MINISTRY OF HEALTH

2nd NATIONAL SAFE MOTHERHOOD CONFERENCE

HELD AT GOLFCOURSE HOTEL, KAMPALA

THEME: "STRONGER HEALTH WORKFORCE FOR SAFE MOTHERHOOD"

25th- 27th **October, 2022**

REPORT PREPARED BY:

THE USAID - STRATEGIC INFORMATION TECHNICAL SUPPORT (SITES) ACTIVITY

Table of contents

LIST OF ACRONYMS 5

1.0. Back ground 7

1.1. Introduction 7

1.2. Objectives of the conference 8

1.3. Key topics for the conference included: 8

2.0. Day One Proceedings 9

2.1. Opening Ceremony 9

2.1.1. Remarks from Dr. Mugahi Richard (Ass. Commissioner Reproductive & Infant health, Ministry of Health) 9

2.2. Keynote Addresses 9

2.2.1. Keynote Address from Prof Fredrick Makumbi 9

2.2.2. Keynote Address by Prof Francis Omaswa 10

2.2.3. KEYNOTE TAKE-AWAYS 11

2.2.3. Keynote Address from Archbishop Stephen Kaziimba Mugalu 12

2.3.4. Keynote address by Hon Min Dr. Hanifa Kawooya 13

2.3.5. Keynote Speaker by Hon Robinah Rwakoojo for Speaker of Parliament 13

2.3.6. Official Launch of the second family planning Costed Implementation Plan (CIP), Family Planning Advocacy (TMA) strategy, and Total Market Approach Strategy 14

3.0. Presentations on Day One 15

3.1. Pre-Eclampsia framework -By Dr Sarah Nakubulwa 15

3.1.1. Why Pre-eclampsia 15

3.1.2. Achievements of NASMECH-NEONATAL sub committee 16

3.1.3. Presentation on Mentorship programme in the Health sector 16

4.0. Break-out sessions 17

4.1. Break-out session 1: Community Engagement: 17

4.1.1. Proposed actions 17

4.2. Break out Session 2:Integration of Family Planning into service delivery 17

4.2.1. Proposed Actions 17

4.3. Break-out Session 3: Strengthening CQI for FP delivery 17

4.3.1. Proposed Actions 17

5.0. Day Two Proceedings 18
5.1. Keynote Address 1: Health Systems and Logistics for safe motherhood. Presented by Prof. Pteter Waiswa Director General, Uganda Population council 18
5.2. Presentation of Achievements of NASMEC Financial Year 2021. 19
Dr. JP. Bagala (M med Obs & Gyn), National Coordinator – NASMEC 19
5.3. Presentation of National MPDSR report 2021/22 19
5.3.1. Presentation of Achievements of NASMEC PET-SUB COMMITTEE FY 2021 20
5.4. Presentation on achievements of Newborn Interventions 21
6.0. PLENARY DISCUSSIONS 22
6.1. Address from CEHURD 22
6.2. Update from Dr Mugahi Richard -Assistant Commissioner in charge of Reproductive and Infant Health. 23
6.3. Panel discussion hosted by Dr. John Paul Bagala, Country Coordinator, Uganda- UK Health Alliance 24
6.4.3. Key takeaways and Submissions 26
7.1. Break-out room: Obstetrics 26
7.1.1. Proposed actions 26
7.2. Break out room: Cross cutting Issues 27
7.2.1. Proposed actions 27
7.3. Break-out room: Neonatal care 27
7.3.1. Proposed actions 27
8.0. Day Three Proceedings 28
8.1. Keynote address: State of Maternal and Newborn Health in Uganda 28
8.0. PANEL DISCUSSION 28
9.0. Closing Remarks from the Permanent Secretary MoH, Dr. Diana Atwine 29
10.0. National Safe Motherhood Awards 30
11.0. ANNEXES 31
ANNEX 1: Day One Program 31
OPENING CEREMONY 32
ANNEX 2: Day Two Program 34
ANNEX 3: Day Three Program 39
ANNEX 4: NSMC Synthesis of Breakout Sessions 40

ANNEX 5: COMMUNIQUE OF THE 2ND NATIONAL SAFE MOTHERHOOD CONFERENCE 43

LIST OF ACRONYMS

ADHOs	Assistant District Health Officers
AOGU	Association of Obstetricians and Gynecologists of Uganda
ANC	Antenatal Care
CEHURD	Centre for Health Human Rights and Development
CEmONC	Comprehensive Emergency Obstetrics and Newborn
COU	Church of Uganda
CPAP	Continuous Positive Airway Pressure
CQI	Continuous Quality Improvement
CUAMM	Doctors with Africa
DHO	District Health Officer
DLG	District Local Governments
FP	Family Planning
FY	Financial Year
GoU	Government of Uganda
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IP	Implementing Partner
MCHN	Maternal Child Health and Nutrition
MDAs	Ministries, Departments and Agencies
MNH	Maternal and Neonatal Health
MoH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Response

NMR	Neonatal Mortality Rate
NMS	National Medical Stores
NSMC	National Safe Motherhood Conference
PET	Pre- Eclamptic Toxemia
PPH	Postpartum Hemorrhage
PSI	Population Services International
RBF	Result Based Financing
RHITES	Regional Health Integration to Enhance Services
RRH	Regional Referral Hospital
SDGs	Sustainable Development Goals
SBCA	Social and Behavior Change Activity
SITES	Strategic Information Technical Support
SOPs	Standard Operating Procedures
TXA	Tranexamic Acid
UNFPA	United Nations Population Fund
UNICEF	United Nations Child Education Fund
USAID	United States Agency for International Development

1.0. Back ground

Uganda has over the years registered positive wins towards reduction of maternal and newborn mortality- a major focus of the Sustainable Development Goals (SDGs), and accelerated achievement of sector development goals. This reduction has been attributed to quality and access related improvements in the delivery of Maternal Child Health services. Healthcare financing has also been improving over the years which has allowed the ministry to address some of the quality and access challenges.

With a maternal mortality ratio of 336 deaths per 100,000 live births, we continue to register a considerable number of mothers dying due to preventable causes that include; obstetric hemorrhage, hypertensive disorders, sepsis, obstructed labour and unsafe abortion. Perinatal mortality has stagnated at around 40 per 100,000 live births, this is three times the Sustainable Development Goal (SDG) and Every Newborn Action Plan (ENAP) target of 12/1000 neonatal deaths by 2030.

Health workforce is a center pillar in ensuring a functional health system and provision of quality services but as well as accelerating progress towards achieving set targets in Maternal and Child Health. There is a dire need to improve the capacity of health workers at all cadres in terms of diagnosis and management of mothers to ensure Safe Motherhood. Strengthening health workforce capacity through regular mentorships coupled with proper ethical and moral conduct during practice, equitable distribution of health workers at all levels of care as well as establishing key retention and motivation strategies will move Uganda to last-mile efforts towards achieving its national and Global targets.

The Ministry of Health through its initiative, National Safe Motherhood Expert Committee (NASMEC) developed interventions aimed at addressing the leading causes of maternal and perinatal mortality. These interventions include strengthening the Maternal and Perinatal Death Surveillance and Response (MPDSR) as well as operationalizing the specific sub-committees to address the key killers including; Postpartum Hemorrhage, Preeclampsia, Safe Birth and Obstructed Labor, Sepsis and Neonatology. These interventions have since made significant contributions to improve maternal and newborn health across the various regions of the country.

1.1. Introduction

The 2nd National Safe Motherhood conference preceded the initial 3 days National campaign and awareness on Safe Motherhood pillars and efforts to reduce mortality from preventable causes especially Postpartum Hemorrhage which remains a leading cause of maternal mortality in Uganda. The conference theme is *"Stronger Health workforce for Safe Motherhood"* with efforts geared towards improving maternal and child health indicators by strategically strengthening the outputs of the health workers at all levels of

service delivery. The Conference gathered stakeholders ranging from MNH partners and implementers. Participants were specifically from MOH, RRHs, Health Center IVs, IIIs country-wide, Education Institutions like Makerere University, Mbarara University of Science and Technology (MUST), USAID MCHN, USAID RHITES, NASMEC, SBCA, Africa CUAMM, UNFPA, the private sector, ADHOs, Regional Champions, Regional Ips, Ministries, Departments and Agencies, Hospital Directors and the Organizing committee. The conference discussed sub- themes on Family Planning including: Community Engagement for Family Planning, Integrating Family planning into healthcare delivery and strengthening CQI for FP delivery, while the MNH sub-themes focused on obstetrics, cross-cutting themes and neonatal care.

