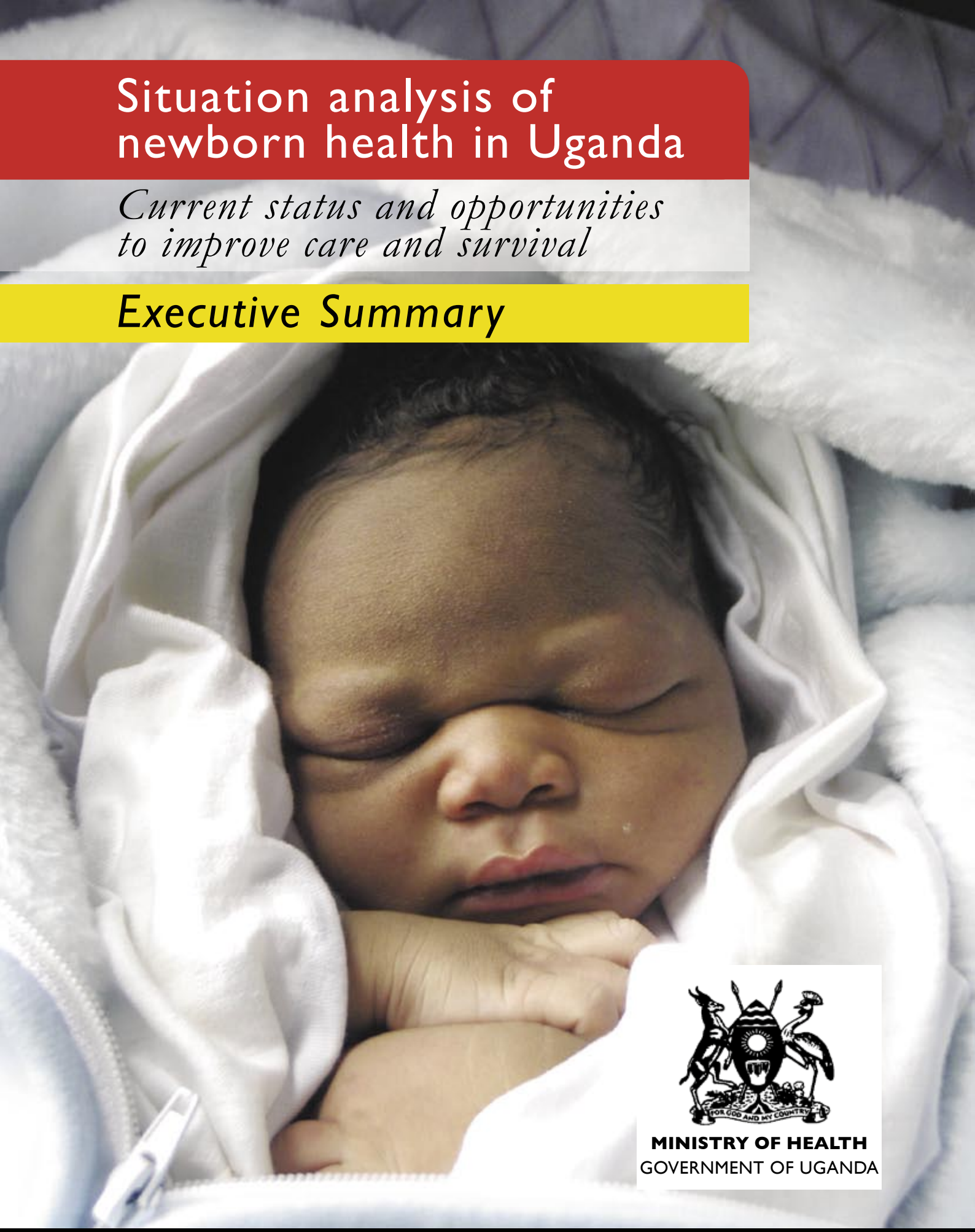
Situation analysis of newborn health in Uganda

Current status and opportunities to improve care and survival

Executive Summary



MINISTRY OF HEALTH
GOVERNMENT OF UGANDA

Based on the extensive research conducted for this situation analysis, recommendations are proposed to improve newborn survival within the continuum of care, by time period and different levels of service delivery. The recommendations also serve as a call to action for the overall health of women, newborns and children in Uganda, involving the family and community, district level and national stakeholders.

