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Temporal and spatial trends of low birth weight and Kangaroo Mother Care initiation in Uganda, 2015–2023

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Background: Low birth weight (LBW) babies account for over 80% of global neonatal deaths, with the highest burden in Africa and South Asia. Kangaroo Mother Care (KMC) is a low-cost, effective intervention for the survival of LBW infants. We assessed trends and spatial distribution of LBW babies and their KMC initiation in Uganda, from 2015–2023.

Methods: We abstracted data on low birth weight (LBW), total deliveries, and LBW infants initiated on KMC from 2015–2023 in the District Health Information System Version 2 (DHIS2). We calculated LBW burden as the proportion of LBW infants among total deliveries. KMC initiation coverage was defined as the proportion of LBW infants started on KMC. We stratified LBW and KMC initiation data by district and health facility level, and used the Mann-Kendall test to assess the significance of trends.

Results: Of the 10,952,463 babies born during the analysis period, 5.5% (605,876) were LBW. The proportion of LBW babies increased from 4.5% in 2015 to 5.4% in 2023 ($p=0.8$). Districts with the highest average LBW burden were Moroto (12.4%), Zombo (11%), and Nebbi (10.5%), whereas Bukwo (1.9%), Kazo (1.7%), Kiruhura (1.6%), and Kween (1.2%) districts had the lowest average LBW burden. Among the 296,421 live LBW babies born between 2020 and 2023, 64% (188,519) received KMC. KMC coverage increased from 60% in 2020 to 68% in 2023 ($p=0.01$). Districts with highest average KMC coverage were Ngora (93%), Amuria (90%), and Nebbi (90%), whereas Bunyangabo (25%), Kibuku (22%), Jinja (20%), Bukomansimbi (17%), and Bukwo (16%) districts had very low coverage. KMC initiation showed an increasing trend at Health Centre IIIs ($p=0.006$), while national referral hospitals experienced a declining trend ($p<0.01$). No trends were observed at HC IVs ($p=0.96$), general hospitals ($p=0.13$), or regional referral hospitals ($p=0.82$).

Conclusion: KMC initiation significantly increased, especially at Health Centre IIIs. The declining KMC coverage at national referral hospitals and low coverage in some high-burden LBW areas highlight the need to strengthen KMC implementation. Further studies are needed to understand LBW drivers and barriers to KMC, particularly in low-coverage districts.

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