1.2. Objectives of the conference

- To discuss how health workforce capacity could be strengthened to improve maternal and newborn health outcomes
- To discuss efforts currently in place to ensure equitable distribution of health workers in Maternity and neonatal departments at all levels of care and regions.
- To explore potential strategies for retention and motivation of health workers at all levels in a bid to improve safe motherhood
- To leverage multi-stakeholder efforts to improve involvement of the private sector, public sector and policy makers on matters of maternal and newborn health workforce.

1.3. Key topics for the conference included:

❖ **Workforce planning**

- Leading and examining the current health workforce levels in safe motherhood
- Examining what has worked in regards to Health workforce relationship in service delivery

❖ **Workforce capacity building**

- Role of health workforce in-service trainings
- Learnings from the regional mentorships

❖ **Workforce retention and motivation**

- Extent of health workforce retention at all levels
- Burden of cadre gaps at health facilities and areas of improvement

❖ **Motivation after attaining targets for MCH services MPDSR and Accountability**

- Learnings from MPDSR activities
- Review of facility work plans post MPDSR
- Role of districts in MPDSR

2.0. Day One Proceedings

2.1. Opening Ceremony

2.1.1. Remarks from Dr. Mugahi Richard (Ass. Commissioner Reproductive & Infant health, Ministry of Health)

He remarked that the conference offered an opportunity to reflect as a country on the progress made as of 2022 in delivering the different components of Safe-motherhood at country level and what Health workers can do to improve as well as identify barriers to quality service delivery. He emphasized that a motivated and empowered workforce is needed to ensure access to safe, effective, quality and affordable care for women and children.

Address from Dr. JP. Bagala (M.MED Obs & Gyn), National Coordinator NASMEC) highlighted achievements made from the NSMC in 2021.These included;

- Launched the Essential Maternal and Newborn Clinical Guidelines 2nd Edition.
- Disseminated the PPH Guidelines across all RRH with support from AOGU
- Uganda Clinical guidelines have been revised
- Essential medicine and health supplies list of Uganda revised with inclusion of TXA and Health stable Carbetocin.
- Developed of job aids on Management of PPH and PET
- Starting FY 2022/2023 MoH an apportioned 25% of the budget was allocated for procurement, storage and distribution of RH commodities towards procurement of family planning commodities.
- Corporate Society for Safe-motherhood established for alternative Financing towards Equipment and Infrastructure

2.2. Keynote Addresses

2.2.1. Keynote Address from Prof Fredrick Makumbi

Professor Fredrick Makumbi stressed that family planning was a key pillar of safe motherhood. He stressed that according to the UDHS report 2016, the infant mortality rate was 43 deaths per 1,000 live births. The child mortality rate was 22 deaths per 1,000 children surviving to age 12 months, while the overall under-5 mortality rate was 64 deaths per 1,000 live births. The neonatal mortality rate was 27 deaths per 1,000 live births. The post neonatal mortality rate was 16 deaths per 1,000 live births. The 2016 UDHS indicates that under-5 mortality rates have declined over time, from 116 deaths per 1,000 live births 10-14 years before the survey (2002-2006) to 64 deaths per 1,000 live births in the 0-4 years prior to the survey (2012-2016). He

emphasized that the unmet need was highest in rural areas in Uganda and that 45% of pregnancies in adolescents and children are unwanted.

He shared a key message that safe Motherhood was a vital Social and Economic Investment. He said that safe motherhood interventions were among the most cost-effective in the health sector and therefore it was imperative to invest in the demographic dividends particularly in Education skilling and health for the young population i.e. male and female.

Call to action

- Leverage and tap into community and government livelihood programs including Parish development model and economic empowerment
- Integrate family planning into other Maternal Child Health services points.
- Invest in male involvement and capacity enhancement through sensitization and training.
- Appropriate investment in education, focusing on both the girl child and boy child on
- leverage of community and government structures. Safe motherhood can be achieved as a collective partnership between family members, communities, and health systems.
- Data utilization: Utilize evidence on outcomes, impacts and interventions integrated into existing health or community systems for advocacy, planning and budgeting.

"I'm not Martin Luther but I also have a dream. I dream of a day when no woman will carry an unwanted pregnancy. I dream of a day when no teenager will carry the burden of pregnancy. Women deserve to have acceptable pregnancies where their children should not be seen as rejects but acceptable beings in the community."
" We need to focus on sustainable financing where we finance Family Planning in communities domestically. We need not to rely on development aid if we are looking at sustainability"

2.2.2. Keynote Address by Prof Francis Omaswa

Professor Francis paused the following questions on strengthening Health Systems.

- Why are we not implementing policy structures to scale?
- What are we not doing?
- Where is the problem?
- Why are we not doing things we know?
- What do we want to see happening?
- What can we do to strengthen District workers?

Professor Francis said, "Translation of the policy has to come from inside ourselves. The problem is the implementation gap"

"People do not care, governance is weak, individual and community ownership is inadequate, decentralized districts are underfunded and are corrupt, weak donor coordination, supervision by the center, accountability lacking, Technical professionals do not care."

He made a call to action by saying the following;

- There needs to be coordination with stakeholders to strengthen District health system by supervision by the center (Ministry of Health). Accountability by regional referral hospitals needs strengthening"
- Supervise hospitals and lower health centers by the regional referral Management.
- Organize communities by building their capacity, skills and abilities to solve their problems and create their own solutions.
- Organize a national dialogue on health and discuss it extensively as there is need to know that health is a key driver of economic growth

  He quoted, "Most Importantly: Get a new health act which incorporates what we want to do into law. We should emphasize social responsibility above economic gains."

2.2.3. KEYNOTE TAKE-AWAYS

1.	Keynote Speaker: Dr. Mary Otieno, Country Representative UNFPA	According to MPDSR Data, 4 mothers are dying daily in health facilities, 33% of maternal deaths are young women. • Fast track the implementation of this policy. • Increase the number of frontline health workers, including their training. • Strengthen Community Health structures, speak out against socio-cultural norms with adverse implications for safe mother, • Adopt male engagement strategy
2.	Keynote Speaker: MS Elizabeth Tumushabe UN Women	• Invest more in addressing the social determinants of poor safe motherhood. No one should be disadvantaged from attaining their life goals because of their social circumstances
3.	Keynote Speaker: MS Mercy Musisi … USAID Mission for USAID Mission Director	• Government is urged to continue its investment in Family Planning interventions, including investment in community health structures.

4.	DR. BBOSA RICHARD DHO, Buikwe DLG	• Engage the community including Youth Family Planning Champions, political and religious leaders • Recruit men as Community Health Workers/VHTs to increase the likelihood of reaching /involving men in Family Planning services
5.	Dr. Mugahi Richard Ass. Commissioner Reproductive & Infant health Ministry of Health	• Reduction is attributed to improved service delivery, access and utilization of health facilities and health sector investments. • Health workforce improvement is central to ensuring a functional health system and provision of quality services and to accelerate progress towards achieving the Maternal Child Health targets.

2.2.3. Keynote Address from Archbishop Stephen Kaziimba Mugalu

Archbishop Kaziimba stressed the following issues in his keynote address;

- Mothers are critical to the health of the nation.
- He commended the government of Uganda for registering Positive wins towards reduction of Maternal and Newborn Mortality over the years.
- The Church of Uganda (COU) is a stakeholder in the wins to safe motherhood.

- The COU Strategic Plan is in line with that of the country on safe motherhood and that of the inter-religious council of Uganda.
- Train and recruit health workers and consider proper remuneration.
- Strengthen collaboration with faith-based organizations in addressing socio-cultural barriers.
- Government should invest more funds to safe-motherhood to be integrated in national and district plans. Ensure implementation of these strategies under close supervision.
- The Church of Uganda will continue to engage with all relevant partners to achieve safe motherhood.
- Call upon partners to work with the Church of Uganda in accelerating the dissemination of needed information, capacity building activities to address the unmet need for family planning.

