REPLICATING MAMATOTO PROGRAMME: OUTCOMES & RESULTS

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The Mama na Mtoto Experience

Outcomes & Results

Mama na Mtoto

Background

The Mama na Mtoto initiative aimed to improve maternal, newborn, and child health (MNCH) in Misungwi and Kwimba Districts. Activities supported improvements to district health systems, trained health workers in clinical and management skills, and deployed a network of MNCH-focused community health workers (CHWs) to support mothers, babies, and their families. Catholic University of Health and Allied Sciences, supported by University of Calgary (Canada) and Mbarara University of Science and Technology (Uganda), led research and evaluation activities. The study used an Effectiveness-Implementation Hybrid Model[1] to assess the Mama na Mtoto Intervention Package including health and process outcomes. This involved:

a) Assessments of pre/post health outcome indicators

b) Process evaluation to assess implementation using the RE-AIM Framework (Reach, Accessibility, Implementation, and Maintenance)

Collaborations between partners also resulted in several research sub-studies to support further inquiries.

Data Collection

Research and evaluation was conducted throughout implementation phases. Prior to implementation of Mama na Mtoto activities, baseline data was collected in Misungwi (2016) and Kwimba (2017) Districts to gather information on health facility and household-level maternal, newborn, and child health status. During the project period, assessments were conducted to monitor activities, investigate specific inquiries of interest, and recommend adaptations to the Mama na Mtoto package and process. Follow-up data collection occurred in 2019 to compare health outcomes in Mama na Mtoto districts.

MNCH Coverage Survey with over 2,000 household heads and women to assess community-level health outcomes

Focus groups and interviews with over 200 stakeholders and community members to gather stories of change

Registry of volunteer community health workers to understand characteristics and track retention

Health Facility Survey at all 107 government-supervised facilities to assess key MNCH indicators and readiness to provide services

Review of government Health Management Information Systems to track district-level MNCH trends

Sub-studies to explore clinical simulation training effectiveness, gender and social equity factors, and digital storytelling for knowledge translation

Key Results

ANTENATAL CARE (ANC)

↑7%
women received ANC before 12 weeks of pregnancy

↑12%
women received ANC four or more times during pregnancy

"I thank the MnM CHWs. When they visit us, they motivate us to attend antenatal clinic early at the required health facility so that we can take care of ourselves when we are pregnant and deliver without infections."

– Mother

DELIVERIES & POSTNATAL CARE (PNC)

↑17%
women delivered at a health facility

↑8%
women received PNC after delivery

"The community is now aware about the importance of a pregnant woman giving birth at the health facility … When a mother feels labor pains she knows she can't wait for anyone there at home. She will be escorted by her fellow or the CHW here to the facility."

– Health Worker

COMMUNITY HEALTH WORKERS

1,664
CHWs trained in Misungwi and Kwimba Districts

↑33%
women reported a CHW home visit since her last birth

94%
volunteer CHWs remained active after two years

"To me I see CHWs have contributed to those successes … because they have been able to identify challenges in the villages. They are the ones who see those challenges during their home visits. They educate the community and they understand and take action so that families reach and attend health facilities."

– Community Health Worker

Note: Percentage increases represent absolute change between pre (2016) and post (2019) results from the MNCH Coverage Survey.

Knowledge to Action

Research results were shared with Misungwi and Kwimba District governments, health facility staff, community members, and implementation teams throughout the project period and after completion of activities in early 2020. Guided by the Knowledge to Action Framework[2], all stakeholders were engaged to take ownership of the findings and identify areas for action. Districts, leaders, facilities, and communities each prepared action plans to address priority gaps. Specific action plans included: a) Establishment of protocols and processes to address referral system gaps, b) Increasing mentorship on health facility waste disposal and safe equipment processing, and c) Improving community-level supports for CHWs to sustain their motivation and retention.

References

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2. Graham, I., Logan, J., Harrison, M., Straus, S., Tetroe, J., Caswell, W., et al. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuing Education in the Health Professions*, 26(1), 13-24.

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