe that, when promoting maternal health in communities, it is important to empower the communities. They need to realize what their problems are and come up with solutions, and even identify resources that they have locally to work on them.

This kind of intervention in the community, where we are learning how dialogue can help communities identify and find solutions to their challenges, is a very welcome intervention. It has the potential of addressing the way we are programming for community-related interventions, like the village health teams.

Apart from giving information, how does MANIFEST ensure that by the time it moves out, they have empowered the communities to take action by themselves? That is the real indicator of whether this community is empowered to move on its own challenges.

If we can present these results very well, policy makers and program managers of maternal health programs and projects in the country should be able to borrow a leaf as to how important this particular intervention can change household practices. And that is what we really need to see - addressing determinants, addressing beliefs and practices at the household level.

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