

Postnatal Care Utilization and Facility Service Readiness in Misungwi District, Rural Tanzania: A Mixed Methods Evaluation



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Introduction

- The majority of child and maternal deaths occur in the first hours and days after birth
- Postnatal care (PNC) can potentially significantly reduce mother and newborn mortality
- The Lake Zone inclusive of Mwanza region, Tanzania is particularly vulnerable
 - This zone has amongst the worst reproductive, maternal, newborn and child health (RMNCH) indicators in the country
 - Under-five mortality rate exceeds 100/1000 live births
- Prior to implementation of an RMNCH initiative in Misungwi District in the Lake Zone, a baseline study assessing maternal, newborn and child health status including PNC was conducted
- Objective: To understand PNC utilization, service availability and community perspectives pre-intervention in Misungwi District**

Methods

- A mixed methods approach was used
- 1. An MNCH-focused household coverage survey (HHS) was administered:
 - Cluster sampling
 - Participants included household heads, women of reproductive age (15-49 years) and children under five years old (U5s)
 - Descriptive analysis used
 - Cluster effects accounted for using interclass cluster correlation coefficients
- 2. A health facility survey (HFS) was conducted at district health facilities
 - In-charge interviews and data collector observations were used to collect information on health facility:
 - Staffing
 - Equipment
 - Supplies
 - Services
 - Data analyzed using descriptive analysis
 - 'Readiness scores' calculated
- 3. Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) were used
 - Semi-structured interview format
 - Collected stakeholder feedback related to PNC from manager, facility and community representatives
 - Responses were transcribed then uploaded to Nvivo 10 for thematic analysis

Results

- Household survey was conducted in Sept-Oct 2016
 - A total of 2438 women respondents were surveyed
 - PNC results from the HHS are indicated below:

TABLE 1. PNC ATTENDANCE BEHAVIOUR AMONG WOMEN AND BABIES IN MISUNGWI DISTRICT, RURAL TANZANIA

PNC	Mothers	Babies
PNC coverage at 48 hours post-delivery	43%	51%
PNC after Home delivery	14%	19%
PNC after Health facility delivery	58%	70%

- Health facility survey was conducted to all health facilities in Misungwi District (n=46) in July-Aug 2016
 - PNC services were available to 45 facilities which conducted deliveries
 - An Essential Newborn Care (ENC) trained provider was present in 44% of facilities
 - A Basic Emergency Obstetric and Newborn Care (BEmONC) trained provider was present in only 18% of facilities
 - 'Readiness scores' were calculated based on availability of critical equipment, staff, guidelines, training, supply and drugs for key MNCH services.

Table 2. HEALTH FACILITY MNCH SERVICE READINESS, MISUNGWI DISTRICT

Service	All Sites	Hospital	Health Centre	Disp.
Antenatal Care	61%	88%	70%	58%
Essential Newborn Care	40%	60%	46%	39%
Labour and Delivery	44%	78%	66%	40%

*Scores indicate the percent of criteria met by health facilities in each of the service area categories

- 12 FGDs and 7 KIIs conducted in July-Aug 2016
 - Participants revealed common beliefs and attitudes towards PNC

TABLE 3. KEY ATTITUDES AND REASONS FOR SEEKING PNC IN MISUNGWI DISTRICT

PNC is commonly only sought for: <ul style="list-style-type: none"> Child vaccination Child weight check To get a birth certificate
Common perception that PNC need is limited once 'birth is over'

Discussion

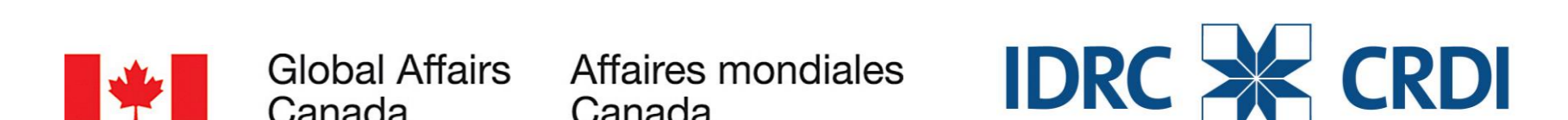
- There may be a link between:
 - Poor ANC attendance
 - Limited availability of health facility providers trained in ENC/BEmONC
 - Misperception in the community of PNC importance
- Poor antenatal care, essential newborn care and low labour and delivery health facility readiness scores may contribute to hesitancy of communities towards accessing facility resources and also highlights a gap in quality of services delivered
 - Need to focus on:
 - Enhancing health care provider clinical competences
 - Improving health facility infrastructure, and
 - Equipping health facilities to enable adequate maternal and child care
 - The upcoming RMNCH intervention in Misungwi should target these key areas
- There is a need to consider how to improve PNC attendance for both mothers and children
 - Merging PNC with infant vaccination and growth monitoring may provide an encounter opportunity for PNC provision
 - The upcoming intervention should also consider PNC health provider and community sensitization

References

- Government of Tanzania(2016). The national road map strategic plan to improve reproductive, maternal, newborn, child & adolescent health in Tanzania(2016-2020): One plan II. Dar es salaam United Republic of Tanzania Ministry of Health, Community Development, Gender and Elderly.
- Qualitative survey (2016), Misungwi District, Rural Tanzania
- Mama na Mtoto Project Baseline Report(2016)

Acknowledgements

"This project is undertaken with financial support of the Government of Canada provided through Global Affairs Canada (GAC). Research support is provided through an Innovating for Maternal and Child Health in Africa grant, administered through Canada's International Development Research Centre (IDRC)."



Thanks to Dhwani Paul, Jennifer Hatfield, Melinda Munos, Tim Robertson, Maiga Abdoulaye, Kim Manalili, Andrea Soo, Amy Hobbs, Jean Chamberlain, Elizabeth Hazel, Doreen Mwesigye, Sylvia Tinka, Carolyn Pim, Alberto Nettel-Aguirre, Jasmine Lo, Eleanor Turyakira, Jean Chamberlain, Ismat Ali and the Mama na Mtoto project field teams for significant contributions to this project.



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