

## Communication for Development (C4D)

A team of experts describes the enablers and barriers of ANC and IYCF practices in refugee-hosting districts of West Nile, Uganda



*Judith takes the blood pressure of a pregnant woman during an antenatal care visit within the maternity ward. Judith Candiru, is an Assistant Nursing Officer who passionately delivers health services at Midigo Health Center IV and within the community of Midigo subcounty, Yumbe District.*

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UNICEF Uganda, in partnership with the Government of Uganda (GoU) and the World Food Programme (WFP), has implemented the Child Sensitive Social

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Protection programme in Refugee-Hosting Districts of West Nile, Uganda funded by the Swedish International Development Agency (SIDA). This five-year integrated programme (2019-2024) aims to strengthen district health systems that address the health, nutrition needs and vulnerabilities of mothers and children in 11 districts of the West Nile sub-region, namely Adjumani, Arua, Koboko, Maracha, Moyo, Nebbi, Pakwach, Yumbe, Zombo, Madi-Okollo and Obongi in readiness for the anticipated rise in demand due to cash transfers disbursed in the programme.

The UNICEF District Health Systems Strengthening (DHSS) model calls for a “One District Plan,” in which districts work with all stakeholders in the sector to identify key bottlenecks and priority actions as well as contributions of stakeholders in resolving the bottlenecks.

The West Nile community beneficiaries are identified as critical stakeholders in the successful implementation

Table 1. Distribution of FGDs by intervention and counterfactual districts

District			Categories of respondents				Total
			Mothers	(Grand) fathers	Adolescents	VHTs	
1	Arua	Intervention	1	-	-	-	1
2	Nebbi		1	-	-	-	1
3	Pakwach		1	1	-	-	2
4	Obongi		1	-	-	-	1
5	Moyo		-	1	1	-	2
6	Maracha		1	-	-	-	1
7	Kole	Counterfactual	7	-	-	-	7
8	Amuru		4	1	1	1	7
<b>Total</b>			<b>16</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>22</b>

of the Child Sensitive Social Protection Programme (CSSP) in the stakeholder engagement plan.

UNICEF's Communication for Development (C4D) strategy advances the C4D agenda by leveraging innovative insights from behavioural science's expanding pile of evidence, as well as partnership initiatives that will help to establish uniform standards and complementary approaches. To boost demand for and utilization of reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services, social and behavioural change interventions are being implemented.

Working with the MoH, UNICEF introduced the Key Family Care Practices (KFCPs) package in to the programme to help create demand for RMNCAH services and, as a result, increase uptake. KFCPs are commonly practices household and community behaviours that have an impact on child survival, growth, and development, as well as the causes of morbidity and mortality in children. The 22 KFCPs are divided into four categories: child nutrition, growth, and development; illness prevention; appropriate home care; and care-seeking and illness response.

The most effective and preferred communication platforms used by Village Health Teams (VHTs) and health centre staff in the delivery of antenatal care (ANC) and Infant and Young Child Feeding (IYCF) information and skills to community members and pregnant mothers will be described in this study. The main barriers and enablers for putting ANC and IYCF knowledge into practice will also be identified. This study was conducted by Montrose on behalf of UNICEF Uganda.

### Objectives of the study

The overall goal was to determine community perspectives of the major obstacles to and enablers of knowledge translation into ANC and IYCF practices, as well as the most effective communication channels for VHTs and health workers.

### Methods of the study

The study used a phenomenology design based on qualitative data. The study area covered 11 West Nile districts and six counterfactual districts, namely Amuru, Kitgum, Nwoya, Gulu, Apac and Kole. The



