



HEALTHY CHILD UGANDA

The MamaToto Experience

HEALTHY CHILD UGANDA OVERVIEW

Mbarara University of Science and Technology, University of Calgary and the Canadian Paediatric Society have worked together for over a decade to reduce maternal and child mortality through community and facility-based MNCH programming. Healthy Child Uganda (HCU) has developed, implemented and evaluated a series of programs in southwest Uganda with support from international and domestic funders. A main emphasis has been operationalization of Community Health Workers (CHWs), known locally as Village Health Teams (VHTs), and related health centre strengthening to provide quality antenatal and postnatal care, safe deliveries and well-child facility and outreach services.



“There are many changes that are good in my community, like lower child mortality, less disease, immunization, good nutrition for our children.”

– Community member, Mbarara

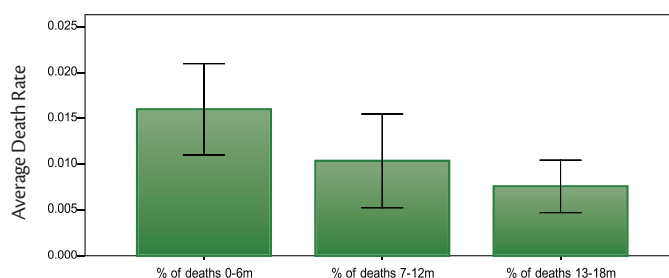
“HCU has done it because women and children are no longer dying a lot, and women no longer have problems in deliveries.”

– Local leader, Bushenyi

10 Years of Achievements

- 450,000 people, 900 villages, 4 districts
- Full MNCH (MamaToto) program scale up in 2 districts; projects in 4 districts
- 5,500 CHWs trained
- 52% reduction in U5 deaths reported by CHWs after 18 months
- Reduced prevalence of underweight children, diarrhea, and malaria/fever (27%, 22% and 18% respectively)
- CHW retention – 96% at 2 years; 86% at 5 years.
- 130 rural health centers improved
- 500 health care workers trained
- 11 peer-reviewed publications; 23 grants; 50 abstracts

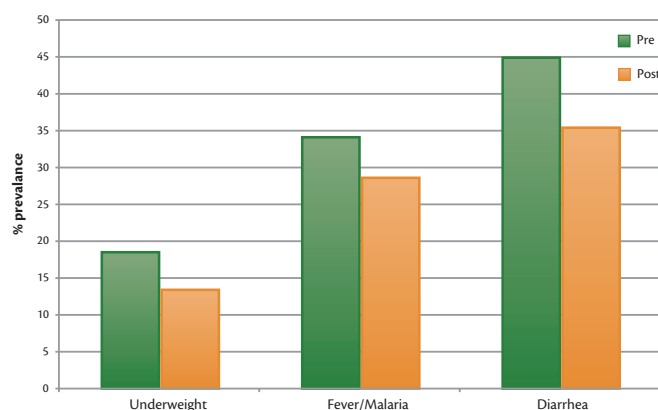
2007-2008: Average CHWs Reported U5 Death Rate Per Interval



Note: Error bars = 95% confidence interval

(Brenner et al PLoSOne 2011-6(12): e27997)

2006-2009 Illness Prevalence Pre/Post HCU Intervention



(Brenner et al PLoSOne 2011-6(12): e27997)

THE MAMATOTO INTERVENTION, BUSHENYI DISTRICT (2012-2014)

Experiences and lessons learned from MNCH programming led HCU to develop the 'MamaToto Package'. Over a two year period, HCU facilitated district-led scale up of CHW programming and facility-based MNCH strengthening in Bushenyi District in Southwest Uganda. Through a series of processes (SCAN, ORIENT, PLAN, EQUIP, TRAIN, and REFLECT), leaders from three levels (district, health facility and community) implemented a series of activities resulting in an operational CHW program and strengthened health facilities. The district developed and monitored their own MNCH priorities; MNCH short courses refreshed health staff clinical skills; In-charges participated in management workshops and led quality improvement initiatives at health centres; training and data use strengthened HMIS capacity; orientations and MNCH-planning reinvigorated Health Unit Management Committees. Training, supervision and support encouraged strong networks of volunteer CHWs to conduct home visits, assess and refer patients, provide health education, and mobilize communities for National Child Health Days.

RESULTS

MamaToto evaluation conducted 18 months post-intervention demonstrated convincing impact.

- 1669 CHWs trained in 64 parishes, all 563 villages represented
- 97% CHW retention after one year; 96% after two years

Analysis of post-intervention focus groups revealed three key positive outcome themes supported by household survey findings (relative changes shown, all statistically significant):

- Theme 1: Decreased U5 morbidity → presumed pneumonia (↓20%), diarrhea (↓34%), underweight status (↓17%)
- Theme 2: Improved household health practices → Vitamin A (↑20%), deworming (↑33%), measles vaccine (↑13%)
- Theme 3: Improved care-seeking practices/access → Antibiotics for pneumonia (↑34%), Antenatal Care 4+ (↑22%), postnatal care <48 hours (↑131%), met need for contraception (↑38%)

Bushenyi district leaders have been active in the MamaToto process and continue to plan, implement and monitor MNCH activities.

A 'MamaToto Package' contains materials, tools and processes for future scale-up.

CONCLUSIONS

Districts can successfully scale up an MNCH program based on National CHW and MNCH policy guidelines.

Carefully integrated activities can strengthen district, facility and community capacity for MNCH and significantly impact MNCH morbidity, health practices, and care-seeking over a short period of time. A network of effective CHWs can be successfully trained, supervised and retained.

Overall, the HCU MamaToto approach offers an effective, low-cost, sustainable and replicable package suitable for implementation by districts themselves.



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