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Summary of Findings and Programmatic Implications



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Summary of Findings – All Sites



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Recognition – Identification and Severity

- Identification of key maternal danger signs is generally good, newborn recognition is variable
- Varying ways of recognizing severity/seriousness of complication: duration, specific symptoms or clusters, recurrence, cultural definitions of normal, etc
 - *frequency*: “The child was vomiting milk 5 to 6 times every 10 minutes” [Woman with two children]
 - *change in normal behavior*: “The child started bleating like a goat.” [Woman with four children]
 - *quantity*: “If the blood was collected in a box, it would have been at least two kilos.” [Woman with six children]
- Past experience (self or others) important influence on perceptions of severity/seriousness



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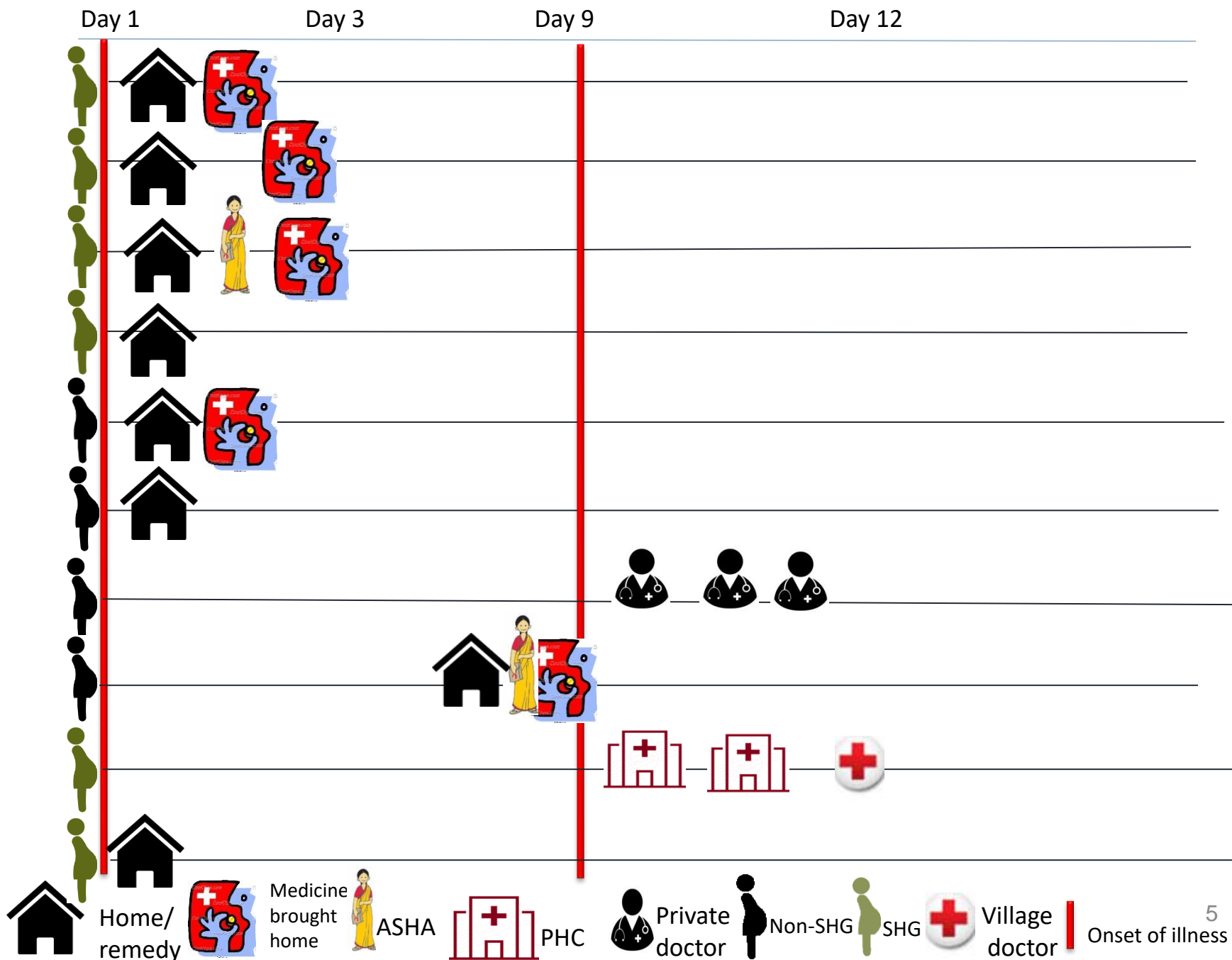


Decision making

- Norms around pregnancy, childbirth, and neonatal period, including confinement

...I bled for almost two months, but my mother kept saying this happens to women after delivery... she is more experienced... so I did not take any medicine to stop bleeding.”

