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# Busoga Health situation and how we could intervene - Is there a Need and a Role for a Busoga Health Forum?

**Peter Waiswa**

**Associate Prof., Makerere University School of Public Health, Uganda**

**Visiting Researcher, Karolinska Institutet, Sweden**

**Email: [pwaiswa@musph.ac.ug](mailto:pwaiswa@musph.ac.ug), 0772405357**

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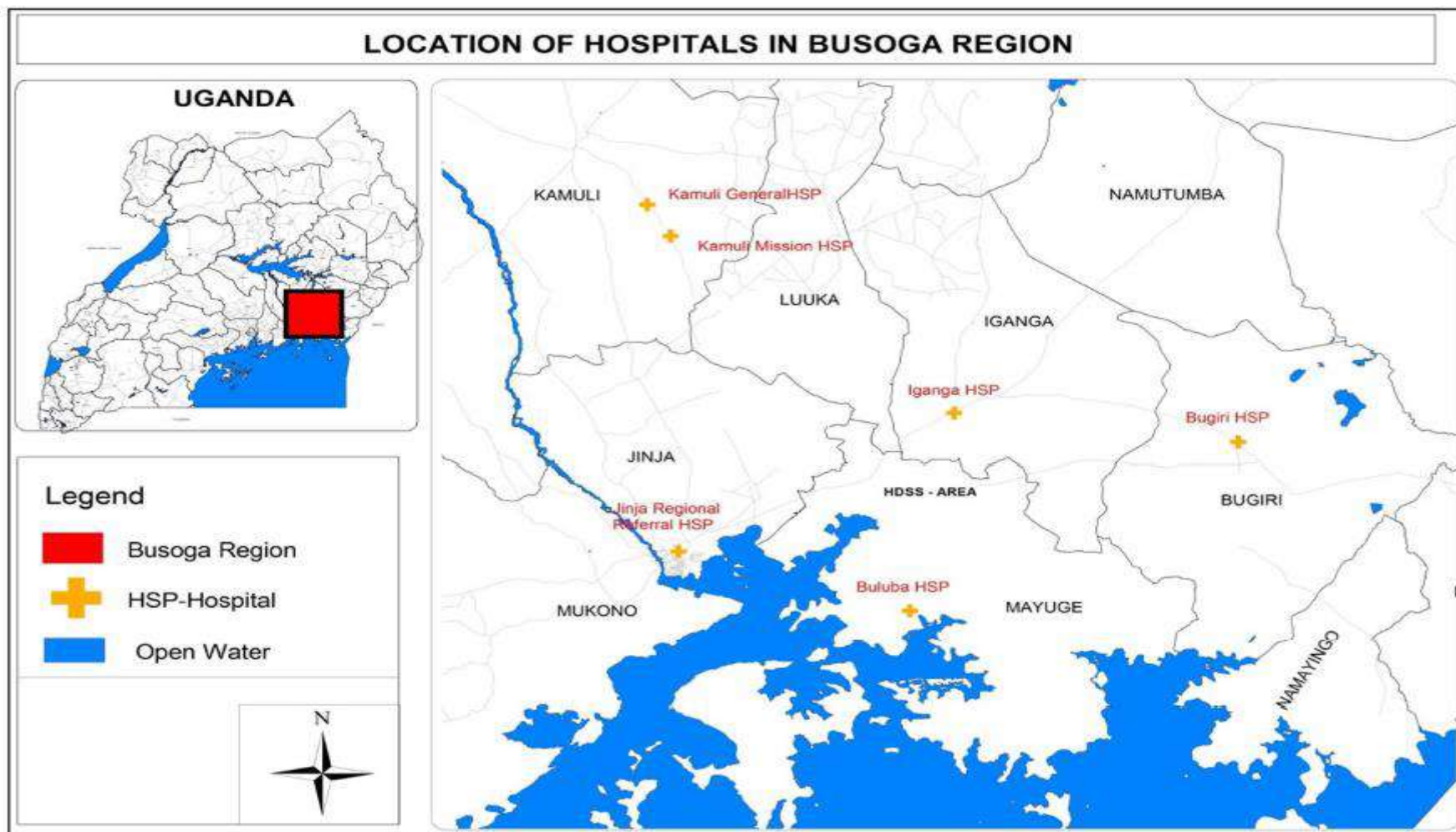
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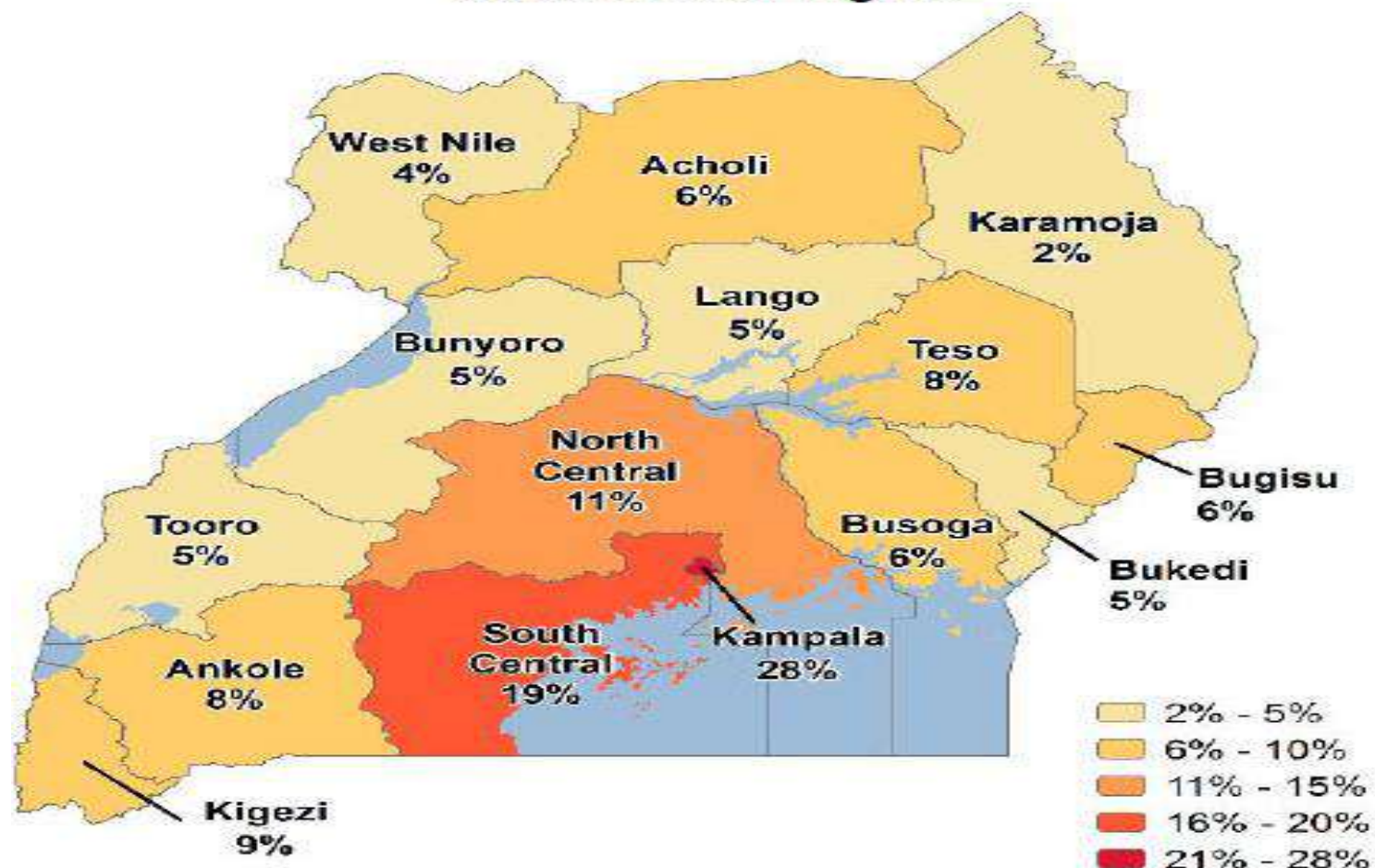
A situational analysis of Busoga's health

A region of 4 million people (10% of  
Uganda)

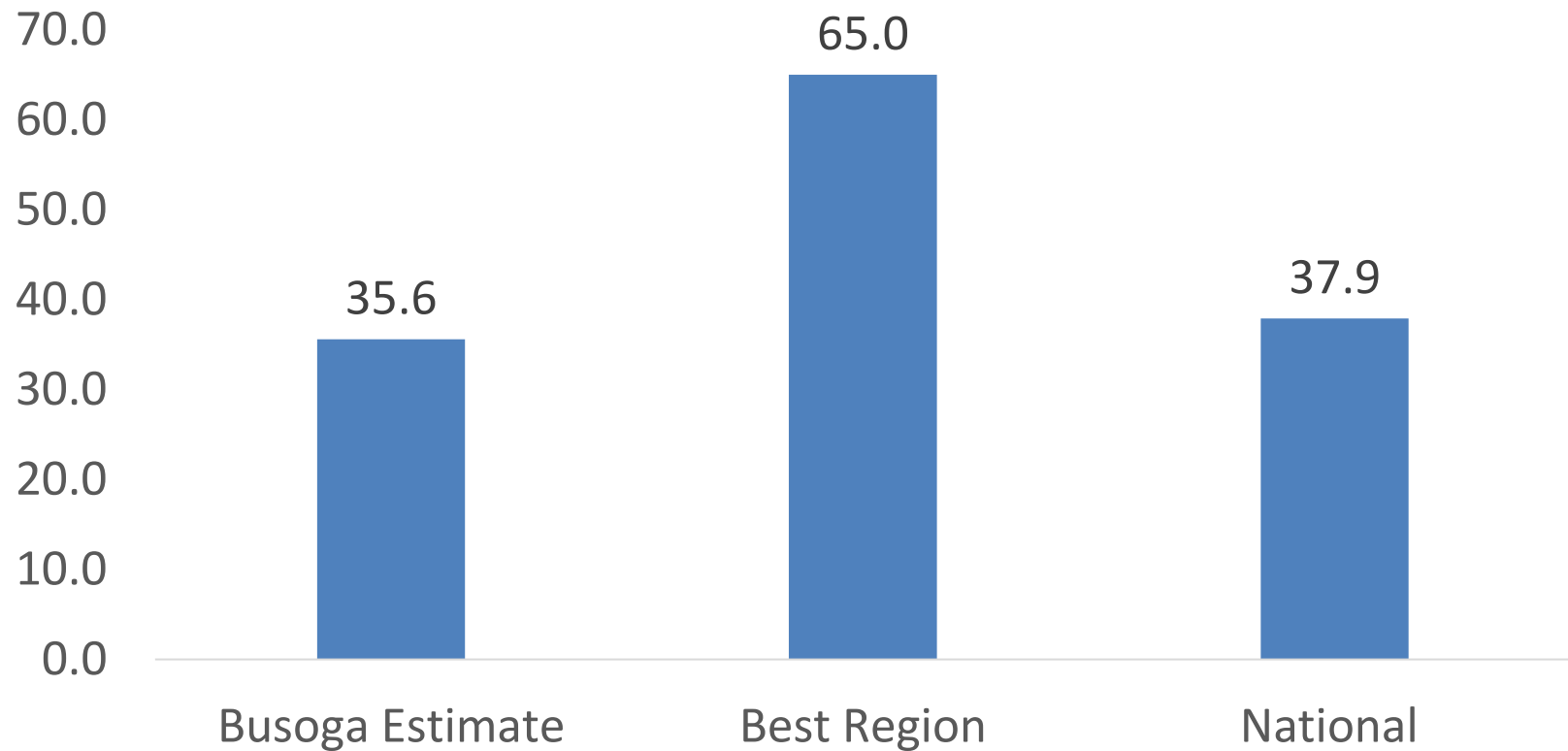
# Busoga hospitals



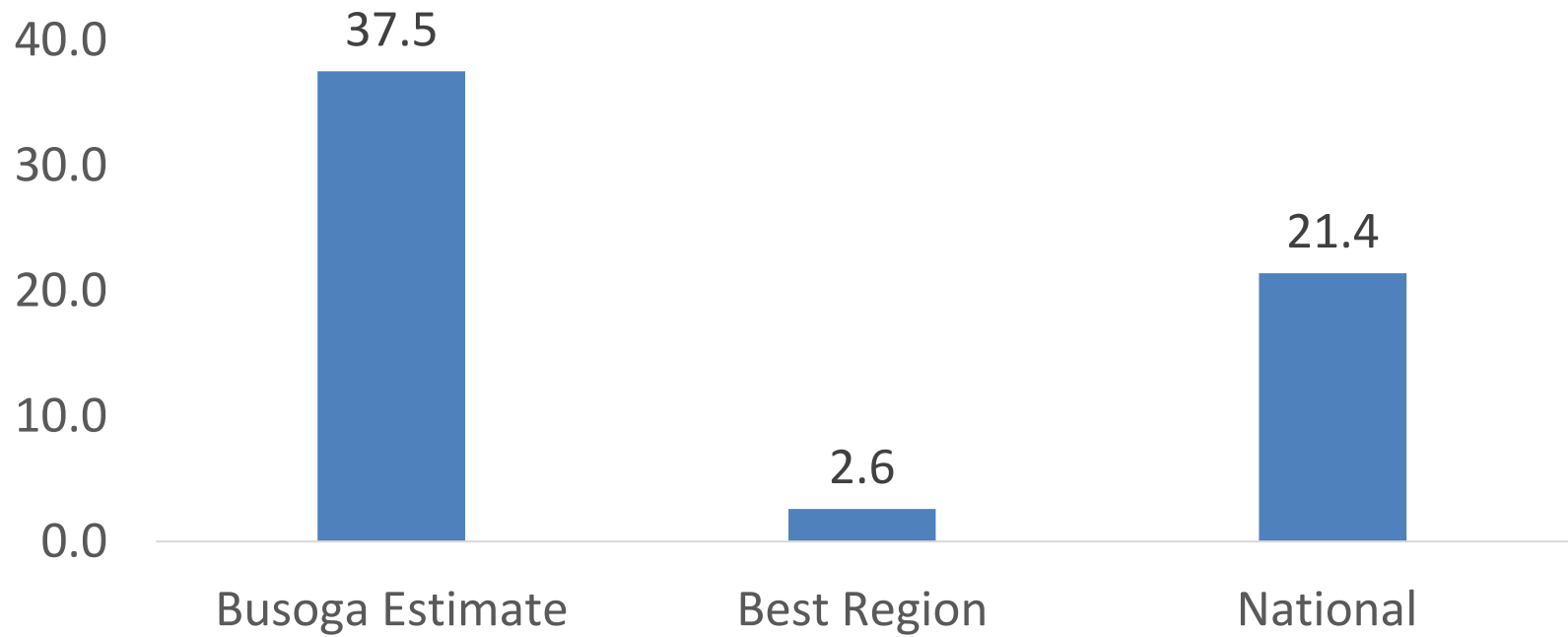
*Percentage of women age 15-49 with a secondary education or higher*



