

THE GREATER KIBAALE SMGL EXPERIENCE
A FIVE YEAR PARTNERSHIP TO
REDUCE MATERNAL AND NEWBORN
MORTALITY





The Saving Mothers, Giving Life public/private partnership used a district health systems strengthening approach across select districts in Uganda to surmount key demand-side and supply-side health system barriers pregnant women face while accessing medically appropriate, quality obstetric and newborn care. Across each SMGL-supported district, maternal and neonatal healthcare service capacity was assessed in all public and private facilities providing deliveries. Strategic investments in this existing maternity care ecosystem increased women's access to quality life-saving care within 2 hours of the onset of a complication. Maternal deaths were captured and cause of death determined: maternal mortality decreased by 44% in Uganda SMGL-supported facilities and districts over the 5-year implementation period, June 2012 to October 2017.

SMGL RESULTS

759,082 women received
ANC & PNC services



110,501 health facility
deliveries



10,529 C-sections



3,520 emergencies referrals
performed



10 ambulances provided

8,290 women accessing
mother waiting sheds



44% decline in
mortality rate

1,894 community health
workers trained



VOICES FROM THE FIELD



*"IDI-
SMGL strengthened
systems, improved accessibility of
services and improved corrective effort towards
improving maternal child health services in
Greater Kibaale"*
Dr. Robert Senteza
District Health Officer,
Kakumiro



*"Before
SMGL, we used to
have issues with delivering moms
getting complications and at times, we
would lose mothers. When IDI - SMGL
came, mothers have been transported to health
centers with ease."*
Mr. Dan Kabwijamu Chairperson
Local Council III Kyaterekera

DELAY IN SEEKING CARE

- Engaged key leadership (Political, Administrative, and Technical) at national, district, and community levels.
- Supported local media campaigns.
- Printed and distributed MCH IEC materials.
- Utilized local drama groups to reinforce community awareness messages.
- Functionalized over 1,700 Village Health Team (VHT) members.
- Conducted community dialogue meetings and integrated community clinic outreaches (ICCOs) in targeted areas.



Local media campaigns through radio talk shows created awareness of MCH services thereby increasing seeking care behaviors



Bahemuka
Japheth is a village
health team member with
SMGL. He escorts women
from his village to the clinic
and educates them on best
practices.



*"Before
SMGL we only
had 50 deliveries per month, as
I speak now, the average number of
deliveries at Kakumiro Health Centre IV
now delivers 170 babies per month"*
Sr. Assumpta Mbabazi
Kakumiro HCIV

DELAY IN ACCESSING CARE

- Improved emergency transport systems using vehicle ambulances, tricycle ambulances, transport & service vouchers.
- Improved communication and referral systems by installing fixed landlines at higher health facilities.
- Enhanced emergency obstetric and newborn care services at lower level HFs.
- Mother waiting sheds to support at-risk mothers.
- Strengthened community – health facility linkages using maama ambassadors, VHTs.



"IDI improved the referral system by providing land cruiser & tri-cycle ambulances which were stationed at Kagadi hospital and Kakindo Health center IV. Later IDI-SMGL introduced tricycle ambulances in Kibaale and Kakumiro" Dr. Dan Kyamanywa, DHO Kibaale



Tricycle ambulances ease transportation of expectant mother to health facilities thereby easing access to care

"Because maternity was now open 24 hours, mothers could access services as and when needed which lowered the rates of seeking traditional birth attendants."

Kasande Grace - Assistant In-charge at Kibaale Health Center IV



DELAY IN RECEIVING CARE

- Recruited and trained critical health care workers.
- Renovated Health facilities.
- Procured essential medical equipment and provided buffer supplies.
- Improved blood management system in all CEmONC sites.
- Supported EmONC Quality Improvement activities.
- Improved Monitoring and Evaluation Systems



'IDI-SMGL our savior should not go'
Sister Assumpta Mbabazi
Honorable Secretary for Health, Kibaale



"TDI-SMGL operationalized our maternal wards, and provided specialised equipment for the survival premature newborn babies" Stephen Byaruhanda, LC V Kagadi district



Health systems strengthening shown through the renovation of the Maternal ward at Kagadi Hospital.

DRAMA SHOWS SENSITIZE COMMUNITIES ON SEEKING MATERNAL CHILD HEALTH SERVICES FROM HEALTH FACILITIES.

“I watched the SMGL drama highlighting the dangers of home delivery and utilization of Traditional Birth Attendants(TBA) and got shocked. From then on, I made up my mind to always deliver from the health facility because it’s always safe,” said Judith.

In September 2016, Judith now a mother of three attended a drama show in Mpasaana sub country about 47 kilometers from Kakumiro town. At the time, Judith was three months pregnant with her third child and no plan of seeking maternal child health (MCH) services from a nearby health centre. Recognizing the need to bridge the knowledge gap, the Infectious Diseases Institute - Saving Mothers Giving Life (SMGL) project which is funded by Centers for Disease Control & Prevention (CDC) encouraged behavioral change through drama shows.

