Communities and Health Workers Improving Maternal Health Together in Jinja District, Uganda

WHAT IS FISTULA?

A genital fistula is an abnormal opening in the upper or lower female genital tract that causes uncontrollable, constant leakage of urine and/or feces. Obstetric fistula is usually caused by several days of obstructed labor without timely medical intervention. Iatrogenic fistula is caused by surgical error, most often during cesarean section. Traumatic fistula is caused by injury—for instance, through sexual violence, female genital mutilation, or accidents.

www.fistulacare.org

BACKGROUND

Utilization of maternal and voluntary family planning services is critical to improvement of maternal and infant health outcomes. However, uptake of these services in rural Uganda remains low, with limited evidence on effective models for increasing service uptake. There is a discrepancy between the expected and actual maternal and reproductive health service utilization rates in Uganda. For instance, the modern contraceptive prevalence rate among married women will likely reach 50% by 2020, as per Uganda's Family Planning 2020 commitments (FP2020 2018 Progress Report). However, as of June 2018, the modern contraceptive prevalence rate among all women remains just 28% (FP2020). Similarly, 26% (UDHS 2016) of all deliveries occur without skilled birth attendants. The use of maternal healthcare and voluntary family planning is crucial to reducing mortality and severe morbidities, such as obstetric fistula.

The Fistula Care *Plus* (FC+) project, funded by the United States Agency for International Development (USAID) and implemented by EngenderHealth in collaboration with the Jinja District health office, aimed to strengthen the linkages between healthcare facilities and communities to increase service uptake.

PROGRAM STRATEGY

Site Selection

In March 2016, FC+ project staff and the district health office of Jinja district conducted a joint assessment of primary healthcare units in Jinja District. The assessment established that services such as voluntary family planning, maternal health, and antenatal care (ANC) were least utilized at Lukolo Health Centre III (HC III). For example, a review of January to December 2015 service data demonstrated that only 42% of women in Nawangoma, a parish comprising the catchment area of Lukolo HC III, delivered at the health facility. FC+ used UDHS 2016 data to calculate the expected number of clients for voluntary family planning methods, applying reported demand for spacing and limiting births and reported fertility and delivery volume. Of the 397 clients expected to access short-acting family planning methods, only 123 accessed services. Likewise, only 10 of an expected 390 women accessed long-acting and permanent contraceptive methods.

Site Walk-Through (SWT)

FC+ conducted a site walk-through (SWT) at Lukolo HC III in June 2016. An SWT is a one-day event that aims to gather the views of community representatives and health providers on challenges and opportunities for increasing access to services at the health facility. These views then inform strategies for strengthening linkages between the health facility and the catchment population. The SWT model is illustrated here.

USAID FROM THE AMERICAN PEOPLE
Fistula Care *Plus*
EngenderHealth for a better life

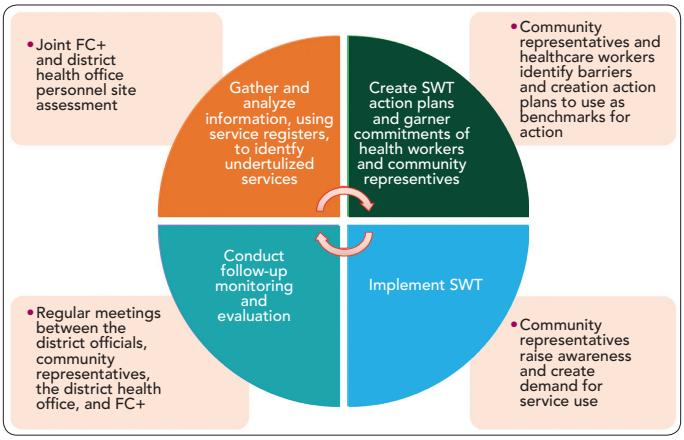

Figure 1: The SWT Model

During an SWT, service providers guide community and district office representatives on a tour of the health facility explaining the services provided and answering any questions to establish an understanding of the complex and reciprocal relationships between the community and the facility. The process involves discussion and mutual feedback between community representatives and service providers, and culminates in action planning and commitments to address barriers to service uptake. The community representatives become ambassadors of change responsible for raising awareness about services available at the health facility in order to create demand at the community level.

Additional Program Activities

SWTs aim to generate increased demand for healthcare services. To help meet this demand, FC+ implemented capacity building activities in tandem with the SWT.

