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Ensuring Quality of Care for Small Babies in Rwanda

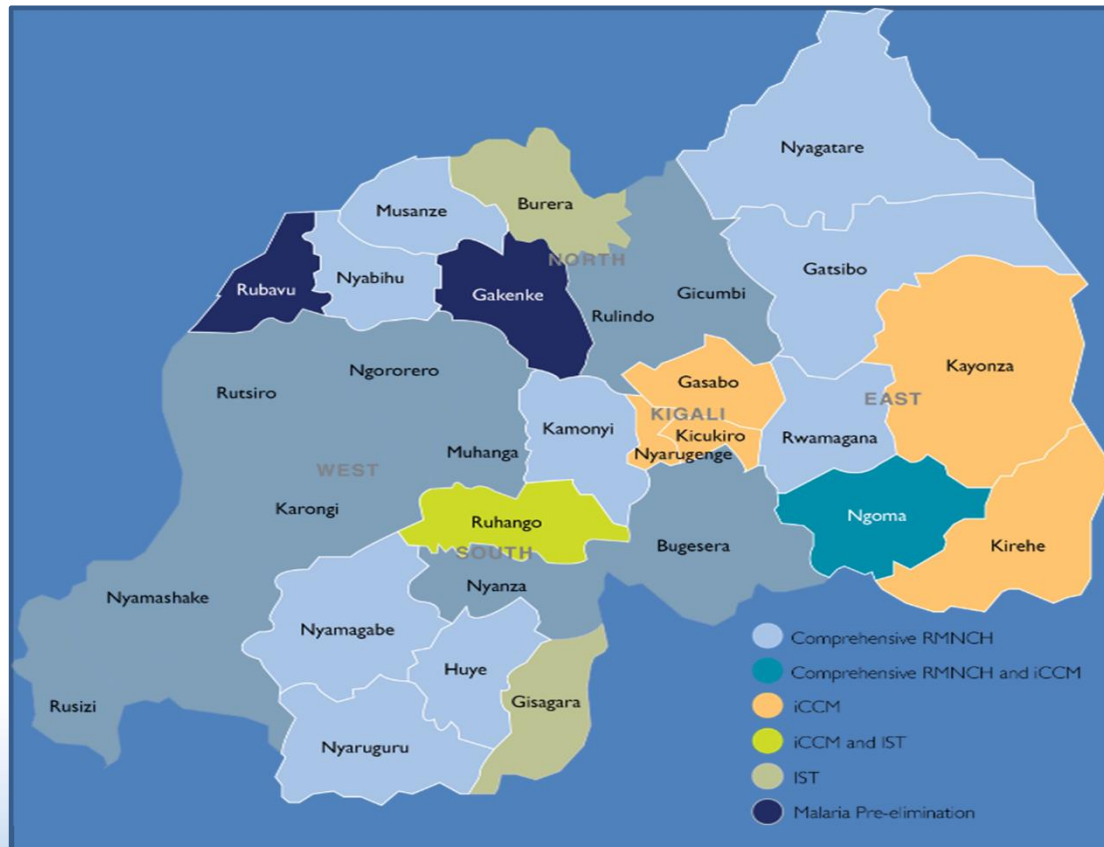
Caty Mugeni, Director of community Rwanda Biomedical Center /
Maternal Child and Community Health

Dr Kayinamura Mwali Assumpta, Newborn technical Advisor, MCSP
17th November 2016, Trieste, Italy

