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## ***Using Multidisciplinary, Evidence-based Strategies to Improve Maternal and Child Health in Somalia***



**Introduction:** Somalia has one of the world's highest maternal mortality rates due to frail health infrastructure and delays in the attention of pregnant women. The Addis Clinic aims to address this issue with the Somali Maternal and Child Health (MCH) program, increasing and improving healthcare access and educating community health workers (CHWs) on maternal health-related issues.

**Methods:** Multidisciplinary, evidence-based strategies were used to improve the access and quality of telehealth consultation, antenatal care (ANC) visits, and postpartum checkups among patients enrolled in the MCH program. Community-based programs were used to educate and empower CHWs. Telemedicine Satisfaction Questionnaire (TSQ) questionnaire was used to collect demographic data. The questionnaire was evaluated in the field to obtain patients' feedback by performing 16 cognitive interviews designed to capture the level of understanding of each question. A literature review reviewed studies that developed programs to increase the number of ANC visits among the internally displaced population (IDPs) and find strategies to improve postpartum checkups. Educational materials and presentations to CHWs on practical concepts about HIV and psychosocial support interventions allowed to strengthen the community-based HIV program were created.

**Results:** The cognitive interviews provided information to adjust the final patient satisfaction questionnaire. The responses were generally satisfactory; in every section of the questionnaires, the participants had a rate response of around 85%. Some difficulties were identified, regarding the definition of some terms, such as gender, marital status, urban, rural, and telehealth. After analysis of the results, adjustments were made to provide additional explanations to the terms, rephrase some questions, and simplify the informed consent. Finally, it was possible to identify that young women require more support from the staff to answer the questionnaire. Some of the takeaways from the review of the literature on the implementation of health interventions were always to consider the local context, use the technology to facilitate the intervention delivery, and engage the population, family, and patients to reduce the costs of the interventions and empowers the community towards health improvement. All these measures together allowed the creation of educational and checklist material for the CHWs based on the best-evidenced practices.

**Conclusions:** Addressing MCH issues in low-income countries is challenging because multiple factors and social determinants contribute to poor quality and delays in healthcare access. In the literature, many programs use technology as a powerful weapon to improve equity and health outcomes in underserved populations. Using a multidisciplinary program allows for creating strategies that work in other parts of the

health care system allowing a comprehensive intervention. However, putting these strategies into the field, especially in the Somali context, could be problematic. Close work with healthcare workers in the area is mandatory to implement a program that allows successful outcomes for the well-being of mothers and children in Somalia.