2.3.4. Keynote address by Hon Min Dr. Hanifa Kawooya

Honourable Minister Dr. Hanifah Kawooya quoted, "While the global covid-19 affected the country negatively, we need to admit that on a positive note, the health sector was unified. We must inform communities to invest in their lives. We require a financial commitment and Political commitment. We must have correct data evidence for good fiscal planning, Budgeting and advocacy. We are still challenged by the Fistula challenge and therefore more attention and investment is needed."

2.3.5. Keynote Speaker by Hon Robinah Rwakoojo for Speaker of Parliament

Hon. Rwakoojo stressed that there is a prevailing critical need arising from the deficit of midwives and shortages of drugs. She mentioned that the government is prioritizing accommodation for the health workforce by trimming resources to bridge the gap.

She implored the MOH to address issues of Universal Health Coverage, including absence of the health insurance scheme. She stressed that traditional Birth Attendants should be engaged as it is known that some women in the rural areas still deliver women from them. Hon. Rwakoojo called upon Health workers to create conducive and attractive reception to clients.

2.3.6. Official Launch of the second family planning Costed Implementation Plan (CIP), Family Planning Advocacy (TMA) strategy, and Total Market Approach Strategy

3.0. Presentations on Day One

3.1. Pre-Eclampsia framework -By Dr Sarah Nakubulwa

3.1.1. Why Pre-eclampsia

- Pre-eclampsia affects 5-8% of all pregnancies worldwide
- Globally, 16% of all maternal deaths are due to pre-eclampsia
- This translates to over 76,000 maternal deaths per year
- In Uganda, pre-eclampsia is second leading cause of maternal death
- It was responsible for 15 % of maternal deaths in Uganda (MPDSR report of 2020/2021)
- Pre-eclampsia also contributes to over 500,000 new-born deaths per year

3.1.2. Achievements of NASMECH-NEONATAL sub committee

- Drafted a frame work on reducing perinatal mortality in Uganda
- Drafted a policy brief on reducing Perinatal Mortality Rate
- Conducted a three days' workshop to finalize the framework
- Costing of the Framework in progress
- Presented the Framework in the national MPDSR committee
- Regular Bi-weekly meetings from 4: 00 to 5 :00 pm to review data on Perinatal deaths/Audits from the different health units.
- Regions not performing well invited to Present
- Regions that have presented so far include: Hoima Regional referral,
- Masaka Regional Referral Hospital, Naguru Regional Referral Hospital, Moroto Regional Referral Hospital, Abim Hospital
- Organized Bi- Monthly Webinars.
- Committee members present in the Bimonthly Webinars
- 4 webinars conducted so far
- Attendance: 200 – 330 participants
- Availability of CPAPs in all the Regional Referral Hospitals
- Survey to reduce Asphyxia Related deaths at the Regional Referral Hospitals
- Designed a referral form that can be filled by the lower health units as they refer babies to the higher health units

3.1.3. Presentation on Mentorship programme in the Health sector

Some of the Members Participated in 3 rounds of mentorships in Bunyoro and Rwenzori regions to increase capacity of frontline health workers to manage sick and small newborns

Areas covered included:

- Neonatal resuscitation CPAP use
- Infection prevention and control
- Management of neonatal sepsis, birth asphyxia, prematurity complications, administration of fluids and feeds and patient monitoring

4.0. Break-out sessions

4.1. Break-out session 1: Community Engagement:

4.1.1. Proposed actions

- community dialogues and sensitizations/ interpersonal communication
- Orientation of religious leaders on their roles on safe motherhood
- Integrating FP into existing community health programmes
- Identifying and deploying satisfied users & male champions for testimonies and confidence building among clients
- Bring new innovations to MNCH (Associations) other than the traditional VHTs, Peer educators, satisfied users, Champions
- Mainstreaming FP through the multisectoral District Family Planning Advocacy Working Groups (DFPAWGs)
- Work with districts & oriented SGYMs as positive deviants
- Conduct more youth-led interventions
- Inclusive engagement of stakeholders (caretakers)

4.2. Break out Session 2: Integration of Family Planning into service delivery

Presentations can be found at:

4.2.1. Proposed Actions

- Improve postpartum FP up-take, need for team work among health workers who work in different departments on FP counseling and administering like FP counseling to start from ANC, then to maternity PNC
- QI projects to improve on the quality of the care at health facilities
- Mentorship of health workers on the complete documentation of the FP data.
- Intensify health education on use of long-term FP methods

4.3. Break-out Session 3: Strengthening CQI for FP delivery

4.3.1. Proposed Actions

- Track stocks on a daily basis using stock cards and through Monthly HMIS reporting; balance between the facility and community arms
- Capacity building to minimize the knowledge gap; recruit adolescent peers to support in FP service delivery

- Community dialogues to target the male users; hold radio talk shows; attitude change is paramount
- Mapping of pre and breastfeeding mothers while linking them to the health facilities.
- Intensify counseling on FP during ANC period and
- Integrate FP health education at OPD to
- Intensify FP counseling messages increase PPFP method use;
- Extend PPFP beyond 6 weeks depending on the client's interest

5.0. Day Two Proceedings

5.1. Keynote Address 1: Health Systems and Logistics for safe motherhood. Presented by Prof. Peter Waiswa, Uganda Population council

Prof. Peter Waiswa alluded to the fact that fertility and mortality remain high in Uganda resulting in a population age structure made up of predominantly young and dependent populations. He stressed that the rate of decline in mortality is slower than what is envisioned in Vision 2040 – to reduce population growth from 3.2% to 2.4%, and as a result the country may miss out on harnessing the Demographic Dividend. He informed members present that the government of Uganda had committed 50% of the domestic resources allocated to RH to procure warehousing and distribution of family planning commodities by 2025, and MOH developed the total market approach strategy 2020-2025 on financial sustainability. He noted that starting the FY 2022/23 MOH has appointed 25% of the budget allocation for procurement and storage of RH facilities towards procurement of FP commodities. Also noted that the corporate society for safe motherhood had been launched with support from Stanbic Bank, BOU, Coca-Cola, Rotary International, and have constituted a team to mobilize additional resources for CSR in Safe Motherhood. Under leadership governance and accountability, the resolution was to develop high impact interventions in the demographically stressed areas especially Kampala Metropolitan area which had the poorest performance in Maternal and Pre-natal health. Also noted that 6 local Maternity and Neo-Natal systems had been established to enable strengthening regional approach and response.

He also alerted the conference that the key drivers of high fertility in Uganda are high childhood mortality and low access to voluntary family planning. He said that childhood mortality can be considerably reduced by increasing efforts on low-cost, high-impact preventive interventions e.g., family planning, immunization; household hygiene; water and sanitation and nutrition, among others. He emphasized that Uganda has an urgent need for a National Campaign to address Teenage Pregnancy to promote safe motherhood, child survival and economic transformation.

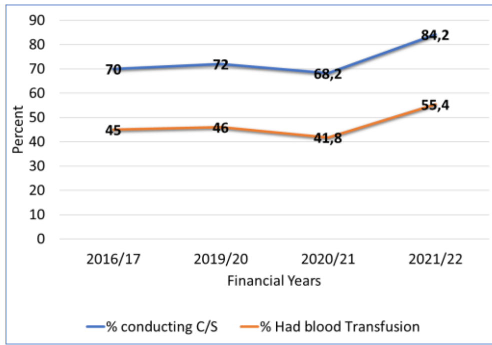
5.2. Presentation of Achievements of NASMEC Financial Year 2021.

