Access to maternal and newborn health services in Uganda: Are we ready to meet the demand? Lessons from MANIFEST project implementation

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Maternal and Newborn Conference

Outline

- Introduction
- Methods
- Results
- Conclusions

Our key outcome

Everybody's question

SAY "HELLO" ANYMORE. BEGINS WITH ... **Good results to communicate**

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Everybody's question



Good results to communicate



Equilibrium Game

Demand interventions

Community Sensitization

- Home Visits
- Community dialogue meetings

Improve Income & Transport

- Saving groups integrate Savings for MNH
- Transporter sign an agreement with Saving groups

Supply interventions

HWs Capacity building

- Mentorship and support supervision
- MNH refresher training

Management Skills

Management training for DMHT members

Health workers Motivation and Support Supervision

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no control over the provision of essential equipment/drugs and staffing

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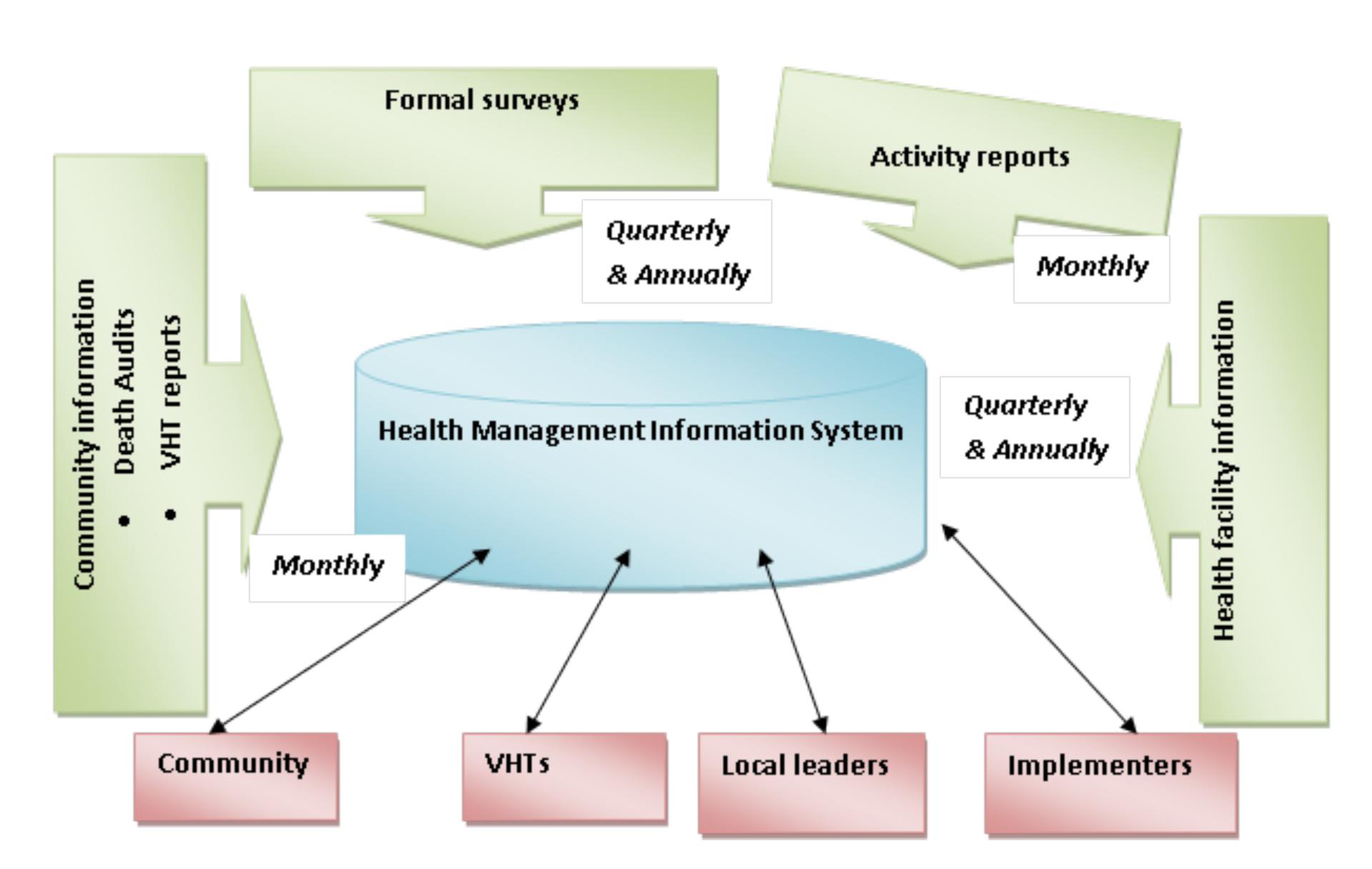
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MNH game changers – Rural Uganda

- Human resource
- Infrastructure and equipment
- Quality of care
- Availability of essential drugs
- Other MNH access determinants

Data collection method



Key highlights

Staff employed (HC III)

	None	One	At least two
Clinician	11.8%	52.8%	35.3%
Registered Nurse	41.2%	52.9%	5.9%
Registered Midwife	73.5%	26.5%	0%
Enrolled Nurse	14.7%	17.7%	67.7%
Nursing Assistants	2.86%	25.7%	71.4%

Staff employed (HC IV and Hospitals)

	None	One	At least two
Clinician	14.35	14.3%	71.43%
Registered Nurse	28.6%	42.9%	28.6%
Registered Midwife	28.6%	62%	9.4%
Enrolled Nurse	14.3%		85.7%
Nursing Assistants	12.5%	12.5%	75.0%