Outline of Presentation

- Rwanda - context
 - Interventions for care of small babies
 - Progress so far
 - Opportunities and opportunities...
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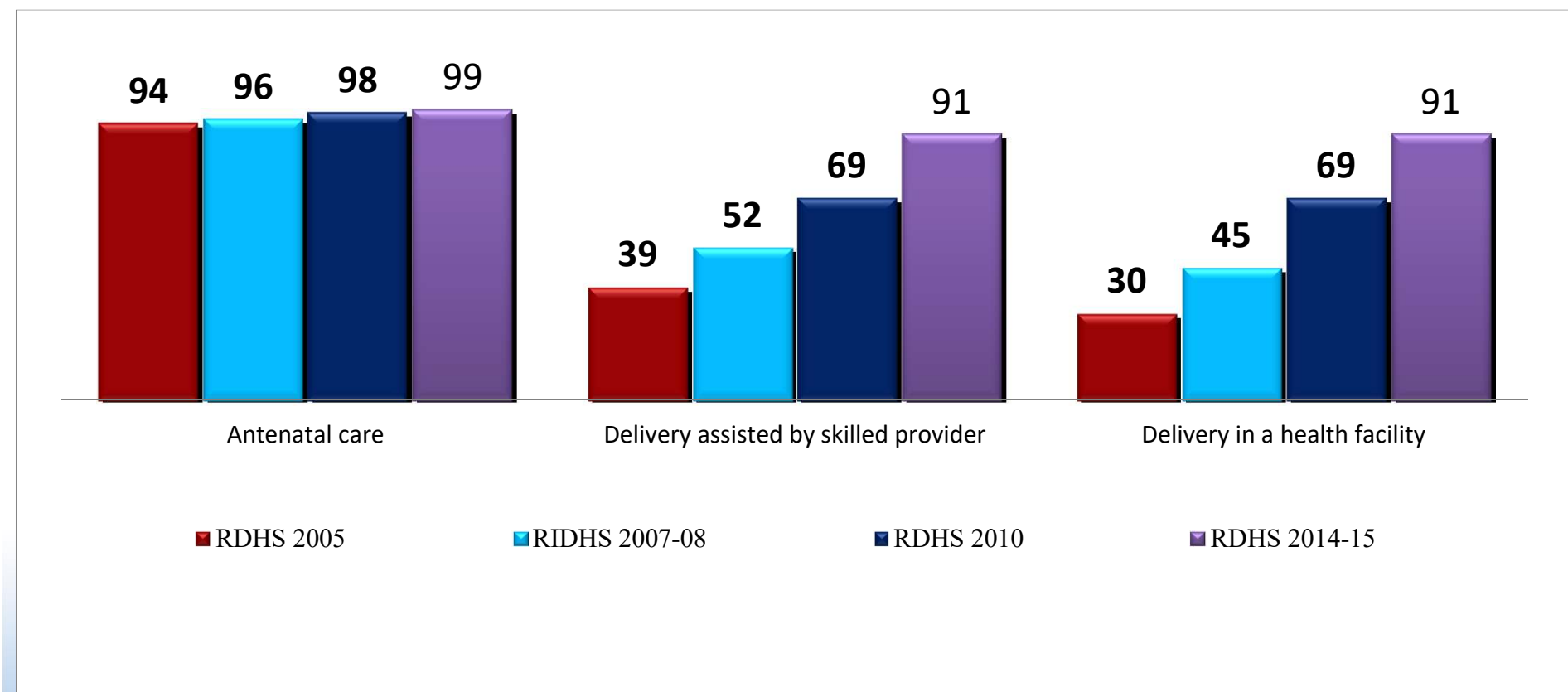
Rwanda Country Background



- Population: > 11.5 million
- Total Fertility rate: 4.2
- School attendance: 92%
- Extreme poverty: 39%
- Rural Population : 84%