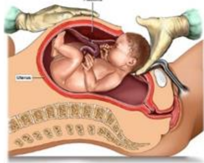
Dr. JP. Bagala (M med Obs & Gyn), National Coordinator – NASMEC

- Launched the Essential Maternal and Newborn Clinical Guidelines 2nd Edition.
- Disseminated the PPH Guidelines across all RRH with support from AOGU
- Uganda Clinical guidelines have been revised
- Essential medicine and health supplies list of Uganda revised with inclusion of TXA and Health stable Carbetocin
- Development of job aids on Management of PPH and PET
- Starting FY2022/2023MoH has apportioned 25% of the budget allocation for procurement, storage and distribution of RH commodities towards procurement of family planning commodities.
- Corporate Society for Safe-motherhood Established for alternative Financing towards Equipment and Infrastructure

5.3. Presentation of National MPDSR report 2021/22

1. There is a drafted a frame work on reducing perinatal mortality in Uganda
2. A policy brief on reducing Perinatal Mortality Rate has been drafted
3. Costing of the Frame work on reducing perinatal death is in progress
4. The Essential maternal and newborn Clinical Guidelines 2022 has been disseminated in some selected health centers.
5. The introduced mentorship programme for health workers has focused on neonatal resuscitation, infection prevention and control, management of neonatal sepsis, birth asphyxia, prematurity complications, administration of fluids and feeds and patient monitoring.
6. Perinatal audits are being done for all health centers.
7. One-third (32%) of the reported maternal deaths occurred among AGYW (with 10% among adolescents)
8. The proportion of maternal deaths among the 20–24-year age group remained unchanged at 22%



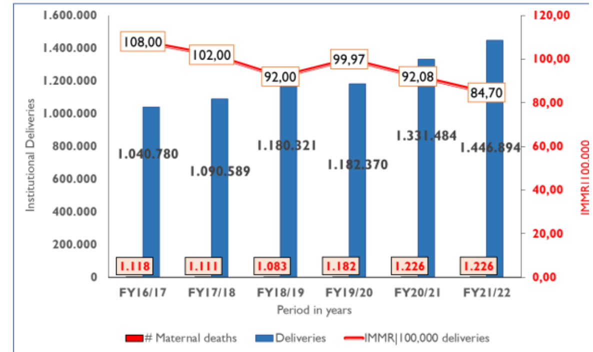


84.5%

HC IVs that conduct C/S *(202/240)*

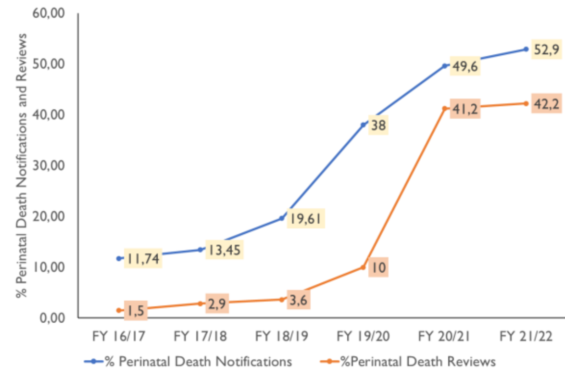
National FY 2021/2022 MPDSR Report

Trends in IMMR|100,000 Deliveries – FY 2021/22



National FY 2021/2022 MPDSR Report

- Health Facility deliveries increased by 155,938 (10.7%)
- IMMR reduced from 108 to 84.7 per 100,000 deliveries *(over the last 6 FYs)*



National FY 2021/2022 MPDSR Report

Over the last six years;

- There is an observed 5-fold increase in the perinatal death notification rate from 11.7% *(FY16/17)* to 52.9% *(FY 21/22).*
- There is a 28-fold increase in the perinatal death reviews from 1.5% *(FY16/17)* to 42.2% *(FY 21/22).*

5.3.1. Presentation of Achievements of NASMEC PET-SUB COMMITTEE FY 2021

- National assessment of PET management across the country.
- Mobilized and actively engage PET champions across all regions, now NASMEC champion
- Conducted national awareness on Preeclampsia and commemorated the day in Mbale
- Participated in developing the essential maternal and newborn guidelines
- Drafted the 1st ever national PET framework.
- Done mentorships and CMEs across regions with our Champions.

- Done 9 physical grand rounds across the country
- Conducted several Webinars on PET related topics
- Currently working on addendum to the guidelines on complications of PET (Webinar on 29th September) and Dissemination of PET guidelines and framework

5.4. Presentation on achievements of Newborn Interventions

- Drafted a frame work on reducing perinatal mortality in Uganda
- Drafted a policy brief on reducing Perinatal Mortality Rate
- Conducted a three days' workshop to finalize the framework
- Costing of the Frame work in progress
- Presented the Framework in the national MPDSR committee
- Regular Bi-weekly meetings from 4: 00 to 5 :00 pm to review data on Perinatal deaths/Audits from the different health units.
- Regions not performing were invited to Present
- Regions that have presented so far include: Hoima Regional referral,
- Masaka Regional Referral Hospital, Naguru Regional Referral Hospital

  Moroto Regional Referral Hospital, Abim Hospital
- Availability of CPAPs in all the Regional Referral Hospitals
- Survey to reduce Asphyxia Related deaths at the Regional Referral Hospitals
- Designed a referral form that can be filled by the lower health units as they refer babies to the higher health units.

6.0. PLENARY DISCUSSIONS

6.1. Address from CEHURD

Question: What is the progress on resolutions on the maternal health judgment in Constitutional Petition No. 16 of 2011?

Response: The judgment, the right to maternal health care was granted a place in Uganda's Constitution. This judgment recognizes provision of basic maternal health care services and emergency obstetric care as an obligation by the government.

The government of Uganda through the ministry of health has adopted the resolutions from the orders that had been issued by court. These are:

- A mentorship programme for the health workers has been introduced to train and mentor health care workers to enable them to provide quality health care.
- There is a recognized increment in funding for the Ministry of Health geared for recruitment of more health workers.

Key message:

- Maternal and child health services should be adequate and accessible to everyone
- Progressive realization of maternal health can be realized through progressive increase of resources to the health sector
- Maintain and make functional regional equipment workshops for health facilities
- We need to consider population increase and rate of inflation when budgeting for health to realize progressive budgeting Maternal Health affects all of us. Each of us has a role to play.

Opportunity

Participate in the Budget cycle for increment of the health budget.

"As the budget cycle processes have already started, political actors and technical actors should utilize the opportunity to lobby and advocate for increased funding towards quality maternal and child health. All actors should participate at budget conferences at local level and other levels for inclusion."

"If the local health structures are strengthened, they can play an important role in reducing maternal and child deaths."

6.2. Update from Dr Mugahi Richard -Assistant Commissioner in charge of Reproductive and Infant Health.

Question: To what extent has the Government implemented the Resolution of Petition 16 Health Judgment?

Response: "The Resolution of Petition 16 Health Judgment serves as an advocacy tool when lobbying and budgeting for health care."

"As Duty bearers, the government has upgraded more than 300 local health facilities with commensurate health resources. We are progressively increasing the resource bag of the health sector"

"The government has increased appropriation for health supplies to all health centers. The government has increased funding for family planning to 25%"

6.3. Panel discussion hosted by Dr. John Paul Bagala, Country Coordinator, Uganda- UK Health Alliance

- **Panelist:** Hon. Milton Muwuma Kalulu- MP. Kigulu South, Iganga district

Question Asked: As a man, and a chair on the committee on defense, how can we have you as a champion of safe motherhood?
Response: I am a champion for safe motherhood in the parliament. I am working to engage more male members of Parliament and increase male involvement on the maternal and child health care agenda.
We can take the duty bearers to court for not fulfilling their obligations towards maternal care.

We can relate with resolved court cases by CEHURD. Pressure on Government and other duty bearers yields results.

- **Panelist -** Hon. Taaka Agnes-Woman Member of Parliament, Bugiri district-Parliament of Government of Uganda

Question Asked: What are the resolutions from Parliament on Prioritization on funding the health sector?
Response: To urgently table the bill on National Health Insurance Schemes and expedite the process of setting up national health insurance schemes by providing funds to the Health sector to build institutional frameworks geared towards the implementation of National Health Insurance Scheme

1. To adhere to existing planning frameworks developed in the sector and investment direction as guided in the National Development Plan II (NDP II) and the Health Sector Strategic Investment Plan (HSSIP) as a guide to health investment decisions and strategies and schedule the other interventions in the medium term to reduce the external financing burden.
2. To pay attention to preventive health interventions such as immunization, reducing non-communicable diseases through lifestyle change, hygiene and sanitation, and promoting health education rather than concentrate on curative measures and find a strategic financing mechanism that eliminates risks of outbreaks of diseases which are very expensive to manage.
3. To double efforts in implementation of interventions that mitigate maternal mortality by increasing the budget allocation towards reproductive health and family planning and establish an integrated health management information system including neonatal and maternal health audits and statistics.
4. To streamline MoH not to take on donor projects that require counterpart funding until when the funds are available for a particular project.
5. To avoid wastage and mis-use of resources by MoH and rather emphasize accountability, efficiency and innovation in the utilization of resources so as to attain optimal output.