HWs Present at the time of survey

					Nursing Assistants
None	55.6%	56%	42.9%	23%	36.6%
Present	44.4%	44%	57%	77%	63.4%

Should we consider this as "Assisted skilled delivery?? HWs voices

"Women are now being referred by the VHTs for maternal and newborn care services. The VHTs are sensitizing women on issues related to maternal and newborn services thus discouraged from delivering from the TBA. The challenge we are having now is that, the facility does not have a midwife. We are improvising by using the nursing assistant who is not trained to do that work". HC III staff

Quality of care

- -15% low birth weights-HH survey
- -36.8% of women with small babies had received information on how to care for small babies from health workers

5.3% received kangaroo mother care (KMC)

Delay 3

"When the time for delivery reached she went to HC III (immediately the labor started-8:00am). When the HC III staff failed, they referred her to the Hospital at 11:00Pm (at night). The hospital opted for a caesarian. After the operation, she bled too much and this resulted to her death. fortunately the baby survived". Deceased Sister- Maternal Death **Audit**

Infrastructure and Equipment

Facility space

"We have very small space as you can see. Labor ward has only two beds. Yesterday I had five mothers one delivered from the floor due to the limited number of the beds here". Health Facility Midwife

Infrastructure

		HC III	HC IV	Hospital	Overall
		Percent	Percent	Percent	Percent
Accessible and working baby scale		69.7	71.43	66.67	69.77
Fetal Scope		93.94	100	100	95.35
Stethoscope	+	63.64	57.14	66.67	62.79
Blood pressure machine (sphygnomanometer	Ssment	51.52	57.14	66.67	53.49
Accessible and working adult scale	Sess		85.71	100	60.47
Working wartch or timing device	r as	42.42	85.71	66.67	51.16
Height stick	d for	/ / / /	14.29	0	23.26
24-hour functioning light source	Needed	48.48	71.43	66.67	53.49
Thermometer	Ne	42.42	71.43	66.67	48.84
Manual vaccum aspirator for abortion care		18.18	57.14	33.33	25.58
Speculum		57.58	42.86	100	58.14
Vacuum extractor		0%	42.86	66.67	11.63
Newborn suction device		30.3	28.57	33.33	30.23
Newborn ressuscitation device		48.48	71.43	33.33	51.16
Mucus trap/suction machine		30.3	14.29	66.67	30.23
Baby warmer or heat lamp		0	14.29	0	2.33

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Infrastructure – referral transport - Community voice

"When time for delivery reached, I went to HC for delivery because it is where I was going for ANC. I reached the HC at 2:00PM but was referred to the Hospital at 3:00am. Immediately I reached the Hospital, the health workers found that they could not manage me and I was referred to the Regional Hospital. Unfortunately, the driver for the ambulance was not around, so it took time to get the vehicle to take me to where I was referred. The vehicle was got at 4:00am and we reached the regional hospital at 6:00 am. When I reached (regional hospital), Immediately I was put on the drip and a decision was made for the caesarian. Unfortunately the baby died immediately after delivery". Mother, 29 Yrs, gravid 5 and above- Newborn Death Audit

Availability of essential drugs

	HC III	HC IV	Hospital	Overall
	Percent	Percent	Percent	Percent
Sulphadoxine				
Prymethamine				
(Fansidar) for IPT	78.79	100	66.67	81.4
Vitamin A	90.91	100	100	93.02
Ferrous Sulphate	48.48	28.57	66.67	46.51
Folic Acid	48.48	57.14	66.67	51.16
Combined				
ferrous/folate	36.36	42.86	100	41.86
Benzyl penicillin	42.42	57.14	66.67	46.51
Diazepam (IM or				
IV)	81.82	71.43	100	81.4
Mebendazol	84.84	100	100	88.37
Amoxicillin	36.36	28.57	33.33	34.88
Penicillin or				
ampicillin	30.3	42.86	66.67	34.88
Cotrimoxizole	78.79	85.71	100	81.4

	HC III	HC IV	Hospital	Overall
	Percent	Percent	Percent	Percent
Tetracycline				
ointment or silver				
nitrate eye drop	60.61	57.14	66.67	60.47
Corticosteroides				
(for preterm labor)	27.27	0	100	27.91
Ergometrine (oral				
or injectable)	9.09	28.57	33.33	13.95
Oxytocin	27.27	71.43	66.67	37.21
Misoprostol	24.24	28.57	33.33	25.58
IV Ampicillin	27.27	14.29	66.67	27.91
IV Gentamycin	24.24	14.29	66.67	25.58
IV metronidazole	15.15	0	66.67	16.28
Local anaesthetics				
(such as lidocaine)	63.64	85.71	66.67	67.44
Zinc tablets	60.61	42.86	66.67	58.14
Nevirapine	60.61	71.42	66.67	62.79
Magnesium				
Sulophate (IV or				
IM)	27.27	14.29	33.33	25.58

Effect

Category	Death per 1000	95% CI
Overall newborn death	34	26.4-42

 There was no significant difference in neonatal mortality between Facility and home related births (34.7 Vs 32.9 per 1000 live births, p=0.824)

Facility Level

- Health workers recruitment
- Availability of drugs and other essential equipment
- Mentorship and Support Supervision

Community Level

- Household income
- Community transport
- Access to information and Knowledge on danger signs
- Other socio-determinants of Health

Leadership and Planning

- Resource mobilization
- Information sharing
- Strong partnership and coordination

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Improved access to MNH services

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Reduced maternal and newborn deaths

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- GMNH-conference organizers
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