## Secondary school gross enrolment rate



## Proportion of individuals living below poverty line



# Summary of health indicators

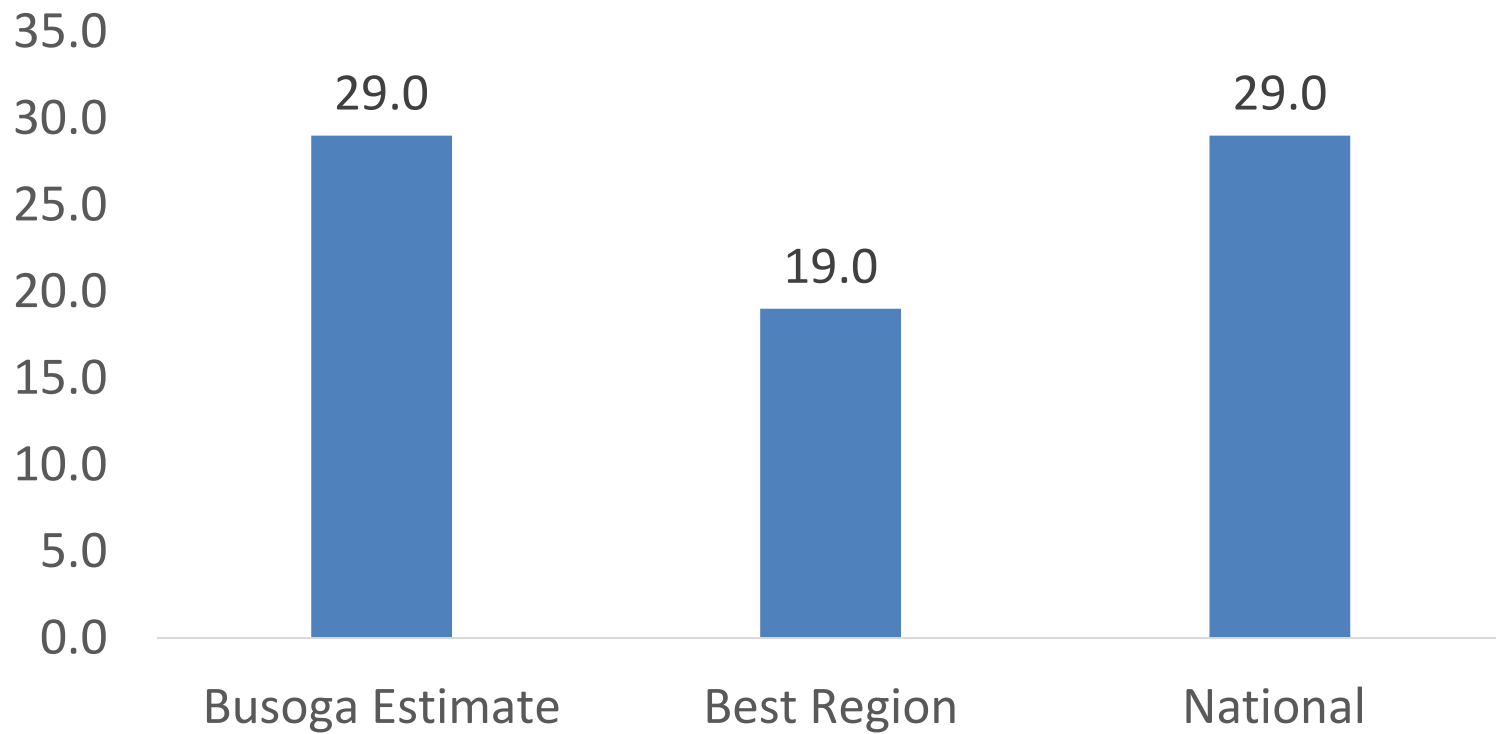
Health indicators	Busoga region (%)	National average (%)
Neonatal mortality rate	28.0	27.0
Infant mortality rate	53.0	43.0
Children Under five	84.0	64.0
Maternal mortality ratio (per 100,000 live birth)		336
ITNs (at least one mosquito net)	74.8	78.0
Delivery in health facility	76.5	73.0
ANC ( all women [15-49yrs with live birth at most recent pregnancy)	97.8	97.0
Family planning (modern contraceptive/married & sexual active)	47.1	28.6
Fertility rate	6.1	5.5
Malnutrition (stunting) among U5 children	29.0	29.0
Anaemia among under 5yrs	63.4	53.0
Anaemia among women	41.1	32.0
Diarrhoea among U5	27.3	20.0
Fever (including malaria)	65.7	33.0
ECD index (developmentally on track)	52.5	63.0
Male circumcision	61.9	45.2

# Early Child Development and Nutrition

- Stunting – 29% vs 28.9% for Uganda
- Under weight - 9.4 % vs 10.5% for Uganda
- Wasted - 10.6%

