- Make two home visits to pregnant women and three home visits to newly delivered mothers in the first week after birth to promote and support effective maternal and newborn care
- Identify mothers or newborn danger signs and refer using a referral form and/or escort the mother or care giver
- Conduct two more visits for low birth weight babies to promote care including skin to skin/kangaroo mother care

CHWs conducting a PNC visit during training

A father practicing KMC for a LBW baby

WHAT HEALTH FACILITY STRENGTHENING IS DONE?

Health facility strengthening is evolving as we learn what to do. So far we have done the following through the district system:

- Quality of care for maternal and newborn care in health facilities through joint problem identification and planning, training in basic and emergence care including newborn resuscitation and care of the sick newborn.
- Training is through a 5 day course focusing on maternal, newborn care and audit (both maternal and perinatal). The course is skills based and addresses the leading killers of mothers and newborn babies.
- Support to health facilities in form of basic equipment, drugs and supplies

WHAT LESSONS HAVE SO FAR BEEN LEARNT?

- Conducting trainings closer to home in the community is feasible and preferred by CHWs
- Many stakeholders need to be sensitized prior to program introduction
- Demand side issues (Quality of facility care) predominate CHW work
- Training CHWs with health workers good for referrals, linkages and subsequent supervisions
- CHWs need to be commissioned immediately after training and provided with all logistics and motivation
- Registering women of child bearing age is important for identification of early pregnancy

WHAT CAN UNEST CONTRIBUTE AT THIS STAGE TOWARDS SCALE UP OF NEWBORN CARE?

- Expertise – we have a pool of experienced national and district trainers for CHWs
- Materials – we have improved and tested manuals for CHWs training and supervision
- Advocacy video documentary – Together with stakeholders, UNEST developed a video documentary which highlights newborn care in Uganda with policy and implementation challenges and opportunities

FOR FURTHER INFORMATION, CONTACT

George Pariyo, The Principal Investigator, UNEST and Assoc. Prof, Makerere University School of Public Health
Email:gpariyo@musph.ac.ug, Tel. 00256414530291

Dr. Peter Waiswa, Co-PI and Study Coordinator, UNEST
Email:pwaiswa@musph.ac.ug / pwaiswa2001@yahoo.com
Tel. 00256772405357

What is UNEST?

UGANDA NEWBORN SURVIVAL STUDY (UNEST)

Integrating Community Health Workers in Maternal/Newborn Programming in Uganda

WHAT IS THE AIM OF UNEST?

Makerere University School of Public Health with support from the Saving Newborn Lives Project of Save the Children (USA), through a grant from Bill Gates Foundation is conducting a cluster randomised study in the Iganga/Mayuge Health Demographic Surveillance Site (HDSS) in Iganga and Mayuge Districts. The aim of UNEST is to develop and cost an integrated maternal-newborn care package that links community and facility care and evaluate its effect on maternal and neonatal outcomes in order to inform policy and scale up in Uganda

THE RATIONALE OF UNEST

- Many Sub-Saharan Africa countries including Uganda are off track to achieve the Millennium Development Goal four (Child survival), mainly because neonatal mortality has not reduced.
- Globally, an estimated 4 million babies each year, 98% in developing countries. In Uganda, an estimated 45,000 neonatal deaths and 45,100 stillbirths occur per year of which 15-32% (31,800) could be saved by simple interventions proven to work (Lawn JE, Kerber K, eds., 2006).
- The National Health Sector Strategic Plan prioritises newborn health, initially to compliment current care with community interventions. Our aim is to provide a learning experience for operationalising the policy into national programming and scale up.

WHAT ARE THE KEY UNEST COMPONENTS?

These are evidence based and were agreed on after a consultative process with policy makers, experts and implementers, and include:

1. Community based intervention by community health workers trained to make 2 pregnancy and 3 postnatal visits in the first week after birth.
2. Health facility strengthening aimed at improving quality of care for mothers and newborn babies
3. Improved linkage between the community and health facilities

EXPECTED POLICY RELEVANT OUTPUTS

We hope that by the end of this study, we will have the following key outputs:

- Program ready Training and BCC package for CHWs in maternal and newborn health
- Cost benefit analysis of community health worker package
- A package of how to strengthen public health facilities and the effect of this on maternal and newborn outcomes (Health facility strengthening component).
- A documentation of context in which the intervention works or doesn't work
- Peer reviewed publications and other information leaflets

COMMUNITY HEALTH WORKERS SELECTION, TRAINING, SUPPORT AND SUPERVISION

- **Selection** - Selection based on the Uganda village health team (VHT) approach – District led, community participation, volunteers, resident in said village, some literacy, and gender equality
- **Training** - Non-residential close to home, skills based training with participation of health workers from the nearby villages. Focus is on key family care practices, problem solving, community mobilization, referral, and management of records and supplies.
- **Supervision** – Handed to local leaders and health workers. Technical supervision monthly along district health system structures by specially trained health workers for CHW supervision. In addition, regular meetings of CHWs are organized with health workers. A "super" CHW at each parish links CHWs and health workers.
- **Support and motivation**– Graduate with a certificate, facilitated with a basic package including a demonstration mama kit, BCC materials, and a small transport refund during monthly meetings.

Community sensitization and CHW selection

Training of CHWs: commissioning

ROLES OF A COMMUNITY HEALTH WORKER

- Each CHW is responsible for about 100—150 households and registers all women in child bearing age, pregnant and newly delivered mothers