- ***Panelist -****Hon. Nakato Mary Annet, Buyende, Woman Member of Parliament, Buyende district,*

Question Asked*: Does the parliament need to do more to change statistics on maternal health?*
Response: We need to create an emergency. If all organizations and people can have respect for a mother, we would not have this discussion. We need to put midwives at the center.

- ***Panelist*** -Hon Joel Twente Ssenkari, Kyankwanzi District-Speaker of Parliament represented by Honourable Member of Parliament Member of Parliament Kyankwanzi district

Question Asked: What is the current state of maternal health in your constituency? How can you advocate for change to increase finance for maternal health?
Response: If all Ugandans can demand for their right to health-care, pressure will be exerted for change. One aspect to consider is to improve the entire health system by introducing national health insurance to leave no one behind.

- ***Panelist:*** Professor Puis Okong-Chairperson of the Health Service Commission-Public service

Question Asked: What can the Parliamentarians do to enhance safe mother-hood at community level?
Response: Evaluate the needs-staffing gaps for advocacy of more resources to the sector. Reduce household expenditure by making health care available, affordable and convenient.

6.4.3. Key takeaways and Submissions

- HIV programming has taught us that we can trace sex workers anywhere. If we can do this for HIV, why can't we trace expectant mothers? The real women who die are not at the health facilities but deep in the hard-to-reach areas.

- There are 7 pillars of the health system; service delivery, health workforce, information, medical products, vaccines and technology, financing, leadership clients. We need to address the issue of health financing at the national level by identifying the gaps in staffing and advocating for recruitment and resources

- There are 77 neonatal deaths that occur every day in Uganda. 50% of the 77 deaths are caused by lack of resuscitation facilities in health centers. The government is asked to consider increasing the budget for neonatal care in health facilities.

- Midwives are overwhelmed because they handle many patients hence may not be in position to provide best care. Can we advocate for increased funding for Midwives as they are pivotal in prevention of maternal deaths in Uganda.

7.0. Break-out Sessions

7.1. Break-out room: Obstetrics

7.1.1. Proposed actions

- MOH should orient theater and maternity teams on key requirements for quality EMCS

- Regional Referral Hospitals should prepare SOPs with specified schedules
- Health centers should prioritization of CS in different categories of patients to be attended to
- Regional Referral Hospitals, Health Centers must engage the traditional birth attendants as birth referrals through mapping and dialoguing
- MOH and National Referral Hospitals needs to scale up the Quality Improvement Initiative
- MOH should recruit more health workforce to fill the existing capacity gaps
- Regional Referral Hospitals should increase uptake and scaling of digital tracking of expecting mothers in rural far to reach areas
- Need to improve MPDSR (Maternal and perinatal death surveillance and response) processes at the HC III level especially strengthening the notification, review, reporting and response
- Need to expand specialist services to general hospitals where there are no specialists

7.2. Break out room: Cross cutting Issues

7.2.1. Proposed actions

- Call for increased maternal and fetal monitoring during labour
- Need to enhance referral coordination
- Call for development of clinical guidelines for transporting patients in ambulances
- Better pay for staff retention
- Scale up spart Paper Technology across all facilities
- Regular training for ambulance staff
- A call for metropolitan approach for Kampala

7.3. Break-out room: Neonatal care

7.3.1. Proposed actions

- Assigning specialists in-charge of MPDSR on a weekly basis to support PD reviews
- Involve HIAs in the planning and performance review meetings
- Lobby for HMIS forms from the IPS and the districts

- Orientation of staff on MPDSR principles and processes
- Performance reviews through regular data analysis; activation of QI teams to ensure timely and quality reporting
- Sensitization through community engagements, radio talk shows
- Train designated resuscitation team to receive high risk babies in the delivery room.
- Training health facility teams to initiate CPAP in the delivery room
- Need to set up a good back-up power supply (generators, batteries)
- Follow-ups to be done mainly through phone calls; Nomination of KMC champions; involvement of VHTs
- Engage administration/senior management with space allocation
- Timely procurement and restocking of equipment
- Call for routine refresher trainings/ capacity building to bridge the knowledge and skill gap
- Increase staffing at MCH departments

8.0. Day Three Proceedings

8.1. Keynote address: State of Maternal and Newborn Health in Uganda

In his keynote address, Prof. Peter Waiswa underscored the need for curriculum development and customization to the current modern and dynamic complexities of the health sector, to equip learners with the relevant quality skills and competencies, and further obtain certifications at the higher levels. He also emphasized the need for MOES through NCHE to strengthen supervision and monitoring of medical training institutions for compliance with the accreditation requirements and frameworks, but also to perform rigorous and thorough processes before accreditation.

He noted, "If training institutions are training half-baked health workers, the accrediting institutions need to ensure that they meet the required standards before they are accredited"

8.0. PANEL DISCUSSION

Question: **How have you contributed in Human Resource Recruitment and Retention and strategies to improve commitment and performance?**

Response: Mr. Allan Nsubuga: Senior Program and Monitoring & Evaluation and Learning Manager SEED global health highlighted the issues affecting health workers as Burnout, welfare, stigma for male midwives, stock outs among many others. "There has never been a year like 2020 where health has been applauded. But applauding alone is no longer sufficient and is not acceptable. "Areas of focus: Emergency care, maternal neonatal and child health."

He noted that as SEED Global Health, they have started a Nurses and Midwives Research Hub innovated to help in the use of research-based information to address problems affecting health workers.

9.0. Closing Remarks from the Permanent Secretary MoH, Dr. Diana Atwine

After her closing remarks, Dr. Diana Atwiine went on and signed off the MPDSR report

- The human resource is the best /most important resource in this country
- The health Sector needs a Human resource that is motivated, committed and skilled through continuous medical education.
- Sorting Human Resource issues i.e. numbers structure, right cadre, right services per service level will help improve the care
- There must be something more than just a salary increment.
- Need to set minimum quality standards by looking at the whole continuum of care.
- We want perinatal death review to hit 99%.
- Need to start investing smartly.
- Investing in a mother means investing in the nation.
- Need to have neonatal units to reduce perinatal mortality.
- Every HC IV should have a functional neonatal unit and have an ambulance.
- Need for investment in neonatal nurses.

- Many neonatal are dying because of hypothermia.
- On National insurance: "The parliament passed the bill and was sent to the president but he had reservations on some clauses. We have worked on the clauses and have sent it to the cabinet. So, it will go through"

10.0. National Safe Motherhood Awards

In order a bid to continue motivating and celebrating Maternal Child Health champions across the country. This panel urged the Ministry of Health to devise a criterion for rewarding and recognizing health providers whose performance has been exemplary in the past year (2021-2022) and thereafter annually, preferably by an independent awards/recognition committee. who work effortlessly to ensure proper service delivery for all mothers and babies, Safe Motherhood awards were launched to launch the 1st National Safe Motherhood awards to recognize the best performers of the last year 2021/22.