- Following the SWT, 30 village health team (VHT) members from the six villages within the Lukolo HC III catchment area completed four-day trainings to enable them to conduct awareness generation activities and to refer clients to the health facility. VHT members received education materials, data collection tools, and referral forms.
- In early 2017, FC+ conducted clinical trainings for health providers at Lukolo HC III to enable them to offer short- and long-acting contraceptives, monitor labor using a partograph, and ensure infection prevention.
- FC+, in collaboration with partners such as Uganda Health Marketing Group and in conjunction with the district health office, strengthened contraceptive commodity security by introducing alternative supply distribution channels at district and national levels for sustained service provision.
- The project supported upgrade of data collection and storage systems at the facility and trained records officers in data analysis to improve data management and use of data for decision-making.
- Quarterly meetings with health providers, district health office staff, community agents, and FC+ staff were held to garner feedback and ensure accountability among stakeholders.

Endline Documentation

FC+ staff in Uganda documented program outputs using routine service and program data as well as discussions with local partners and stakeholders. Data sources included service registers and the district DHIS2 database. Stakeholders included VHT members, health providers, local leaders, and district health management team (DHMT) members.

PROGRAM RESULTS

Service Use

A review of routine health facility service statistics showed a tremendous improvement in the use of voluntary family planning and maternal health services.

Family planning: There was an increase in voluntary family planning service uptake following the SWT and associated capacity building efforts (see Figure 2). There was also an overall shift in uptake from short-acting to long-acting contraceptive methods. During the period from baseline (before the SWT) to FC+ endline documentation, there was a 35% increase in total family planning clients per quarter (from 162 to 218). The peak (262 clients) occurred in the July–September 2016 quarter, shortly after the SWT implementation and initiation of capacity building efforts.

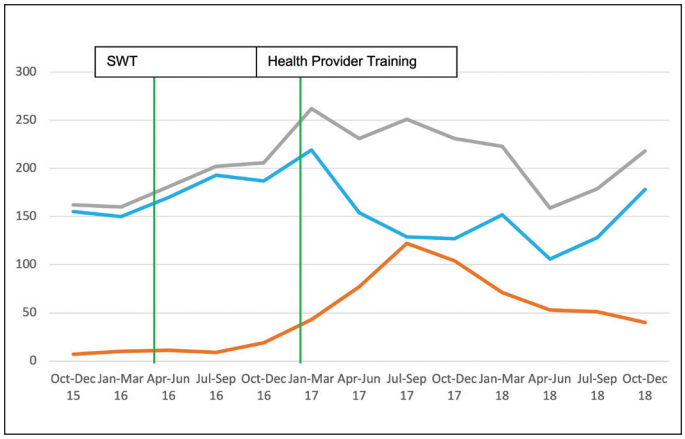

Figure 2: Family Planning Clients at Lukolo HC III, October 2015–December 2018

Maternal health: The number of clients attending the first ANC (ANC1) and fourth ANC (ANC4) at Lukolo HC III increased over the implementation period (see Figure 3). FC+ calculated the expected number of clients per quarter for ANC 1, ANC 4, and facility delivery using census and UDHS data (Uganda Census 2014). ANC1 use surpassed expected attendance. ANC4 use increased, but remained below the target level. The number of facility-based deliveries also increased, meeting the expected level in July 2017 and remaining above this level since. Service use beyond expected levels may reflect users from outside the catchment area who bypassed local facilities in favor of Lukolo HC III due to reported increases in service availability and quality, as has occurred in similar settings (Kruk 2014).

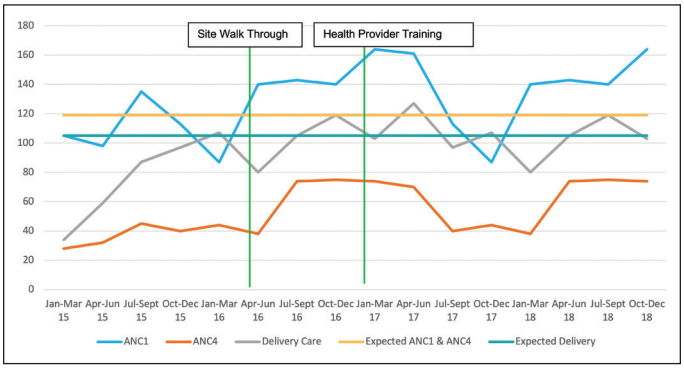

Figure 3: Expected Versus Actual Maternal Health Service Use at Lukolo HC III, January 2015–December 2018

