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HEALTHY MOTHERS
HEALTHY WORLD

POLICY BRIEF

SAVING NEWBORN LIVES

A CHANGE IN PROCUREMENT POLICY OF RESUSCITATION DEVICES IS A MATTER OF URGENCY

Together we can save the lives of newborns. Together we can create a better Uganda.



THE PROBLEM

Birth asphyxia or failure to establish breathing at birth contributes 26% to neonatal deaths in Uganda.ⁱ With 106 newborns dying in Uganda every day, prevention and management of asphyxia is a major intervention in reducing neonatal mortality and morbidity. However, there are major challenges in preventing and managing asphyxia which need to be addressed urgently in order to reduce child mortality in Uganda.

Many health facilities in Uganda lack even the most basic neonatal resuscitation equipment, the devices used to manage birth asphyxia. The basic

resuscitation devices include a neonatal bag and mask, a suction device and a resuscitation training mannequin.ⁱⁱ Even where the equipment is available, health workers may not be competent to use it. Health Centres (HC) III and IV rely on the Ministry of Health (MoH) to deliver the resuscitation devices when funds are available.

Districts cannot order equipment directly from the National Medical Stores (NMS), the body responsible for procurement of medicines and supplies at all health centers across the country. This is because equipment is not on the

NMS procurement list.

White Ribbon Alliance Uganda (WRA Uganda) is advocating for the inclusion of the resuscitation devices on the NMS procurement list and allocation of a budget to procure these devices. HC IIIs and IVs will be able to budget for, order and procure adequate resuscitation equipment needed to save the lives of newborns. WRA Uganda aims at ensuring that the Ministry of Health (MoH) transfers the procurement of newborn resuscitation devices from its headquarters to NMS in the FY 2015/2016

ⁱ Ministry of Health. Situation analysis of newborn health in Uganda: Current status and opportunities to improve care and survival. Kampala: Government of Uganda. Save the Children, UNICEF, WHO; 2008.

ⁱⁱ Save the Children. Surviving the first day: State of the world's mothers 2013

Why resuscitation devices

Within a minute of birth, a baby who is not breathing should be ventilated with a bag and mask. Although most babies breathe spontaneously at birth, up to 10 percent of newborns require some assistance to begin breathing. Only 3-6% require basic resuscitation, but the correct technique will save 4 out of 5 babies who need it. Every skilled birth attendant should be able to resuscitate a baby who is not breathing. ⁱⁱⁱ

An assessment of all government-owned HC IIIs and IVs conducted by White Ribbon Alliance in the pilot districts of Kabale, Lira and Mityana in 2013 showed that none of the three districts met the minimum requirements for resuscitation of newborns. Out of the 9 health centers assessed in Lira, only 3 had neonatal resuscitation devices. In Mityana District, out of 12 health facilities assessed, only 7 had the devices and 19 out of 22 health facilities in Kabale District had the devices. Without resuscitation services across all the three districts, newborns' chances of survival are greatly limited.

Based on discussions with partners in the Reproductive, Maternal, Newborn and Child Health working group and other stakeholders, it was agreed that WRA undertakes a rapid assessment of the availability and use of resuscitation devices in one of the districts originally assessed, that is, Mityana.



A midwife at Kyantungo Health Center IV in Mityana District displays resuscitation devices. WRA Uganda's assessment found that nearly half of health centers in Mityana lack manual resuscitation devices such as ambu bags and masks, putting the lives of newborns that may require resuscitation at risk of perinatal death.

Findings revealed that some health facilities do not have resuscitation devices. The Mityana District Health Officer Dr. Lwasampijja Fredrick said despite the fact that the government has done a lot, it needs to do more. "The government should allocate more resources to the health sector. The Ministry of Health has always procured equipment through projects. We should allocate money annually for repair or replacement of

equipment. There should also be a budget to NMS to buy equipment. If money is put in NMS and we get order forms where we can indicate what we want, the in-charge can make that order and NMS can supply."

Several babies need help to start breathing at birth. Resuscitation devices to enable this should be available at the health facilities.

SOLUTION

To reduce newborn deaths, White Ribbon Alliance recommends the following:

- The Ministry of Health (MOH) should transfer the procurement of newborn resuscitation devices from its headquarters to National Medical Stores (NMS) in the FY 2015/2016
- Resuscitation devices should be made vital commodities on the NMS procurement list to ensure HC IIIs and IVs order them
- There should be a budget line in NMS for the procurement of newborn resuscitation equipment
- Government should allocate more resources for procurement and repair or replacement of equipment
- At least 5% of primary health care funds should go to operation and maintenance of equipment
- There should be regular training of users so that they have the necessary skills to use and maintain the equipment

CONCLUSION

With basic equipment and quality training, successful newborn resuscitation can prevent 30 percent of deaths in full-term newborns and avert five to ten percent of deaths in preterm births. ^{iv}

ⁱⁱⁱ Save the Children. Surviving the first day: State of the world's mothers 2013

^{iv} Scaling up lifesaving commodities for women, children and newborns. PATH advocacy toolkit