“One day our VHT came around our village telling us to attend a drama show the next day which was to be held at the trading centre” says Judith.

In an effort to encourage behavior change and create awareness about maternal child health services, IDI used drama as one of the strategies to sensitize communities on dangers of TBA activities, importance of male involvement as well as the benefits of giving birth in a health facility. The SMGL project interventions was hinged on the three delays to enhance maternal health seeking behaviors.

“Drama has reduced TBA activities because people are sensitized on the importance of accessing and seeking MCH services from health centres,” said VHT Imelda.

On a quarterly basis, drama activities were integrated into program implementation and shows were organized at hot spots such as bars and markets. Shows were usually performed through local songs and skits “*ebizaano*” where messages on MCH service utilization and safe motherhood were shared.

“I attended one show where I observed the dangers of delivering from the TBA versus the benefits of health facility deliveries. I learned that mothers who went to deliver at TBAs were at

risk of dying during delivery in case the situation became too critical for the TBA to manage,” said Judith.

After watching the drama show, Judith went home and shared what she had learned with her husband. A week later her husband escorted her to Nkooko health centre III for ANC services. While at the facility, the midwife taught them about birth preparedness as well as recognizing danger signs in pregnancy. They also learned about the importance of taking vitamin supplements, a balanced diet and proper hygiene, all of which helped to ensure that Judith and her baby remained healthy. A few months later, Judith went to Kakumiro health centre IV where she delivered a healthy baby girl by Caesarean section.

“In fact I wonder what would have happened had I not gone to the facility,” said Judith.

“Drama activities have always blended well with dialogue meetings. After the drama show, the dialogue the discussion would be so engaging and would make people open up about the challenges they are facing relating to MNH” said Kahwa the drama group leader based in Kakumiro district





INTEGRATED COMMUNITY OUTREACHES BRING SERVICES CLOSER TO THE PEOPLE OF BUJAJAJA VILLAGE

“One Wednesday morning in 2014, I heard the Bujajaja Parish coordinator announcing on a megaphone that IDI - Saving Mothers Giving Life (SMGL) project had organized a community outreach [integrated static clinical outreach] at the church and was bringing maternal neonatal health services including HIV testing services, antenatal care and immunization closer to the people,” said Alice.

Alice, a 29-year-old woman and mother of three is married to Sarapiyo Ndunguse and lives in a remote area plagued by bad roads and therefore has limited access to health services. The closest health facility, Nkooko health centre (HC) III is 20 kilometers away. Alice had previously lost two babies, both delivered by a traditional birth attendant (TBA) in her sub county.

In order to prevent more mothers from losing their children at birth while preserving the health of the mothers, IDI-SMGL project, funded by the Center for Disease Control and Prevention (CDC), organized a community outreach providing maternal neonatal services to the women in Bujajaja village.

“The Parish coordinator mobilized pregnant women, and mothers with babies in need of immunization as well as men to come to Bujajaja church for all those services,” said Alice.

At that time, Alice was five months pregnant. At the outreach, Alice and other women received a health education talk, were registered before receiving

services such as physical examinations, HTC services, and Tetanus Toxoid (TT) vaccination. Alice also received some medicine including that to prevent malaria during pregnancy and iron folic tablets to prevent anemia. Health workers advised her to return at seven months.

“I honored the health worker’s advice and returned at 7 months. Again, I received health education about the importance of antenatal care services (ANC) to pregnant mothers, birth preparedness, and the benefits of health facility delivery. We were also asked to come back with our partners at the next visit,” said Alice.

On returning home, Alice urged Sarapiyo to accompany her for her next visit. At eight months, Alice returned to receive outreach services with her husband during which both tested for HIV as part of the ANC services package. Sarapiyo also joined a group of men who were separately receiving paternal health education about their roles and responsibilities in birth preparedness. Alice was then given a subsequent return date for her 4th visit which was not met because she went into labor early.

During labor, the couple wasted no time in travelling to Nkooko HC III, where Alice delivered a healthy baby girl – now three years old. As a result of the IDI led outreaches, since January 2016, 842 clients have received ANC and a total of 2,190 babies have been immunized in Bujaaja village.

“I thought that TBAs were the direct representatives of health workers in the community until I was educated about the dangers of TBA delivery and the advantages of health facility delivery,” said Sarapiyo.

In September last year, Alice found out she was pregnant with her third child. During her pregnancy, Alice faithfully continued to attend community outreaches with the support of her husband. The couple engaged in early preparations for child birth and savings for transport to the HC before her anticipated delivery date of 15th May 2017.

“We bought most of the things required for delivery like gloves, basin, kiveera, baby’s clothes, bed sheets and saved some money for transport and emergencies at the health facility,” said Alice and her husband.

