

Improving Newborn Care at the District Level: Experiences from the UER

Ministry of Health, Agencies and Health Partner's 2015 Health Summit

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Presentation Outline

- Maternal, neonatal and child health profile in UER
- Background of newborn care in UER
- UNICEF and GHS partnership for newborn care
- Implementation and Evaluation
- Lessons & Challenges
- Recommendations
- Questions?

Maternal, Neonatal & Child health Profile in Ghana & UER

Indicator	Ghana	UER
Population	24-25 million	1,084,475
TFR	4.0	4.0
MMR	350/100,000	350/100,000
Skilled Birth Attendance	68%	67%
NMR	32/1000	34/1000
IMR	53/1000	58/1000
U5MR	82/1000	98/1000

Source DHS (2008), (MICS 2011)

Addressing challenges of newborn

- Safe motherhood
- Introduction of KMC 2008
- Maternal and newborn referral audit in 2011
- Lack of a comprehensive Newborn care strategy along the continuum of care



Current efforts... 2012 - 2014

✓ GHS-UNICEF Partnership (with financial support from Government of Japan) on Essential Newborn Care in Upper East and Northern Regions

Key components:

Home-based newborn care

Facility-based newborn care

Capacity enhancement - staff & equipment

Community mobilization - C4D

Implementing Districts, UER



Seven (7) Implementing districts

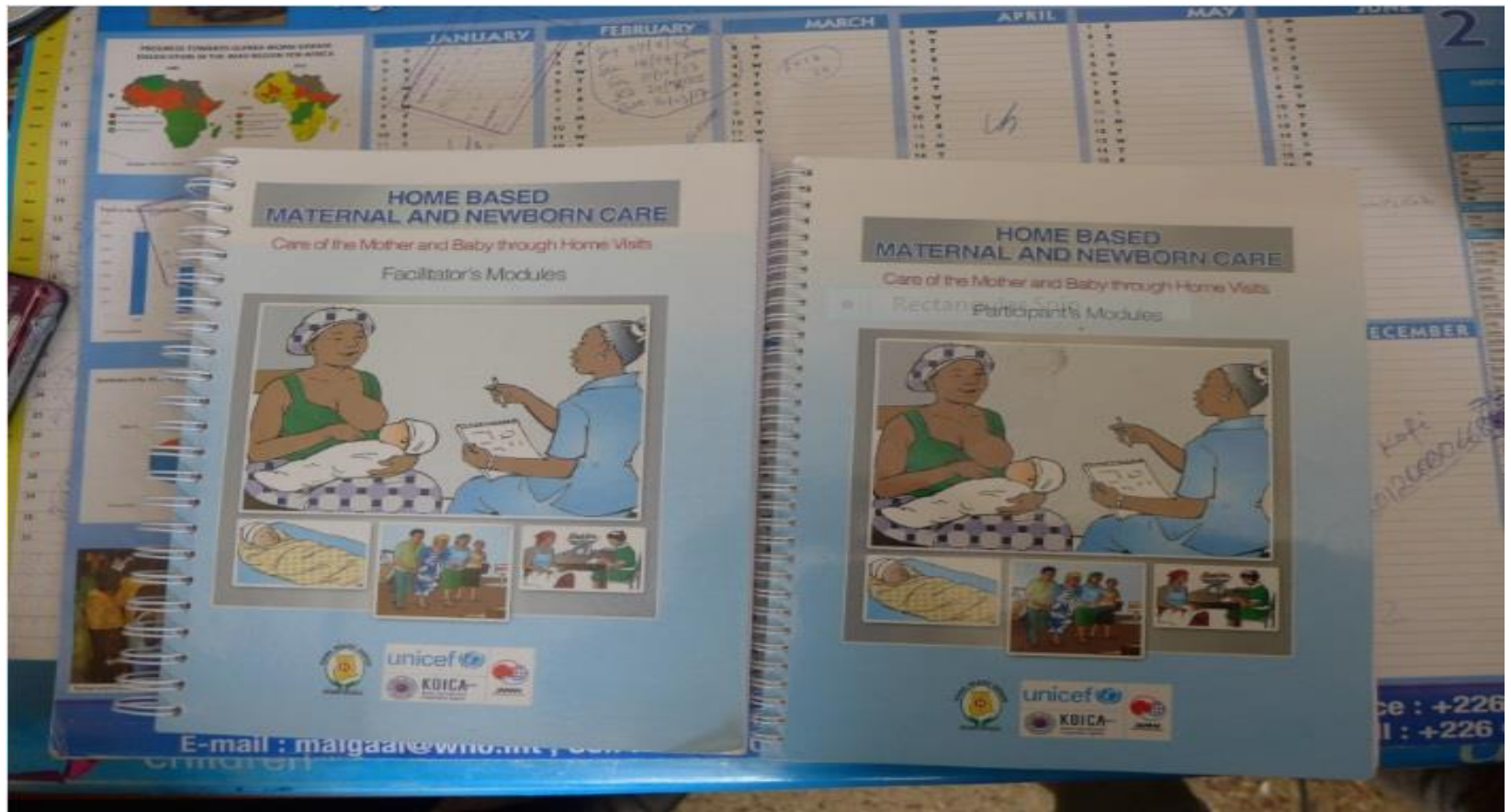
1. Bawku municipal
2. Bawku West District
3. Bolgatanga Municipal
4. Garu-Tempene Dist.
5. Kasena-Nankana Dist.
6. Kassena-Nankana West
7. Talensi-Nabdam Dist.