11.0. ANNEXES

ANNEX 1: Day One Program

Day 1-25th OCTOBER 2022: FAMILY PLANNING

Theme: "Improving Access to Family Planning for Safe Motherhood"

Time	Session	Speaker/Presenter	Session Chair
7:30 – 8:30 am	**Arrival & Registration**	USAID/FPA; MSU; RHU; PATH; PSI	**Organizing Committee**
8:30 – 9:00 am	**Introduction, Objectives** and **review of 2021 action plans** and achievements	**Dr Mugahi Richard Dr.** *Ass, Commissioner, Reproductive and Infant Health, MoH*	**Dr Jesca Nsungwa, C**_ommissioner Reproductive and Child health Dept, MoH_ **and** **Dr Mugahi Richard Dr.** *Ass, Commissioner, Reproductive and Infant Health, MoH*
9:00 – 10:00 am	**Sharing best practices and frameworks for addressing each subtheme** **Subtheme 1**: Community engagement for Family Planning	**Dr. Richard Bbosa** *District Health Officer, Buikwe District*	
	Subtheme 2: Integrating FP into health care delivery	**Sr. Abigail Kisoro Stella,** *Assistant District Health Officer - MCH, Mbale District*	
	Subtheme 3: Strengthening supply chain systems for Family Planning commodities.	**Eric Jemera**, *Supply Chain Advisor, USAID/Uganda, Family Planning Activity (FPA)*	

10:00 – 10:30 am	**Discussion of best practices**		
10:30 – 11:00 am	**Tea Break**		
	OPENING CEREMONY		
11:00 am – 1:00pm	**Keynote Address:** Strengthening Health Systems, A responsive health force for safe Motherhood	**Prof. Francis Omaswa** *Executive Director, African Center for Global Health and Social Transformation*	**Prof Pius Okong** *Chair of National Safe Motherhood Conference 2022*
	Keynote address: Family Planning as a pillar of Safe Motherhood	**Prof. Fredrick E Makumbi** *Associate professor, department of Epidemiology and Biostatistics-School of Public Health, CHS Makerere University-Kampala*	
	Remarks by Religious Leader	**His Grace Dr. Stephen Kazimba Mugalu** *Archbishop of the Church of Uganda*	
	MPDSR DOCUMENTARY		
	Communication by Adolescent and Youth Representative	**Dr. Blandina Nakiganda,** *Assistant Commissioner Adolescent and School Health and* **youth representative.**	
	Remarks by UNFPA Country Representative	**Ms. Mary Othieno**	
	Remarks by Director UN Women	**Dr. Pauline Chiwangu**	
	Remarks by USAID Mission Director	**Ms. Marcia Musisi-Nkambwe**	
	Remarks by Minister of Health	**Hon. Dr Jane Ruth Aceng**	
	Remarks by Guest of Honor	**Hon. Anita Among** *Speaker of the Parliament of Uganda*	
	Official Launch of the Safe Motherhood Conference and Launch of: 1. The Second Family Planning Costed Implementation Plan (FP CIP II) 2. National Family Planning Advocacy Strategy **3.** Total Market Approach (TMA) strategy		
1:00-2.00pm	**Lunch Break**		
2:30 – 5:00 pm	**Breakout Room 1** ***Track 1: Community Engagement for Family Planning***	**Breakout Room 2** ***Track 2: Integrating FP into health care delivery***	**Breakout Room 3** ***Track 3: Strengthening CQI for FP delivery***

	Chair: Dr Moses Walakira	**Chair: Dr Ritah Waddimba**	**Chair:** Mr Wonyima Isaac
2:30 – 5:00 pm	Using adolescent centric SBCC interventions to promote contraceptive services utilization amongst sexually active adolescent girls and young women: lesson from east central Uganda. **Daniel Kasansula**	Integrating Family Planning into Other Health Care Services in Health Facilities Through a Client Focused Approach, A Case of Namalemba HCII, Namalemba Sub County, Bugweri District, Uganda. Alisat Abenakyo	Applying Continuous Quality Improvement (CQI)-Initiative to Strengthen Community Health Systems for Family planning in Albertine Region in Uganda. **Elly Ojaka**
	Engaging religious leaders and village heath teams for advocacy on integration of fertility awareness education & methods into their local family planning program with-in Mubende Region. **Alison Amogin**	Integrating DMPA-SC self-injection into the wider family planning method mix, a collaboration between family planning activity (FPA) and population services international – Uganda (psi-u). **Irene Nakiriggya**	Antenatal Couples' Counselling to Improve uptake of Birth Planning and Post-Partum Family Planning: A process evaluation. **Vincent Mubangizi**
	Implementing partners coordination and collaboration to improve access to Depot-medroxyprogesterone acetate for self-injection at community level: Experience of Lango Sub Region. **Doreen Kenyangi**	Low uptake of Post abortion Family Planning: Findings from routine service statistics. **Bonnie Wandera**	Improving Postpartum Family Planning uptake among young women age 15 – 24 years at six weeks in Moyo General hospital, Moyo District. **Adrawa Micheal**
	Engaging Village Health Teams (VHTs) for Interpersonal Communication to drive up uptake of Family Planning Case study Bukigai HCIII in Bududa district.	Increasing uptake of immediate postpartum family planning at Muko HCIV, Rubanda District. **Asimmwe Bonny**	Innovations improving PPFP service delivery in the private sector midwifery clinics in the urban slums in Kampala **May Namukwaya**

	Aron Musimenta		
	Increasing uptake of Long-Acting Reversible Contraception among women of reproductive age: Lessons from RHITES-E Activity. **Christine Simiyu**	Innovations to Improve Uptake of Long-Acting Reversible Contraceptives (LARCS) in Rakai District. **Hakim Nkenga**	Using a multi-pronged approach to improve uptake of immediate post-partum family planning (48 hours) at patongo HCIII, agago district. **Lalam.J**
	Men as Champions for reduction of SGBV and mobilization for contraceptive uptake in Mbale District. **Ajilong Joyce**	Leveraging the Human Capital Development (HCD) Program of National Development Plan III (NDP III) to promote Family Planning multisectoral collaboration for socio economic development. **Chris Arinaitwe**	Improving the uptake of post-abortion family planning (PA FP) at Gulu regional referral hospital, northern Uganda **Aciro. J**
	Awareness and use of female condom among women in Atiak town council, Amuru district-northern Uganda. **Raymond Otim**	What is missing? Effectiveness of Empathy-based counseling in steering uptake of DMPA-SC Self-care. **Rahma Namaganda**	
	Reaching rural communities through 'Healthy Entrepreneurs': Impact on sexual and reproductive health. **Tosca Terra**		
5:00 – 5:30 pm	**Plenary:** Discussion of key actions and closure	Dr Peter Ddungu	Dr. Richard Mugahi
5:30 – 6:00 pm	**FP Subcommittee evaluation meeting**	Dr Moses Walakira	Dr Moses Walakira
5:30 – 6:00 pm	**Closure and Tea Break (Tea Break)**		

ANNEX 2: Day Two Program

Day 2, 26th October 2022 *MATERNAL AND NEWBORN HEALTH*			
Time	**Session**	**Speaker/presenter**	**Session Chair**
8:00 am-8:30 am	Arrival and Registration of Participants	Secretariate-MoH	
8:30 am-9:00 am	Recap of day 1 & day 2	**Dr. Moses Walakira**	**Dr. Tom Ediamu** Sen. Consultant Peadiatrician, Hoima RRH and **Dr. Imelda Namagembe** *Sen. Consultant Obstetrician, Kawempe NRH*
9:00 am-9:30 am	**KEYNOTE ADDRESS 1:** **Health systems and logistics for safe motherhood.**	**Dr Jotham Musinguzi** *Director General, Uganda National Population Council*	
9:30am-9: 50 am	**Documentary (KCCA)**		
9:50am – 10:30am	**NASMEC Annual Activities (Sub committees)**	**NASMEC Secretariat**	
10:30- 11:00 am	**Tea Break**		
11:00am-12: 30 PM	National MPDSR Report 2021/2022	**Commissioner Reproductive Child Health, Ministry of Health**	**Sr. Dr. Priscilla Busingye** Sen. Consultant Obstetrician, Nsambya Hospital and **Dr. Ssentumbwe Olive, WHO** *World Health Organization- Uganda*
	PET Framework	**NASMEC PET Sub-committee**	
	Newborn intervention framework	**NASMEC Newborn sub-committee**	
	Launch of the MPDRS report & the frame works.	**Dr Jesca Nsungwa** *Commissioner RCH, Ministry of Health*	
12:30 -1:00 PM	**Sponsor light talk**	**Dr. Rameez Patveger**	
1.00-2:00 PM	**Lunch Break**		
2:00 – 5:00 pm	**Breakout Room 1** ***Track 1: Obstetrics***	**Breakout Room 2** ***Track 2: Cross cutting themes***	**Breakout Room 3** ***Track 3: Neonatal Care***

