



Working with health workers to improve maternal health services

Poor quality of maternal and newborn health services in Uganda have resulted in low maternal health service utilisation and high newborn mortality rates, both at home and at health facilities. The support Future Health Systems (FHS) provided to health workers to improve maternal health service delivery illustrates how a package of interventions that equips health workers with the necessary knowledge, skills and equipment, supplies and other non-financial incentives can improve the quality of maternal and newborn health service delivery.

Background

One contributing factor to low maternal health services utilisation, high maternal deaths and neonatal mortality in Uganda is the poor quality of maternal and newborn health (MNH) services. Data from a 2013 FHS baseline survey showed that health workers lacked motivation, the skills required for the management of MNH conditions, and the necessary equipment for resuscitating newborns. There was also no difference between mortality rates of newborns born at home and in a health facility.

What changes took place?

The FHS Uganda team has supported change in the delivery of maternal and newborn services, from the district level right through to the health facility. The support was largely through training, facilitating monthly sub-county and district review meetings, supportive supervision, and mentorship, using participatory action research. Health workers and facility and district managers have realised the importance of identifying local problems through routine health management information systems data and observations at the facility.

For example, in one district a high number of stillbirths was attributed to unnecessary augmentation of labour using Pitocin. This was only discovered following the district review meetings where sustained calls were often made to the districts to use their data to identify problems and potential solutions. In one district hospital, it was noted that high neonatal deaths were partly resulting from health workers' inability to resuscitate newborns. A refresher training in newborn

resuscitation was provided by a district health management officer, which is reported to have subsequently improved health workers' newborn resuscitation skills.

Similarly, after facility managers received training in health services management, many were able to identify local problems and solve them. One facility manager realised that their facility's storage and management of drugs was very poor so they reorganised the storage of drugs; another realised the importance of reporting to the facility on time and started reporting to work punctually.

Furthermore, practices such as partograph use to record the progress of labour and manual vacuum aspiration for post-abortion care were not being done routinely. This gap was identified during supportive supervision and mentorship, conducted by both district and national level mentors supported by the study, and support was given to health workers to improve their skills in using partographs. Previously, support supervision was conducted more like a fault-finding exercise without the impartation of new skills.

Problems that contributed to poor use of partographs, such as lack of the partographs themselves, were also identified and addressed by encouraging facilities to budget for stationery and photocopying.

The district health teams are now more active in monitoring how health services are delivered. Cases of negligence or mistreatment of patients are now followed up by district health teams. In one district, a doctor who was found to have been negligent was suspended. Additionally, maternal or newborn deaths are now investigated by the management of the district.

Uganda data

- 343 maternal deaths per 100,000 live births.
- 19 neonatal deaths per 1,000 live births.

(WHO, 2015)

Intervention benefits were also found to extend beyond the intervention area. Some health workers were transferred from the intervention area to facilities in the control area, and activities such as support supervision were subsequently implemented in the entire district.

How did FHS contribute to the changes?

Our theory of change indicated that improving health worker motivation and skills through the provision of a package of non-monetary incentives such as recognition, mentorship and supportive supervision would help to improve the quality of services. In addition, we believed that managerial skills, oversight and accountability are important for ensuring that good quality services are offered at facility level, and that this would influence their subsequent uptake.

The FHS Uganda team used participatory research promoting collaboration and partnership with the districts to implement the intervention, which comprised of training in management of health services, refresher courses in MNH, mentorship, supportive supervision, recognition, and the provision of basic equipment required for providing MNH services. Accountability was promoted through the district and sub-county review meetings that provided a forum for high-level district officers to review the delivery of MNH services. Two hundred

// Intervention benefits were also found to extend beyond the intervention area. //

and eighty five health workers benefitted from the emergency obstetric care refresher course, approximately 80-90 health workers benefitted from mentorship and support supervision, and 90 health workers, facility managers and district health team officers (30 from each district) benefitted from the certificate course in health services management.

What next?

The districts have continued to provide supportive supervision and recognition of best performing health workers and facilities. Mentorship activities were undertaken in four facilities per district. The FHS Uganda team intend to continue working with the districts to extend this intervention to other facilities so that facility managers are able to mentor and provide supportive supervision to ensure continuous attention is given to quality improvement in facilities.

The new Health Sector Development Plan for the country has put in place constituency assemblies, which will provide a forum for reviewing facility performance. The FHS Uganda team intends to continue working with the districts through this forum to promote accountability for health services. Dissemination activities to the Maternal and Child Health cluster at the Ministry of Health, which influences the implementation of programmes for MNH, is also underway to promote these best practises on a country-wide level.

CREDITS

This Story of Change was prepared by the Future Health Systems team at Makerere University School of Public Health in Uganda.

This document has been funded by the UK Government. However, the views expressed herein are those of the author(s) and do not necessarily reflect those of the UK Government or the partners in the Future Health Systems research consortium.

This work is licenced under a Creative Commons Attribution-NonCommercial 3.0 Unported License. 2016.

Key references

Ekirapa-Kiracho E, Muhumuza R, Tetui M, Makumbi, F Atuyambe L, Ajeani J, George A, Namazzi G, Bua J, Mutebi A, Nakiganda N, Bhumba A, Mulekwa G, Waiswa S, Kiwanuka S (2013) Maternal and Newborn Care and Practice Household Survey-Baseline Report, Makerere University School of Public Health, Uganda.

Kananura RM, Tetui M, Mutebi A, Bua JN, Waiswa P, Kiwanuka SN, Ekirapa-Kiracho E, and Makumbi F (2016) The neonatal mortality and its determinants in rural communities of Eastern Uganda, *Reproductive Health*, 13:13, doi: 10.1186/s12978-016-0119-y

Kiwanuka S, Kakaire K (2016) MANIFEST Issue Brief No 5. *Mentoring contributes to quality improvement in maternal and newborn care, health worker motivation*, Makerere University School of Public Health, Kampala

Waiswa P, Peterson S, Tomson G, Pariyo GW (2010) Poor newborn care practices - a population based survey in eastern Uganda, *BMC Pregnancy and Childbirth*, 10:9, doi: 10.1186/1471-2393-10-9

WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (2015) *Trends in Maternal Mortality 1990 to 2015*, Geneva World Health Organization



Future Health Systems
Innovations for equity

✉ futurehealthsystems@gmail.com

🐦 [@futurehealthsys](https://twitter.com/futurehealthsys)

f www.facebook.com/futurehealthsys

🌐 www.futurehealthsystems.org



Future Health Systems is a research consortium working to improve access, affordability and quality of health services for the poor. We are a partnership of leading research institutes from across the globe, including: Johns Hopkins Bloomberg School of Public Health; China National Health Development Research Center; International Centre for Diarrhoeal Disease Research, Bangladesh; Institute of Development Studies, UK; Indian Institute of Health Management & Research; and Makerere University School of Public Health, Uganda.