Implementation: Building human resource through Training

- Local doctors midwives and nurses were trained as trainers
- All subsequent trainings by regional training team
- Job aids for Maternal and newborn care given to trainees



Example of training materials



Building human resource: Training

Types of Training	Upper East Region			Type of Participant
	Phase 1	Phase 2	Total	
Project Phases	Phase 1	Phase 2	Total	
Facility-based Newborn Care	81	25	106	Doctors, midwives, MAs Nurses
Home-based Postnatal Care	98	292	390	CHOs, CHNs, ENs
	598	450	1048	Community Volunteers
	1,200	0	1,200	Red cross mother to mother support groups
	18	0	18	Red cross mother-to-mother support groups facilitators
Total	1995	767	2762	

Providing equipment

- Radiant warmers
- Phototherapy
- Oxygen concentrators
- Ambu bags
- Laptop computers

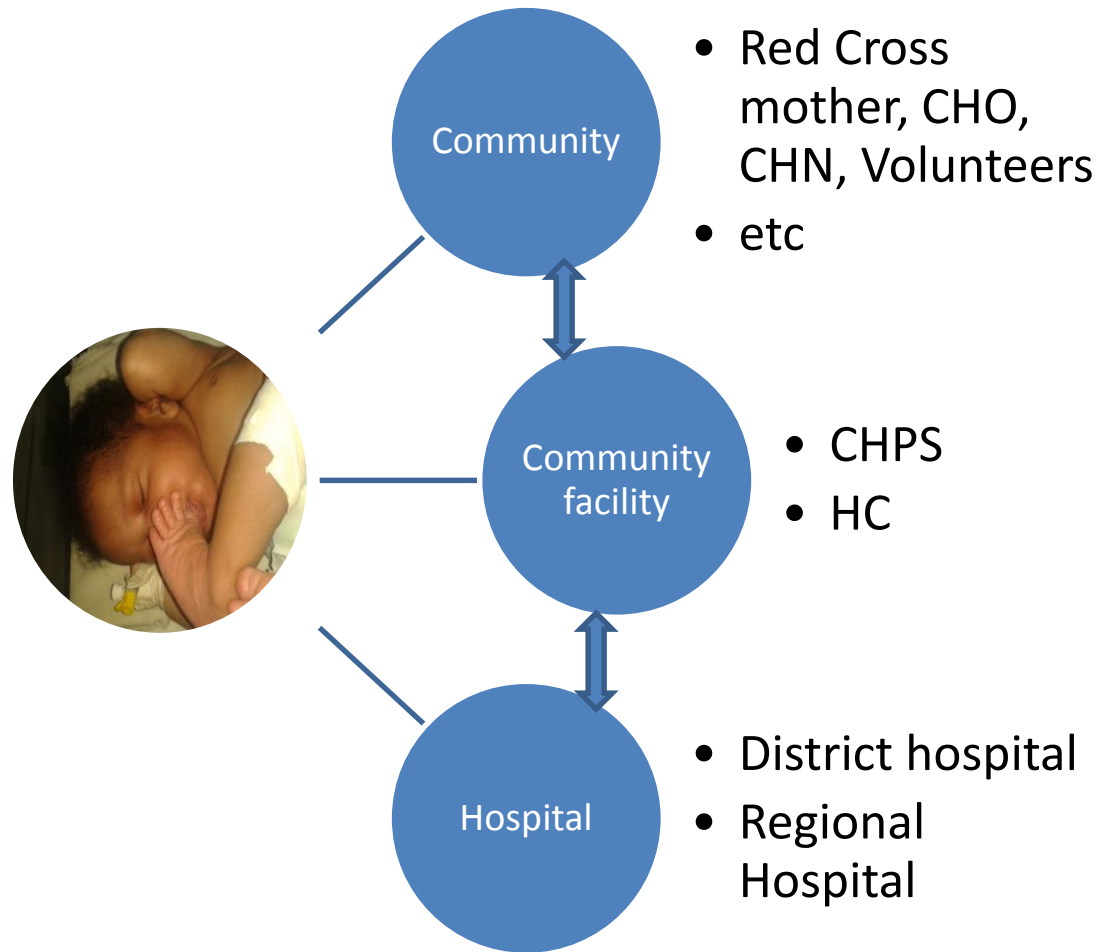


Implementation: Community mobilization - C4D

- Engaging political authorities for support (RCC, DCEs and MCEs etc.)
- Engaging local authorities (Chiefs, opinion leaders etc)
- Mobilizing existing community groups (red cross mothers, mothers support group)
- Use of flyers, jingles, training manuals etc



Implementation: Linking community and facility newborn care



Maternal & Newborn Care Evaluation: the objectives (January, 2015)

- To ascertain the **effectiveness of the package of evidence-based interventions**...
- To ascertain the project's contribution to enhance capacity to respond to the high levels of newborn morbidity and mortality....
- To ascertain the **effectiveness of the evidence-based advocacy** of the project on the national policy environment on issues related to newborn survival;
- To draw lessons on the implementation to aid national **scale-up of the essential newborn care model** through home-based early postnatal care.

Evaluation strategy

- ✓ In-depth interviews with
 - Key national-decision-makers (national, regional, district levels, DP, health facility in charges).
- ✓ 2 FGD with “mothers with Newborns” 2 districts with NICU + active C4D/community Mobilisation
