

Uganda Newborn Programme

BACKGROUND

ELMA philanthropies has initiated “the Uganda Newborn Programme (UNP), an investment involving a consortium of five partners together with Ministry of Health to consolidate and replicate the most effective newborn interventions in 20 districts in three regions of Uganda (Western, Kampala and North-Central). The partners will utilize their technical strength, attributes and complement each other to coordinate and expand the implementation of an intervention newborn care package and build data-driven evidence on service delivery

improvements at each implementation site. Implementing partners will leverage their existing district-wide health systems strengthening platforms for maternal newborn health and PMTCT to drive evidence-based quality improvement efforts at high volume hospitals and health center IV facilities. Partners include Makerere University School of Public Health, Baylor Uganda, Adara Uganda and Nsambya hospital.



AIM

To improve the care for 120,000 small and sick newborns over three years and reduce newborn death by 40% at target hospitals.

OBJECTIVE

To expand and institutionalize evidence-based newborn care services to reach 120,000 small and sick newborns through strengthening clinical competencies of health workers in advanced care for small and sick newborns; improving infection control and strengthening clinical practices by institutionalizing quality improvement processes

TARGET SIZE

120,000
Small and sick newborns

20
high-burden districts

3
regions of Uganda

1.5M
Serving 1.5 million births annually

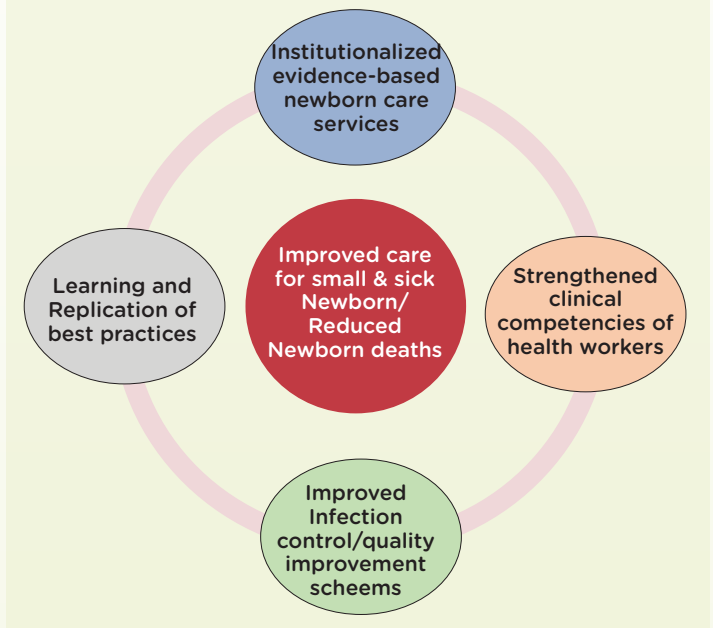
INTERVENTION

The program consolidates and replicates most effective newborn interventions in 20 districts in three regions including;

- Refurbish, and equip 30 specialized care units for small and sick newborns in line with the NEST Newborn Implementation Toolkit
- Strengthen clinical skills of 2,000 health workers in neonatal resuscitation, Kangaroo mother care, CPAP, and infection control to appropriately manage neonates
- Improve infection control using quality improvement measures and documenting the burden of sepsis and antimicrobial resistance among newborns at Regional Referral Hospitals
- Post-natal follow up of newborns discharged from neonatal units

- Implement national guidelines and treatment protocols for the care of small and sick newborns. Improve partner coordination by augmenting the National and Regional Newborn Steering Committees.

Theory of change: Improved care for small and sick newborns and reduced deaths of newborn



PROGRAMME ACTIVITIES

Expand and institutionalize evidence-based newborn care services to reach 120,000 small and sick newborns

- Conduct a newborn situation analysis to identify gaps in capacity and quality of service, refine three-year targets and support MOH to develop national targets for small and sick newborns based on evidence generated by partners, NEST, and WHO
- Establish and equip neonatal units at 30 district hospitals and

other high-volume facilities

- Develop and implement standardized guidelines and protocols for small and sick newborns for all point of care levels
- Facilitate MOH to lead newborn stakeholder coordination and strengthen the National Newborn Steering Committee
- Conduct monthly perinatal death audits, support data quality review, and provide technical assistance to district health teams to utilize data for decision making
- Strengthen the referral system and conduct monthly integrated MNH outreaches to lower-level facilities and distant communities
- Train and equip VHTs to mobilize communities and conduct postnatal care home visits within three days post discharge of the newborn.