[India, woman, 2 children]





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Decision making

- Norms around pregnancy, childbirth, and neonatal period, including confinement
- Perceived cause of illness: cultural/supernatural vs biomedical
- Perceived expectations of outcome, esp for newborn, needs further exploration
- Different decision-makers maternal/newborn and across countries
- Among those who decided to seek care at facilities, perceptions of quality of care did not seem to act as barrier to decision-making
 - could be facilitator if previous positive experience



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UNIVERSITY RESEARCH Co., LLC
50 JRC
years

Care seeking

- Different patterns for maternal and newborn cases
 - Maternal → skilled care
 - Newborn → home-based care



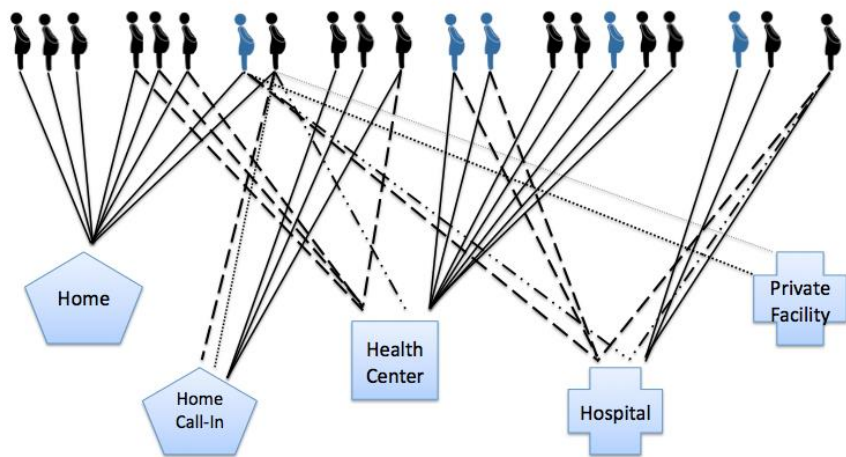
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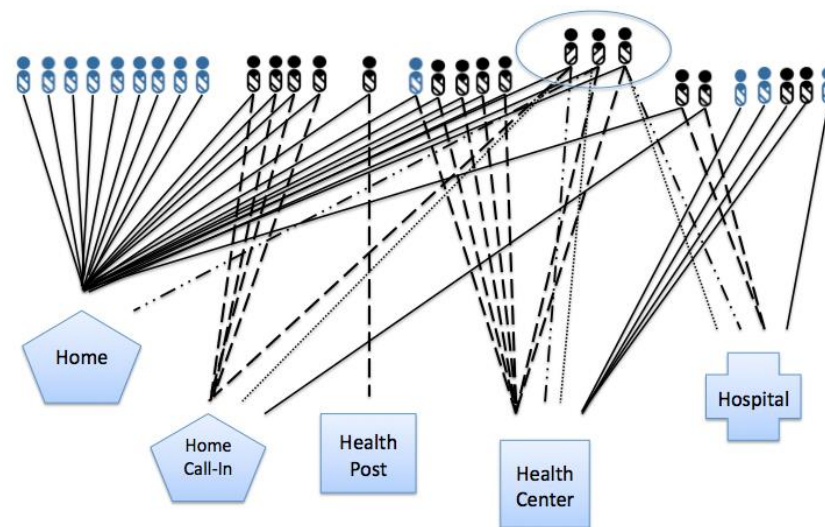
Patterns of care-seeking - Ethiopia

Maternal cases



Maternal death 1st Step ___ 2nd Step ___ 3rd Step .._... 4th Step 5th Step

Newborn cases



Newborn death 1st Step ___ 2nd Step ___ 3rd Step .._... 4th Step 5th Step



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Care seeking

- Different patterns for maternal and newborn cases
 - Maternal → skilled care
 - Newborn → home-based care
- First step of care seeking influenced by perceived cause
 - Cultural/supernatural → informal/traditional
 - Medical → formal
- Significant variation in number of steps of care (maternal vs newborn, between countries)



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Other findings

- Demand and attempted utilization have improved, especially for maternal complications, but quality services not available
 - Human resources, drugs, blood, supplies and equipment

“We decided to go to Hadejia because the doctor we first met did not do anything since around 7am. We went to pick another doctor whom later we realised that we would not get genuine drugs from him, so we went to the hospital (5:15pm). She was giving admission (5:20pm) but nothing was done till the following morning, which they asked us to buy some drugs (5:30am). First, we were asked to buy hand gloves, then some drugs, then second batch of drugs and later asked to buy materials for admission. After buying those things and I sat for a few moment, then I was informed she has passed away.” [Nigeria, MD, husband]



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Other findings

- Demand and attempted utilization have improved, especially for maternal complications, but quality services not available
 - Human resources, drugs, blood, supplies and equipment
- Strong role of community
 - Community support facilitates decision-making and care-seeking

“Some of the villages have emergency funds so when this happens they go to their fund and get money for transport and money for covering the costs of where they are going to” [Community leaders FGD, Tanzania].



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Next steps



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- Local, regional, and country dissemination
- Incorporate findings into TRAction study sites as feasible
- Journal supplement (in preparation)
- Working with Saving Newborn Lives Maternal and Child Survival programs
 - Bangladesh, Ethiopia, India, and Nigeria
- Working with WHO to inform newborn sepsis guideline implementation
- Organized session at HSR 2016, Vancouver
- Other options for dissemination?