- ✓ Abstraction of key Newborn health indicators from DHIMS and Project monitoring reports



“To what extent has the training and mentorship component of the project responded to capacity building needs of service providers?”

The training and mentorship component of the project responded to capacity building needs of the different levels of service providers.

The evidence

- ✓ A total of 2762 health workers and community volunteers were trained on essential newborn care



“The training in newborn care was useful and helpful to do my work. I go back to the guidelines and protocols to manage each case and problem very well and every day. Before the training I knew nothing about newborn care and managing their sickness was difficult for me and I use to refer them. The training has added values to my skills and knowledge and now I am more confident and can handle any case or complication”.

Provider in Upper East region

“To what extent has the project contributed to strengthen capacity of regional and district health management teams for planning, informed decision making and prioritization of the newborn health as per the National Child Health Policy (2007-2015) and other national guidelines and protocols?”

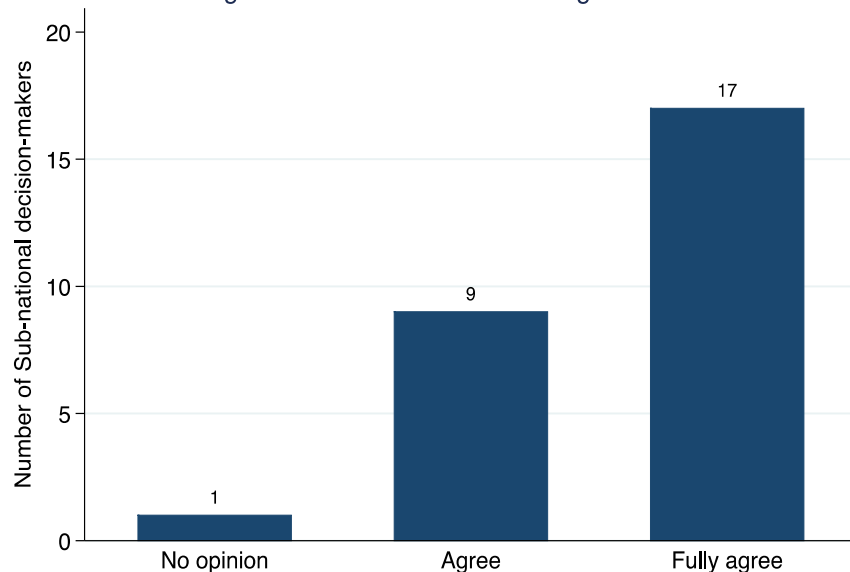
The project contributed to strengthen capacity of regional and district health management teams.

- ✓ All the district reporters
- ✓ A review have been
- ✓ 26 out

“The newborn care project had to a large extent, helped the region as well as districts in terms of capacity building and planning. I am saying this because we were taking through a bottleneck analysis training, which was financed by UNICEF. We looked at our data and try to analyze it and get the root causes of the problems we have identified. In the past when we did not meet our targets we just assume that it is due to in-migration, out-migration or famine and we never ask ourselves why and why to get to the root cause. Therefore we were not tackling the root cause, so we come back to the same situation all the time. So this is why I say it has built our capacity, at the regional level and the district level”.

