



INTRODUCTION

Uganda has a highest fertility rate with 33% deliveries as preterm (Birth weight <2kg) needing KC for survival furthermore, 90% of population seeking care at Public Health facilities most of which don't have a community follow up program for mothers with preterm babies. Currently Uganda loss 400 babies per week according to the ministry of health and 50% of the discharged preterm and very sick babies die from home according to the research conducted by Mbarara University. In Kampala for instance, 79% of the preterm babies end up at Kawempe NRH and Mulago NRH these have no community follow up for preterm parents besides facility care. The early neonatal mortality rate being 35% in kampala. 80% of fathers run away from their wives while still in the hospital.

Improvement Objective	To reduce 500 deaths weekly and 50% of the discharged babies that die at home due to lack of community-based follow-up programs and male involvement
Root cause analysis (Identified gaps)	<p>A fishbone was used to analyze the root cause of this missed opportunity and the following were the gaps identified:</p> <ol style="list-style-type: none"> 1. Parents leave the hospital without kangaroo knowledge and post neonatal training . 2. No male involvement both at home and the hospital. 3. There was no community involvement and village Kangaroo Ambsaobors . 4. There was no constant communications channel to engage parents at home 5. knowledge gaps among the NICU health workers
Tested Changes and Results	<ul style="list-style-type: none"> • 60 Village ambassadors has been identified-trained • 12 virtual platforms for constant engagement • PIPNU has had collaborations with Ministry Health Uganda and its partners in health with intension to leverage on the resources and reach out to as many as possible to health workers and preterm babies' parents in 2 districts and 4 health facilities. We have collaborated with "ATTA" breast milk community in the establishments and distribution of safe, expressed breastmilk • PIPNU using the Family-Led Care Model has enhanced provider with skills and quality of care within 4 KMC units and empower families to directly participate in the care.. This has seen increase in the % of documented mothers providing KMC at the 4 health facilities from 43% in July 2022 to now 98% by June 2023. • The capacity building videos have been produced and distributed to health facilities • Revitalized 4 KMC Work Improvement Teams using quality improvement methodology • Community level reporting forms supporting M&E and the father care groups reporting monthly • Built family confidence and an active link to the health system. • PIPNU has provided monitoring forms for families to track number of feedings, monitor temperature and breathing, KMC knowledge, provision of supplements, form of breast feeding, HIV syrup, immunization, Retinopathy of prematurity and check for danger signs with father being the lead.
Lessons Learned Conclusion	<p>The "Family-Led Care model" an effective way to enhance the health and development very sick and preterm babies while at home and increased father involvement from 34% to 52%</p>



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