Key messages:

1. **Each year in Uganda at least 45,000 newborns die, and many more babies stillborn, or do not reach their full potential due to preventable illness or disability.**
2. **Up to two-thirds of these deaths could be prevented if health services were improved to reach women and newborns with high coverage of essential interventions including support for healthy home and community behaviours.**
3. **Many of the necessary policies are in place to provide high quality, integrated care to mothers and newborns but need to be implemented with strong links between households, communities, and all levels of health facilities with a particular focus on strengthening care during the early postnatal period, or first week of life.**
4. **The solution requires multi-sectoral action and district implementation of evidence-based interventions for improving newborn health across the continuum of care. Every effort made to improve the health of these newborns is an effort to improve Uganda's future.**

Situation Analysis Objective and Methodology

The overall objective was to analyse the current status of newborn health and care in the country. This included determining levels and trends of newborn mortality and morbidity and 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 among health providers and community-based workers; highlighting gaps in policies, programmes and services, and identifying short and long-term strategies for improving newborn health in Uganda.

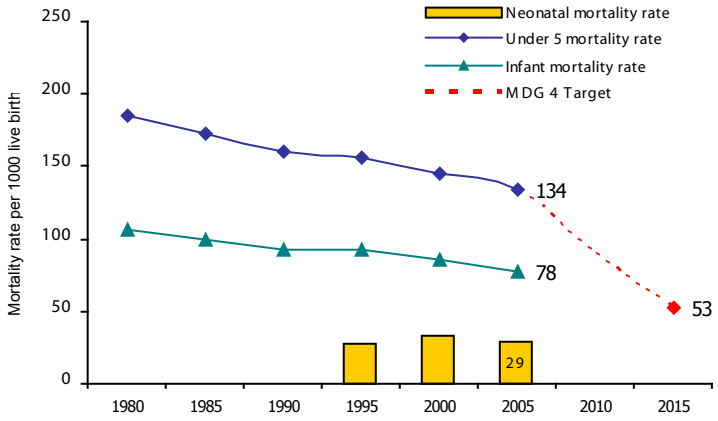
The study was conducted through a literature review and complemented by a field study in eight rural districts (Iganga, Kumi, Kayunga, Rakai, Kabarole, Bushenyi, Arua, Lira) and two urban divisions of Kampala. It employed both qualitative and quantitative methods, including a review of documents and health facility records, 152 key informant interviews, 21 focus group discussions, 39 facility observations and 1,136 household interviews with mothers with infants less than 6 months old. Data were collected between the months of February and April 2007.

Current Status of Newborn Survival in Uganda

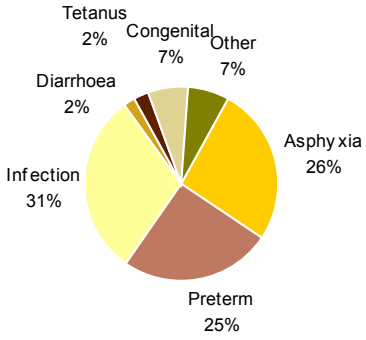
In Uganda, at least 45,000 newborn deaths occur each year, accounting for four out of ten deaths before one year of age. An equal number of babies are born dead, or stillborn. Over half of the total newborn deaths occur during the first week of life, mainly in the first 24 hours of life. The common causes of neonatal deaths in Uganda are similar to the rest of Africa and include birth asphyxia, infections and complications of preterm birth.

Many of these deaths could be prevented with healthy home behaviours and better access to quality health care. Tracking newborn health better in order to improve services must be a priority if Uganda is to meet Millennium Development Goal (MDG) 4 for child survival. Improving care for newborns will also benefit maternal survival, the focus of MDG 5.

