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HEALTH CARE
IMPROVEMENT
PROJECT

IMPROVING MATERNAL AND NEWBORN HEALTH IN UGANDA BY COMBINING TRAINING, QUALITY IMPROVEMENT, AND PEER-TO-PEER LEARNING

BACKGROUND

The USAID Health Care Improvement Project (HCI) is supporting the Ministry of Health (MoH) in Uganda to demonstrate improving the quality of maternal newborn child health by applying improvement methods that adapts and spreads evidence based practices across facility and community teams in central Uganda. A survey in the two districts of Masaka and Luwero showed that only 32% of health facilities surveyed had equipment for resuscitation of newborns, yet there was a high level of stillbirths, suggesting delayed care-seeking and poor quality services. Half of mothers (46%) were discharged sooner than 24 hours after giving birth in facilities. Facility staff was unaware of MoH newborn care standards, and there was no mother/newborn and health worker interface during the first week of life for home or facility births except in cases where danger signs prompted a return of the mother or newborn to the facility.

A situational analysis conducted in August 2011 of village health teams (VHTs) further revealed inadequate support for maternal, newborn and child health interventions at the community level. Specifically, VHTs had not been trained in essential newborn care (ENC). They had no job aids to facilitate their work, some villages were difficult to access, data collection was poor, and there was no quality improvement strategy for the VHTs.

OBJECTIVES

The aims of this improvement program, which addresses actions at the national, district, facility and community levels, are to:

1. Contribute to the reduction of neonatal mortality by increasing the number of newborn babies receiving essential newborn care
2. Contribute to the reduction of maternal mortality by actively managing third stage of labour to prevent postpartum hemorrhage
3. Link pregnant women to HIV services by working with facilities to ensure that pregnant women are tested for HIV and appropriately referred.



District coach assessing resuscitation skills of health worker.
Photo by Connie Namajji, URC.

INTERVENTIONS

To accomplish these objectives, HCI is supporting government systems to improve care by institutionalizing essential newborn care and the Helping Babies Breathe (HBB) newborn resuscitation program, training teams of providers in clinical aspects of care as well as in quality improvement (QI), and supporting teams to learn from each other and utilizing mechanisms to spread learning between teams.

Learning sessions provide facility teams and community teams the opportunity to learn from each other how to address problems. This peer-to-peer learning enhances rapid spread of solutions and has also motivated teams to improve their work.

HCI has also trained 20 MoH staff at the district level to serve as coaches to support the 34 facility-level QI teams in identifying

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Community coaches at a community coaching session.
Photo by Mary Nabisere, URC.

problems, setting improvement goals, analyzing their health care delivery system, and designing and implementing changes to the system to meet the needs of patients. These coaches have replicated the training in essential newborn care and QI to other facility-based health care workers and are thus able to sustain support for these interventions after the improvement program is completed.

Facility-level health workers have also been trained as community coaches and are now making monthly visits to 24 village teams to help them improve maternal and newborn health within the community.

RESULTS

Figure 1 shows results thus far for the 34 facilities participating in this improvement program. Changes made by these sites to improve the provision of ENC have included:

- Rationing of Tetracycline eye ointment to enable more babies to benefit from available tubes
- Using sterile surgical blades when sterile cord scissors are unavailable
- Educating mothers and caretakers during antenatal care on birth preparedness and benefits of early breastfeeding
- Increasing the number of staff who counsel mothers on breastfeeding during the early postpartum period

Figure 2 shows preliminary results from the community level, where efforts to increase mothers' awareness of danger signs and increase the proportion of newborns who get early follow-up care and referrals for management of danger signs have already had effect.

Figure 1. Results for three newborn indicators in Luwero and Masaka districts, Uganda, November 2010 – December 2011

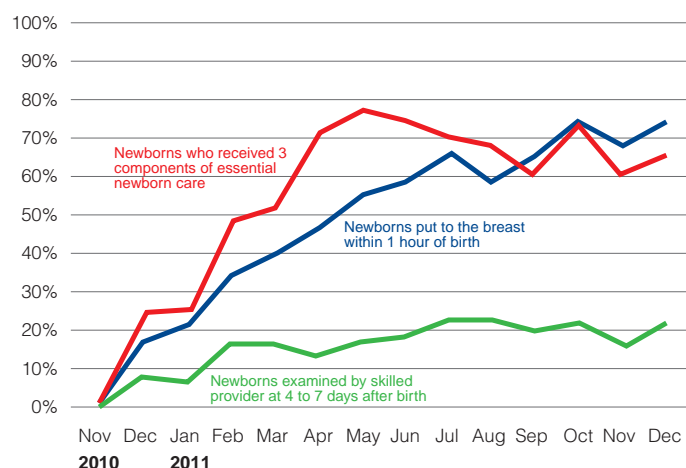
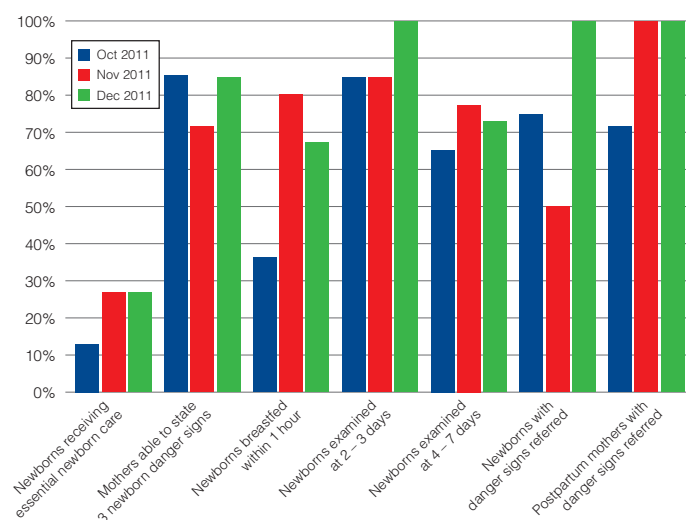


Figure 2. Maternal and newborn health care provision at the community level in Masaka (16 villages) and Luwero (8 villages)



CONCLUSION

The efforts by health workers and village health teams in Luwero and Masaka districts show that combining clinical training, quality improvement, and peer-to-peer learning has been successful in rapidly improving maternal and newborn care at both the facility and community levels. The lessons from this experience are already informing plans of the Ministry of Health to roll out comprehensive newborn care in 15 new districts later this year.

USAID Health Care Improvement Project

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