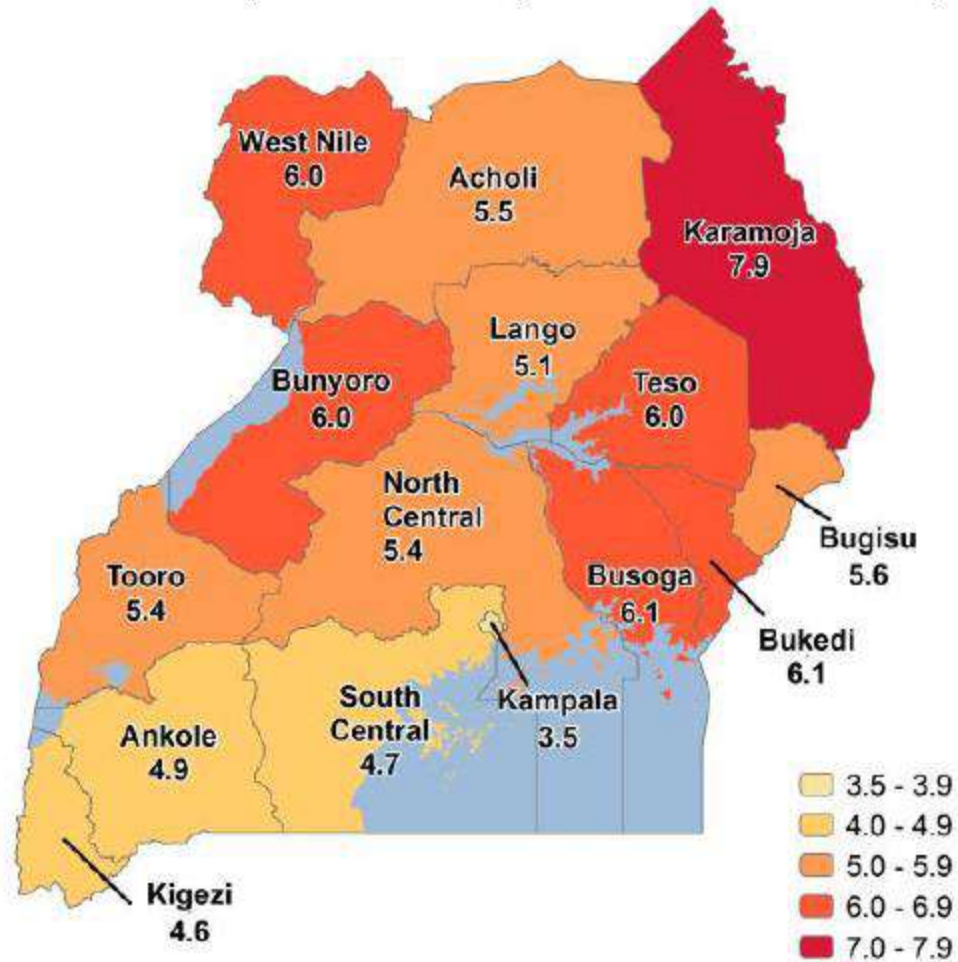


## Prevalence of stunting



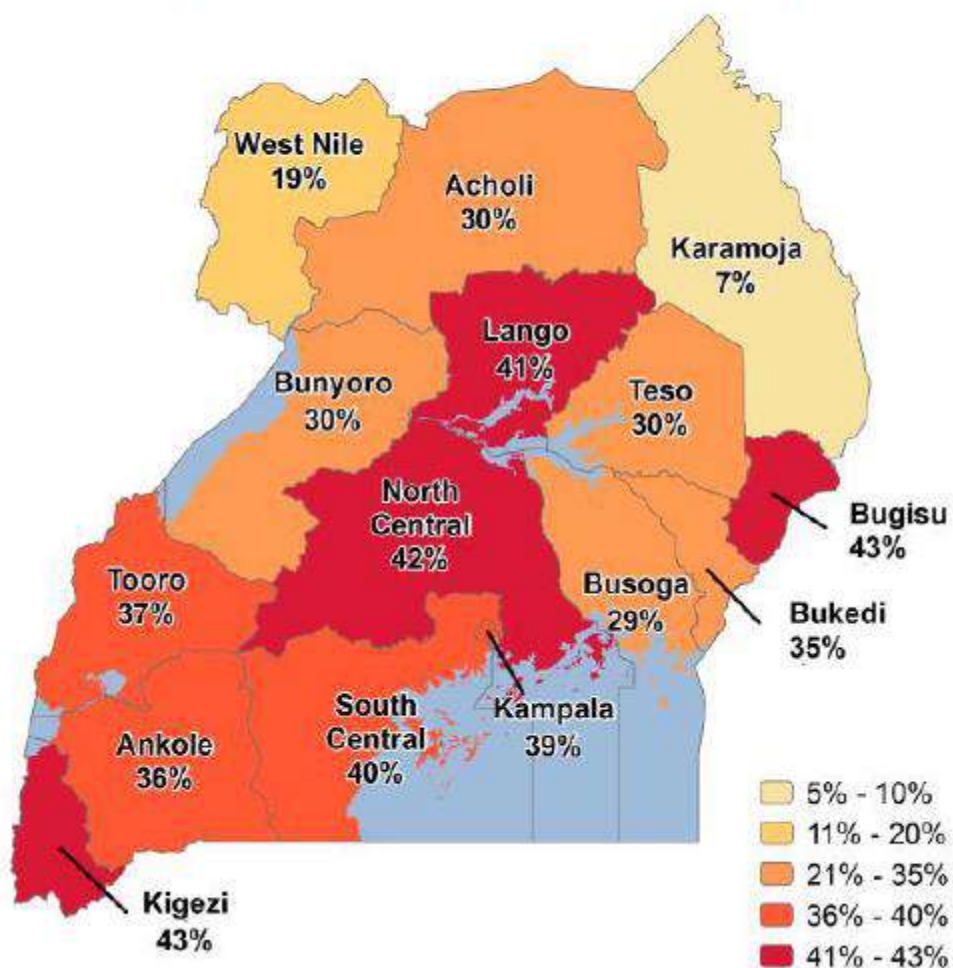
### Figure 5.3 Fertility by region

*Total fertility rate for the 3 years before the survey*

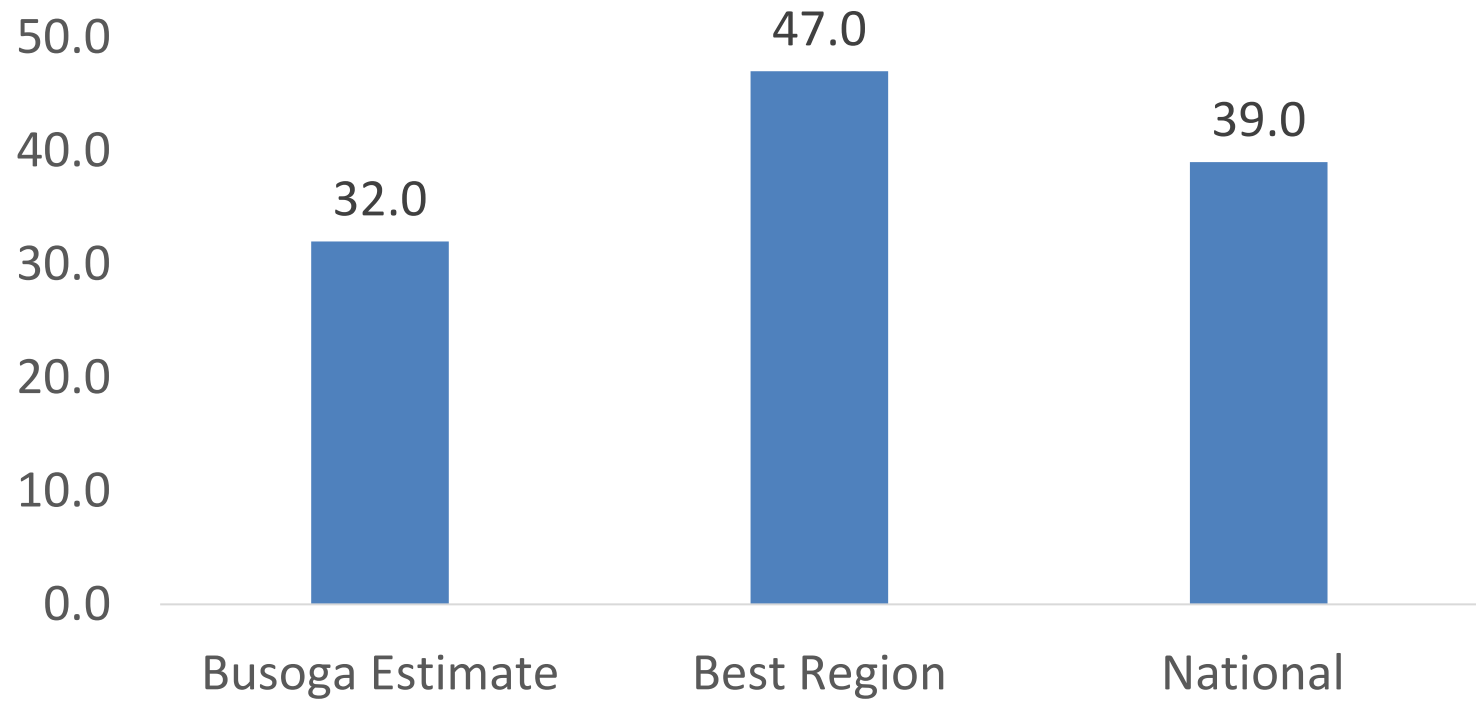


## Figure 7.3 Modern contraceptive use by region

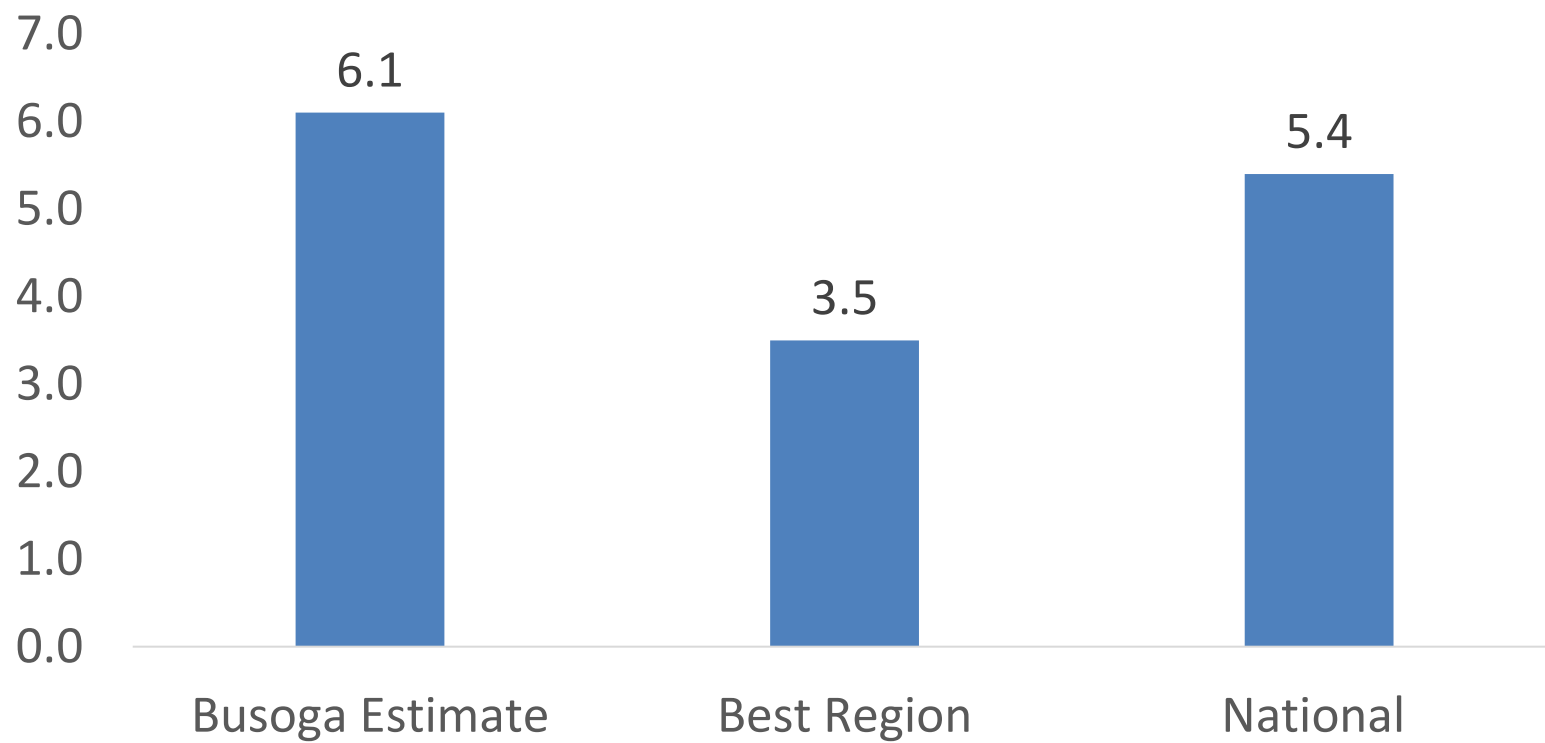
*Percentage of currently married women age 15-49*



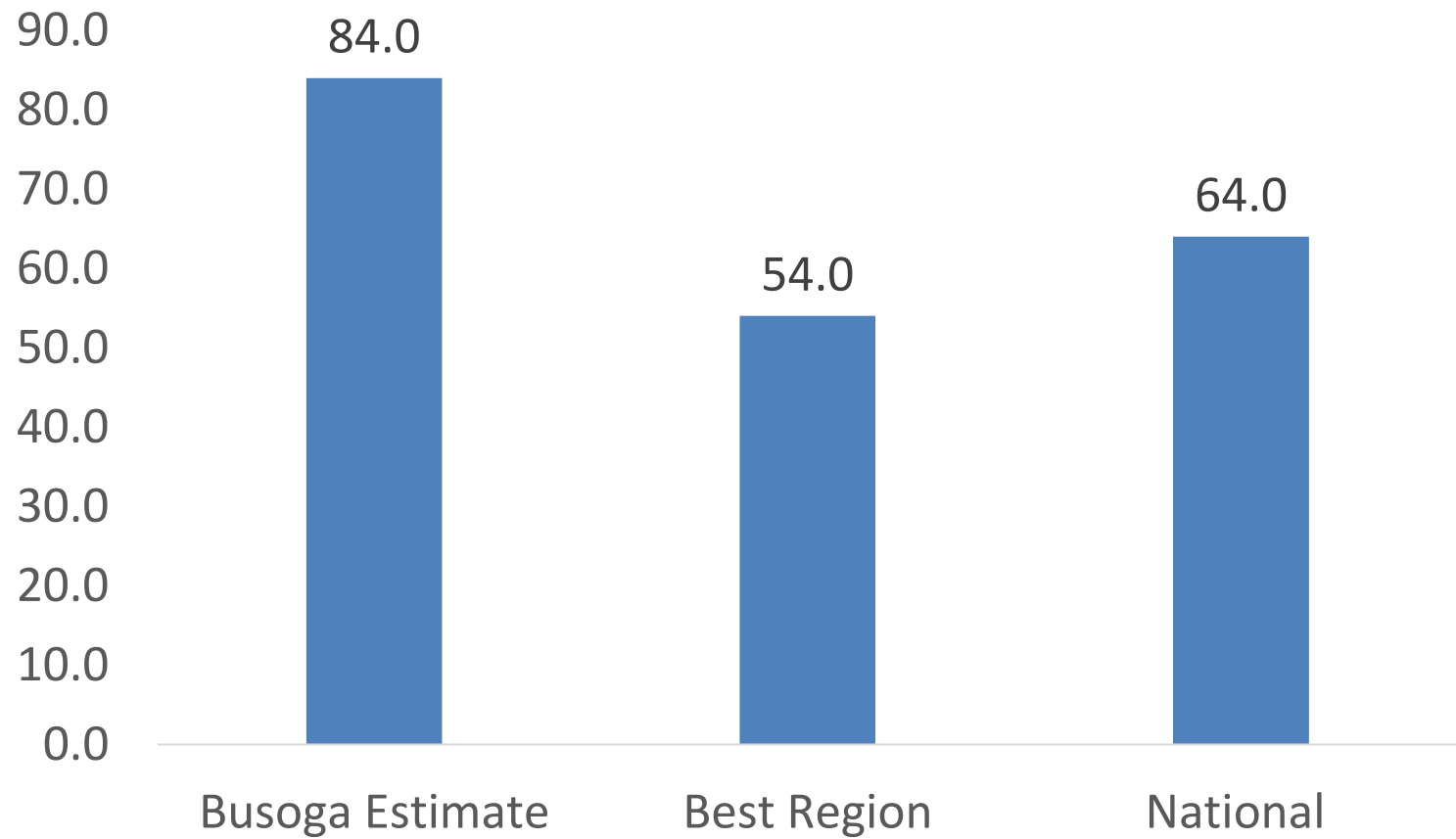
## Contraceptive prevalence



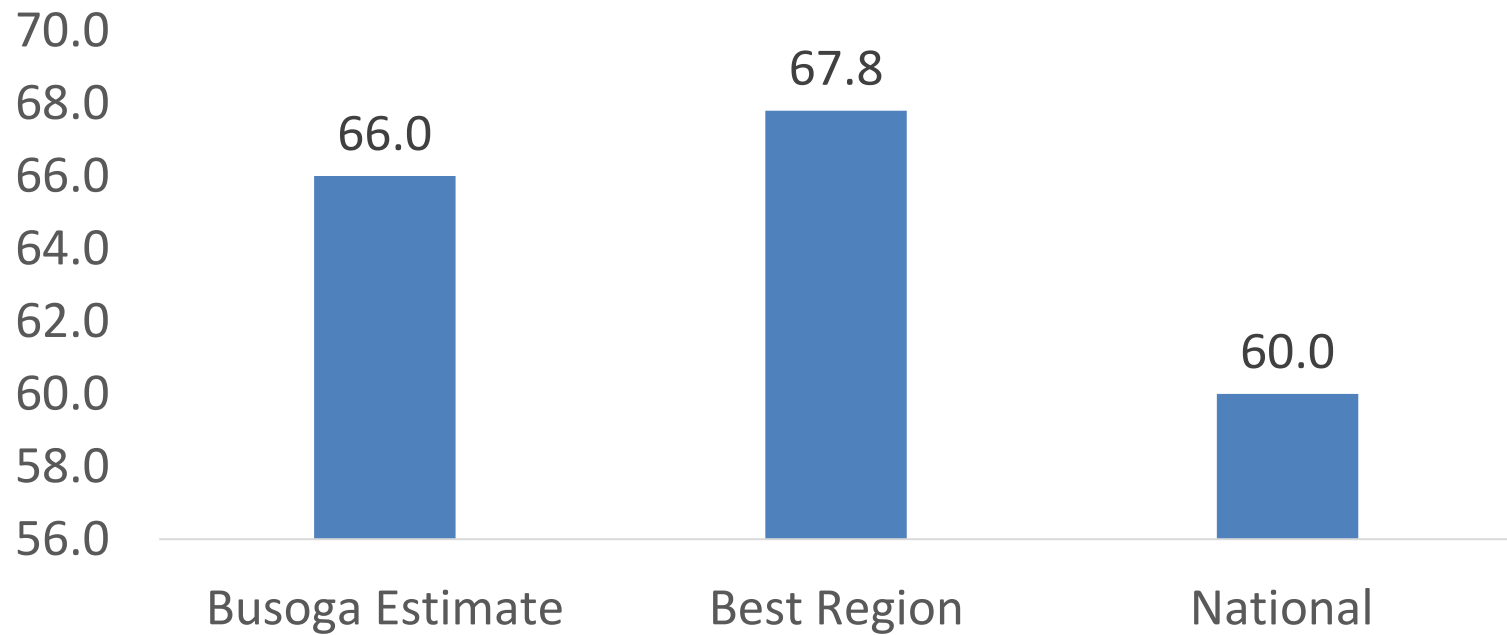
## Total fertility rate



## Underfive mortality rate

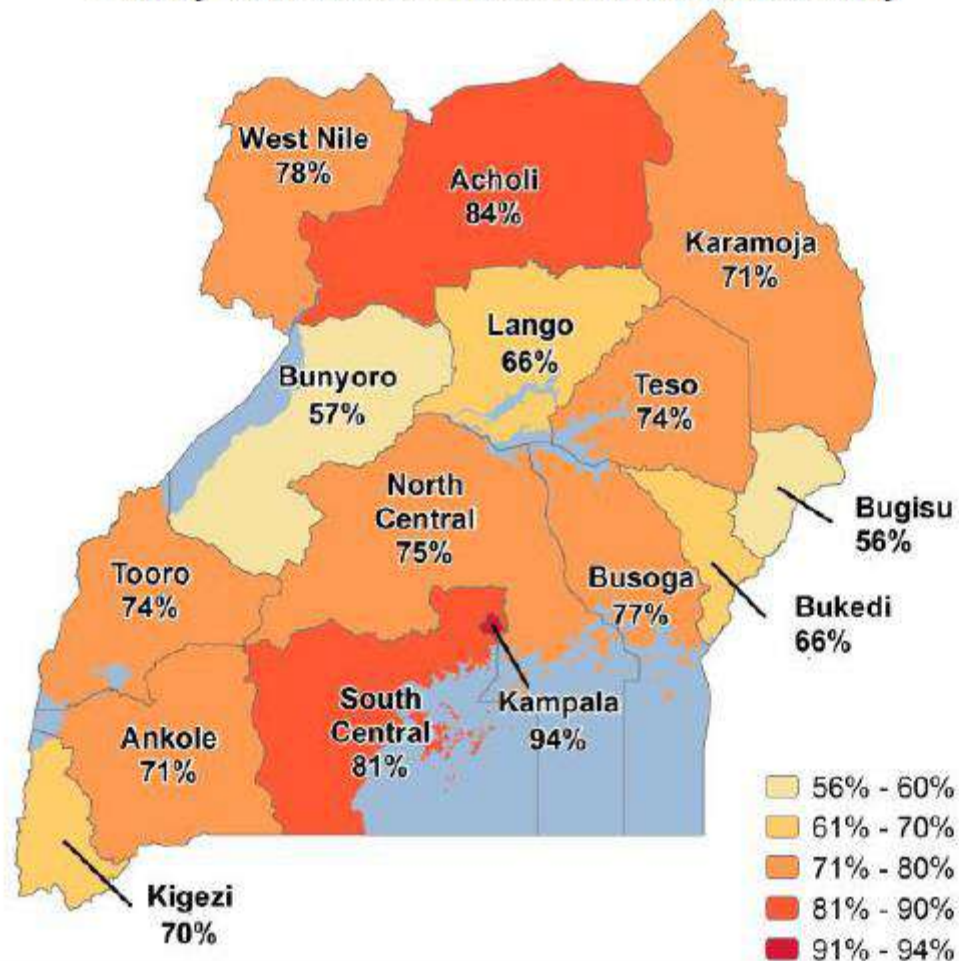


## Proportion of pregnant women with at least 4 ANC visits



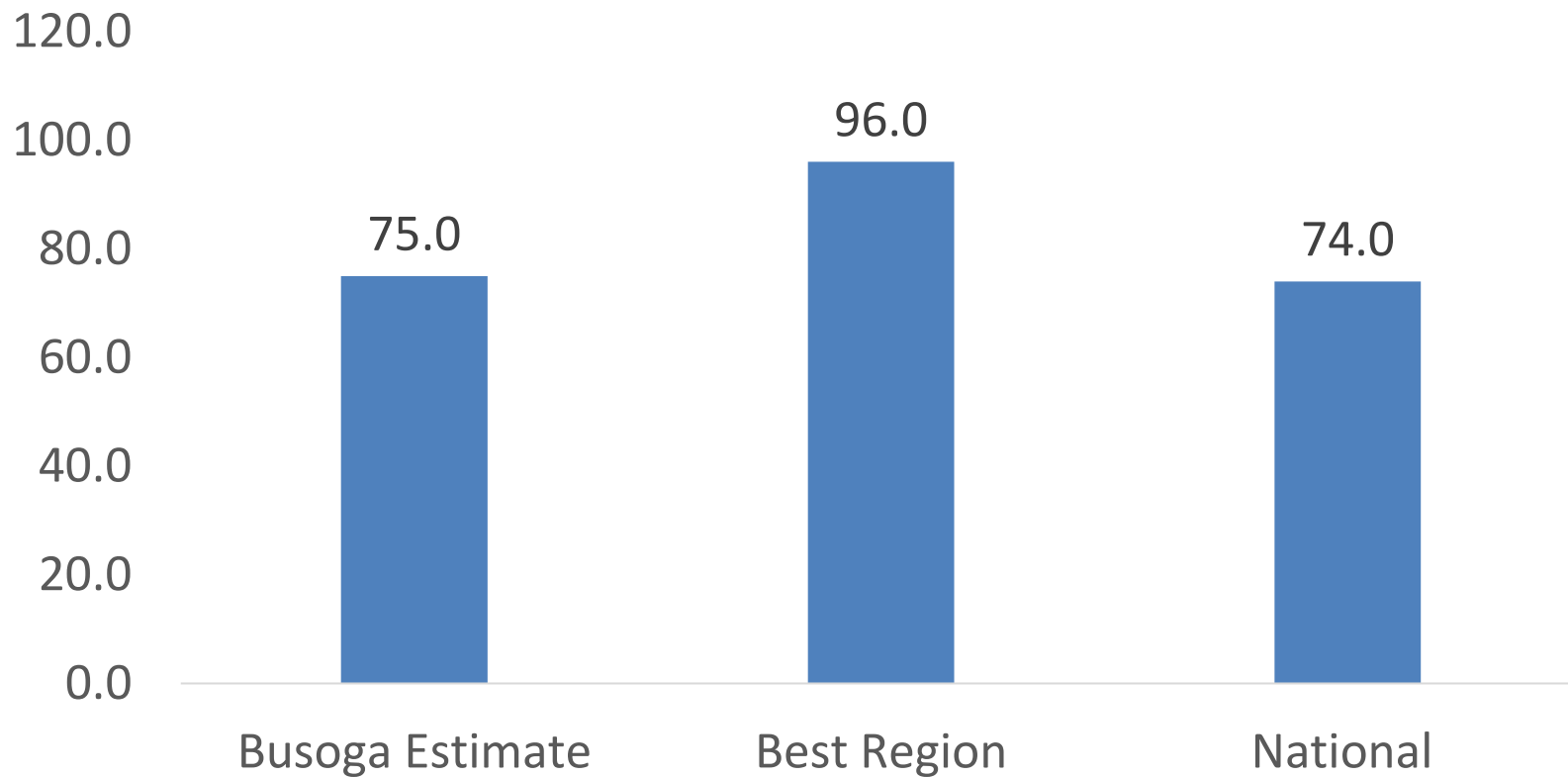
### Figure 9.3 Health facility births by region

