

## **Ensure Safe Child Birth for Vulnerable Mothers**



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## 1.1 Executive Summary

The safe motherhood project will reduce maternal and fetal mortality in Uganda by giving poor pregnant woman a chance to access healthcare in a hospital setting. Mothers will receive a full package of quality medical care including prenatal, delivery and postnatal services. The project aims to reach out to 800 women with prenatal care, 200 women assisted during complicated delivery, 150 women operated with complicated pregnancy and 600 women and their babies receiving post natal care services. To reach out to the proposed targets, \$87,600 will be required. Mayanja Memorial Hospital Foundation will contribute 10% of the amount required.

## 1.2 Statement of the problem

According to UNICEF report 2010, maternal mortality remains high in Uganda at 550 per 100,000 live births. Uganda is faced with the challenge of providing adequate health services to all her people, medical supplies are not sufficient, the referral network not well streamlined and accessibility of services still wanting especially in hard to reach areas. In addition, 15% of all pregnancies develop high threatening complications that require emergency obstetric care which are not readily available in lower health units in Uganda. The 15<sup>th</sup> session of the assembly of heads of state and government summit held on 10<sup>th</sup> July 2010 in Kampala on the theme *“Maternal, Infant & childhood Health and development in Africa”*, highlighted the importance of promoting and protecting the lives of women and children and all African states committed themselves to set up efforts to care for pregnant women and women with infants. A call to civil society organizations and private sector was done by the world leaders to contribute towards this.

Mayanja Memorial Hospital Foundation and partners are implementing a safe motherhood project aimed at reducing maternal and fetal mortality and morbidity through increasing access to safe child birth to pregnant poor women. Mayanja Memorial Hospital and Foundation contribute 80% of the actual cost of the services provided; and the client to ensure ownership contributes a humble one dollar that entitles her to a package of antenatal, delivery and postnatal services. Maris topes international contributes the rest of the balance. Mayanja Memorial centre has been used as a referral centre by a number of providers who refer a range of complicated patients. The centre has a referral network of 85 health units which has resulted into increased number of poor mothers accessing safe hospital delivery.

Below are examples of the success stories of referred mothers;



A mother referred to Mayanja Memorial Hospital with fetal distress, cord prolapse, mother was in a bad state, the medical team intervened, and Caesarian section done and a live baby boy was delivered. The mother was grateful having her life and her precious baby saved.



Referred mother with ruptured uterus, very distressed, a caesarean section done, her life saved. She was very grateful for the service.

In response to this and collaborating with Mayanja Memorial Hospital a public maternity centre (Gertrude Maternity) was constructed to cater for the poor mothers. The hospital provides antenatal, delivery, basic and emergency obstetric services and post natal services to the vulnerable poor mothers. For the last one year, working with partner organizations, we have been able to provide reproductive health services to 1500 mothers (1200 deliveries-900 complications and 300 normal deliveries, 300 for Antenatal and post Natal services. Outreach visits to lower health units have been conducted and with the use of portable ultrasound scan machine over 2000 pregnant mothers scanned of which about 20% of pregnant mothers have been identified with complications and referred for supervised delivery. Below are some of the activities carried out on Gertrude ward;



*Gertrude Memorial Maternity Centre*



*Midwife Weighing Baby at Immunization*



*Mothers During Health Education*



*A happy Husband Checking on the Wife after Delivery*

Despite the existing project, 42% deliver from health units whereas 58% vulnerable women deliver from their homes leading to high morbidity outcomes such as rectal vaginal vesicle vaginal fistulas and perennial tears or obstetric palsy. These and many others pose danger the lives of mothers and their babies. Thus the need for support to bridge the existing funding gap so that more vulnerable mothers can be assisted to access safe hospital delivery and contributing towards achievement of millennium development goals. It is expected that the project will cover 80% of the total cost and the 10% will be covered by Mayanja Memorial Hospital Foundation.

### **1.3 Project Description**

**Goal:** To contribute towards the reduction of maternal mortality by 2015.

#### **Objectives**

1. To provide antenatal services to 800 mothers referred with pregnant related complications.
2. To deliver 600 referred mothers of which 150 Caesarian delivery and 200 assisted vaginal delivery.

3. Provide post natal care to 60% of the delivered mothers.
4. Strengthen the referral network for management of complicated cases.
5. To carry out community outreaches in order to identify high risk mothers.

### **Project Implementation Strategy**

The project will be implemented using the following key strategies as follows;

#### **a. Through the community outreach strategy;**

- Using the existing referral network of 85 health units that identify and refer pregnant mothers with complications.
- The use of Mayanja Memorial Hospital Foundation existing structures of Village Health Teams to provide health education to mothers, identify and refer mothers with complications.
- Mayanja Memorial Hospital Foundation will use poverty grading tool to assess the vulnerability of the mothers.

#### **b. The health care strategy will involve;**

- Mayanja Memorial Hospital receiving and managing referred mothers.
- Mayanja Memorial Hospital Foundation using the Village health teams to carry out follow-ups on mothers delivered at the unit.
- Mayanja Memorial Hospital will evacuate mothers from the community who need urgent attention.

#### **c. Collaboration Strategy;**

There will be collaborative effort that enlists the active involvement and participation of several stakeholders listed hereunder:

- Health centers (for referral system)
- Mayanja Memorial Hospital
- Ministry of Health
- Global Giving partners
- Other donor agencies

### **Project Evaluation**

- Project monitoring visits will be conducted monthly, quarterly and annually
- Quarterly reports that will document work done to compare the current statistics and previous statistics.
- Compare output with the targets set.
- Record keeping of pregnant women to enable follow-ups on mothers and their new born.