Source: RDHS 2014-2015

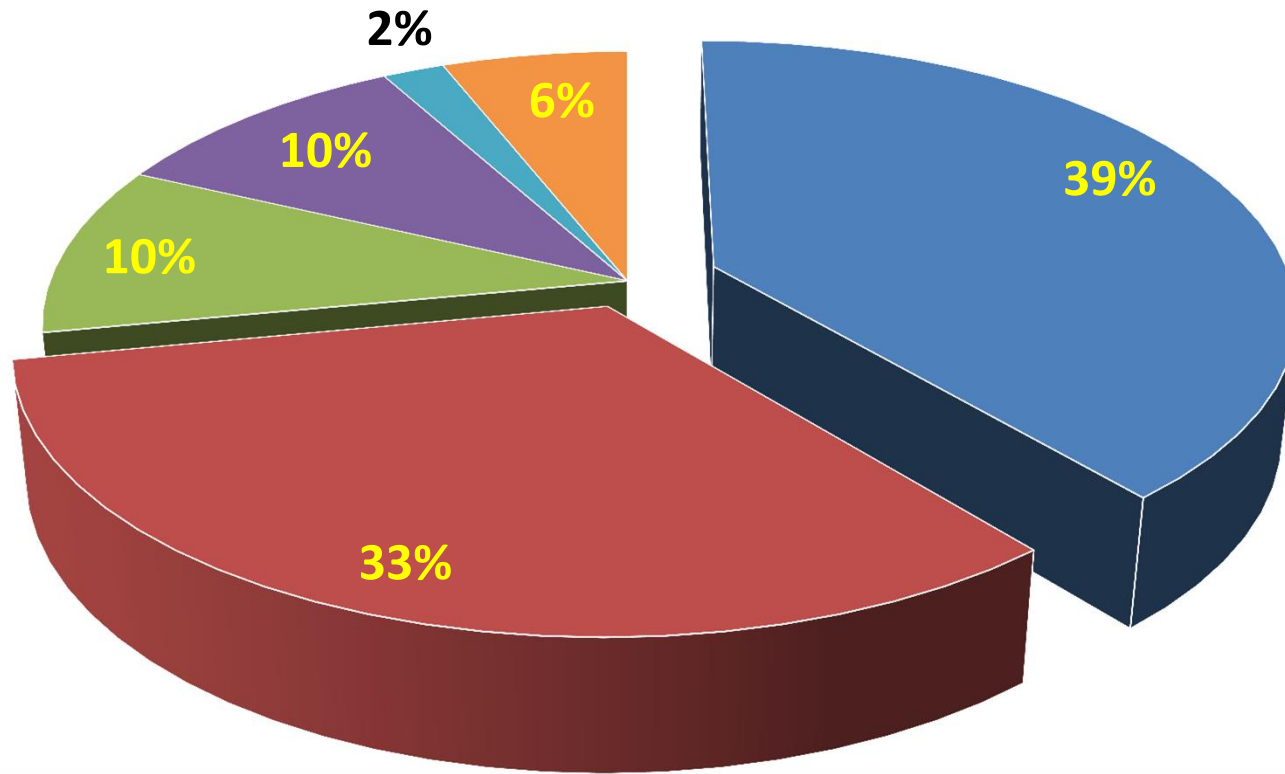
Trends antenatal care first visit, assisted and facility delivery (DHS2000-2015)



Trends U5MR, IMR, NMR, MMR and TFR

	2000	2005	2010	2015	Point decline 2015-2000	% decline 2015-2000
U5MR/1000	196	152	76	50	146	74%
IMR/1000	107	86	50	32	75	70%
NMR/1000	44	37	27	20	24	55%
MMR/100,000	1071	750	476	210	861	80%
TFR	6	6.1	4.6	4.2	1.8	30%

Distribution of causes of neonatal deaths audit (NDA 2015)



■ Birth asphyxia

■ Complications of prematurity

■ Neonatal infections

■ Congenital abnormalities

■ Unknown causes

■ Others causes

Profile of preterm and low birth weight prevention and care in Rwanda- Published Nov 2015

PRETERM BIRTHS AND DEATHS

Preterm birth rate (babies born <37 weeks): 10%

Low birth weight rate (babies born <2,500g): 7%

Babies born preterm per year: 35,000

Ratio of boys to girls born preterm: 1.15

Babies born per year <28 weeks: 2,000

Impaired preterm survivors per year: 1,000

Direct preterm child deaths per year: 2,600

Source: www.EveryPremee.org (2015)



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**Taking a comprehensive innovative
approach in 10 districts for
improving care of small babies**