*Percentage of live births in the 5 years before the survey that were delivered in a health facility*

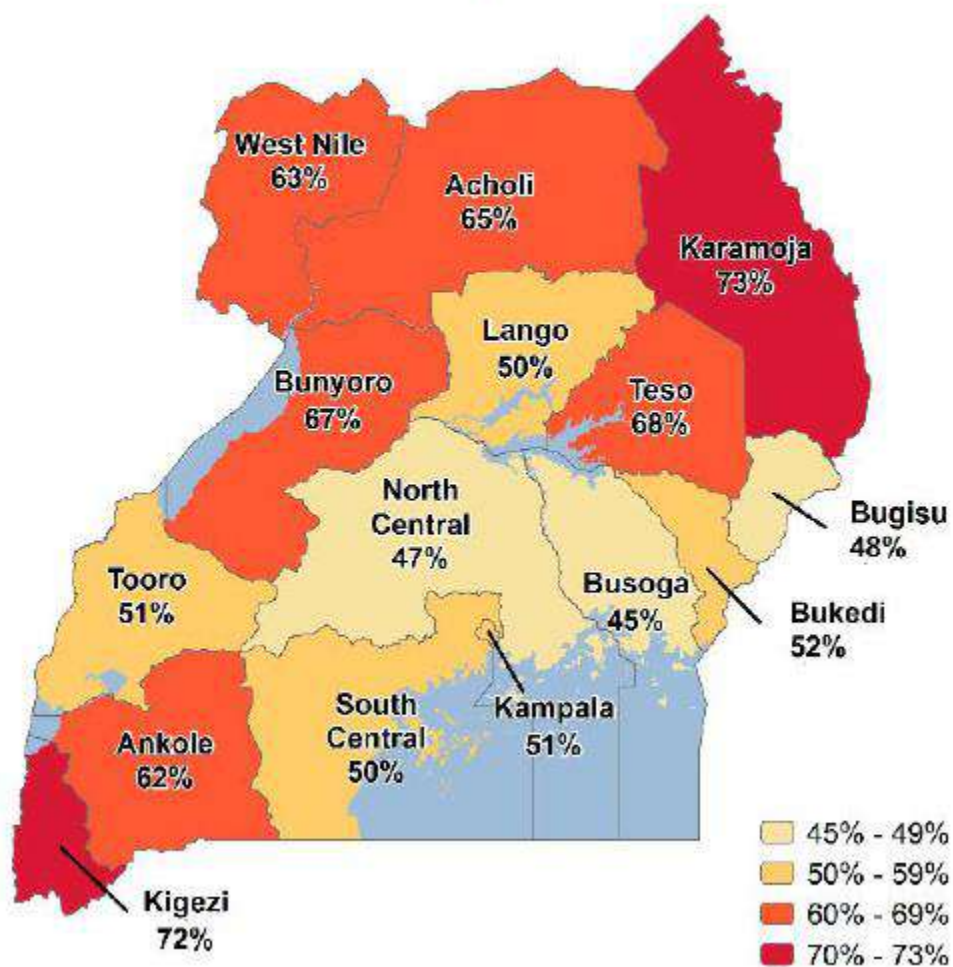




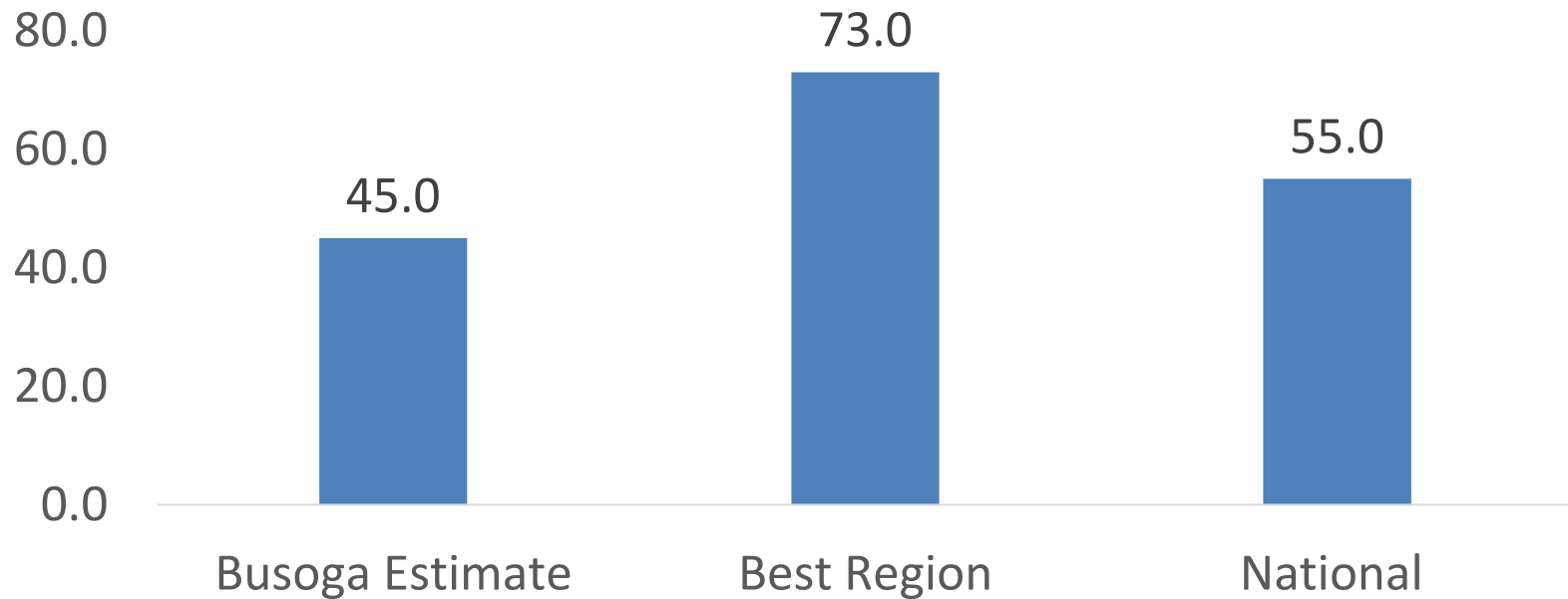
## Proportion of Skilled birth attendance



**Figure 10.3 Vaccination coverage by region**

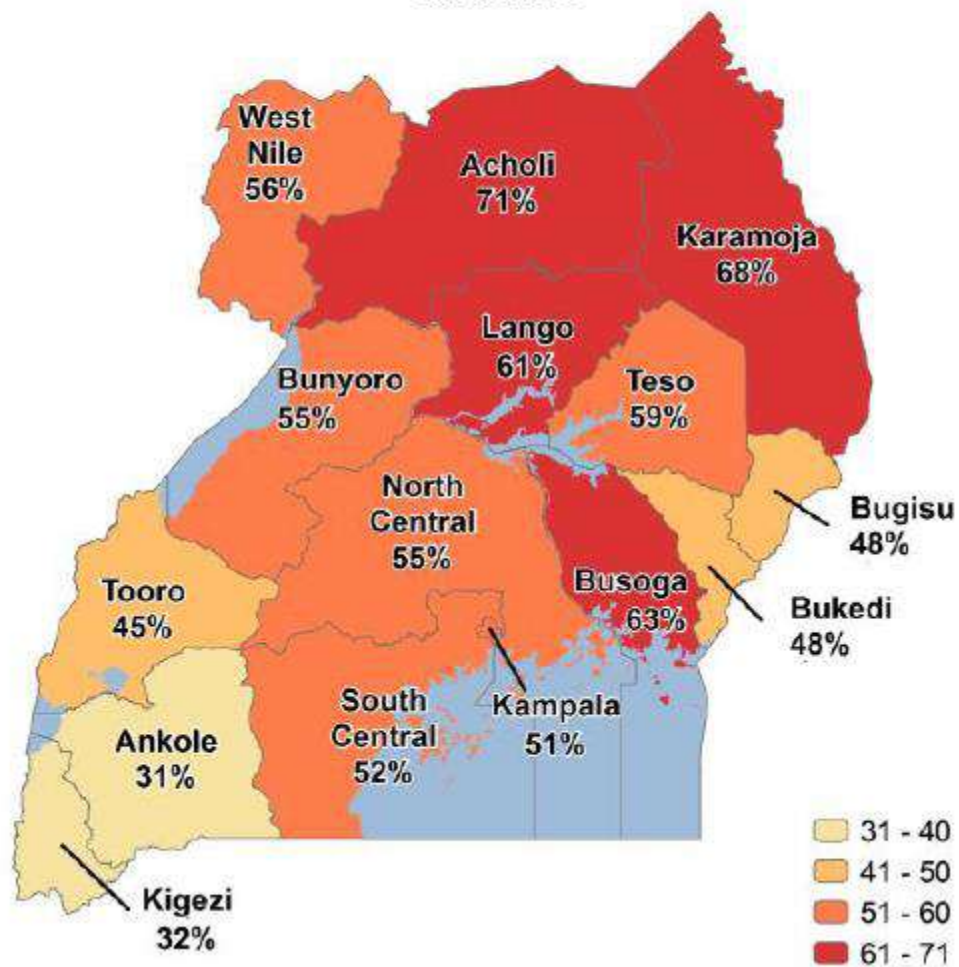


# Proportion of children 12-23months fully immunized



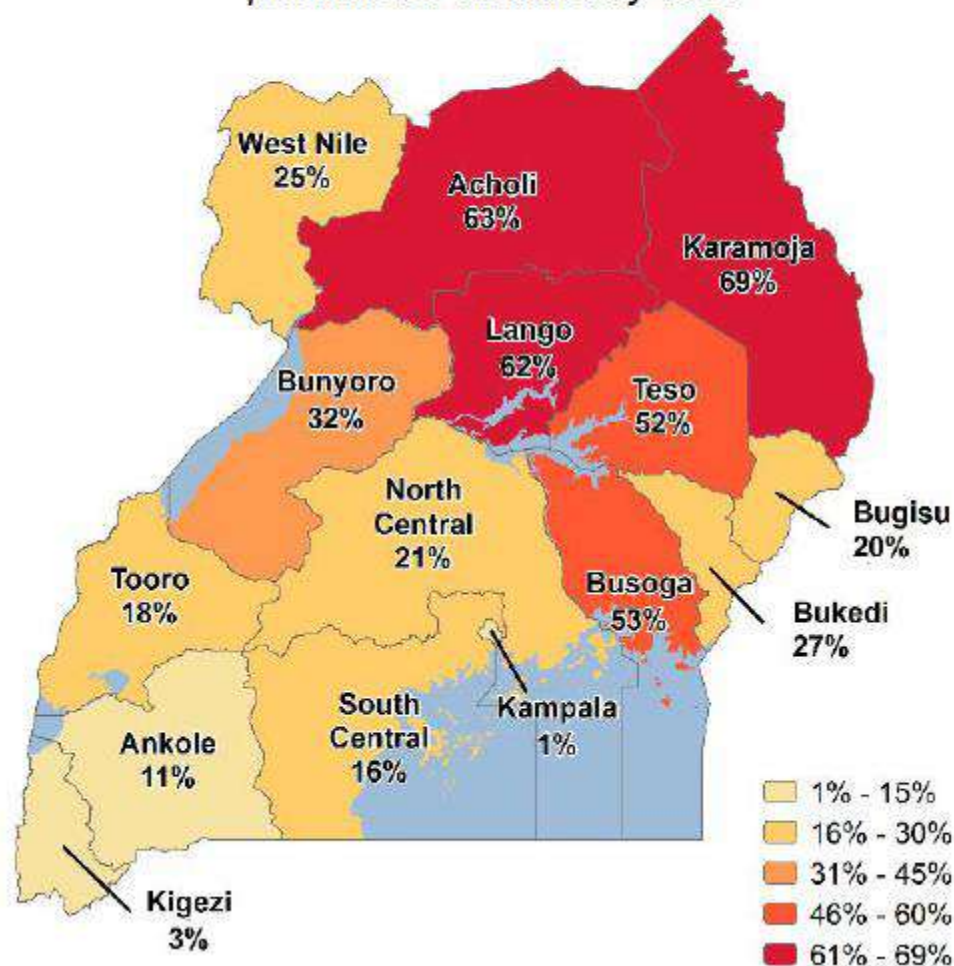
## Figure 11.6 Anaemia in children by region

*Percentage of children age 6-59 months with any anaemia*



## Figure 12.8 Prevalence of malaria in children by region

*Percentage of children age 6-59 months who tested positive for malaria by RDT*



# Sickle cell prevalence

Region	Normal	Variant	Trait	Trait (%)	Disease	Disease (%)	TOTAL
Central 1	12187	30	1802	12.80	64	0.45	14083
Central 2	9048	31	1486	13.95	85	0.80	10650
East Central	4911	42	1201	19.24	89	1.43	6243
Kampala	11006	40	1725	13.42	81	0.63	12852
Mid Eastern	3835	35	721	15.52	55	1.18	4646
Mid Northern	9681	121	2359	19.16	153	1.24	12314
Mid Western	10897	31	1358	11.00	59	0.48	12345
North East	3517	30	651	15.36	40	0.94	4238
South Western	12440	16	586	4.48	25	0.19	13067
West Nile	2421	50	394	13.69	13	0.45	2878
Total	79943	426	12283	13.16	664	0.71	93316