Progress to MDG 4 for child survival in Uganda



Causes of newborn death in Uganda



Source: Opportunities for Africa's Newborns, 2006,[1] Uganda Demographic and Health Survey 2006.[2]

The *Situation Analysis of Newborn Health* in Uganda assesses the state of newborn care practices, as well as strategic opportunities to improve care provided to the nation's most vulnerable citizens – babies in their first month of life. In line with the Health Sector Strategic Plan II for 2005-10,[3] the Government has committed to develop and implement an effective, comprehensive and responsive health system to reach all newborns and their mothers, in order to reduce unnecessary deaths and improve newborn health within a continuum of care.

Existing policies and programmes for newborn health

Key finding:

Uganda has many good policies in place to protect women and their newborns and to provide integrated care. However, there continues to be a need to effectively disseminate and implement existing policies and address care during the early postnatal period.

There is an immediate opportunity for policymakers to take a leading role to improve newborn health from the highest level in both public and private health facilities and to influence the care newborns receive at home. This can be achieved by making and disseminating appropriate policies, improving staffing levels and supervision in health facilities, and providing an enabling environment for community-level care.

The postnatal period illustrates a critical policy gap, especially around the crucial first week of life. Health programmes in Uganda have traditionally focused on either safe motherhood or older child interventions, and have not effectively captured important newborn health interventions. Most newborns delivered in health facilities are discharged without being seen and routine postnatal visits are scheduled six weeks after delivery, long after the riskiest time for mothers and babies. Consequently, little newborn-specific data has been collected and few national targets have been set, which has led to a lack of newborn health representation on the health and development agenda.

Yet there is an opportunity for change. Uganda's new integrated policies, strategies and interventions have the potential to maximise impact if they are well disseminated and supported with appropriate resources.

Shifts in policy and programmes for newborn health in Uganda

Where have we been?	***Where are we going?***
Postnatal care at six weeks focusing on immunisation	○ Postnatal care focuses on the first week of life and addresses the basic needs of newborns and mother including early initiation of breastfeeding, warmth, cord care and early identification and management of illness
Mothers competing with children for little attention and funding, newborns lost in between	Maternal, newborn, and child health (MNCH) ○ Mothers, newborn babies and children all benefit from essential packages in a continuum of care ○ Newborns included along with maternal and child health in the Health Sector Strategic Plan ○ MNCH is receiving more attention but still needs more investment
Facility-based care, with focus on vertical solutions, inconsistent community approaches, competition between various programmes and packages	○ Systematic phased strengthening of health systems with focus on universal coverage of essential packages ○ Integration between essential MNCH packages and other traditionally vertical programmes. Strengthening newborn health interventions is a catalyst for integration. ○ Community-based approaches to promote healthy behaviours and demand for skilled care
Monitoring and assessment with global level indicators led by UN agencies and donors	○ Tracking MDGs, deaths, and coverage of essential interventions ○ Tracking financial flows for health ○ Promoting accountability of governments and partners
Competing interests of many partners and donors	○ Country-led action with support from donors harmonised to accelerate progress, and broader partner inputs, such as professional and non-governmental organisations

Source: adapted from Lawn et al, 2006[4]

Practices at household and community level

Key finding:

Many newborn deaths are preventable with appropriate knowledge and practices at the family and community levels, and with appropriate care-seeking when danger signs are recognised. However, life-saving practices are not always followed due to poverty, cultural beliefs, lack of household food security and poor access to health caredisseminate and implement such policies.

A number of positive attitudes and healthy care practices exist at the household and community levels. These included recognition of the need to provide special care and protection to the woman during pregnancy and to the newborn baby. However, there were several practices that could have negative consequences for newborn health.Traditional practices often required women to remain in the home or seek care from a Traditional Birth Attendant (TBA), but often women were discouraged from effectively utilising formal health services due to poor quality of care, distance to the facilities and the cost of facility level care, especially in emergencies.

One of the important platforms for getting women and newborns into the health system is through care during pregnancy. While many women seek antenatal care in Uganda, healthy practices during this time period, such as birth preparedness, are not always taken up. Many poor households cannot afford skilled care at birth. The care of preterm infants and actions taken by family members or TBAs when the newborn fails to cry at birth are inadequate or non-existent. Postnatal practices related to early breastfeeding and maintaining body temperature are lacking, fuelled by very little counselling and outreach provided to women at home in the postnatal period to encourage these behaviours. The common use of pre-lacteal feeds and poor infection control are important risk factors to newborn health. Although mothers typically recognise danger signs in the newborn and themselves, care-seeking is poor, due to financial constraints and perceptions of poor quality facility care.