Strengthen clinical competencies of health workers in advanced newborn resuscitation

- Provide in-service skills-based training and mentorship for six-member dedicated health worker teams at each facility in caring for small and sick newborns (resuscitation, warm transportation, infection control, and Kangaroo Mother Care)
- Procure from Hatch and supply the essential equipment recommended in the NEST bundle (CPAP, phototherapy, Pulse Oximeters, resuscitation bag and masks, etc.) in line with the Target Product Profiles for low—resource settings.
- Conduct quarterly quality improvement driven onsite staff mentorship and technical support supervision for improved clinical case management through data review
- Distribute and train health workers on MOH newborn care

guidelines and case management protocols

- Convene bi-annual district-based newborn health quality improvement learning sessions in the 20 districts
- Conduct quarterly mortality audit reviews and analysis to inform health worker training and service delivery improvements

Improve infection control and strengthen clinical practices by institutionalizing quality Improvement processes

- Train 720 facility-based health workers in infection control at target hospitals and health facilities
- Implement targeted quality improvement projects focused on managing and controlling infections among newborns
- Establish and support peer to peer support groups within facilities to ensure adherence to infection control protocols
- Provide mentorship and conduct quarterly support supervision for health teams on infection control
- Conduct a sepsis study in three regional referral hospitals to establish the sepsis burden and antimicrobial resistance among admitted newborns and share results with MOH.

Learning and replication of best practices

- Document and disseminate best practices
- Conduct rapid operational research to identify effective quality improvement and community care models
- Provide data driven evidence to promote and support scale up of newborn care models that work

IMPLEMENTING PARTNERS



MAKERERE UNIVERSITY

MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH (MaKSPH)

Coordinates consortium partners, engage with MoH and professional bodies (Uganda Pediatric Association, National Newborn Steering Committee) to provide data-driven evidence of approaches and models that work, distill critical insights and lessons that can be replicated, support development of national guidelines and protocols for the care of small and sick newborns through the Makerere University Centre of Excellence for Maternal Newborn & Child Health (MNCH)



BAYLOR UGANDA

Supports eight district hospitals, 16 health center IVs, and 34 health center III targeting 25,000 newborns in the Rwenzori and Bunyoro sub-regions of Western Uganda. Baylor is training and mentoring health workers, leading refurbishment of NICUs with equipment and strengthening district capacity to plan and deliver quality improvement projects while improving collection and use data for decision making.



ST FRANCIS

HOSPITAL NSAMBYA

NSAMBYA HOSPITAL

Supports expansion of newborn package of interventions to five high volume private-not-for-profit (PNFP) referral hospitals in central region estimated to reach 25,000 newborns. Collaborates and supports Kampala City Authority to strengthen and coordinate the newborn focused referral network across supported private and public hospitals.



ADARA UGANDA

Implements the newborn package of interventions in eight facilities (two hospitals and six health center IVs) across three districts in mid-central region targeting 15,000 newborns



