



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

SITUATION ANALYSIS OF NEWBORN HEALTH IN UGANDA



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EXECUTIVE SUMMARY

The Situation Analysis of Newborn Health in Uganda focuses on the prevailing health and care practices for the newborn. It is Government's response, in line with Health Sector Strategic Plan II for the 2005-10, to develop and implement an effective comprehensive and responsive health system to reach all newborns and their mothers, to reduce unwanted deaths and improve newborn health within a continuum of care.

The overall objective was to carry out a situational analysis of newborn health and care in the country, determining levels and trends of newborn mortality and morbidity, risk factors for ill health; reviewing current practices regarding newborn care at facility and community level; reviewing existing services, policies and programmes; determining existing levels of skill and capacity of health providers and community-based workers; and highlighting gaps in policies, programmes, services and identifying essential information needed to improve newborn health in Uganda.

The study was conducted through review of literature complemented by a field study in eight rural districts (Iganga, Kumi, Kayunga, Rakai, Kabarole, Bushenyi, Arua, Lira) and two urban divisions of Kampala City, to give a regional representation. It employed both qualitative and survey methods, including a review of documents and health facility records, key informants (KI), focus group discussions (FGDs), facility observations, and household interviews to mothers with infants less than 12 months old. Data was collected during the months of February and April 2007.

Major Findings

Neonatal Mortality and Risk Factors

Birth, the first 24 hours and the first six days of life are the most critical for newborn survival. At least 45,000 Newborn deaths occur each year and an equal number are stillborn. The NMR, possibly an under estimate, is very high at 29/1000 births, has not declined in last the 15 years and contributes to the slow progress of MDGs. More newborn deaths occur at home, among the rural poor, IDP camps and in the parts of western and central regions. Main causes of neonatal deaths are preventable- neonatal infections, preterm birth and neonatal asphyxia. These have remained unchanged, poorly detected and under reported. The underlying causes are related to poor maternal access and utilization of health services and the high number of deliveries that take place without skilled attendance. Existing national data does not capture newborn health targets, and these are excluded from national development efforts with undesirable consequences.

Policies and Programmes

Current policies, strategies and interventions of safe motherhood and childhood survival programmes exist with the potential to sufficiently address neonatal health in the country. Until recently, these have not been adequately focused on neonatal health and survival issues, dealing with broader aspects of maternal and child health. They have not sufficiently been disseminated at implementation level (districts and health facilities) and newborn health has not featured on the national development agenda and appropriate resources have not been available to support effective programme implementation.

Practices at Household and Community Level

Practices at community and household were not up to expected standards due to poverty, lack of household food security and poor access to health care. Prevention and treatment of diseases and ill health was inadequate for malaria, HIV/AIDS and tetanus and ANC attendance was inadequate in quantity and quality. Traditional antenatal health care seeking practices were not always supportive for good care and although benefits of birth preparedness were widely appreciated, many poor households could not afford it while male/spouse support for women remains poor. There are many dangerous childbirth practices mainly resulting from unskilled attendance and poor hygienic practices at birth at home and TBA facilities. Postnatal practices related to breastfeeding and maintaining body temperature were good but the common use of pre-lacteal feeds and poor infection control, are high risk factors to newborn health. The care of preterm infants, and actions taken when newborn fails to cry at birth, were inadequate or non-existent. Although mothers recognize danger signs for newborn and in self, their response was inappropriate, due to poor access to quality health care. Family and community support to mothers along continuum of care was inadequate

Services Access, Utilization and Quality

There are marked imbalances in distribution of health facilities, between regions and rural versus urban centers for hospitals and higher health centers with mandate to provide newborn services. Lower grade facilities are mandated to give limited care services; ironically these are closer to people in rural areas where newborn mortality risks are highest. The newborn service package was offered incomplete in most cases; not facilities expected to offer newborn services did. Lack of focus on newborn care within the maternity service package fails to guide providers on essential newborn care. Basic equipment and essential drugs for newborn care was lacking in many hospitals and HC IVs and many maternity units lacked resuscitation kits. Availability, access and quality of services is grossly affected by lack of skills for care of newborn in lower facilities, in addition to insufficient numbers of trained cadres, and uneven distribution of the available health personnel. Services for care of sick newborn in the first week, when neonates are most vulnerable, were inadequate but potential of the existing staff can be exploited through training and facilitating health facilities to care for newborns.

Recommendations

Recommendations were made for immediate action and more specific long-term interventions within continuum of care and those to improve welfare of mothers/family.

Immediate action

Community Level

Develop a community-based strategy, to provide quality RH and newborn care information to rural women and their families. Develop and include newborn care in FCP and Community-IMCI to train and support community resource persons. Districts should organize communities for community-based transport for maternity services through Local Councils and Village Health Teams and effective spouse support and involvement in RH needs strengthening within Family Care Practices.

Health Facility Level

The districts should be supported to plan and implement improved quality GOAL ANC package at all levels but more especially in lower health facilities and working with public-private partnership to supervise private providers and include incentives (ITN and mama kits) for rural poor. The MoH should ensure that care during delivery i.e. resuscitation and immediate newborn care should be improved through in-service training and districts should equip and give adequate supplies, including drugs for newborn care.

Specific and More long-term Interventions

Pre-pregnancy period

These include increasing access to family planning/birth spacing services to adolescents and young women; providing more nutrition/health education to girls and women through school health programme and community-based programmes to prepare women for motherhood and improve services availability and quality for prevention (STI/HIV, malaria and TT) in adolescents.

Pregnancy/Antenatal period

Scaling up PMTCT and improving quality of GOAL ANC at all levels, ensuring universal coverage, for use IPT and ITN among pregnant women and eliminate NNT.

Child Birth period

Existing policy should be harmonized for HC II to offer delivery and newborn services, improve quality of delivery services to meet minimum standards of care (skilled attendance, clean delivery, emergency obstetrics care and newborn care) at all levels, strengthen health workers skills for newborn care especially for resuscitation at all levels and provide basic equipment and supplies for essential and emergency care for the newborn

Postnatal period

Improve mothers' skills and scale up care of LBW babies and strengthen infection control in homes by promotion of provision of adequate hygiene, water and sanitation for infection control. Mass education/promotion should be instituted in districts for care of newborn, recognition of danger signs and taking prompt actions for both the baby and mother. Skills of health workers need to be strengthened for care of sick newborns in the first week and a component of this should be included in IMCI.

General Recommendations to Improve General Welfare

General recommendations made include establishing national vital statistics and improving records taken in health units on newborns and its inclusion in HMIS. Mounting a national campaign to save the newborn at the highest level would raise newborn health on the national agenda and help to mobilize more resources to support newborn programmes. MDG and PEAP targets for newborn health need to be considered. Inter-sectoral collaboration to improve food security, reduce household poverty and improve girls' education through UPE and USE would improve maternal and newborn health.