Important household and community practices

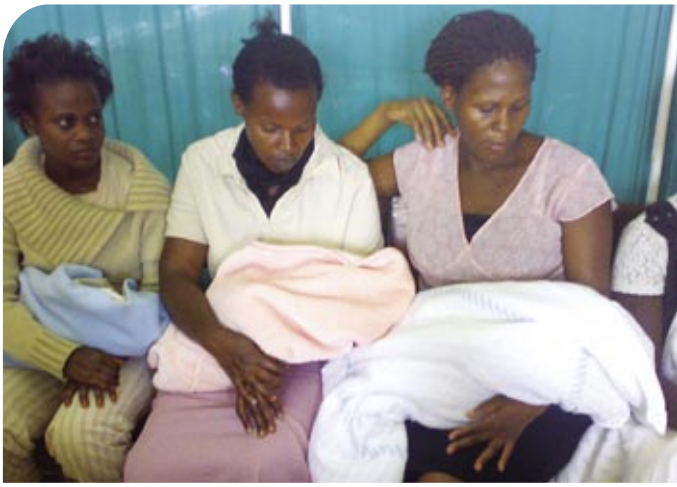
During pregnancy	○ Care-seeking for antenatal care ○ Birth preparedness ○ Intermittent Preventive Treatment (IPTp) and Insecticide Treated Net (ITN) use ○ Appropriate nutrition and micronutrient supplementation
During childbirth	○ Care-seeking for skilled care at birth or clean and safe delivery for home births ○ Essential newborn care ○ Immediate skin-to-skin care ○ Immediate breastfeeding and avoiding pre-lacteal feeds
During the postnatal period	○ Proper hygiene, sanitation and hand washing ○ Exclusive breastfeeding ○ Skin-to-skin care of small babies ○ ITN use ○ Early care seeking for illness, compliance with referral

Source: Ministry of Finance, 2000[30]; UNDP 2007[10]; UDHS 2006[2]

Services access, utilisation and quality

Key finding:

Uganda has a strong network of health centres and hospitals to provide a continuum of care to mothers and newborns. While most women access the formal health system during pregnancy, quality of care and links between facilities must be improved in order to address the gap in service utilisation around the time of childbirth and the early postnatal period.

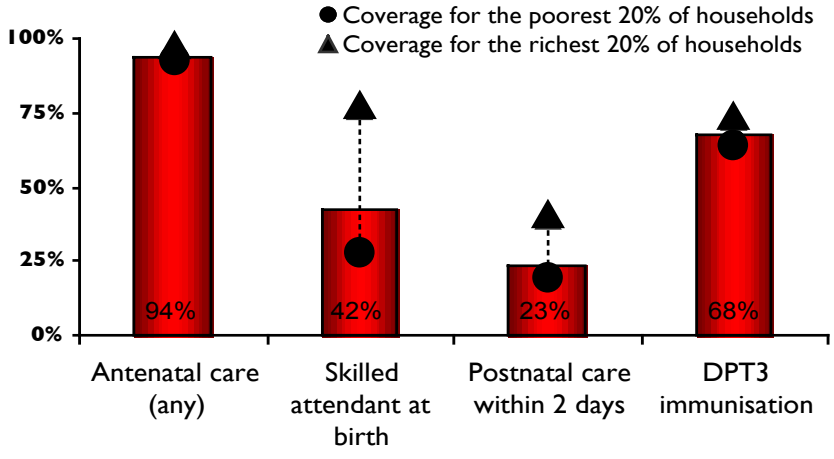


Coverage of care in Uganda is high for outreach services such as antenatal care and immunisation. Clinical services such as skilled care during childbirth and case management of newborn illness reach many fewer women and newborns. For example, over 60 percent of pregnant women in Uganda give birth at home with limited access to skilled care. Four out of five newborns are not seen by a skilled health provider during the first week of life. Even the few who access the health system do not receive adequate care; just 20 percent of health facilities assessed met the midwife staffing norms and service providers do not focus on essential newborn care.

