COMMUNITY DRIVEN APPROACH TO INCREASE UPTAKE OF FP AND CHILD HEALTH SERVICES IN PUBLIC HEALTH FACILITIES

A case for Micro interventions for child and maternal health services by Health Child, Uganda

Presented by
Betty N. Walakira
Health Child
bwalakira@healthchild.org.ug
www.healthchild.org.ug
Introduction

- Presentation based on Health Child work undertaken for a child and maternal health project implemented in 2007-2010
- Draws insights from working with Village Health Teams and local leaders in relation to mobilizing communities to respond to take up FP and child health services.
- Presents learning lessons relevant for mobilizing local communities to respond to issues of maternal and child health
Context

- Uganda has one of the highest population growth rates at 3.2% per annum and fertility rate of 6.7 children per woman of reproductive age.
- Contraceptive prevalence rate is low at 24% for married women for all methods and only 18% using a modern methods. Few use LAPM (IUCD- 0.2% and implant 0.3%) among married women (UDHS, 2006)
- Most commonly used methods of contraception among married women in Uganda is the injectables (10%), the pill (3%) and rhythm method (3%) (UDHS, 2006)
Objectives of the project

- Increased dialogue between health workers and expectant mothers to increase antenatal, postnatal visits and deliveries in health centers.
- Empowered young mothers with knowledge and skills for proper child upbringing and management of childhood illnesses.
- Empowered mothers against risk of unplanned pregnancies.
- Increased male involvement in child and maternal health.
This study evaluated whether Health Child had an impact on improving the management of childhood illnesses and the health of young mothers in the Health Child implementation areas the least three years.

In this comparative evaluation, qualitative study design sought to capture individual insights by giving an in depth understanding of the role of Health Child in the intervention areas, while the quantitative design conveyed data in measurable terms.
1440 women of reproductive age below 25 years old reached.

8640 children immunized against immunizeable diseases and given health boosters

1350 men reached through dialogue to increase male involvement.

Collaboration with five public health centers, 47 Village Health Team members capacity strengthened and 12 community leaders involved in planning for child and maternal health services.
Results of the end of project evaluation- Family Planning

- Increased trend in uptake of family Planning services at health centers. Comparison for the months of 2007 and 2008, 2009, 2010 with the latter three being years of implementation.
More use of long acting Family Planning methods

- 3.2 % in implementation area using Tubal ligation compared to 0 % in control and 0.7% national average (UDHS, 2006).
- 2.8 % using IUD in implementation area compared to 0 percent in control and 0.7 % national average (UDHS, 2006).
- 2.4 percent using vasectomy in implementation area compared with 1.8 percent in implementation area.
Spousal discussion of Family Planning and satisfaction with services.

- 46% in implementation area discussed FP with partners compared to 35% in control area. UDHS reported that 30% of married women had discussed Family Planning with their partners at least once or twice in three months.
- 87% in implementation area were satisfied with Family Planning services in implementation area compared to 68% in control area.
Evaluation results for child health

- 87% of children immunization cards were available and also seen, compared to national average of 63 %.
- 67% of children in intervention area who reported suffering from diarrhea two weeks preceding survey were treated with ORS compared to 59% in control area. National average figure is 40% being treated with ORS (UDHS,2006)
- 60.7% of children who had fever two weeks preceding survey were taken to public health facilities compared to 44.1% in the control area.
Evaluation results on the effectiveness of Village Health Team

- 73.6% said VHTs had improved relationship between health workers and pregnant mothers.
- 82.5% said that VHTs had encouraged deliveries in health facilities ANC and PNC.
- 83% said VHTs had empowered young mothers with knowledge in child upbringing.
- 61.5% said VHTs had improved male involvement in health issues.
Programme implication for Family Planning and maternal health in general

- Public-private partnership needs to be strengthened in all implementation. It is important for NGOs to appreciate that the role of service delivery is mainly under government. There are increased results if NGOs concentrate on community advocacy efforts.

- Delivery of integrated services reduces implementation costs and solves family health problems at the same time.
There is need for a referral person/ health worker who women who have started on a Family Planning method can refer to incase of side effects.

In the case of Health Child we have a nurse and have given community members her telephone number. Health Child also distributed mobile phones to communities on two islands to facilitate communication in case of side effects or other health related problems faced by community members.
Implication for working with VHTs.

- Strengthening skills and capacity of Village Health Teams (VHTs) is important. They need to be updated with correct and current information, need skills in mobilization of community members, conducting home visits and follow up.

- We should however consider the workload that they have. VHTs in many settings are not paid a salary. Innovations in facilitating them in various ways in order to motivate them need to be devised.
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Pictures Taken from Health Child Activities

Slide 4: VHT and Health Worker is a pregnant mother session in a Health Session at Kisima I island Health Centre

Slide 5: Male dialogue session in Soweto and child receiving immunization

Slide 11: VHTs in an ICT supported session on breastfeeding and a VHT of Kakira during a follow-up for pregnant mothers