Key informant in Upper East region

Figure 4.3: The project contributed to strengthen capacity of regional and district health management teams



“To what extent do beneficiaries report an improvement in newborn care and health seeking practices (ANC, PNC, CWC) as a consequence of improved counseling by CHO/CHN, CBA, Red Cross mothers and mother support groups?”

The beneficiaries reported an improvement in their newborn care and health seeking practices.

The evidence

- ✓ The results showed that the percentage of low birthweight babies on kangaroo mother care has increased from about 22% as at first half year 2013 to about 41% as at first half year 2014, representing 90% change over the period

Table 4.3: Trends in uptake of kangaroo mother care, Half Year (HY) 2011 to 2014, Upper East region

Indicators	2011 HY	2012 HY	2013 HY	2014 HY	% change (2014 vs 2013)
No. LBW Babies	912	963	1,138	1,297	
% LBW	6.7	8.8	10.3	8	
No. on KMC	99	175	249	536	
% of LBW on KMC	10.9	18.2	21.9	41.3	88.9

“To what extent has the intervention contributed to improve health and wellbeing of newborn babies?”

- ✓ **There is substantial increase on home-based postnatal care by CHOs/CHNs**
- ✓ The percentage of babies visited at home by trained health worker increased from 39% in 2013 to 58% in 2014

Table 4.4: Percentage of newborn babies who were visited at home by trained health worker

Region	Project Districts	Expected target neonates (i.e. 80% of expected deliveries)		Number of babies visited by health worker		% of babies visited		% of gap closed = $\frac{[B - A] * 100}{[100 - A]}$
		2013	2014	2013	2014	2013 (A)	2014 (B)	
Upper East	Bawku Municipal	3193	3231	1204	1067	37.7	33.0	-7.5
	Bolga Municipal	4363	4415	1657	2005	38.0	45.4	12.0
	Kasena Nankana East	3646	3690	888	1102	24.4	29.9	7.3
	Bawku West	3119	3156	2003	2533	64.2	80.3	44.8
	Garu Tempane	4312	4363	3940	4064	91.4	93.1	20.4
	Kasena Nankana West	2344	2372	-	1379	-	58.1	-
	Nabdam	1136	1284	-	832	-	64.8	-
	Talensi	2679	2711	-	1511	-	55.7	-
Total	All seven districts	24791	25223	9692	14493	39.1	57.5	30.2

Source: Home-based Postnatal Newborn Care Report, 2013 -2014

§ Star ted reporting January 2014

“To what extent has the intervention contributed to improve health and wellbeing of newborn babies?”

- ✓ Most project districts recorded at least two-third reduction in institutional neonatal deaths per 1,000 live births from the 2012 level