# Sickle cell highest prevalence districts

49 of the 112 districts have sickle cell trait >15.0%

8 districts have sickle cell trait >20.0%

Bundibugyo 21.9%, Bulisa 22.1%, Alebtong 24.3%

Jinja 18.9%, Tororo 19.5%, Gulu 19.6%, Lira 20.0%

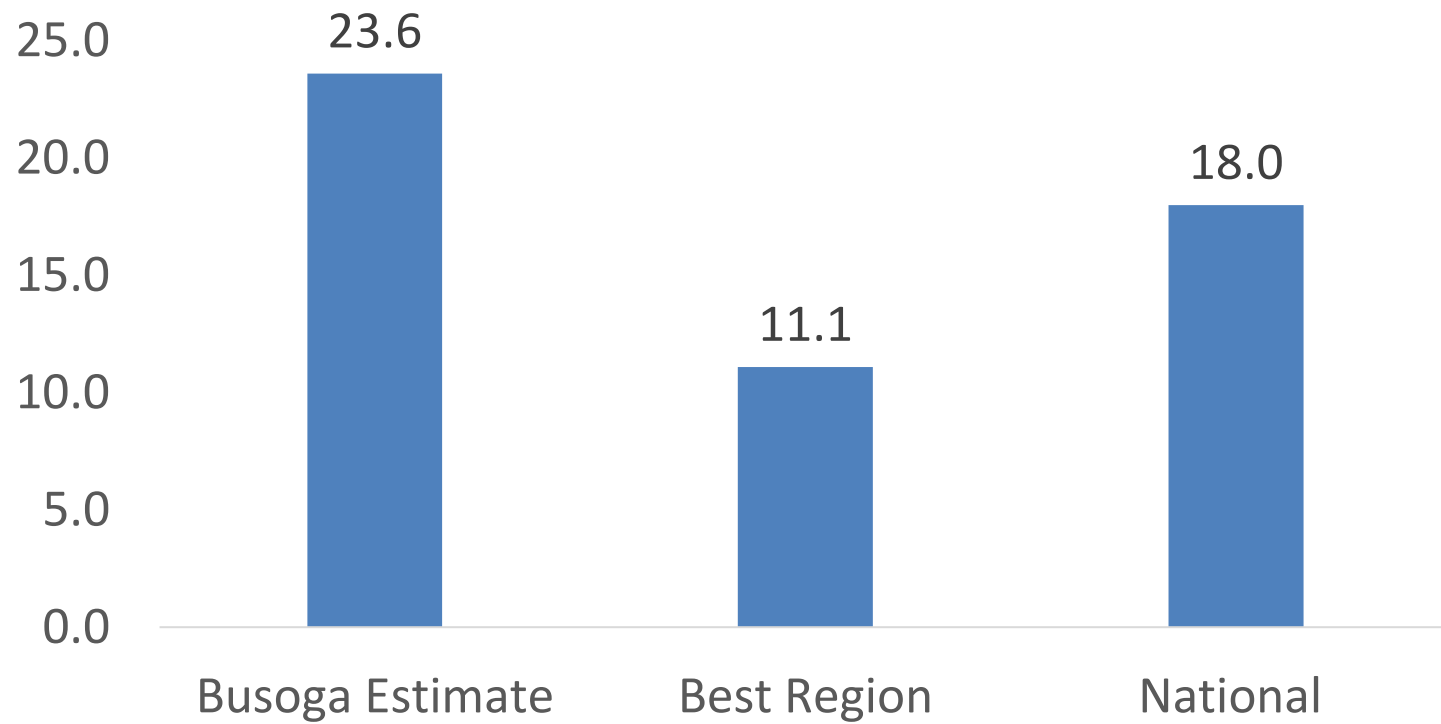
14 districts contain 47% of the sickle cell disease

Kampala, Gulu, Lira, Jinja, Tororo, Luweero, Wakiso

Apac, Iganga, Muyuge, Buikwe, Oyam, Masaka, Masindi

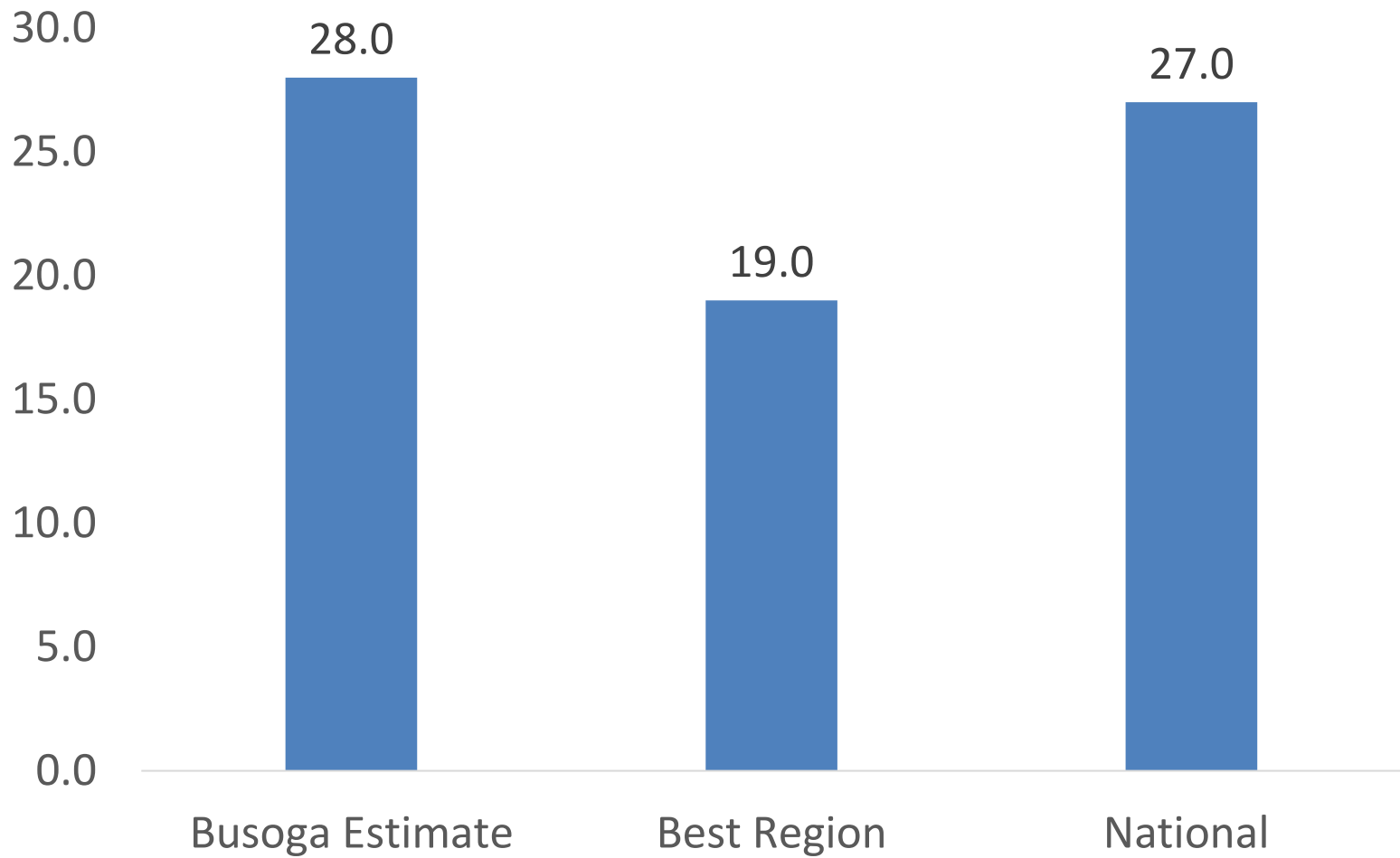
Screening should focus on highest burden regions

## Proportion of teenage pregnancies

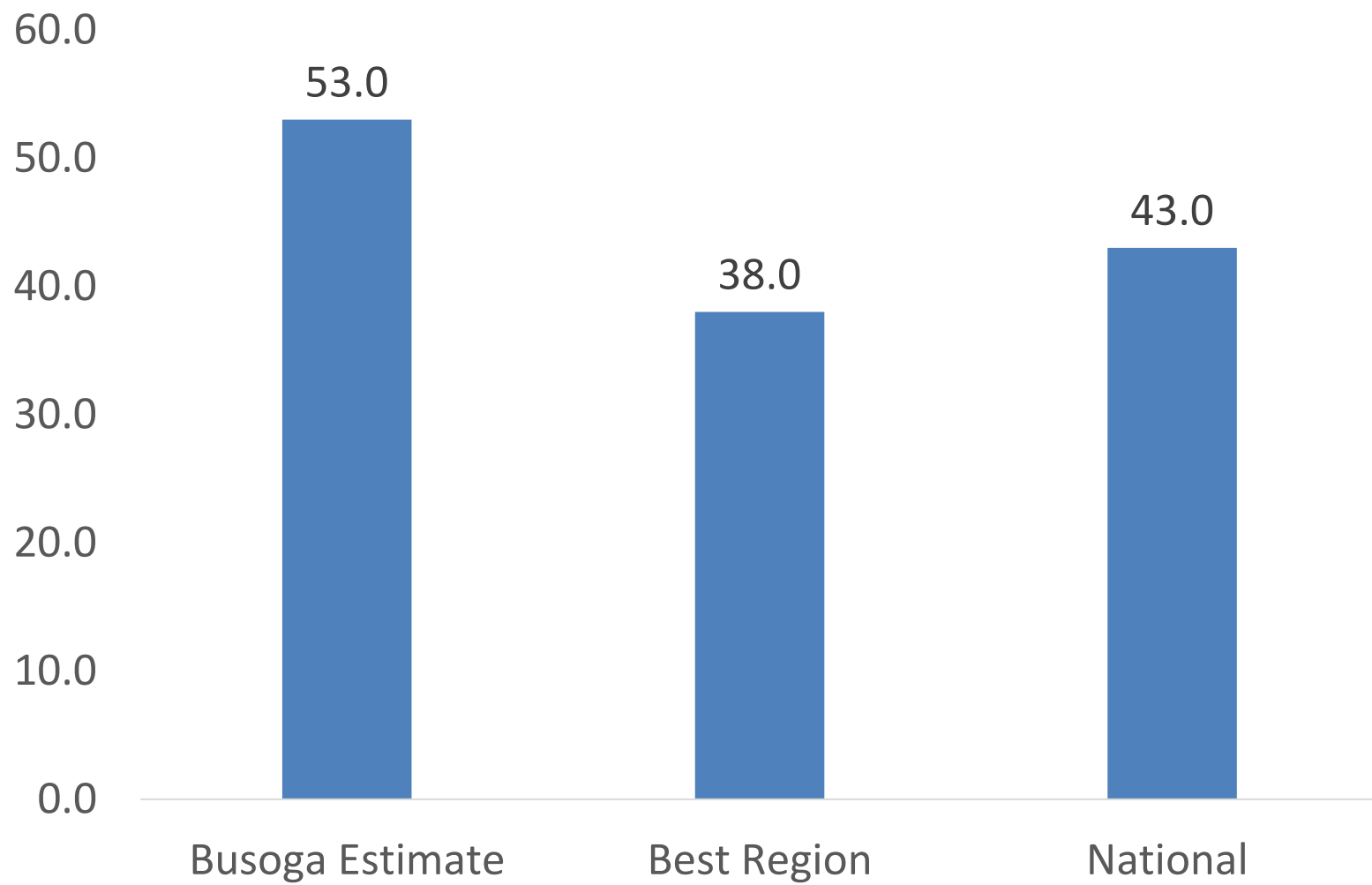




## Neonatal mortality rate



## Infant mortality rate



# Conclusions

- An average performance
- Huge challenges
  - Population
  - Few hospitals
- Key stakeholders are an opportunity for leaders to seize



# IMPACT OF COVID-19 CONTAINMENT MEASURES ON RMNCAH AND HIV SERVICE DELIVERY AND UTILIZATION IN BUSOGA SUB REGION, UGANDA



**Authors:** Simon Muhumuza<sup>1</sup>, Julius Ssendiwala<sup>1</sup>, Peter Waiswa<sup>1</sup>

<sup>1</sup>Makerere University School of Public Health (MaK-SPH)

P.O Box 7072

Kampala

October 20 2020



# Objectives

**Overall objective:** To understand how access to and utilization of RMNCAH and HIV services may have been affected by the COVID-19 containment measures and to make recommendations for future national response.

## Specific objective

- To document the response actions for mitigating the impact of COVID-19 on RMNCAH and HIV services in Busoga region

## Specific objective

- To obtain information on the implications of COVID-19 on the level of access and utilization of routine RMNCAH, HIV and other health services

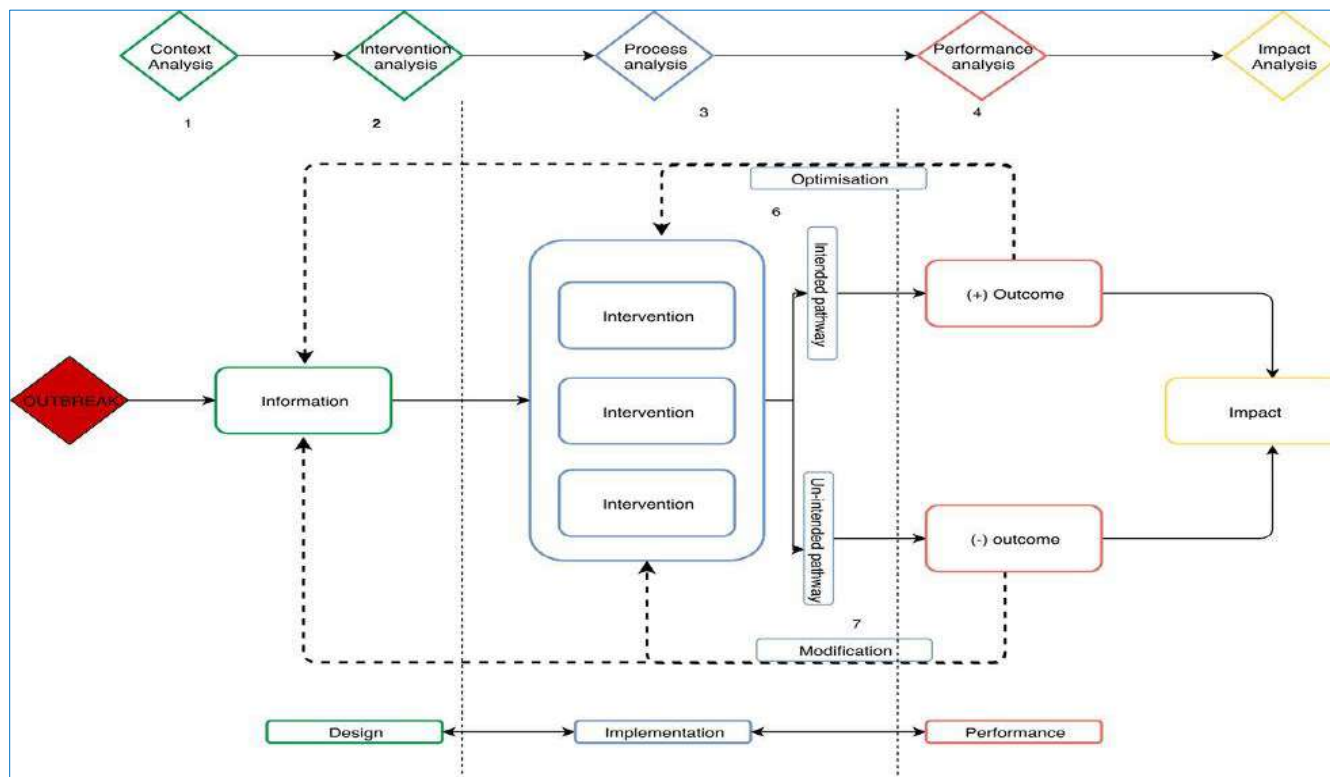
## Specific objective

- To generate recommendations for informing current and future national policy and public health response to health emergencies





