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Improving timely attendance of 1st antenatal care among pregnant women using Timed and Targeted Counseling (TTC) model in Butaleja district, Eastern Uganda**Pascal Byarugaba, Richard Muhumuza, Chang Sub Lee, Eun Seok Kim, Mark Lule, Christine Oseku and Ingrid Natukunda**
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Statement of the Problem: High maternal mortality rate is one of major public health concerns in developing countries and most deaths are caused by factors attributed to pregnancy and childbirth. It is important to ensure coverage of early antenatal care services starting from the first trimester as one component to achieve these targets. World Health Organization (WHO) recommends that all pregnant women should attend Antenatal Care (ANC) at least four times before birth with the first being within the first 14 weeks of pregnancy. Early antenatal care visit gives the opportunity to provide screening and tests that are most effective early in the pregnancy like correct assessment of gestational age to allow for accurate treatment of preterm labor, screening for genetic and congenital disorders. Despite free ANC services in public health facilities in Uganda, only a handful of pregnant women attend first ANC visit in their first trimester. Development partners like World Vision International have developed and implemented initiatives and models like timed and targeted counseling targeting pregnant women to improve maternal health outcomes. This is built around evidence-based, cost effective key interventions for pregnant women and children under two that when taken together, can significantly reduce maternal and infant/young child morbidity and mortality. This paper presents how the ttC model has positively VHTs have improved maternal and newborn health care in Butaleja district.

Methodology & Theoretical Orientation: Through the KOICA funded Butaleja Maternal, Neonatal and Child Health (BMNCH) project, World Vision focused on the community-based models to address the delays in seeking appropriate care and inability to access care in a timely manner. This involved roll out ttC model by the community health workers to map, health educates, follow up and refer pregnant women for early MNCH services including attendance of timely 1st ANC.

Findings: A pre and post intervention analysis of Health Management Information System (HMIS) dataset before and after the intervention was conducted. Trend analysis of pregnant women attending first ANC in first trimester was done.

Conclusion & Significance: Village health team members have created awareness and demand and hence increased uptake of MNCH services.

Biography

Pascal Byarugaba is a Professional Health and Project Management Specialist with over six years of practical experience in program management, monitoring and evaluation for child survival, maternal and adolescent health, malaria and community health financing. Currently, he is supporting the Butaleja MNCH project as an M&E Officer. His research interest is in the development of strategies aimed at translating research works into meaningful and relevant policies to improve health outcomes in the global south. He has worked with international organizations including HealthPartners and Amref Health Africa on several community health systems strengthening programs in the local settings.

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