Improving care of small babies in district hospital



Improving care of small babies in district hospital

Newborn room



KMC unit



Improving care of small babies in health centers



Improving care of small babies at community level





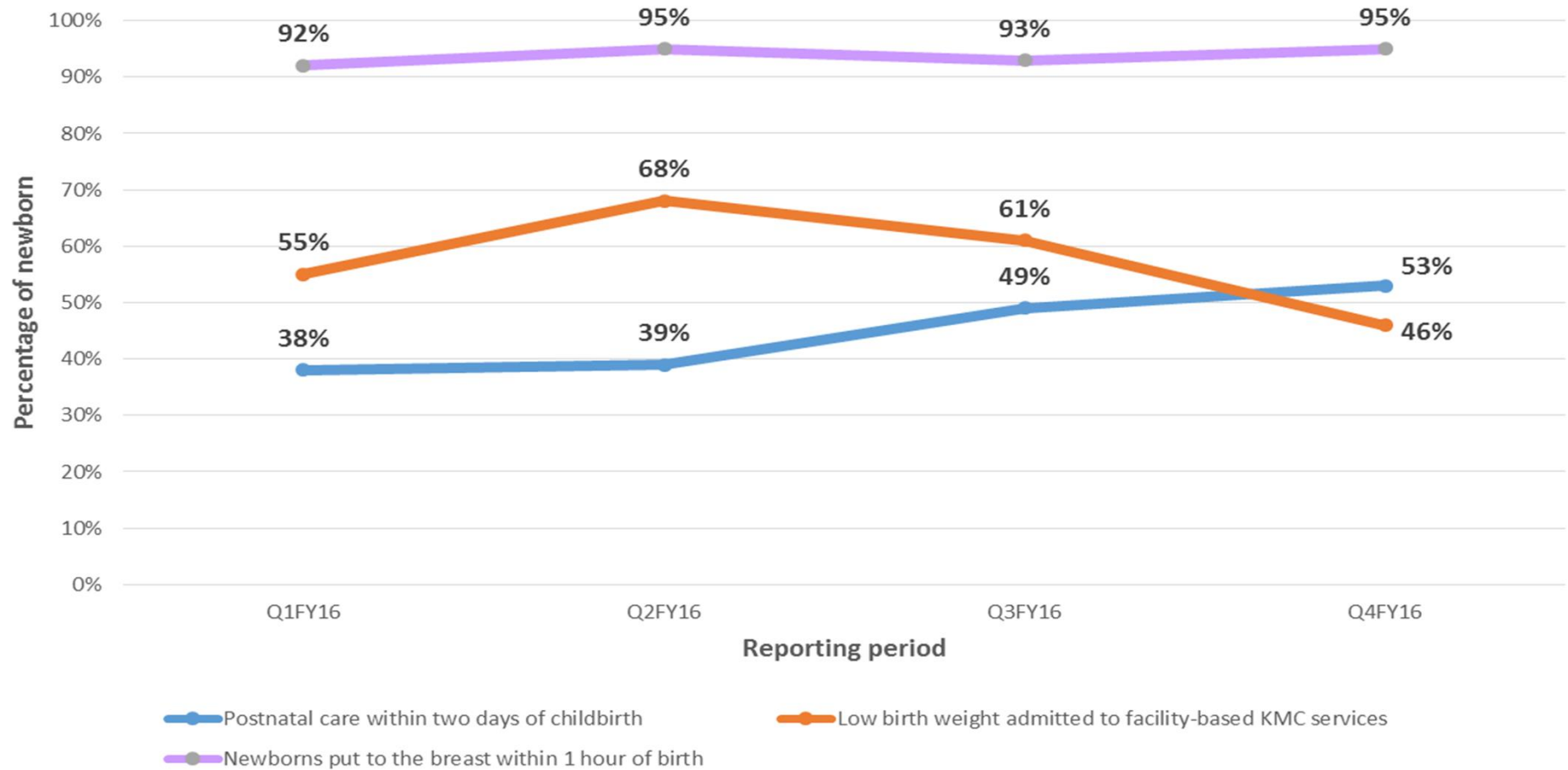
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Preliminary Findings...