## Conceptual framework



**The adaptive pandemic response (AER) framework.**



## Methods

The methods used purposively accommodated the need to expediently provide vital information to guide health sector decisions on continuity of essential services

**Setting:** 11 districts in Busoga Sub-region

**Design:** A cross-sectional mixed-methods design: both qualitative and quantitative methods of data collection

**Qualitative:** KIIs with District health and COVID-19 task force teams.

**Quantitative:** Retrospective analysis of data for key RMNCAH & HIV service delivery and utilization indicators from DHIS2

- Compared two periods: March-August 2019 and March-Aug 2020

**Ethics:** Clearance was obtained from MakSPH HDREC



# Measures

Area	Indicator
<b>OPD</b>	1. Total number of outpatient attendances or primary care visits at health facilities
<b>SRH</b>	1. Total number of family planning users 2. Adolescent (teenage) pregnancy
<b>MCH</b>	1. Number of pregnant women with at least one antenatal care (ANC) visit 2. Number of health facility births (disaggregated by method: normal, caesarian section) 3. Number of newborn babies with low birth weight (<2500g) 4. Number of neonatal and maternal deaths 5. Number of women/new borns receiving PNC within 2 days of delivery 6. Number of children younger than 1 year receiving their third dose DPT3 or their first dose of MR vaccine
<b>PMTCT</b>	1. Number/proportion of HIV exposed infants (HEI) receiving ARVs at birth 2. Number/proportion of HIV positive pregnant & lactating women initiated on ARVs for PMTCT
<b>Nutrition</b>	1. Number of children 0-59 months diagnosed with moderate acute malnutrition (MAM) 2. Number of children 0-59 months diagnosed with severe wasting and bilateral pitting oedema (SAM)
<b>ART</b>	1. Proportion of HIV infected adults on ART retained on treatment (At 6 and 12 months)





## Results

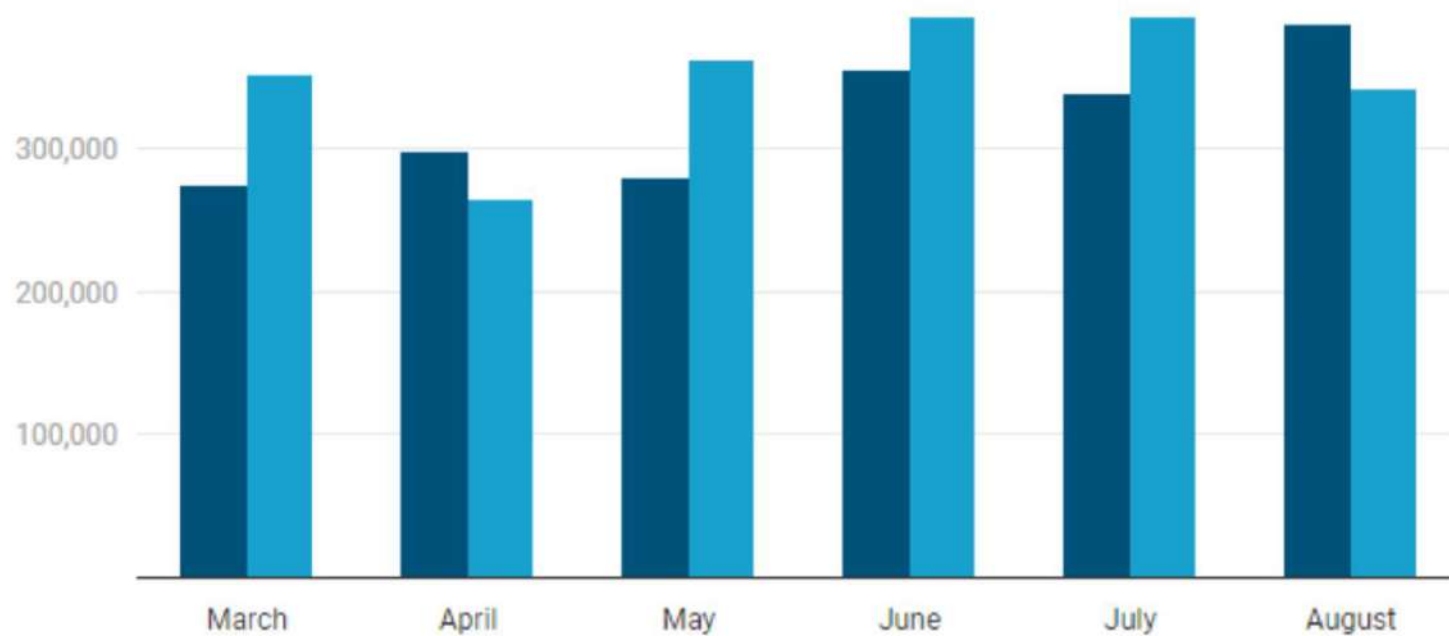
### **Objective 1:** Response actions for mitigating the impact of COVID-19 on RMNCAH and HIV services

- Across all the districts, functional COVID-19 task forces were established, all the districts have COVID-19 work plans and budgets for the health sector and all key stakeholders in the district are involved in the planning processes.
- The key response actions undertaken by the districts to ensure continuity of essential health services include:
  - Provision of transport means to facilitate referral of pregnant women from hard to reach communities to health facilities;
  - Transportation of health workers to health facilities and reorganization of health services
  - Community sensitization on seeking of health services; community distribution of ARVs and multi-month prescriptions
  - Inclusion of MCH and HIV focal person on the COVID-19 DTF teams and implementation of the COVID-19 SOPs and guidelines during provision of health services

# General Outpatient Visits

## Outpatient Attendance

■ 2019 ■ 2020

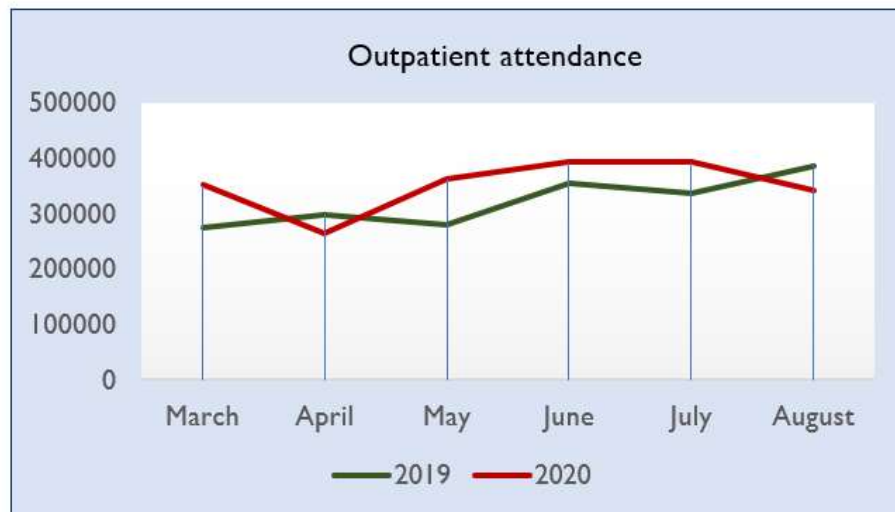




# Results

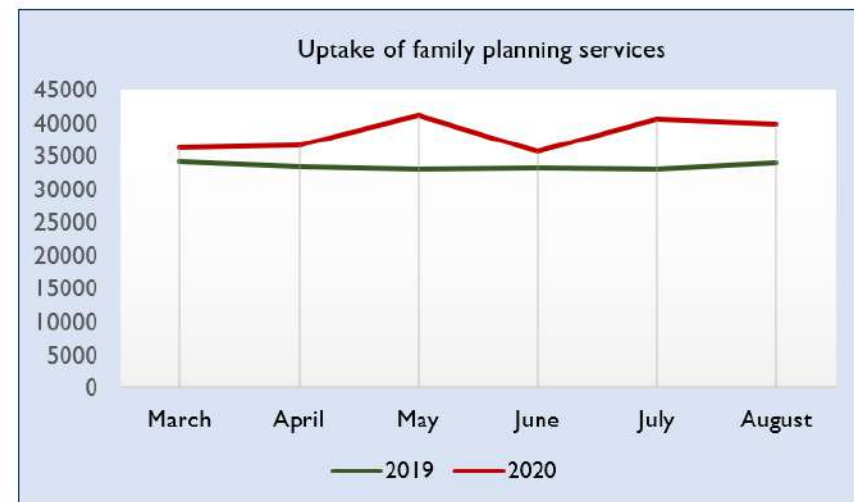
**Objective 2.** Information on the implications of COVID-19 on the level of access and utilization of routine RMNCAH, HIV and other health services

## General outpatient visits



General outpatient visits across the 11 districts declined by 11% in April 2020 compared to April 2019

## Family planning services



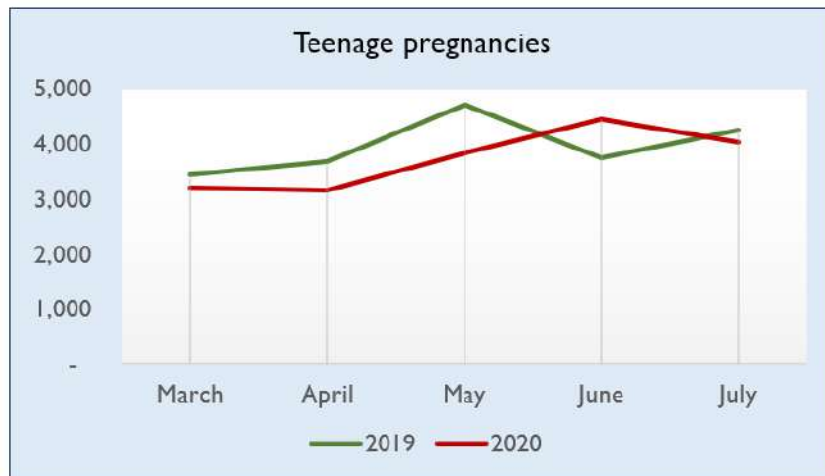
Total FP users increased throughout the review period. During the national lockdown (April 2020), uptake FP increased by 9% compared to the same month in 2019



## Results

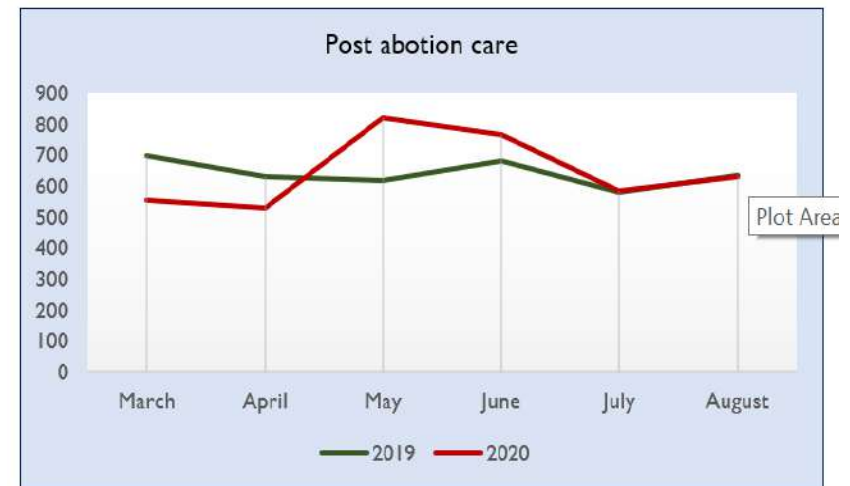
**Objective 2.** Information on the implications of COVID-19 on the level of access and utilization of routine RMNCAH, HIV and other health services

### Teenage pregnancies



A 19% increase in teenage pregnancies during the month of June 2020 was observed, compared to the same month in 2019

### Post-abortion care



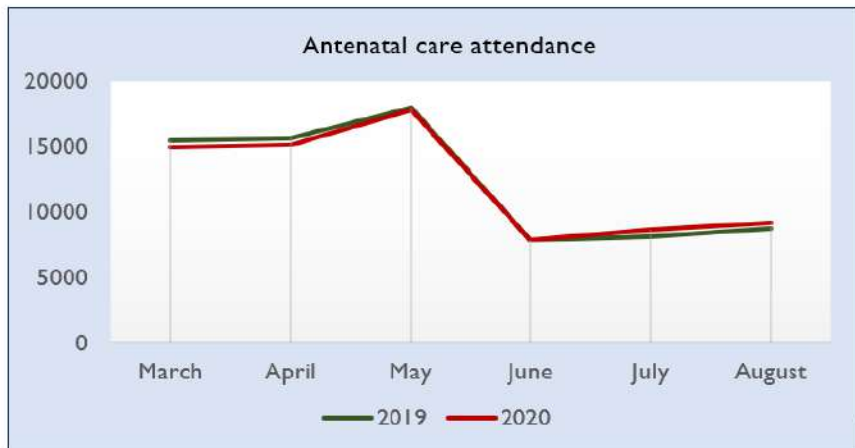
The number of women receiving post-abortion care services declined by 16% in April 2020, increased in May and June, and later declined in July 2020



## Results

**Objective 2.** Information on the implications of COVID-19 on the level of access and utilization of routine RMNCAH, HIV and other health services

### Antenatal care attendance



The number of pregnant attending at least one ANC visit significantly reduced in June, July and August 2020.