Trends in institutional neonatal deaths per total admission in NICU, 2014

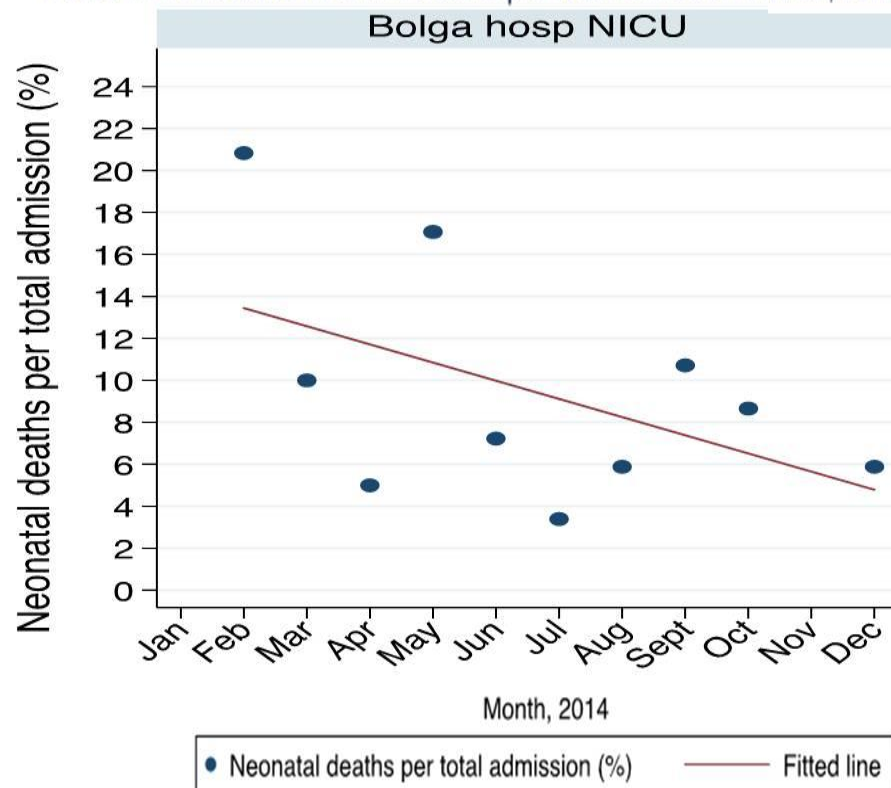
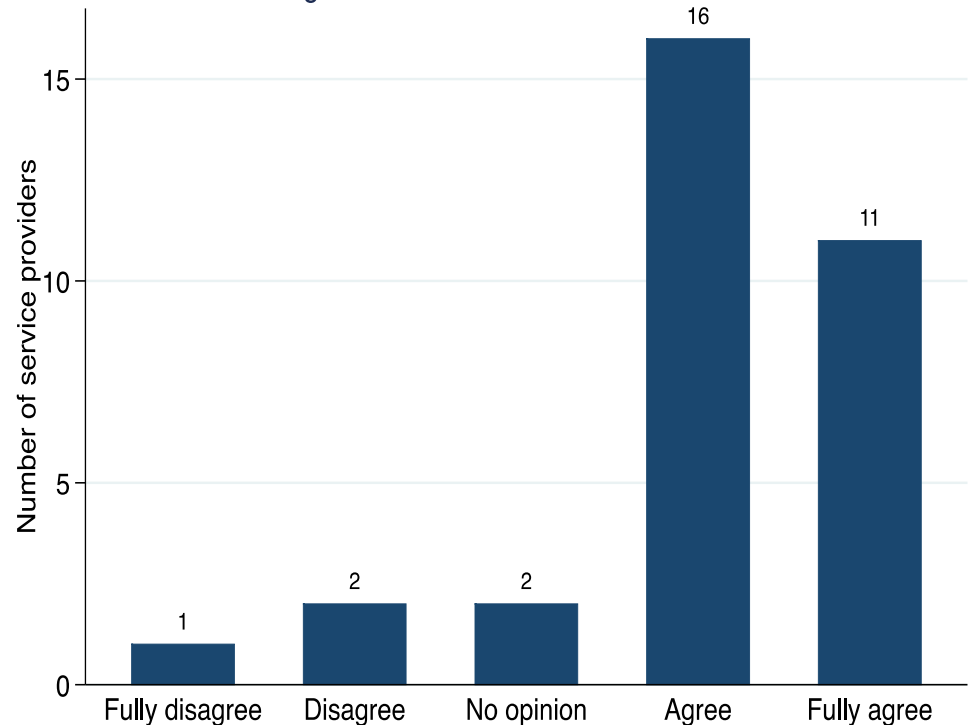


Figure 4.4a: The established level-two newborn care units have improved the management and survival of sick newborn babies



Lessons learned

- Community structures (CHOs/CHNs, community volunteers, mother support groups) improved timely home-based care
- Home-based care improved follow up, reduced harmful practices and fostered provider-community partnership
- Periodic training of Midwives and CHOs improved their knowledge and skills
- The establishment of the newborn intensive care units (NICU) increased demand and saved lives

Challenges

- Harmful traditional beliefs still a challenge
- Financing referrals to district hospitals and to tertiary hospitals
- Financing new born care at hospital level.
- Sustaining volunteer enthusiasm
- Attrition of trained staff

Recommendations: National level

- Ghana should commit to implement the Newborn care strategy.
- As a matter of policy, all district hospital should create newborn units.
- All regional and district hospitals should have NICU and resource centres for continuous in-service training.
- Scale-up the home-based postnatal newborn care model to all districts.
- The MoH/NMC should review curriculum for Midwifery and Community Health Training Schools to include newborn care using the training manuals.

Recommendations: Regional and district level

- Regional and district health management teams to engage political authorities (RCC, DCE, MCE) to support maternal and newborn care initiatives
- Integrate newborn care indicators to the existing M&E system.
- Regional and district leadership should be strengthened to drive newborn agenda and provide support for implementation.

Recommendations: All levels

- Data analysis at all levels to address challenges.
- Consistent communication strategy to advocate for support for newborn care.
- Quality assurance and quality improvement initiative for newborns at all levels.

Thank you

