Referral Transport for Maternal Complications during COVID

Quality of Care Webinar
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Brief Introduction of Kampala Slum (MaNe) Project

- A 3-year USAID funded **implementation research** effort that is testing innovative approaches to address the demand and supply side barriers affecting care seeking, effective referral and transport challenges and provision of quality care for urban poor under three key objectives

  - To harness the public and private facility mix to provide quality and affordable maternal and newborn care services to the urban poor.

  - To strengthen referral linkages between public and private health facilities for MNH care.

  - To educate mothers, caretakers of newborns and spouses about appropriate actions on what MNH services to seek and from where

- It is implemented by PSI in partnership with Kampala Capital City Authority (Municipal government) to sustain/continue successful elements. Housed at KCCA's main offices

- It is this existing partnership which provided the platform for rapid response in COVID context

More information available at harpnet.org

Mechanisms of Supporting care seeking in Kampala

1. KCCA Toll free number to be called by women during lock down (this included those in labor, those with pregnancy complications, those requiring ANC, those requiring information on where to access care). Fueled ambulances availed; almost real-time client feedback.

2. 24 hourly audit of EMONC referral transport **care** (record women referred, time of dispatch and arrival, who to where, follow up at receiving site, document and communicate immediate outcome) – with immediate remedial action

3. Social media platform to track and trouble shoot dispatches **including triaging cases**

4. Used evidence from maternal deaths and near misses to appeal for adjustment of government lockdown guidance to ease transport for pregnant women

Toll Free
0800 990 000
Hotline
0204 660 816

Real-time 24-hour referral data for continued MNH care during the COVID-19 period in Kampala, Uganda

The 24-hour referral summary report for Kampala generated by the MaNe project has provided the Maternal Neonatal and Child Health Taskforce at Kampala Capital City Authority with rapid referral data they are using on their social media platform during the COVID-19 period to take real-time actions to support continued coordination and management of MNH referrals.

May 2020: Kampala, Uganda's capital, faces unique challenges related to coordination and management of referrals of pregnant mothers and newborns. To reduce the transmission of COVID19, the government put restrictions on movement of people and transport which affected the already delicate referral system.

In response, USAID's Kampala Slum Maternal and Newborn Health (MaNe) project started a 24-hour collection and sharing of maternal and newborn health (MNH) referral data from public health facilities to facilitate KCCA's Maternal, Neonatal, Child Health (MNCH) taskforce to use evidence to coordinate and manage MNH referrals as a way of ensuring continuity of MNH care during the COVID-19 period.

The data is collected from five (5) KCCA facilities and focusses on referral demographics, clinical history, diagnosis, outcome and referral feedback. Every day, the MaNe team uploads this report to the taskforce WhatsApp group. The group includes KCCA medical supervisors and managers.

Mechanisms of Supporting care seeking in Kampala

5. Used **evidence on** workload and **changes in referral pathways** to appeal for intra- and inter-facility adjustments – improve triage; beef up senior cover; deploy support to lower facilities; avail more operating space/capacity; avail PPE and safe transport for health care workers; redirect referrals.

6. Regular Safe motherhood taskforce zoom calls

7. Monthly facility level discussions on MNH referrals

8. Organized outreaches/ leverage private sector – take ANC closer to slum dwellers by working with small maternity homes/clinics in an around slums. All within walkable distance from pregnant mother. Over 1000 seen in 5 days
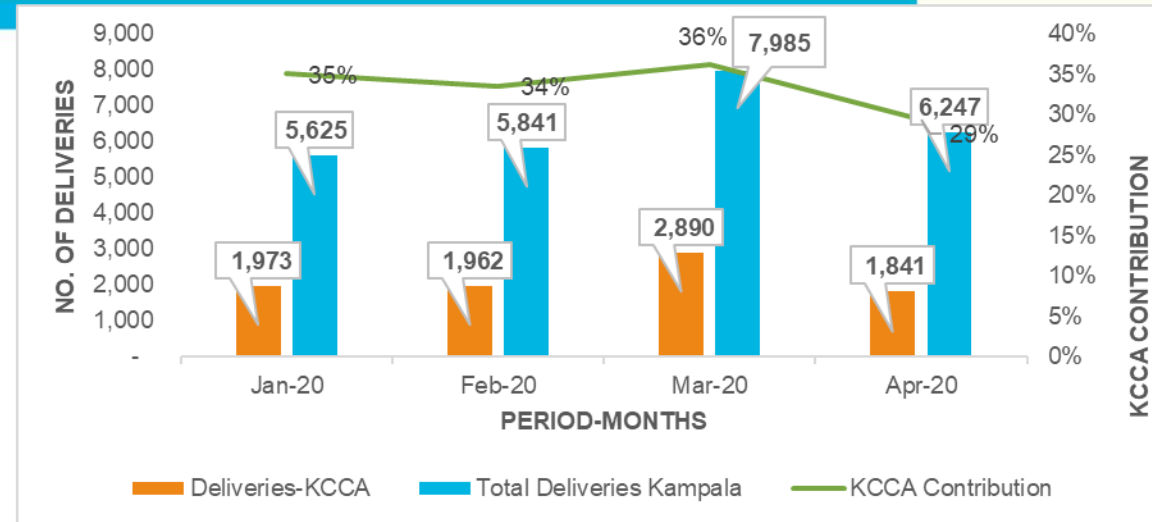
Screening and Triage based on COVID Transmission context

- Pregnant women referred to referral facilities (NRH and HCIVs) were screened at the facility gate while still in ambulance) – History of contact and temperature.

- Those with high index of suspicion were then referred to designated facilities for further management of labor and COVID-related investigation and management

Key Challenges to Delivering Referral Transport and Care for women at risk

- Limited avenues to ensure wide spread of Information on the availability of services (toll free number and ambulances) especially among the poor

- Women fearing infection – unwilling to move to appropriate care levels

- Overcrowding in referral facilities hence challenges in social distancing

- Limitations in availability of data/information for planning for emergencies compared to other disciplines e.g HIV care systems (telephone numbers of women, EDD information, ANC appointments and knowledge of those at risk)

- Challenges in Institutionalizing some of the interventions

Practical Solutions to Promote QOC in Referral Transport care for women at risk

- Better utilization of IT + strengthening IT capacity to ensure that women get timely care (complications dash boards, on-call city wide - triaging team, uber-like app)

- Tap into Private sector ambulances/ systems (public private collaboration)

- Avail evidence (including use of perinatal outcomes) for timely decision making, advocacy and enhancing accountability

- Amplify citizens' voice- RMC + addressing myths + misconceptions