Major barriers to effective, essential newborn care include inadequate knowledge of newborn care among health providers, a lack of institutional support for evidence-based low-cost interventions, such as Kangaroo Mother Care (KMC), and a critical lack of trained staff.

There are marked imbalances in the distribution of health facilities in rural compared to urban areas, resulting in reduced access to services for the poorest families, especially for clinical care. Lower level facilities are not mandated to provide a full range of newborn health services, although these are closer to people in rural areas where newborn mortality risks are highest. Even in facilities where newborn services are offered, they are not always available. The availability, access and quality of services are affected by insufficient numbers of trained staff and uneven distribution of available skilled personnel. Basic equipment and essential drugs for newborn care are not available in many hospitals; nearly all Health Centre grade IV (HC IV) and many maternity units do not have resuscitation kits.

Coverage along the continuum of care in Uganda



Source: Opportunities for Africa's Newborns, 2006,[1] updated with UDHS 2006.[2]

Recommendations and actions

	Reproductive health and pregnancy	***Childbirth***	***Postnatal period***
Ministry of Health / Policy	• Districts should equip health facilities with basic supplies, including drugs for newborn care. • Improve training, particularly in-service, for routine postnatal care for newborns and extra care for sick and vulnerable newborns. • Revitalise national vital statistics and institutionalise maternal and perinatal audits in order to improve health unit records on newborns and their inclusion in district level data collection.		
Health facility level	• Abortion and post-abortion care. • Improve service availability and quality for management of STIs, HIV, malaria in adolescents.	• Expedite filling of all vacant midwifery posts at HC III level. • Strengthen health workers' skills for newborn care, especially for resuscitation at all levels; provide basic equipment and supplies for essential and emergency care. • Improve service quality to meet minimum standards of care (skilled attendance, clean delivery, emergency obstetric and newborn care).	• Orient health workers on revised IMCI protocols to include sick newborns; allow for first level case management through the provision of required drugs and supplies at HC II and HC III. • Increase roll-out of KMC for small babies.
Outreach level	• Increase access to family planning services to adolescents and young women. • Scale up and improve implementation of goal-oriented/focused ANC, including birth and emergency preparedness. • Integrate PMTCT service package with ANC services.		• Define service package and timing for routine postnatal care for newborns. • Review and update the newborn care service package and policy guidelines, especially for the postnatal period; have them widely disseminated among health workers.
Community level	• Strengthen nutrition/ health education to girls and women through school health and community-based programmes during pregnancy, in order to prepare women for motherhood.	• Develop a community-based strategy to provide quality reproductive health and newborn care information to rural women and their families. • Develop and include newborn care in the VHT strategy/ Community-IMCI and equip at least one member of the VHT to provide community-based care for newborns. • Equip a member of the VHT team support mothers in providing proper care for their newborns; implement behaviour change campaigns to support VHT activities at the community level.	
General inter-sectoral	• Inter-sectoral collaboration to strengthen food security, reduce household poverty and improve girls' education through UPE and USE to improve maternal and newborn health overall.		

Acronyms:
ANC=Antenatal Care; HC=Health Centre; HMIS=Health Management Information System; IMCI=Integrated Management of Childhood Illness; KMC=Kangaroo Mother Care; PMTCT=Prevention of Mother-to-Child Transmission of HIV; STI=Sexually Transmitted Infection; UPE=Universal Primary Education; USE= Universal Secondary Education;VHT=Village Health Team

The health and survival of newborns in Uganda has gone unnoticed for too long. However, both immediate and long-term opportunities exist to improve newborn care at all levels. Uganda has an opportunity to improve care for the nearly 1.5 million babies who are born each year, and address the deaths of 45,000 of its most vulnerable citizens. Many of the recommendations arising from this situation analysis also will improve care for mothers and older children and strengthen the overall health system. Every effort made to improve the health of these newborns is an effort to improve the country's future. Will you use this information to become a champion of Uganda's newborns?

References

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