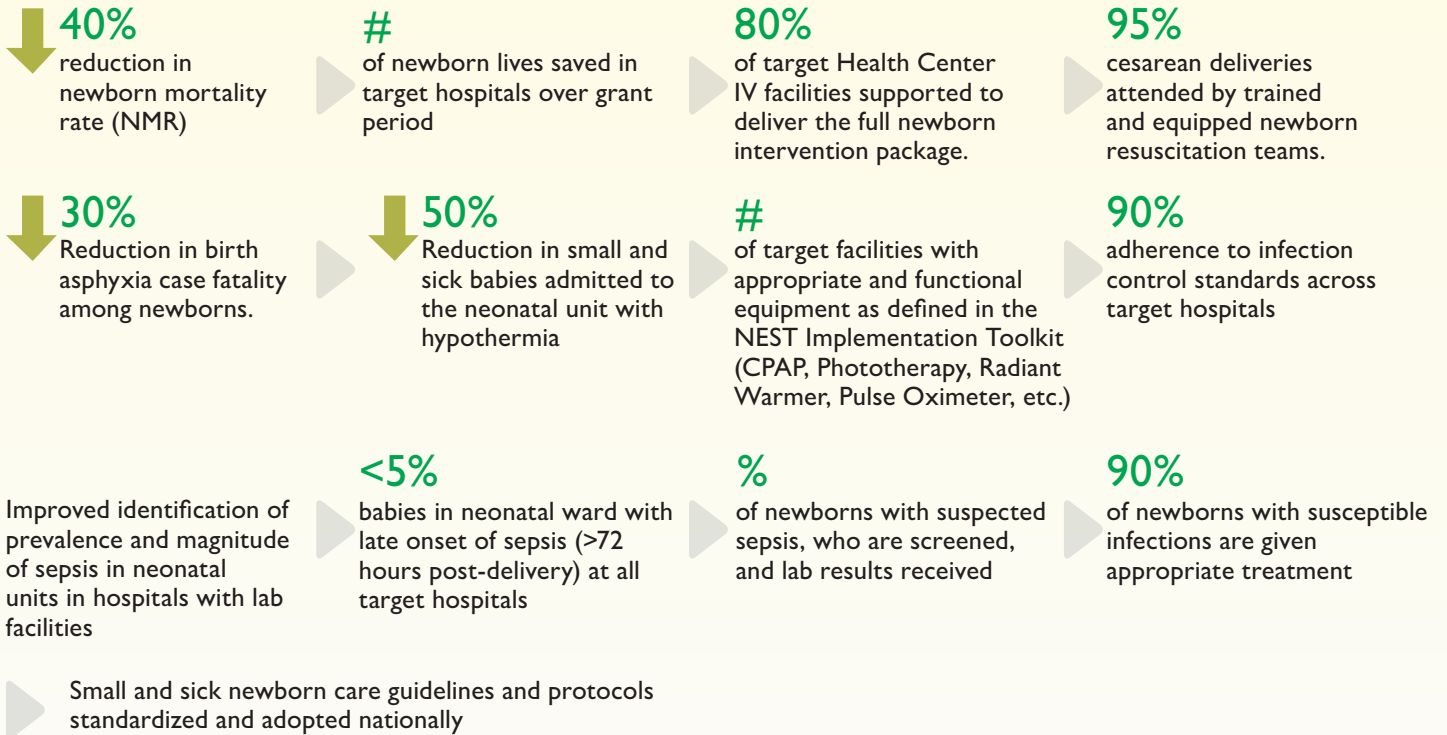
FUNDED BY:



PROJECT TIMELINE

JULY 2022 - JULY 2025

MEASURES OF SUCCESS



MONITORING AND MANAGEMENT

The Project Management Committee at MakSPH brings together implementing partners on a quarterly basis to monitor performance against work plans, share success, and determine course correction strategies. A Steering Committee will meet biannually and will bring together relevant government representatives and leadership of the implementing partners to ensure programming is harmonized with government priorities.



SUSTAINABILITY

The project is implemented through existing MOH structures and health staff supported by consortium partners to promote efficiency and performance. Activities are informed by the HMIS data and are designed with MOH direction and support. The built skills among staff will lead to new clinical case management protocols, and acquire new competences to sustain new processes and practices, partners will engage district leadership to promote program ownership through harmonized planning, partner coordination, joint monitoring, and data utilization to enhance quality service provision

CONTACT INFO

Makerere University School of Public Health (MakSPH)
Prof Peter Waiswa
Email: pwaiswa@musph.ac.ug

Baylor Uganda
Dr Alice Asimwe
E: aasiimwe@baylor-uganda.org

Nsambya Hospital
Dr Victoria Nakibuuka
E: nakibuukarv@gmail.com

Adara Uganda
Beatrice Niyonshaba
E: Beatrice.niyonshaba@adaragroup