MANI Learning Series

Results Brief

December 2018

Using antenatal care defaulter tracing to increase uptake of services

Introduction

Globally, 64% of women receive antenatal care four or more times throughout their pregnancy[1]. In Kenya, virtually all women (96%) attend first ANC (antenatal care) with slightly over half, 56% receiving at least 4 ANC contacts with a health care provider. However, in Bungoma County, the proportion of women attending the first ANC visit and those attending at least 4 ANC visits is 98% and 50% respectively[2]. The discrepancy between the first and fourth ANC visits is unacceptably high; part of it is explained by high drop-out rates. Increasing antenatal visits is bound to reduce maternal deaths, because it increases contact between health workers and pregnant women.

The recommendation is to have at least 4 ANC timely visits offering focused ANC during which the client receives comprehensive evaluation (history taking, physical examination and basic investigations), intervention (prevention/prophylaxis and treatment) and promotive services (health education/counselling and health service dissemination) at the following timing: 1st visit: 8-16 weeks, 2nd visit: 24-28 weeks, 3rd visit: 32 weeks, 4th visit: 36-38 weeks[3],

The MANI project is empowering communities to access MNH (maternal and newborn health) services through linkages with CHVs (Community Health Volunteers) who conduct home visits, identify pregnant mothers and refer them for services. Trained birth companions also refer mothers for ANC services and follow them through to skilled delivery and post-partum. However, follow-up for ANC and delivery services and linkages with health facilities are still weak. There are some efforts to track mothers exiting health facilities, though they are not coordinated, structured or supported to bring about the desired results. The MANI project has prioritized increasing coverage for ANC and skilled birth attendance through the ANC defaulter tracing. This intervention has been implemented in 21 health facilities across the six sub-counties in which the project operates namely Kanduyi, Kabuchai, Sirisia, Tongaren, Webuye East and Webuye West.

The project conducted a qualitative and quantitative assessment targeting mothers who benefited from ANC defaulter tracing and health care workers from health facilities implementing ANC defaulter tracing as well as the sub-county health management team. The aim of the assessment was to identify the benefits of implementation of defaulter tracing to the mothers, health care workers and sub-county health managers

MANI approach to ANC defaulter tracing

The defaulter tracing is an approach that aims to ensure that pregnant mothers attend 4 ANC appointments by calling or messaging to remind them, at the right time, of their appointments. This approach asks clients to honour their ANC appointments hence minimizing the numbers of defaulters and decreasing the time wasted by the nurses and other professionals when the clients do not turn up. A standard message developed with this aim is sent to the mothers' phone three days prior to the clinic day, by the health care provider. If the mother fails to show up, a phone call is made to find out what happened and to ask the mother to visit the health facility as soon as possible. When the health care worker fails in these two attempts to get the mother to attend the ANC clinic, the respective CHV is called upon to do physical tracing.

A defaulter tracing algorithm (flow chart) was also developed to guide the health care workers on the steps to follow. The facilities that are participating in the defaulter tracing receive training and tools: mobile phones charged with airtime on a monthly basis and a register to monitor attendance to ANC clinics.

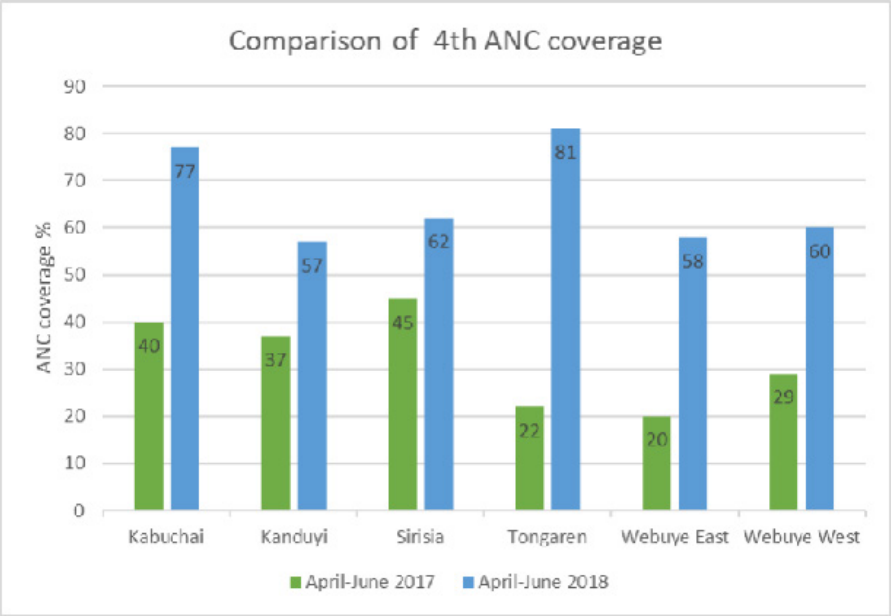
Training of health care workers

The HCWs (health care workers) from the 21 health facilities comprising facility in charges and community health extension workers (CHEWs) were taken through a two-day orientation workshop on defaulter tracing. The orientation sessions covered the following areas: Importance of ANC defaulter tracing in improving pregnancy outcomes, the MANI approach on ANC defaulter tracing and documentation of the intervention in the reporting tools namely appointment diary,

1 WHO recommendations on antenatal care for a positive pregnancy experience, 2016, WHO

2 Kenya Demographic and Health Survey (KDHS) 2014 Kenya National Bureau of Statistics

3 Ministry of Health, Focused Ante Natal Care, Ministry of Health, Nairobi, Kenya, 2014



defaulter tracing register and how these tools can be used alongside the facility ANC register and CHV's referral booklet in the ANC defaulter process.

Key results

All the six sub-counties recorded an improvement in 4th ANC coverage for the period April to June 2018 when the facilities were implementing ANC defaulter tracing compared to a similar period in the previous year as shown in the graph below according to the District Health Information System (DHIS2). The implementation of ANC defaulter tracing contributed to the increase in 4th ANC coverage.

The health care workers reported that ANC defaulter tracing interventions have significantly improved the relationship between clients and service providers. This has been occasioned by increased communication from the health care workers through text messaging and phone calls. Improved relationships meant that women would honour ANC appointments and are more receptive towards care and uptake of supplements.

"Defaulter tracing has created a cordial relationship between the health care worker and the clients. They feel good when they are reminded that they are supposed to come to the clinic and many times there are those that when you send an SMS they will reply and promise to visit the clinic and, at times, they maintain that number and will always ask more questions even after delivery about the baby and themselves."

Health care worker

Lessons learned

- The CHVs are key in the health system not only because they educate the mothers on the importance of ANC and refer them to the health facilities for this service. They are also instrumental in the physical tracing of defaulters in their community.
- ANC defaulter tracing is an effective way of improving the relationship between service users and health care workers thus contributing towards improving ANC uptake.
- It is a very cost-effective approach which requires limited investment. It cost less than £5,000 to support the implementation of defaulter tracing in 20 health facilities. Institutionalisation of this approach mainly requires funding for airtime to contact patients.

Recommendations

- ANC defaulter tracing should be institutionalized within the ANC clinics because it improves the relationship between clients and service providers through regular communication thus improving the uptake of ANC services.
- Defaulter tracing should be included in the health facilities annual work plans as this can contribute to an increase in ANC coverage and skilled birth deliveries hence a greater allocation of Linda Mama funds to the health facilities

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