STAKEHOLDER PERSPECTIVES

Stakeholders identified tangible improvements in health facility capacity associated with the program. For instance, because of increased service use, the district health office was able to successfully advocate with the Chief Administrative Officer for increased staffing at the facility and demand-driven transfer of staff from lower caseload facilities to Lukolo HC III. Three more midwives joined the facility. The SWT also provided a platform for the community to share their expectations with local leaders and service providers and vice versa. For example, community members reported problems affecting service uptake, such as health providers reporting late to work. Through the dialogue, providers recognized their own shortcomings and dealt with these issues in response to the community feedback. The facility introduced arrival books in all departments and some providers received counseling to help address specific shortcomings. FC+ also introduced data for decision-making meetings, during which staff review routine facility data to assess performance and inform decisions. VHTs and health providers reported that this approach motivated them to identify solutions for services with underperforming indicators. FC+ also helped procure and install record storage facilities. Initially, the facility lacked proper storage facilities, resulting in the destruction of registers by rats and cockroaches.

A VHT member educates an expectant couple about danger signs during pregnancy. Photo: ©Frank Baguma/FC+ team

"Whatever was given to them was adapted quickly and improved the services. You recognized that Lukolo was under staffed, the client load was big and we increased on the number of staff."

– DHMT member

"When we did the SWT, there was an issue of late coming that was identified by the community, we came back and had several meetings, we agreed that some of us were not able to come to the facility on time. [We] counseled some staff.... Limited staff vis-a-vis the numbers of clients, after that SWT we got three more midwives, [until] then we had three midwives but now we have six midwives. [There was also a] lack of an arrival book the MCH [maternal and child health] department where the SWT took place. [We received] another arrival book so that all the departments [have an] arrival book. Since then the district provides arrival book."

– Health facility in-charge

"We look[ed] at the baseline data before you started and where Lukolo is. The data would show how they were performing and where they are now. The other basis would be building capacity of health workers. By then very few staff were trained in certain skills but now all the staff have acquired skills. Also there is team work. Support supervision from the district. Before you came we were calling people for disciplinary because they had constructed

the maternity ward but services were very low. The mothers would be bounced back because of staff absenteeism; we had to transfer some people." – Health facility in-charge

"Data storage was improved; we lacked where to store our data after we had generated it, but we now have beautiful cabins where we store our records." – Health facility in-charge

Stakeholders also reported improvements in VHT functioning. VHT members were motivated through their training to mobilize and refer clients from across the facility's catchment area. VHTs shared information about the services available at the facility and counseled community members to help them to make informed decisions and access services. The VHT training also helped strengthen their role in aiding communication between the health workers and with the community. They learned and were able to speak in medical terms, which further motivated them. District health staff also reported that maternal and child health surveillance conducted by VHTs in the catchment area improved.

"We were trained, I used to fear the community but now I don't. My husband says these trainings should continue. Our facility is now the best in the sub-county. It receives referrals from all the villages." – VHT member

"The VHTs also helped us to improve, they mobilized the clients from far villages and they have commented well about the services and always loved to come back to Lukolo." – DHMT member

"Training of VHTs included skills on registering pregnant mothers, postnatal mothers, immunization of children, and family planning. They were given registers to track mothers and children and this motivated them. They were very proud whenever they came around with their books." – Health facility staff

PARTNERS' JOURNEY TO SELF-RELIANCE

The SWT enhanced local leaders' senses of ownership regarding Lokolo HCIII and developed relationships between the local leaders and health providers. Local leaders reported that they had begun developing plans to extend the SWT approach to other health facilities within the district. Community leaders appreciated the SWT for providing insights into the barriers that limit service uptake at both health facility and community levels. Due to the capacity building of health workers during the program and subsequent improvements in efficiency and overall performance, the district administration described the Lukolo HC III as a model health facility in the district.

"We were able to link the health center staff to ourselves and we collaborate with them more easily because they know us and we also know them." – Local leader

"It is a very good intervention because it was able to help us dig deeper and understand the different challenges we had at the facility and we were able to get remedies for the weaknesses and improve on our strengths further." – Local leader

"The community got an opportunity to hear from the facility staff in the presence of local leaders and a team from EngenderHealth" – Local leader

"It was good because it really opened the community's eye about the health facility…..The Site Walk Through has helped improve indicators for Lukolo HCIII. We have decided to make Lukolo a role model facility. It also improved the relationship with health. The community was ignorant about the services being offered at the facility…. The district health office picked a lot of interest in the Site Walk Through and was requesting to take it to other facilities." **– DHMT member**

CONTRIBUTORS TO PROGRAM SUCCESSES

Based on program data and stakeholder perspectives, several factors appear to contribute to the success of this effort.

