**Maternal and Child Health in Iganga District, Uganda**

Maternal and child health outcomes in the East Central Region of Uganda are especially poor compared to the rest of Uganda [1]:

- Only 32% of women (50.7% nationally) informed about signs of pregnancy or delivery complications
- Only 12% of women (62% nationally) received malaria prophylaxis during pregnancy

The “Three Delays Model” of barriers to care [3]:

- Knowing when to seek care and making the decision to do so
- Access to care once decision is reached to seek it
- Receiving quality care at a health center or hospital

Maternal and Child Health Care in East Central Region [2]:

- Husbands and mother-in-laws frequently make decisions of whether to seek care
- Prenatal care is considered to be only for sick people
- Tiered health centers mean women often are referred multiple times to receive adequate care or receive care a given health center is not equipped or trained to give

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**Safe Mothers Safe Babies (SAFE)**

SAFE is an organization based in Atlanta, GA and Iganga, Uganda dedicated to improving maternal and child health outcomes in the East Central Region of Uganda through community-based participatory development [3].

Programs aim to decrease the three delays typically experienced in receiving care:

- Programs aimed at improving decision:
  - Men’s and Women’s Community Groups that perform dramas and visit homes to teach about topics like malaria prevention, antenatal care and symptoms of complications in pregnancy or delivery
- Programs to improve access:
  - ERanger—a motorcycle ambulance for women in labor
  - Teaching about saving for medical expenses and providing saving boxes to families
- Programs to improve quality of care:
  - Mama Kits containing items needed for deliveries
  - Partnering with local medical centers to provide continuing education for providers on key MCH topics
  - Working with WE CARE Solar to provide solar lighting in health centers for surgeries and deliveries

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**Developing a Curriculum**

**Goal:** Develop a standardized curriculum for community group members to use when teaching women about maternal and child health. The curriculum should include key topics such as malaria prevention and the importance of seeing a health care provider during pregnancy. The format needs to be feasible in the rural setting and for a predominantly oral, not written, language. SAFE also wanted the curriculum to encourage multiple visits to each woman, so multiple modules needed to be developed.

**Methods:**

1. Initial meeting with community groups and leaders to hear from them about their programs in the community and what needs they see in the villages they work in.
2. Creating flip-charts with important health information divided into three modules: pregnancy health, young child health, general women’s health.
3. Meet with a community leader to review flip-charts to receive cultural and local expertise regarding the content.
4. Revise and translate charts into the local language Lusoga.
5. Teach groups how to use the charts and learn the content. This step is especially important due to the oral nature of the language and the illiteracy of multiple community group members. Answer any questions and receive further feedback from the larger audience.
6. Use additional feedback to perfect the charts before sending them for printing.

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**Future Steps and Goals**

**Next Steps:**

- Disseminate flip-charts to the community groups for their use
- Have local Ugandan staff (or future summer interns) hold re-trainings on the content of the charts to ensure comprehension and retention
- Determine effective monitoring and evaluation tool or system to ensure continued use of the curriculum in the villages

**Future Goals:**

- Have every pregnant mother in the target communities receive at least three visits from community group members throughout pregnancy and first few months to years of the child’s life.
- Enhance education about key maternal and child health topics among villagers
- Increase the number of women seeking medical care at health centers during pregnancy, delivery, and illness

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**References**