Table 2. Barriers to ANC services

<b>Access to and utilisation of ANC services</b>	Non-involvement of partners/men in accessing ANC services	Unwillingness to trade time making money with supporting their partners was identified as a key issue during FGDs. "These men just get you pregnant and don't go for ANC, saying they are working to eradicate poverty." (Mother, Maracha district) As a result, male support is considered inconsistent and ineffective.
	Perceived opportunity cost	The West Nile region and northern Uganda are largely rural farming communities and mothers view taking time off to attend ANC and implement IYCF activities as an opportunity cost. "People prefer work that brings money, like their farming work." (FGD Mothers, Amuru District)
	Poverty	Poverty was reported to have deprived women of key resources necessary to put knowledge on ANC and IYCF into practice. The requirements for nutrition, for instance, necessitate money. "...when you are poor, you are also hungry as you cannot afford to feed the way health workers advise you." (FGD Mothers, Obongi District)
	Insufficient follow-up by health workers and outreach services	Mothers blamed this on the failure to incentivize VHTs. They added that given the VHTs' vital roles in follow-up, distribution of health supplies such as deworming tablets, and door-to-door sensitization, their workload meant they spent less time with pregnant women and lactating mothers, resulting in knowledge gained during ANC remaining unutilized.
	Low staffing levels at health facilities	The ratio of health workers to clients in most health facilities was low and increased the time spent by a mother waiting to see a health worker. "In some instances, you find one nurse has to vaccinate children... at the same time attend to mothers who have come for antenatal care services. Hence there is a lot of delay at the health facility." (Amuru District)
	Attitudes, beliefs, and interest in ANC	Mothers' attitudes and interests were cited as a limitation to practicing ANC recommendations, especially in counterfactual districts. Several pregnant women were reported to have followed cultural beliefs that undermined their appreciation and utilization of knowledge gained through health facilities and VHTs. High levels of alcohol consumption were a similar barrier: "... it is very hard to handle people in Kululela. People like drinking too much alcohol. How can a drunk person do as they are told?" (FGD mother, Amuru District). Lack of information, coupled with attitude challenges, affected the practicability of ANC.
<b>Transferring IYCF Knowledge</b>	Rural farming activities and deprived hygiene and sanitation	One such barrier was the perceived inability to practice hygienic practices whilst engaging in hand hoeing. As one FGD participant in Zombo district in the West Nile region stated: "Sometimes when you are digging, they can just bring a child to you crying, you just remove your breast for the baby without washing your hands and feed the baby sometimes." Similarly, participants revealed that some homes, especially in counterfactual districts, did not have sanitation facilities, or they were dilapidated. As such, the hygiene of pregnant women and breast-feeding mothers was compromised, even when they were aware of good IYCF practices.
	Low socio-economic status	Increased dietary requirements for sick children is one of the critical KFCPs to ensure the full recovery of a convalescent child. However, economic deprivation is a key issue. "Such a kid [malnourished child] could be given soya plus milk and groundnuts. ...but because of poverty you only put your hope on breast milk, holding the child back." (FGD Mothers, Maracha District)

data for this paper came from the Baseline Study of Impact Evaluation of Health Systems Strengthening Interventions (HSS baseline study) in the West Nile region of Uganda executed by Montrose.

Table 1 shows the qualitative data collected in a series of Focus Group Discussions (FGDs) in December 2020 from six of the 11 intervention districts in the West Nile sub-region, as well as two of the six counterfactual districts (four in Acholi sub-region and two from Lango sub-region). The active participation of targeted community members in the health programme led to the selection of these districts.

### Data management and analysis

All FGDs were recorded on tablets and transcribed in MS Word. Thematic analysis was then utilised to identify differences and similarities in the perspectives

of the participants, which were then organised into common themes.

### Findings

#### Objective 1. Identifying barriers and enablers to ANC uptake and IYCF practices

##### Barriers

The use of ANC services at the community level continues to be a hurdle in Uganda's efforts to improve maternal health. The KFCP for ANC urges women to seek ANC as soon as women miss one menstrual period and to schedule eight ANC visits at a health facility with a skilled health worker over the course of the pregnancy. Various categories of community members were asked to identify the primary barriers to translating ANC knowledge into behaviour that promotes the well-being

