

Brief No. 2 - 2015

Adapting and Implementing a Community-Based Newborn Care Package to Affect National Change in Uganda

KEY MESSAGE

Interventions proven elsewhere and recommended by international experts require local adaptation if they are to fit into local health systems, be accepted by the community and taken to national scale. Understanding local epidemiology, sociocultural context and barriers to seeking care can play an important role in designing an integrated package of health system improvements. The Uganda Newborn Study (UNEST) demonstrates this...

INTRODUCTION

It is challenging to find literature on how to adapt new evidence-based interventions for maternal and newborn care into local health systems and policy for rapid scale-up, particularly for community-based interventions in low-income settings. The Uganda Newborn Study (UNEST tested a community-based care package that was rapidly taken up at national level into the Village Health Team program or Uganda's Community health Workers. Understanding this process may help inform other studies looking to design and evaluate with scale-up in mind.

This brief aims to describe the process of using evidence to design a community-based maternal and newborn care package in rural eastern Uganda, and to determine the dissemination and advocacy approaches used to facilitate rapid policy change and national uptake.

APPROACHES AND RESULTS

The methods to generate this evidence involved a review of UNEST internal project literature, interviews all members of the UNEST Advisory Committee and national and international experts involved in UNEST design and implementation as well as the project and district staff. We also used the WHO and ExpandNet framework on designing projects with scaling-up in mind to analyse the steps and decisions taken based on existing evidence outside Uganda and the local context.

Summary of key results

The UNEST training package, home visit schedule and behaviour change counselling materials were incorporated into the national Village Health Team and Integrated Community Case Management packages while the study was on-going.

The key results and processes that led to national adoption were:

- An advisory committee of key players in development of maternal and newborn policies and programmes in Uganda was constituted from many agencies and disciplines.
- Baseline qualitative and quantitative data collection was done at district, community and facility level to examine applicability of aspects of a proposed newborn care package to the local setting.
- Data were summarised and presented to stakeholders to adapt the intervention that was ultimately
 tested.
- Quarterly monitoring of key activities and events around the interventions were used to further inform implementation.

Conclusion

This analysis shows how evidence was used to adapt, new interventions proven elsewhere into the Uganda health system policy and programme context, and how this led not only to an adapted intervention but also to rapid policy adaptation and scale-up of components of UNEST while the study was still going on.

Implications for Policy and Practice

- Designing interventions for national scale-up requires strategies and planning from the outset.
- Use of evidence alongside engagement of key stakeholders and targeted advocacy about the burden and potential solutions is important when adapting interventions to local health systems and communities.
- This approach has the potential to rapidly translate research into policy, but care must be taken not to exceed available evidence while seizing the policy opportunity.



Published by the Makerere University Centre of Excellence for Maternal and Newborn Health Research

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This brief is an adaptation from the paper Designing for action: adapting and implementing a community-based newborn care package to affect national change in Uganda published on March 31, 2015 in the special issue –Newborn Health in Uganda- of the journal Global Health Action