### Health facility deliveries



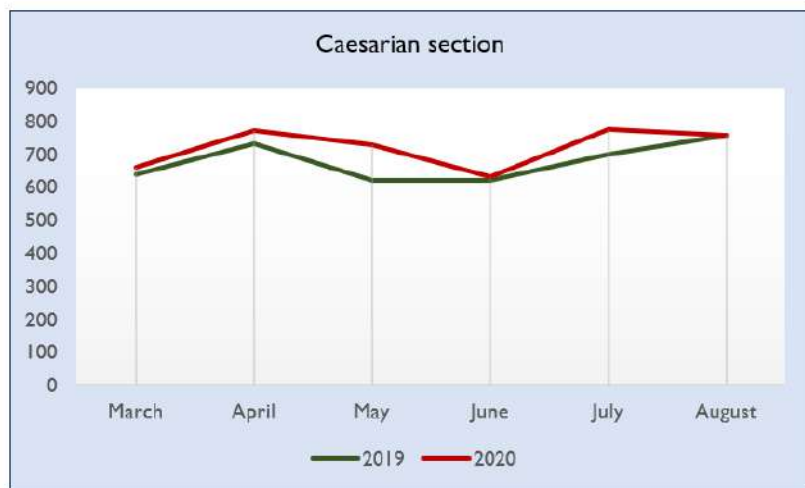
Normal health facility deliveries declined by 9% in April 2020, compared to April 2019 but returned to normal after



## Results

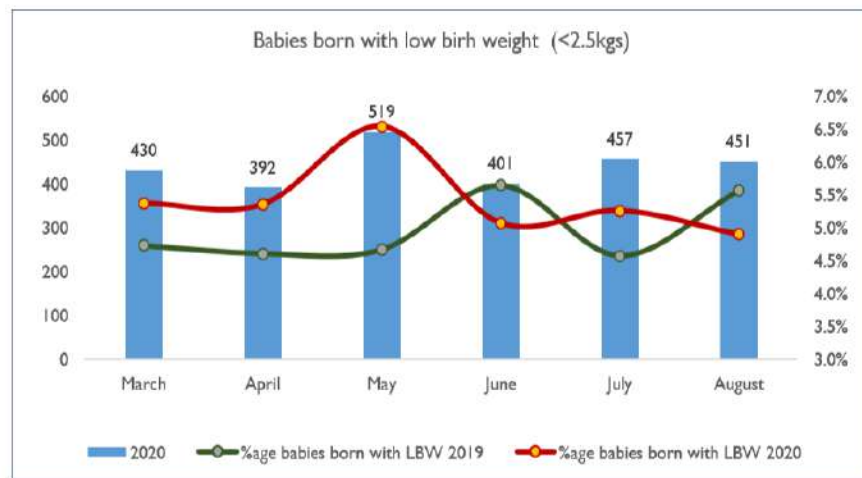
**Objective 2.** Information on the implications of COVID-19 on the level of access and utilization of routine RMNCAH, HIV and other health services

### Caesarian sections



The number of caesarian sections performed increased over the months, particularly in April (5%), May (17%) and July 2020 (11%) compared to the same months in 2019

### Low birth weight



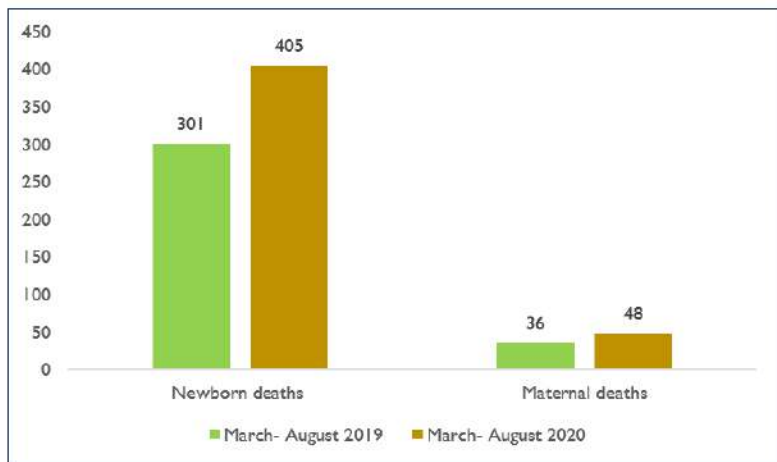
The number of children born with low birth weight (<2.5kgs) slightly increased by 6% in April 2020 but significantly increased by 40% in May 2020



## Results

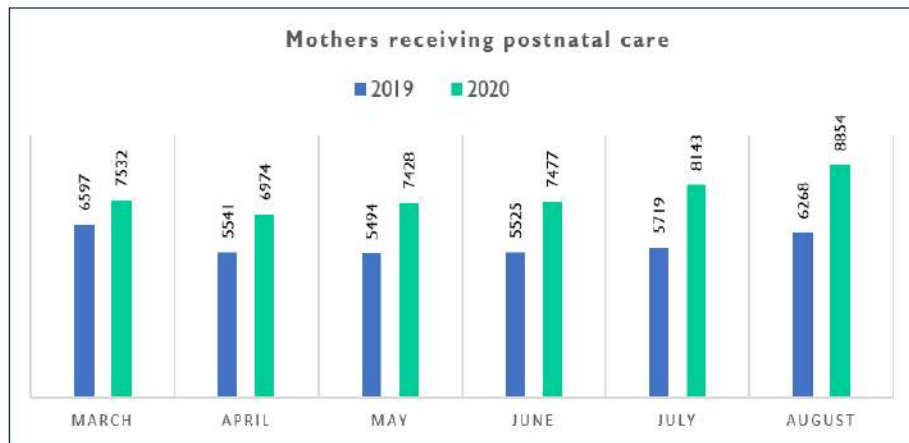
**Objective 2.** Information on the implications of COVID-19 on the level of access and utilization of routine RMNCAH, HIV and other health services

### Neonatal and maternal death



Between March-August 2020, neonatal and maternal deaths increased by 35% and 25%, compared to the same period in 2019, respectively

### Postnatal services



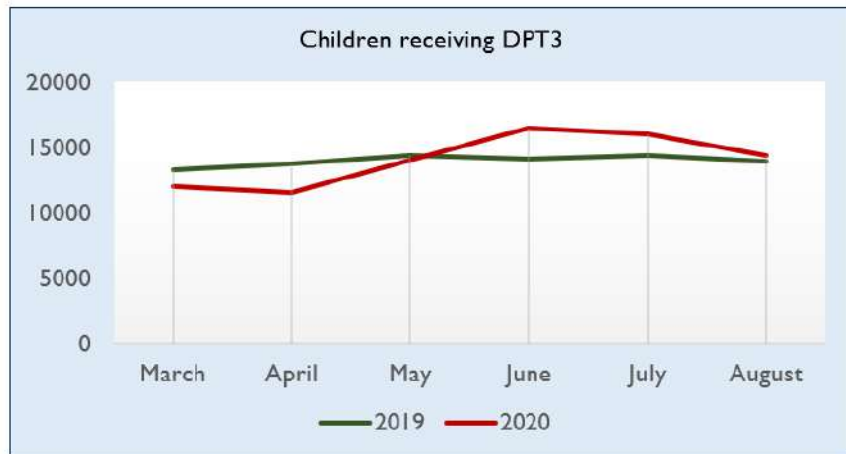
The number of mothers receiving PNC services within 2 days of delivery increased throughout the review period, compared to the same period in 2019



## Results

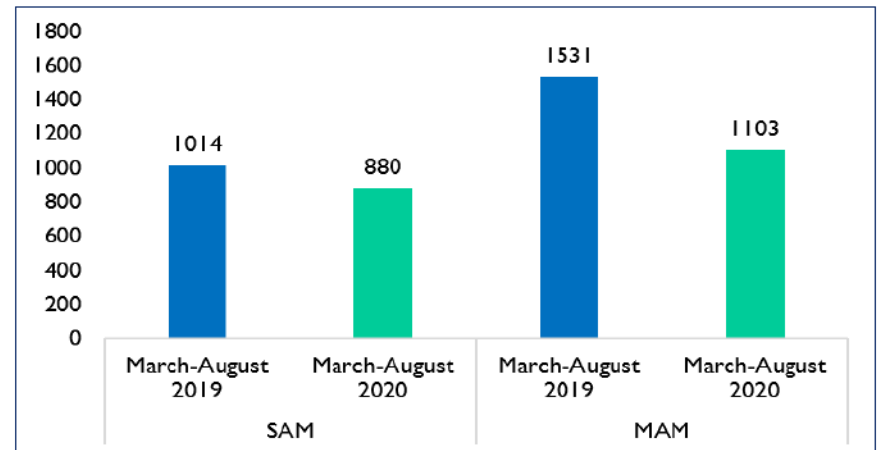
**Objective 2.** Information on the implications of COVID-19 on the level of access and utilization of routine RMNCAH, HIV and other health services

### Immunization services: DPT3



A decline in the number of children under one year receiving their third dose of DPT3 declined by 16% in April 2020, compared to April 2019.

### Moderate and severe acute malnutrition



The number of children diagnosed with MAM and SAM reduced by 28% and 13% respectively, in the period March-August 2020 compared to the same period in 2019.

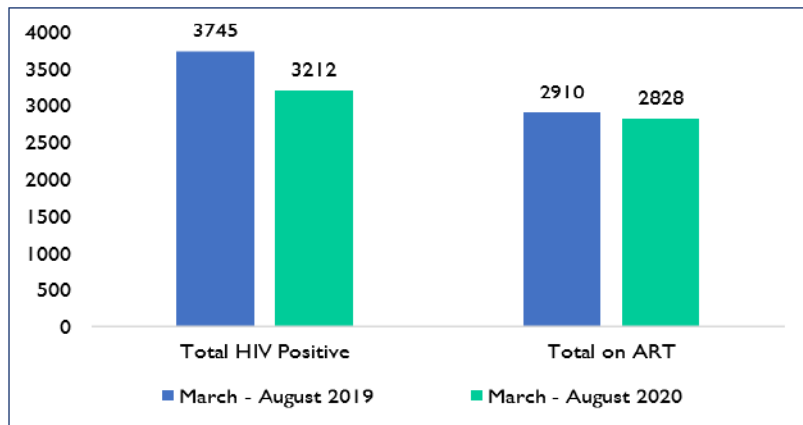




## Results

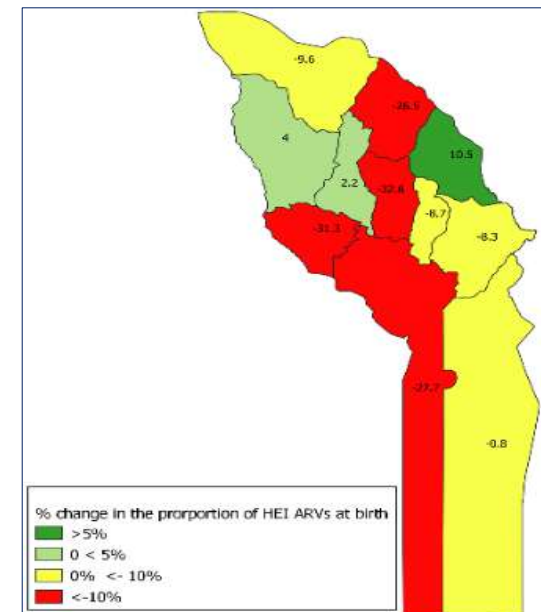
**Objective 2.** Information on the implications of COVID-19 on the level of access and utilization of routine RMNCAH, HIV and other health services

### Initiation of ART among HIV positive pregnant and lactating women



The total number of pregnant and lactating women testing HIV positive declined by 14%.

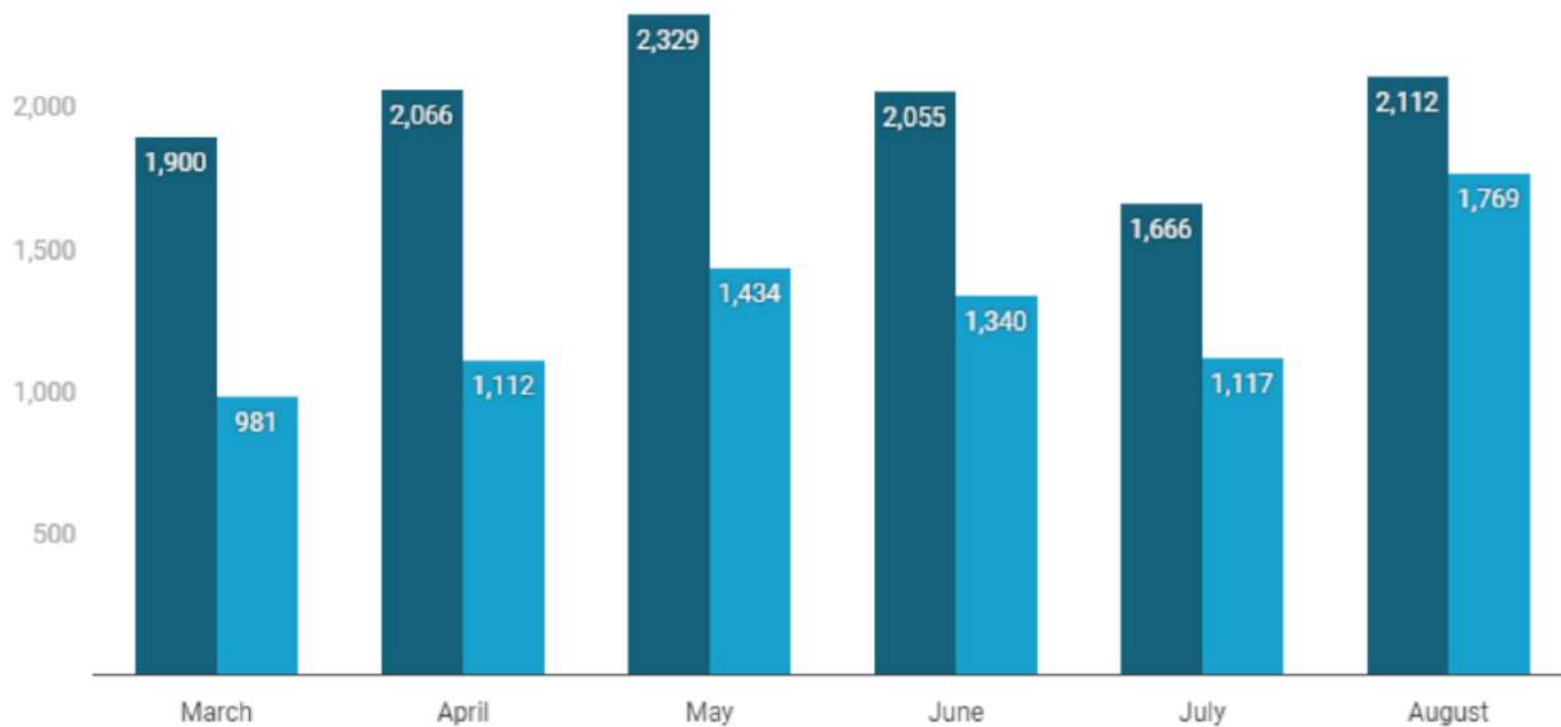
### HIV exposed infants (HIE) receiving ARVs



The highest reduction in the proportion of HIE receiving ARVs was registered in Iganga (-33%), Jinja (31%), Mayuge (-28%) and Kaliro