2:00 pm-2:45pm	**Chair: Dr Odar Emmanuel**	**Chair: Dr Lawrence Ojom**	**Chair: Dr Jolly Nankunda & Dr Patrick Baingana** *Sub-theme:* ***Functionalizing Neonatal Units***
	Blood collection and distribution unit, a game changer for Maternal Survival. A case of Nebbi Hospital, Uganda. **Sr Lamwaka Mercy**	Restructuring and functionalizing High Dependance Unit (HDU) Maternity of St. Mary's hospital Lacor **Dr Achiro Harriet**	Increasing percentages of sick newborns with glucose levels checked and corrected at SCU-KNRH. **F. Katusiime**
	Prevention and treatment of post-partum haemorrhage at a Regional Referral Hospital in Uganda: A mixed-methods observational study. **Dr Kenneth Mugabe**	The Transfer Process of Obstetric Emergencies by Ambulance Arriving at Kawempe National Referral Hospital **Okong Doreen Alaleit**	Increasing the survival of low-birth-weight babies using Kangaroo Mother Care (KMC): A case of Kambuga Hospital, Kanungu District **Loyce Musimenta**
	Prevalence, severity and factors associated with thrombocytopenia among women in third trimester at Mbarara Regional Referral Hospital. **Saturday Pascal**	Strengthening Leadership and Governance for Maternal and Perinatal Death Surveillance and Response in a low-income urban setting: experiences from Kampala, Uganda. **Martin Kasendwa**	Reducing preterm mortality in eastern Uganda: The impact of introducing low-cost bubble CPAP on neonates <1500g **Kathy Burgoine**
			Improving management of respiratory distress syndrome (RDS) cases among Preterm babies through receiving lung surfactant at Kawempe National Referral Hospital **Mary Nyanzi**
2:45 pm-3.30pm	Chair: **Ms Evelyn Kanyunyuzi**	Chair: Dr Ononge Sam	**Chair:** Dr Deogratius Munube & Dr Clare **Nakubulwa** **Sub theme:** Quality improvement in Neonatal Care

	Strengthening implementation of maternal death surveillance and response (MDSR) policy at a busy tertiary Hospital in Kampala Uganda: Achievements, challenges, legal aspects and lessons. **Dr Namagembe Imelda**	Peer to peer coaching increasing access to caesarian section delivery at Health Centre IVs in West Nile **Lillian Tumuhaire**	Introducing Kangaroo care for stable small babies at Kitebi H/C III. **L. Nambuba**
	Improving Maternal Outcomes in Karamoja Through Skilling Human Resources for Health: A low dose high frequency approach **Dr ESiru Gofrey (CUAM)**	Leveraging Spart paper technology (SPT) for effectiveness and efficiency of Results based financing (RBF) of Maternal and child health services in 5 districts in Eastern Uganda **Imelda E. Akurut**	Expansion of an established neonatal care training course to lower-level healthcare facilities in eastern Uganda. **Derrick Waiswa**
	Reducing the Average Decision to incision Time for Emergency Caesarean Section to optimize delivery outcomes for mother and fetus, a case of Saint John XXIII Hospital **Dr Emmanuel Onapa**	Prevention of Surgical Maternal Hypothermia Via Intravenous Fluid (IV) Warming **James Oloya**	Using improvement collaboratives to learn and scale-up selected maternal and newborn health interventions in an urban setting, Kampala Uganda **Richard Kagimu**
			Strengthening Delivery Room Interventions to reduce Neonatal Mortality **Dr. Victoria Nakibuuka Kirabira**
3.30pm – 4.15pm	Chair: **Micheal Adrawa**	Chair: **Suzan Okwakol ADHO**	**Chair:** Dr. Victoria Nakibuuka & Dr Anita Tumwebaze
	Causes of maternal mortality at Mbale Regional Referral Hospital **Kagoya Kawala Enid**	Increasing Institutional deliveries at Rukungiri HCIV from October 2019 to June 2022 **Davis Ahabwe**	Using QI methods to improve Perinatal death reviews at Kibuli Muslim Hospital. **Evelyn Nabirye**
	Maternal High Dependency Unit a golden opportunity for survival of high-risk obstetric conditions in Adjumani Hospital, Uganda	Lessons learnt in the use of audio-visual aids to improve health education in Antenatal **Lanyero Grace**	Improving skilled birth attendance and perinatal audits continuous quality

	Susan Aber		improvement; a case of Kiruhura district **John Bosco Barebereho**
	Engagement of Traditional Birth Attendants as referral agents improves utilization of maternal and new-born health services among pregnant women and new-born: Case of the Manafwa District, Uganda **Allan Kiprop, (IntraHealth)**	Young Mothers Forums – An innovation to Safe Motherhood Experience of Uganda Youth and Adolescents Health Forum in Butaleja District **Joyce Nakato**	Improving perinatal death surveillance and review processes at Kisugu HC III **Naula Mpande Rebecca**
			A Midwives Led Approach for accelerating Perinatal Death Review Processes at Kawempe National Referral Hospital (KNRH) **J. Nakawuki**
4.15pm-5.00pm	**Chair: Dr Esiru Godfrey**	Chair: **Ms Jane Frances Acam**	Chair: Dr Kathy Burgoine & Dr. Stella Kyoyagala Subtheme: **Affordable Innovation and Technology**
	Feasibility, acceptability, and preliminary efficacy of Support Moms-Uganda, an mHealth-based patient-centered social support intervention to improve utilization of maternity services among pregnant women in rural Southwestern Uganda: A randomized Controlled Trial **Esther C Atukunda,**	Domiciliary experience of undergraduate midwifery students at Lira university **Ngalande Rebecca**	An enhanced education package delivered prior to hospital discharge improves maternal knowledge of neonatal jaundice after hospital discharge in jinja, Uganda **Businge Arinaitwe**
	Impact of the roll out of Comprehensive Emergency Obstetric Care (CEmOC) on institutional birth rate: A case study of Bushenyi HCIV **Dr Moses Odot (RHITES - SW)**	Quality improvement initiatives to improve and sustain acceptably high first trimester antenatal attendance in Lamwo district, northern Uganda **Amito J RHITES N**	Out born Newborns Drive Birth Asphyxia Mortality Rates- a 9 Year Analysis at a Rural Level 2 Nursery in Uganda **Edward Lutaaya**

	Impact of CEmOC functionalization on service uptake at Kamukira HCIV, Kabale District. **Daniel Tumwesigye**	MIDWIZE – Midwife Led Quality Improvements at CUFH Naguru, Kampala **Ms Evelyne Annette Kanyunyuzi**	Predicting adverse newborn outcomes using umbilical cord artery lactate measurements: an observational study **Elizabeth Ayebare**
			Short term outcomes and predictors of mortality of preterm who had continuous positive airway pressure initiated at delivery at ST. Francis hospital, Nsambya, Uganda. **Baingana Patrick**

ANNEX 3: Day Three Program

Time	Session	Speaker/presenter	Session Chair
DAY 3, 27th October 2022			
8:00am-8:30am	**Arrival & Registration of Participants**	Secretariat-MoH	**Dr. Benson Tumwesigye**
8:30am-8:45am	Recap of Day 1	**Dr. Wasswa Ssalongo** **Dr. Cathy Burgoine**	**Dr. Mugabe Kenneth** *Consultant Obstetrician, Mbale, RRH*
8:45 am-9: 30am	**Keynote address: State of maternal and newborn Health in Uganda**	**Prof. Peter Waiswa** *Makerere University, School of Public-College of health sciences*	
9:30am-10:00am	**Remarks from IPs and CSOs** 1. **Seed Global** 2. **World Vision**		
10:00-10:30am	**Tea Break**		
10:30am12:30pm	**PANEL DISCUSSION** **Challenges in HRH Recruitment and Retention and strategies to improve commitment and performance** **Panelists**	Secretariate-MoH	**Ms Mildred Tuhaise** Journalist, NBS TV Uganda
	PS ministry of Public Service **Commissioner human resource MoH**	Mrs. Catherine Bitarakwate Musingwiire	
	Deputy Commissioner Health service Commission	Dr Apollo Karugaba	