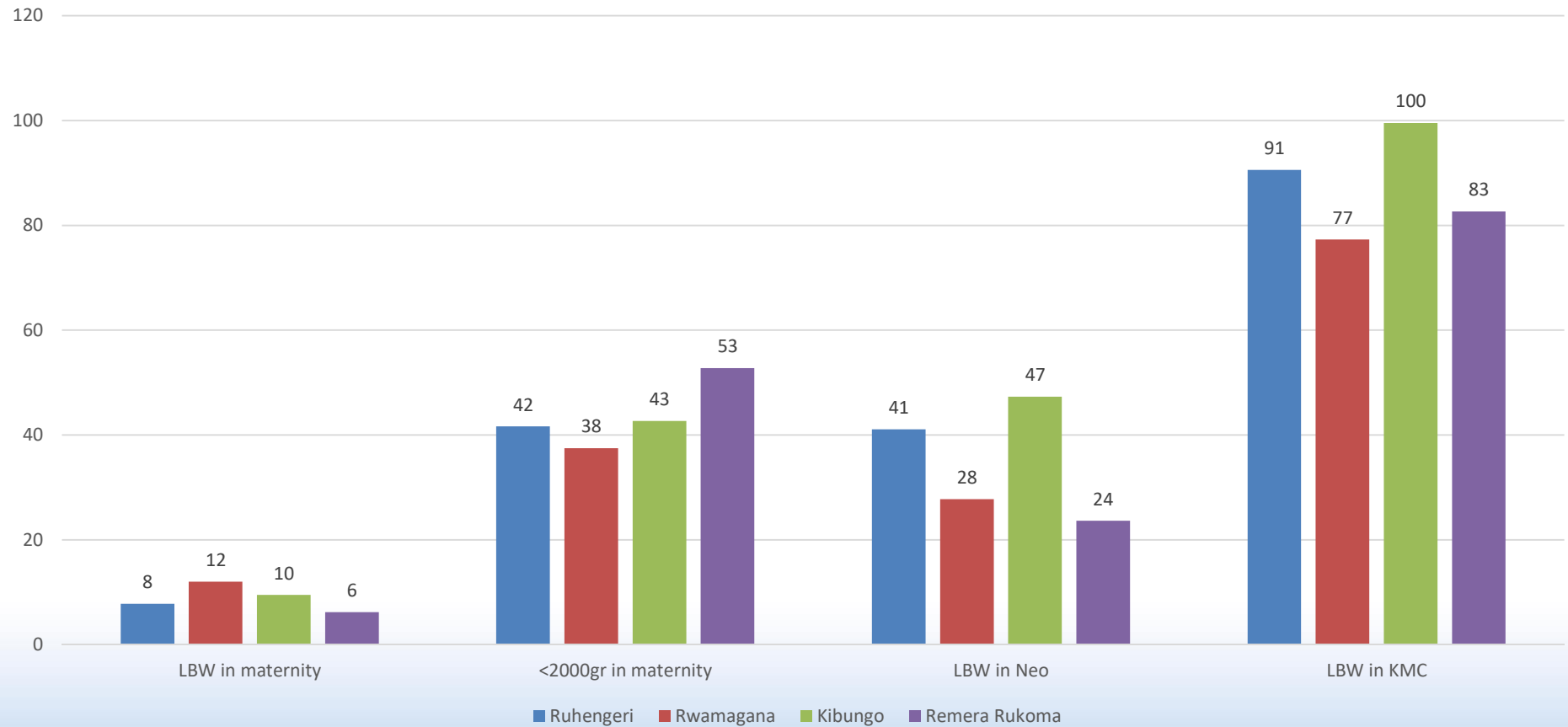


Newborn health related indicators

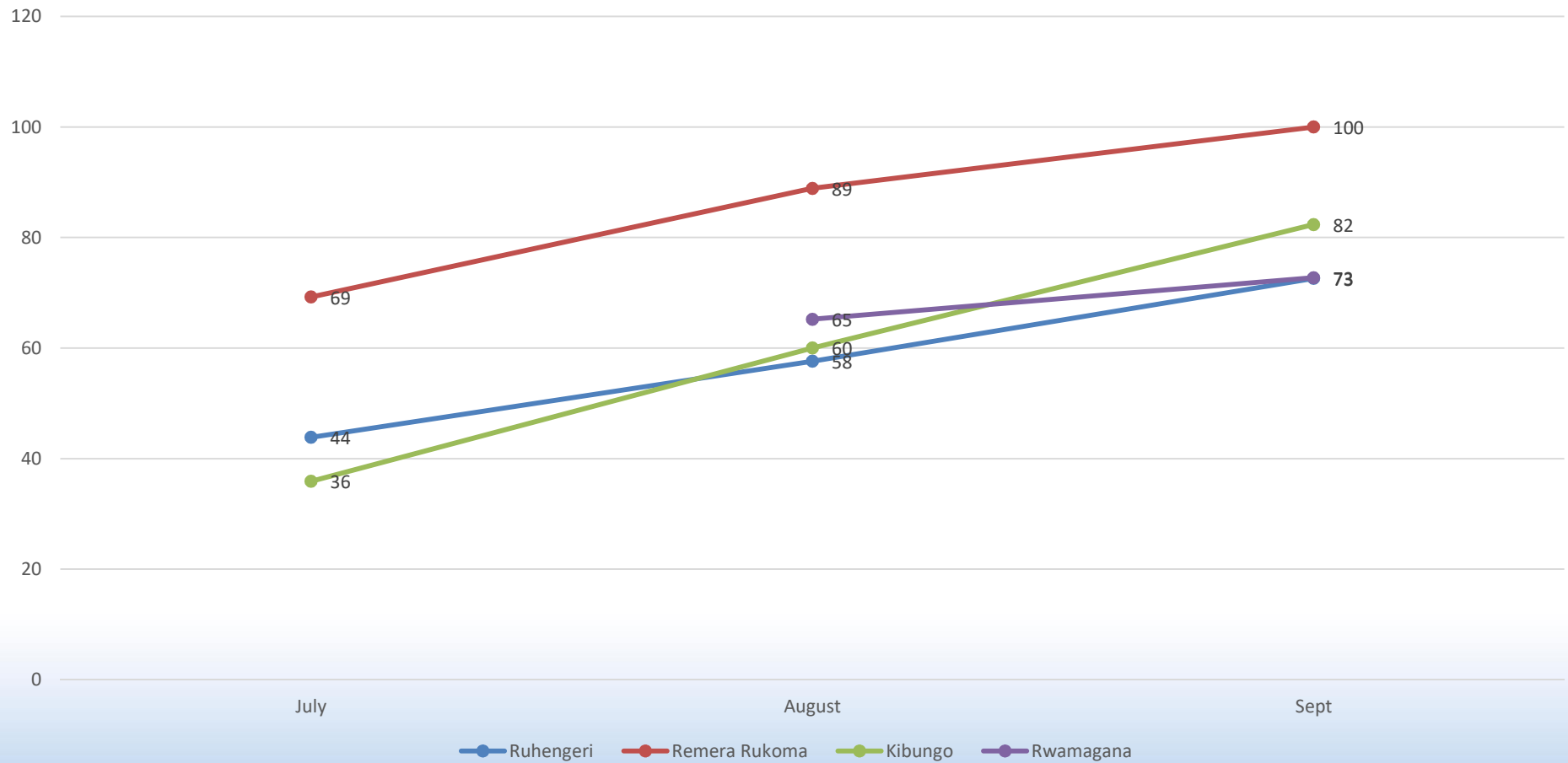


Source: HMIS 2015-2016

Proportion of admissions and utilization of KMC services in 4 District Hospitals for (July-September 2016)



Proportion of Low Birth Weight initiated in KMC unit in four Districts Hospital



Progress so far

- Better communication between District Hospital and Referral hospital and District Hospital with Health Center
- Skin to skin after delivery and early breastfeeding within one hour is progressively become part of routine care of newborn
- Number of babies referred on KMC position is increasing
- Almost all LBW admitted in neonatology service are receiving KMC
- Health care providers mentored are more confident during newborn resuscitation and prepared for resuscitation before every delivery
- Feeding of preterm is part of quality of care in all 10 supported districts hospitals

Opportunities.....

- Strong leadership of the government of Rwanda
- Newborn care big priority of MOH
- Partners' coordination through neonatal technical working group
- Professional associations involved in capacity building / mentoring of health providers
- Strong community health program with community health workers organized in cooperatives generating income
- Mutuelle de santé (community health insurance scheme) and performance based financing
- Ongoing Preterm Birth study – will give more insights

Opportunities....



- ENC, BEmONC training integrated KMC components
- PNC guidelines and tools in all health facilities
- PNC indicator in the new rapidisms in purpose to tracks all NN born at village level .
- Indicators on LBW and KMC integrated in HMIS
- Basic equipment for newborn care available
- Bubble CPAP in some district hospitals

Challenges, yet more opportunities for us to tackle!



- High turnover of trained health workers
- Staff shortage – less monitoring of babies and mothers in KMC unit
- Lack of PNC, food for mothers admitted in neonatal and KMC units
- Lack of fortified milk, when needed
- Follow up of discharged LBW still low
- Infrastructure & facilities (water, electricity) inadequate in some hospitals

Future Directions

- Create a strong program of follow up of premature discharged from the hospital
- Strengthen postnatal care for mothers in KMC unit, advocacy to support food for mothers with pre-term babies
- Continue mentorship and QI program in health facilities in collaboration with professional associations
- Reinforce quality of ANC
- Scale up PTBI intervention in Rwanda
- Strengthen the referral system for LBW

THANK YOU



For more information, please visit
www.mcspprogram.org

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