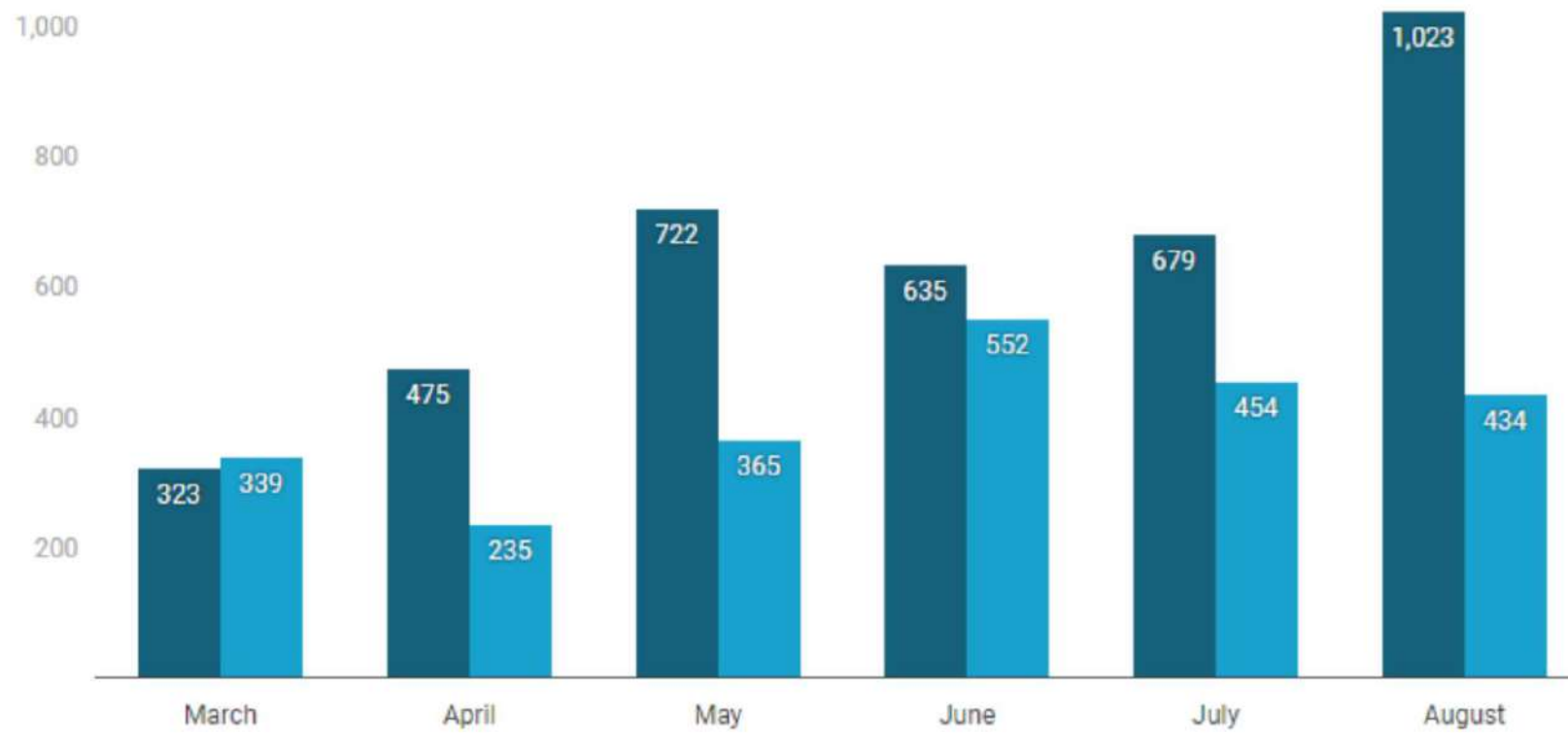
## Oral Contraceptives

2019 2020



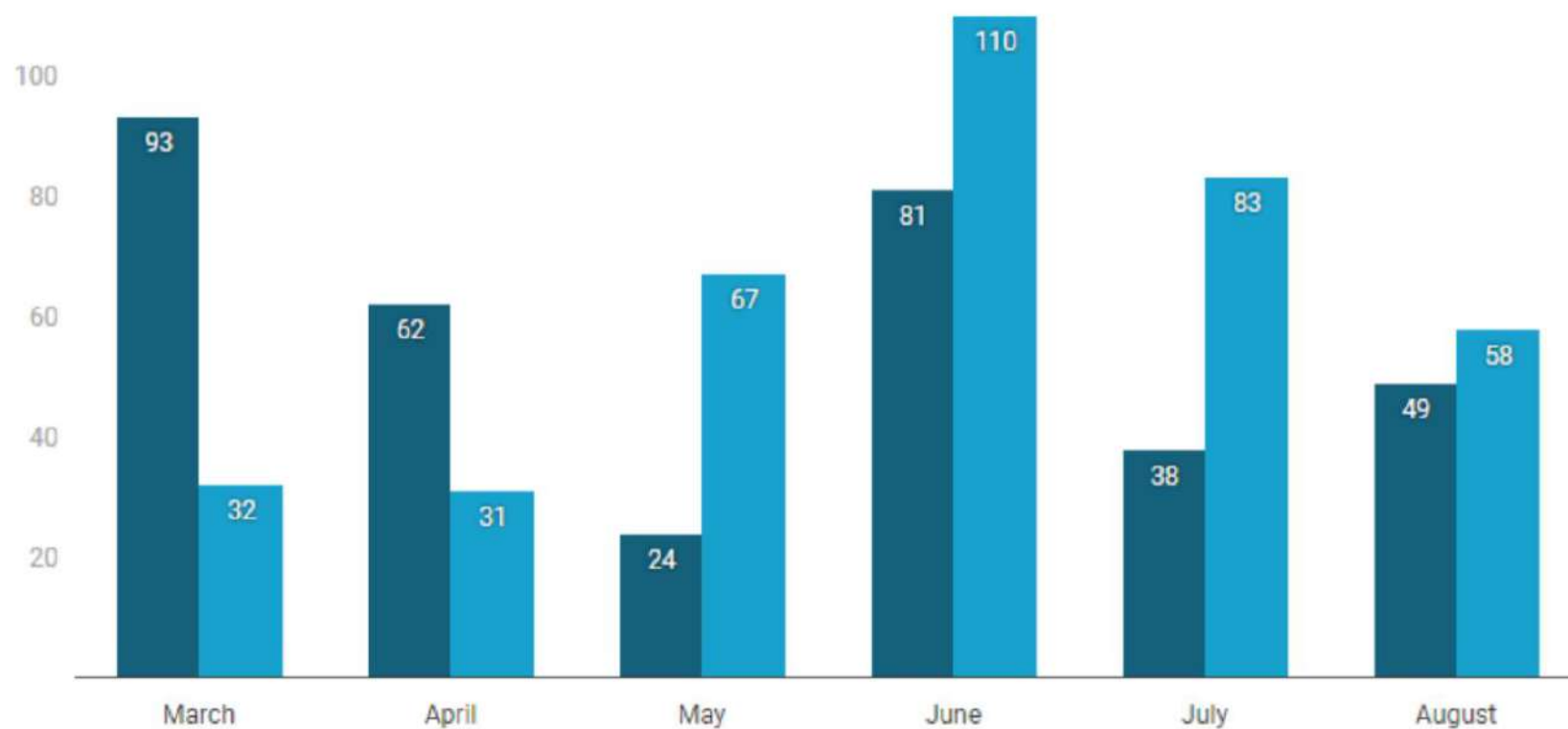
## IUDs

2019 2020



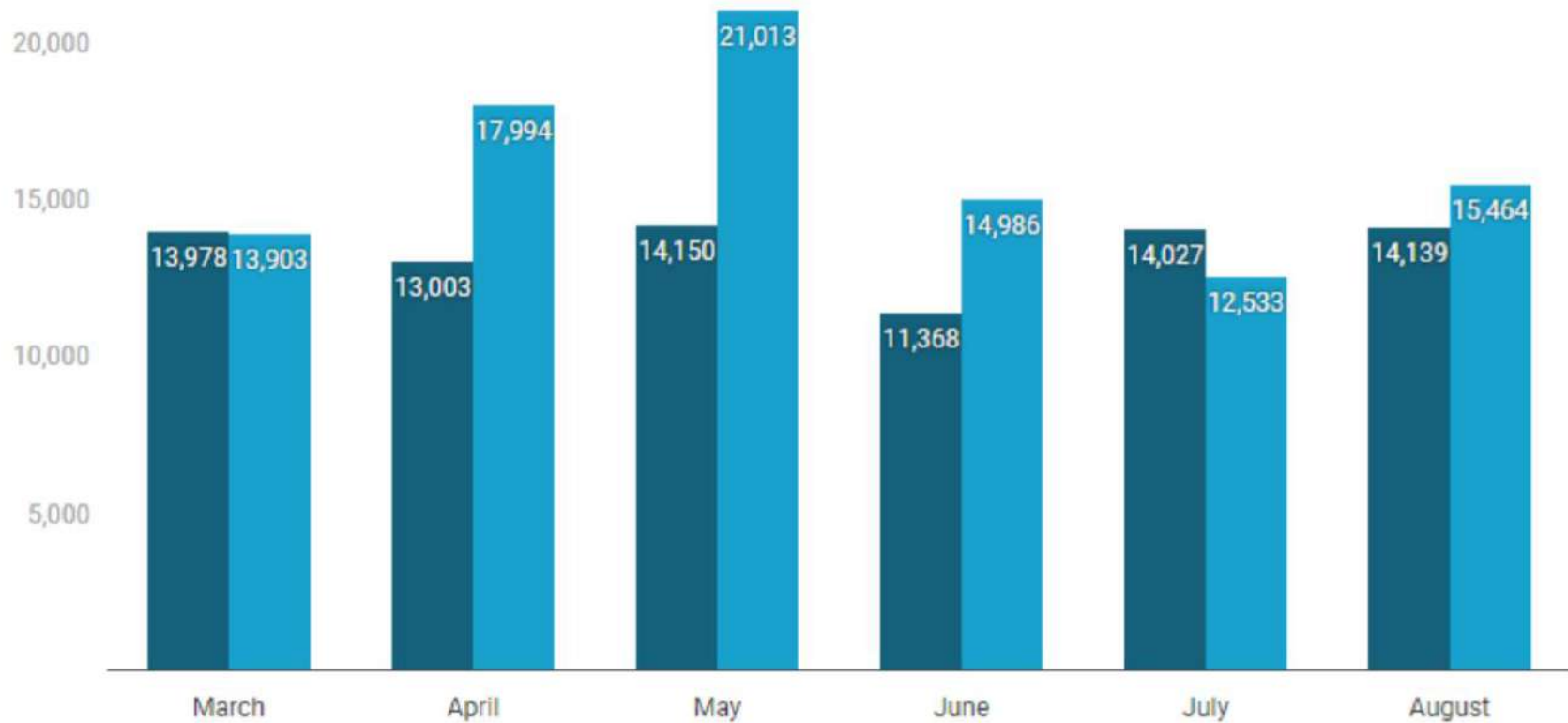
## Sterilization

2019 2020



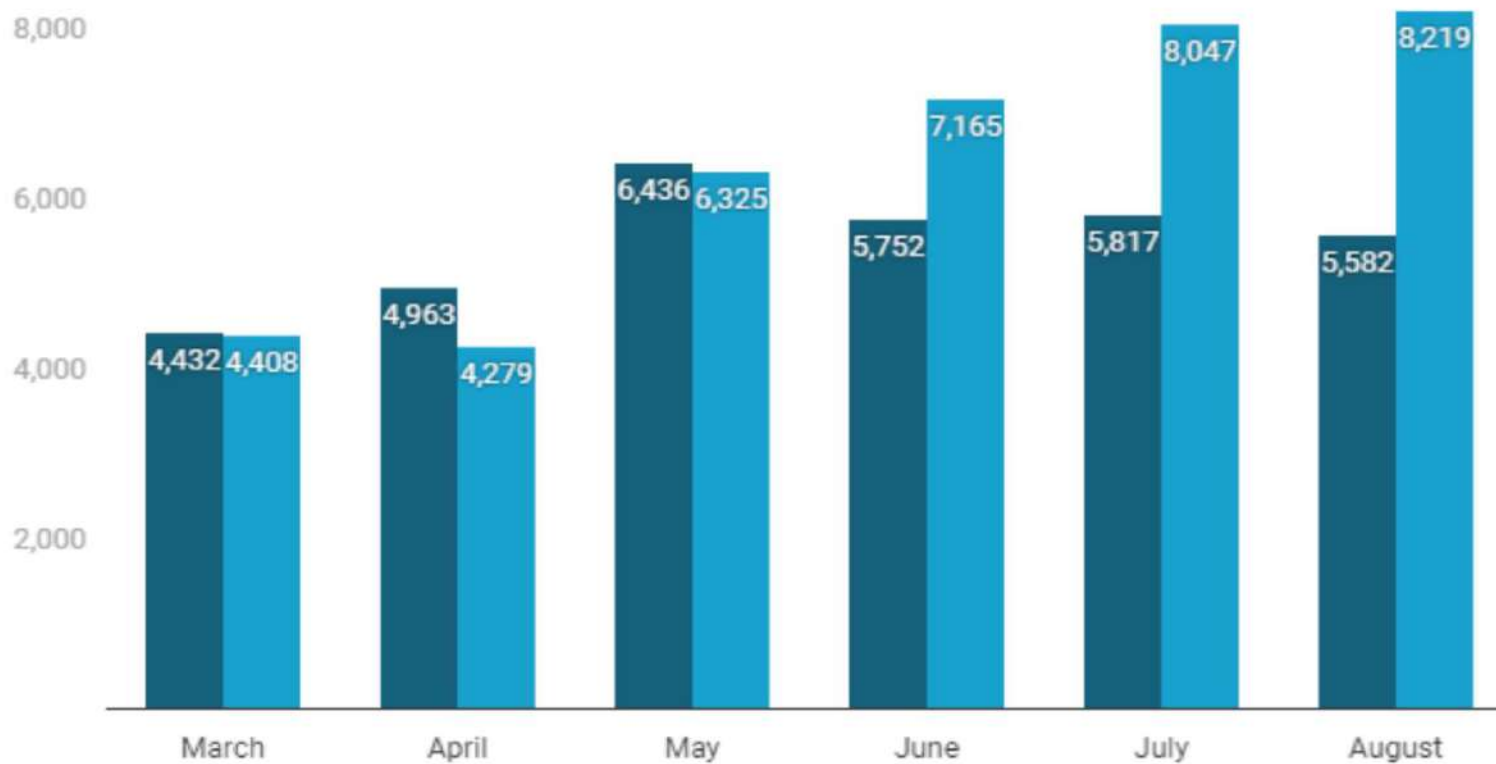
## Injectables

■ 2019 ■ 2020



## Implants

2019 2020



# Recommendations

- Ministry of Health and the region should develop and implement guidelines on ensuring continuity of essential services during emergencies.
- Busoga region and its districts should implement a PHC system built around strong community health systems. This should involve revitalizing a VHT system supported by the LCs and other community resources

- Ministry of Health and its partners should adopt a regional evidence-driven approach to planning and implementation health services involving DHOs and other health actors given Busoga region's poor health seeking behaviors amongst communities and other health performance challenges



- Ministry of Health should develop a multi-sectoral Busoga adolescent health program involving families, communities and other relevant institutions. This will help in reducing the increasing numbers of teenage pregnancy in the region which became worse with the school closures following the national lockdown

# Recommendations

- There is a critical need for awareness-raising campaigns aimed at sensitising the population about stigma and discrimination, and to dispel inaccurate beliefs, myths and misconceptions about COVID-19.



# How we could intervene

Advocacy and Resource mobilization eg

- A medical school if a Busoga University (Kyabazinga ask no1)
- Upgrade Iganga hospital to a Regional Referral hospital
- A Busoga blood bank

# How we could intervene

Low hanging fruits eg

- Package basic critical information and deliver it through available channels such as schools, churches, radios, Information Technology, phones, LCs, cultural leaders (A Busoga health booklet, videos?)
- Busoga household/community WASH campaigns
- Take advantage of existing Busoga institutions

# How we could intervene

Low hanging fruits eg

- Strengthen existing structures: Can we through planning strengthen districts, health centres, hospitals to be more effective (work with MoH)?
- Host volunteer qualified health workers in hospitals?
- Data and information is power: Maintain a website of an updates Busoga health situation (including health resources, NGOs/CBOs, burden of disease)?

# How we could intervene

- Annual Busoga health forum meeting and outreach?
- Paid up membership of Busoga health workers?
- Mobilise resources (with Kyabazinga etc) from Basoga, CSOs, private sector, clinics and pharmacies?
- Have a secretariat, a steering committee and support grants writing?r