### **Beneficiaries**

The project targets vulnerable mothers and their new born babies in south western Uganda.

### **Staffing**

The project will engage the skills of the following cadres of staff;

- Two Obstetric & Gynecologists
- Two General Practitioners

- Six Midwives
- One Accountant
- One Records Manager

#### **1.4 Organizational Information**

Mayanja Memorial Hospital Foundation (MMHF) is an NGO established to provide community outreach services in order to promote quality and sustainable health for all. It was formed to provide support to the Community especially in far reaching areas. The Organization is operating in 13 districts in Southwestern Uganda and registered with the National NGO Board in 2004. Its mission is to provide community outreach health services in order to improve equity, access, efficiency, quality and sustainable health for all.

#### **Programs implemented successfully**

- **Maternal Health rights promotion:** a project sponsored by Independent Development Fund being implemented in 2 districts in western Uganda in 5 sub counties. The project has so far trained 30 Village health teams, 120 Health workers and 30 Community Based organizations.
- **Primary Health Care:** This is supported by Ministry of Health, involves provision of HIV counselling and testing using the community outreach strategy. We have so far tested and counselled 5000 clients.
- **The Reproductive health Voucher Project:** A safe motherhood program co-funded by Marie stopes International Uganda, aimed at reduction of maternal and infant mortality, increasing health seeking behavior for antenatal and delivering from health unit, Minimizing complications as a result of referrals, streamlined the referral network and provision of technical support. we have been able to provide reproductive health services to 1500mothers (1200 deliveries-900 complications and 300 normal deliveries, 300 for Antenatal and post Natal services.
- **HIV prevention project:** Funded by Civil society fund, implemented in Kiruhura, Ibanda, Isingiro. It focuses on sensitizing couples and youth (out of school) on HIV prevention, this is possible through training peer educators. So far we have trained 80 couple educators and 160 youth peer educators and sensitized 10,000 couples and youth.
- **Rain water harvesting:** Funded by Progressive health partnership and DUKE University in Kashongi and Kitura in Kiruhura District. We have constructed 74 rain harvesting tanks of 20,000 litres and sensitized the community and community volunteer counselors on usage, sanitation and hygiene.
- **Support vulnerable Ugandan Youth certify as Nurses;** funded by Global Giving partners & implemented by Mayanja Memorial Hospital Foundation. So far 18 students have benefited amongst which 4 are sitting for their final examinations this November 2011.



Global giving Sponsored student carrying out a demonstration of normal delivery using a dummy

Mayanja Memorial Hospital Foundation is governed by a 9 member board and employees 13 senior technical staff and 7 field based staff.

#### Sponsorship Summary, the details are attached in the appendix

Package of Service	1 mother/Unit cost (\$)	Number to be served	Total amount required
<b>Antenatal package</b>	37	800	29600
<b>Delivery package</b>			
Assisted delivery	32	200	6400
Caesarian delivery	94	150	14100
<b>Post natal package</b>	50.4	600	30000
Hospitalization for 24 hours after assisted vaginal delivery & medication	17	200	3400
Hospitalization for 3 days and medication after caesarian delivery	42	150	6300
Cervical cancer screening	10.5	600	6000

#### The total project cost is derived at as indicated in the table below

Package of Service	Number to be served annually	Unit cost	Amount required annually(\$)
<b>Antenatal package</b>	800	37	29,760
<b>Delivery package</b>			
Assisted delivery	200	32	17,680
Caesarian delivery	150	94	31,335
<b>Post natal package</b>	600	50.4	36,600

#### 1.5 Conclusion:

Many unprivileged mothers in Uganda have lost their lives and babies due to preventable causes, the project “**Ensure Safe Child Birth for Vulnerable Mothers**” will turn these mothers’ dreams into reality. Through provision of quality, comprehensive antenatal, delivery and postnatal services by highly qualified medical staff. Let’s join hands to save the un privileged mothers to deliver live and healthy babies in a hospital.



## Appendix

### Description of Expected Targets

Service	Description	Person responsible	Timeframe January to December	Target
Health education	To provide information about promoting and maintaining their health.	Village health teams	Per annum	200mothers per month (2400)pregnant mothers
Antenatal	Capture Pregnancy related information, family history, obstetric history, physical examination and investigations, medication	Midwives	Per annum	1692 pregnant mothers
Referral	Identify and partner with health facilities in the rural areas to refer mothers with complicated pregnancies.	/in charges of the health facilities,	Per annum	3240
Delivery	Assisted vaginal delivery and, provide medication	Midwives and gynecologist	Per annum	200
	Caesarean delivery	Midwives,gynecologist&anesthetist	Per annum	400
Post natal	Immunization	Midwife	Per annum	6000
	Review	Midwife /doctor		

### Costing

Item	Description	Unit cost (UGX)	Unit cost (\$)
ANC Package	I. Drugs(iron ,folic acid,fansider,albendazol), II. Laboratory tests(HIV,FBC,Urinalysis,syphilis) III. Ultra sound scan, IV. consultation	106,101	37.2
Delivery Package			
Assisted Vaginal delivery	I. Laboratory investigations(grouping & cross match) II. Medical sundries	252,094	88.4



	III. accommodation for 24 hours, IV. medication during admission and on discharge V. immunization of baby VI. consultation		
Caesarian delivery	VII. Laboratory investigations(grouping & cross match) VIII. Medical sundries , IX. accommodation for 4 days, X. medication during admission and on discharge(cefrile,metronindazole,pethedine,recto olfen & iv fluids), XI. immunization of baby XII. consultation	595,500	208.9
Post natal			
Mother	I. Examination II. Pap smear III. Family planning	150,000	57
Baby	I. Assessing growth II. Immunization	10,000	4