First, the intervention brought stakeholders together to discuss the factors hindering use of maternal and reproductive health services and to make collaborative action plans to address these. Health workers and community members assumed responsibility for increasing service supply and demand from an informed point of view.

Second, capacity building at health facilities improved providers' abilities to meet demand. Health workers described capacity building, equipment provision, supportive supervision, and improved community linkages as key enablers to increasing voluntary family planning and maternal health service uptake. Examples of linkages

included increased accountability to communities through joint quarterly meetings and two-way feedback. Data-driven staff allocation and support from the district health office were instrumental in meeting the demand for maternal health and family planning services. The district health staff recognized these as the cornerstones of the program. Consistent replenishment of family planning commodities and integration of family planning into other service points minimized missed opportunities for delivery of voluntary family planning services.

Finally, building the capacity of VHTs and providing them with essential communication materials strengthened their abilities to implement their expected roles—they were able to continuously raise awareness about health services, improve surveillance, and participate in quarterly supervisory meetings and joint discussions with district health staff.

However, persistent barriers to service use were also identified, most notably a lack of transport to health facilities. This continues to prevent women in labor from reaching health facilities in a timely manner.

PROGRAM IMPLICATIONS

The FC+ experience implementing the SWT in tandem with health system capacity building activities suggests several implications for similar programs.

- The SWT model may offer a model for efforts to create and sustain linkages between service providers, the community, and district political and technical leadership.
- The SWT model seeks to promote underutilized services; therefore, successful implementation requires a willingness and commitment to review data in a transparent manner and use the data to solve identified gaps.
- A participatory approach with stakeholders increases opportunities for problem identification, analysis, action planning, and transparency through mutual feedback in addressing service use barriers. In particular, close partnerships with local government officials increase opportunities for ownership and accountability to service beneficiaries.
- Capacity building across levels of the health system is essential for meeting the increased demand for services generated through the SWT approach.

REFERENCES

- Family Planning 2020 (FP2020). 2018. *FP2020 Core Indicator Summary Sheet: 2017–2018 Annual Progress Report*. https://www.familyplanning2020.org/sites/default/files/Uganda%202018%20CI%20Handout.pdf.

- Kruk, M.E., Hermosilla, S., Larson, E., and Mbaruku, G.M. 2014. "Bypassing Primary Care Clinics for Childbirth: A Cross-Sectional Study in the Pwani Region, United Republic of Tanzania." *Bulletin of the World Health Organization, 92*(4), 246–253.

- Uganda Bureau of Statistics (UBOS) and ICF. 2018. *Uganda Demographic and Health Survey, 2016*. Kampala, Uganda and Rockville, MD: UBOS and ICF.

Acknowledgements

This brief was written by Hassan Kanakulya and Molly Tumusiime. The brief was edited by Amy Agarwal and Vandana Tripathi and designed by Robert Vizzini. We thank Erin Mielke, Mary Ellen Stanton, Paul Kaduyu, and Rose Mukisa for their review. This publication was made possible by the generous support of the American People through the US Agency for International Development (USAID) under cooperative agreement AID-OAA-A14-00013. The information provided here does not necessarily represent the views or positions of USAID or of the US government.

We thank the Jinja district local government—including the Lukolo HC healthcare team, the VHTs from the villages of Nawangoma, Bufula A and B, Lukolo East and Lukolo West, as well as Nsuube—for partnering with the FC+ team. We would also like to appreciate Molly Tumusiime who led implementation of the SWT approach; Rose Mukisa for her technical and supervisory role; and Paul Kaduyu, Hassan Kanakulya, Joshua Wesana, and Lojjo Were for their support in implementation.

The USAID-funded, EngenderHealth-led Fistula Care *Plus* project works to prevent fistula from occurring, treats and cares for women with fistula, and assists in the rehabilitation and reintegration of women with fistula. Fistula Care *Plus* partners with ministries of health, faith and community-based organizations, nongovernmental organizations, United Nations Agencies and other stakeholders, including facilities providing surgical and nonsurgical fistula repair in South Asia and Sub-Saharan Africa. For more information about fistula and the Fistula Care *Plus* project, visit *www.fistulacare.org*.

505 Ninth Street NW, Suite 601, Washington, DC 20004 · +1 (202) 902 2000 · engenderhealth.org

USAID FROM THE AMERICAN PEOPLE

Fistula Care *Plus*

EngenderHealth for a better life