Table 3. Enablers to ANC services

<b>Frequent outreaches and sensitisation meetings</b>	Participants emphasized the role of frequent outreaches and awareness sessions by VHTs and health workers in communities. "More frequent outreaches would be a motivation for mothers to use their knowledge on ANC and IYCF." (FGD Mothers, Amuru District) "Maybe even bringing the health centres [outreaches] close to us will also help with this issue [translating knowledge into practice]. It makes mothers attend ANC more frequently." (FGD Mothers, Amuru District)
<b>Peer-to-peer learning</b>	Testimonies of fellow mothers who emulated the good practices of model mothers led to more members following suit. "When a mother sees some other women doing something they have learned, they are also encouraged and forced to change." (FGD Adolescents, Amuru District)
<b>Availability of and access to food items</b>	Mothers with access to food supplements were better positioned. "Food, especially supplements for children who are breastfeeding, is key. You'll need to look for some work to make ends meet because it needs you to supplement [the child's diet] with soya and milk... [so that] when you are not available, people at home can feed the baby." (FGD Mothers, Maracha District)
<b>By-laws for sanitation and hygiene promotion</b>	Communities with by-laws on sanitation and hygiene assets, like compost pits, racks for drying utensils, and hanging wires, were likely to enable women to put knowledge on ANC and IYCF into practice. "I think we should put up by-laws that will force people to implement this knowledge that they receive." (VHTs, Amuru District)

of mothers and their children as part of research. In both intervention and counterfactual districts, eight barriers were found to be the most significant (see Table 2).

### Enablers

Participants in the community were asked what enablers supported the translation of ANC and IYCF knowledge into healthy behaviours that benefited mothers and their children's well-being. Across intervention and control districts, the enablers were similar (see Table 3).

### Objective 2: To identify the most effective and preferred communication platforms used by VHTs and health centre staff to pass on ANC and IYCF knowledge and skills

Three communication platforms were recognized as the most effective and preferred by participants.

Village health teams were praised for their effectiveness in interpersonal communication and door-to-door house visits. However, in other districts, particularly in Moyo, the role of VHTs in promoting ANC at health facilities was underappreciated. "Our village health teams do not refer pregnant women to the health facility for antenatal care" (FGD Fathers, Moyo District).

Radio broadcasting was also an effective and favoured method of disseminating information and knowledge. "It's more effective to listen to the radio. The community is informed about numerous health issues, including as ANC, infant feeding, Seasonal Malaria Chemoprevention (SMC), and training, over the radio. The information we've gotten over the radio has been really beneficial," said mothers in Kole District.

Thirdly, health workers, particularly VHTs, were found to have used community events to discuss ANC and IYCF practices, such as community training and distribution of Mama-kits and mosquito nets. Community members also valued other channels, such as church leaders, marketplaces, and funerals.

### Discussion

Community health workers are included in the UNICEF District Health Systems Strengthening Monitoring and Evaluation Tool as part of the human resource required for a resilient system. Without adequate support, the quality of their health service delivery could be jeopardised. Peer-to-peer learning was also important in encouraging positive nutrition behaviours, according to the mid-term review of UNICEF's nutrition governance intervention. UNICEF and the Ministry of Gender, Labour and Social Development are working together to empower communication champions at the grassroots level. More crucially, during the COVID-19 situation, multiple communication channels played a critical role in consistently supporting community initiatives, such as VHT facilitation, to minimise the constraints of in-person practices.

The UNICEF CSSP programme aims to promote early ANC uptake and male involvement, but this study found that lack of male involvement throughout the ANC period due to income-generating activities was a substantial barrier to behaviour change. This stumbling block can be overcome by increasing household income.

### Conclusions

In the West Nile sub-region of Uganda, this study identified important barriers and enablers of ANC and IYCF practices. Gender stereotypes and poverty are deeply rooted issues at the community level, while improving access to hygiene and sanitation facilities for farming members, as well as continuing VHT outreach services with proper communication platforms, are critical in influencing ANC-seeking behaviour and IYCF practices in communities, in the end interventions aimed at raising household incomes are likely to succeed in encouraging access and utilisation of ANC services. This implies a multisectoral approach to create synergies with other actors.