On Sunday 21st May, 2017 at Nkooko HC III, Alice gave birth to her 3rd child - a bouncing baby boy. She is so grateful to SMGL for providing accessible MNH services to her community. Alice currently has 3 children aged nine, three, and a newborn of 8 days, two of whom are fondly termed as SMGL children. *“We now have 2 children from the Bujaaja outreach services,”* says the proud couple.



OUR MIRACLE BABY

“I learned of the benefits of giving birth in a health facility from our VHT Birungi” says Yasinta.

Yasinta Nakibuuka is a 32-year-old mother from Kitaba village in Kibaale district. She lives with her husband Robert Kisembo and they have six living children. Four of Yasinta’s children were delivered by a local traditional birth attendant (TBA) while the other two were delivered in a health facility (one of whom was delivered prematurely and died).

In 2015, Birungi a Village Health Team (VHT) member supported by the IDI-Saving Mothers, Giving Life (SMGL) project visited Yasinta’s home. During the visit, Birungi told the couple about the benefits of receiving Maternal Child Health (MCH) services from skilled health workers in health facilities such as delivery, antenatal and postnatal care as well as being informed about danger signs in pregnancy.

“At that time I thought this information did not concern me since I was not pregnant, I did not have a newborn baby, and I had no intention to conceive again”, says Yasinta.

All that changed in December 2016 when Yasinta conceived. Suddenly, Birungi’s message became more meaningful and in the first three months of her

pregnancy, Yasinta attended ANC visits at Kibaale health centre IV.

“We feared to lose our 6th born because of not seeking MCH services early as had been recommended by the VHT,” said Robert.

The couple attended ANC three times at the facility, but Yasinta could not make it for the 4th visit because of premature delivery. When she began feeling labour pains, she was quickly rushed by husband - Robert to Kibaale HC IV particularly after observing that she was bleeding which was one of the danger signs. Given their past experience with premature delivery, they had little hope about the baby's survival but still sought care at the facility as advised by the VHT. On reaching the facility, they were quickly attended to by the midwife on duty, Sr. Josephine Tibenderana.

“The next thing I heard was the midwife asking for the baby's clothes which I gave her”, says Robert.

Previously clad with worry, Robert was relieved when Sr. Josephine brought him news of a successful delivery. Their baby girl was born weighing just one kilogram as a result of Yasinta acquiring malaria in pregnancy. She was immediately placed in an incubator and looked after in the Special Care Newborn Unit (SCNU) for about a week. During this time, baby Veronica was fed using a nasal gastric tube for three days and given additional supplements and antibiotics to prevent any infections and help her grow well.

“The midwife also taught us how to keep the baby warm at all times, ensure proper hygiene and exclusive breast feeding” says the couple.

The couple returned two weeks later for review where the baby was assessed, given additional drugs for infection prevention, and immunized. The couple followed through with their review appointments until their baby was six months old. Baby Veronica was thriving and had gained about six kilograms. Today healthy Veronica is nine months old and weighs eight kilograms.

Back home, Robert who leads the Fathers Union group in his village used this platform to champion community sensitization on MCH services and the benefit of seeking services from skilled birth attendants at health facilities. He encourages pregnant women to seek health facility deliveries and also teaches couples about birth preparedness as soon as they are aware of the pregnancy. He also emphasizes the need for men to be supportive of their pregnant wives.

BEST PRACTICES

- Using holistic district wide Health systems approach including:
 - Leveraging on existing PEPFAR platform
 - Structured interventions on the 3 delay model that were context specific.
 - Strong private and public partnerships
- Integrating service delivery points for MCH and HIV/AIDS services.
- Focused efforts on the critical period of labour, delivery, and 48hr postpartum
- The MDSR tools were adopted in the National MDSR guidelines 2017
- Engagement of Political, technical and administrative leadership.
- Multi-pronged approaches in capacity building; motivation; and retention of HCWs
 - Engagement of professional medical association mentor teams.
 - Trainings, clinical placement, CMEs, emergency drill sessions
 - QI activities – promoting partograph usage; BABIES matrix; MPDRs
- Robust Monitoring & Evaluation systems:
 - An ambitious goal
 - Strengthening existing DHIS-2
 - Supported data driven meetings
 - Enhanced patient level data system – POMS
 - DQA
 - GIS
 - Evaluation/Assessment activities – HFA, RAMOS
- Functionalizing of lower level EmONC HFs.
- Adoption of maternity waiting homes at CEmONC sites targeting at-risk mothers; use of BABIES matrix; Voucher transport and service systems; community follow up models.
- Health Facility Infrastructure improvement and enhance blood management systems at CEmONC sites.
- Continued lobbying and advocacy for complementary funding and internal district support
- Empowering community health workers and grass root leaders (change champions) reinforced with multiple interventions tailored to create community awareness, mobilization, and feedback platforms. – creating a zero tolerance for preventable maternal and newborn deaths.





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