	Commissioner Human Resources - MoH	Mrs. Annet Musinguzi	
	Chief Administrative Officer NDLG	Mr Wamburu David	
	Development partner (UNFPA)	Dr Moses Walakira	
	Director Jinja Regional Referral hospital.	Dr Yayi Alfred	
12:30pm-1:00pm	**SUMMARY OF THE DISCUSSION & AUDIENCE**		
1:00pm-2:00pm	**LUNCH BREAK**		
2:00PM- 5:00pm	**Award & Closing Ceremony**	Awards Subcommittee	**Dr Jesca Nsungwa,** *Commissioner Reproductive Maternal and Child Health Division, MoH*

ANNEX 4: NSMC Synthesis of Breakout Sessions

Thematic Cluster	Recurring points of pain or deficits	Proposed or required actions	Responsible entity
Obstetrics	Need for reskilling and retooling of midwives and other health workers for improved maternal and child birth health services	Orientation of theater and maternity teams on key requirements for quality EMCS	MOH
	Delays in maternity preparation	Preparation of SOPs with specified schedules	RRHs
	Long theater response time, Incomplete documentation	Prioritization of CS in different categories of patients to be attended to	HCs
	Need to strengthen early referral to reduce the incidence of mothers	Engage the traditional birth attendants as birth referrals through mapping and dialoguing	Regional Referral Hospitals, Health Centers

	already presenting with fetal death		
	Inconsistencies and quantity fluctuations in medical supplies leading to frequent stock-outs	Need to scale up the Quality Improvement Initiative	MOH, National Referral Hospitals
	Need to increase the level of human resource staffing at all health centers	Recruitment should be undertaken to fill the existing capacity gaps	MOH
	Challenges of reaching the maternal patients in time	Increased uptake and scaling of digital tracking of expecting mothers in rural far to reach areas	RRHs
	Failure to access health services from public facilities	Need to functionalize the existing public health center facilities	MOH, Partners
		Need to improve MPDSR (Maternal and perinatal death surveillance and response) processes at the HC III level especially strengthening the notification, review, reporting and response	Regional Referral Hospitals (RRH)
		Need to expand specialist services to general hospitals where there are no specialists	RRH
Cross cutting themes	lack of coordination between referrals in metropolitan	call for increased maternal and foetal monitoring during labour	
	overflow of mothers for C- section	need to enhance referral coordination	
	Pre-eclampsia and eclampsia	call for development of clinical guidelines for transporting patients in ambulances	
	high verification costs and lack of data visibility	better pay for staff retention	
	high staff turnover	a call to scale up spart Paper Technology across all facilities	
	understaffing	regular training for ambulance staff	

	poor infrastructure	a call for metropolitan approach for Kampala	
Neonatal care	Delay at the triage to access care/long waiting hours causing feotal distress	Organization; increase staffing at MCH departments	MOH
	Inadequate knowledge and skills among midwives, nurses and doctors; Inadequate monitoring using photographs	Call for routine refresher trainings/ capacity building to bridge the knowledge and skill gap	IPS, MOH, Health facilities
	lack of equipment / stock out	Timely procurement and restocking of equipment	IPS, MOH, Health facilities
	Lack of space for KMC services	Engage administration/senior management with space allocation	MoH, Health facility administration
	Follow-up of mothers and their babies after discharge is hard due to lack of facilitation in form of transport	Follow-ups to be done mainly through phone calls; Nomination of KMC champions; involvement of VHTs	IPs, MoH, Health facilities
	Unstable power supply affects managing CPAP babies	Need to set up a good back-up power supply (generators, batteries)	IPS and MoH to support in procurement processes
	Lack of CPAP in delivery rooms	Training health facility teams to initiate CPAP in the delivery room	IPs, MoH, Health facilities
	Lack of designated neonatal resuscitation teams at Health facilities	Train designated resuscitation team to receive high risk babies in the delivery room.	IPs, MoH, Health facilities
	late ANC attendance by the mothers and lack of knowledge on the perinatal danger signs.	Sensitization through community engagements, radio talk shows	IPs, MoH, Health facilities
	Under reporting on important MNCH indicators	Performance reviews through regular data analysis; activation of QI teams to ensure timely and quality reporting	IPs, MoH, Health facilities

	Lack of MPDSR committee or Focal persons	Orientation of staff on MPDSR principles and processes	Health facilities
	Stock out of HMIS forms e.g. perinatal death review forms	Lobby for HMIS forms from the IPS and the districts	IPs, MoH, Health facilities
	No involvement of HIAs in the planning and performance review meetings	Involve HIAs in the planning and performance review meetings	Health facilities
	Prioritization of maternal deaths reviews as opposed to the perinatal death reviews	Assigning specialists in-charge of MPDSR on a weekly basis to support PD reviews	Health facilities

ANNEX 5: COMMUNIQUE OF THE 2ND NATIONAL SAFE MOTHERHOOD CONFERENCE

The 2nd National safe motherhood conference has offered the opportunity to reflect as a country on the progress made in FY 2021/2022 in delivering the different components of Safe motherhood at a country level.

The conference therefore recognized strategies and efforts needed for health workers to overcome identified barriers to quality service delivery. Participants have explored strategies to achieve equitable and inclusive access to safe, effective, quality and affordable care for mothers and the newborns in Uganda.

The conference has understood that for policy makers to understand the basic health interventions required to reduce maternal and perinatal mortality, they must answer the following question: "*How can all pillars of the healthcare system (Health service delivery, Health workforce, Health information systems , Access to essential medicines and supplies, Health financing, Leadership/Governance and the community) be available to improve safe motherhood services in the different regions of Uganda?*"

Recommendations

- ❖ **Service Delivery**

- Improve Coordination of regional/district specific referral systems
- Develop monitoring programs at community- level. Include Maternal Child Health on the Most At-Risk Populations programs (MARPs) and trace pregnant mothers who are in hard to reach areas.
- Improve MPDSR (Maternal and perinatal death surveillance and response) processes at all levels of care especially strengthening the notification, review, reporting and response

❖ Health Workforce.

- MOH to engage MoES through the national curriculum development center to revise the pre-service training curriculum for health training institutions to improve the skills of the trained health workers.
- Conduct continuous quality mentorship to all health care workers in reproductive, maternal and newborn health especially scaling up the MNH Quality Improvement Initiative.
- Increase staffing at MNCH departments, and specifically streamline the positions for midwives with higher qualifications in the health service commission such as Anesthetists, midwives, neonatal nurses and recognize specialized training like neonatology

❖ Health Information systems

- Lobby for adequate HMIS tools from the Ministry of Health to support data capture and reporting.
- MOH should support quarterly regional/district based MPDSR performance review meetings to enhance data utilization and inform programming.
- Advancement and scale up of digital health systems to enhance data access, timely and quality reporting for RMNCAH.

❖ Access to Essential Medicines, Supplies, Blood and Equipment

- Support health facilities to develop comprehensive annual procurement plans to ensure availability of MNH Medicines and supplies, including neonatal resuscitation equipment in all EmONC Facilities
- Establish blood collection and distribution centers in all CEmONC facilities to ensure timely availability of blood and blood products
- Improve the supervision and monitoring on medicines management in health facilities to reduce stock out rates

❖ Financing for Safe motherhood

- Increase funding allocation for neonatal care in health facilities.

- Engage different stakeholders in addressing service delivery gaps to enable delivery of comprehensive EmONC services
- Revise remuneration of health workers commensurate to workload, performance, experience and profession.

❖ Leadership Governance and Accountability

- Partnership in the health sector with other sectors should be strengthened in a creative way to address important problems (for example transportation) that influence women's ability to receive appropriate care.
- Strengthen local Maternity and neonatal systems at all regional referral hospitals to address regional specific service delivery gaps
- MOH to routinely engage the Parliamentary committee on maternal health to support in resource mobilization and allocation.

❖ Community Engagement

- MOH and the key stakeholders should revise communication strategy to address existing myths and misconceptions on family planning uptake.
- Integrating FP and MNH interventions into existing community programmes like the PDM, OWC
- Empowering VHTs with knowledge and skills to cascade MNH/FP health services to the communities.