UNEST Policy Briefing

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Effect of Community Engagement on Newborn Care Practices; a Case Study of UNEST

EXECUTIVE SUMMARY

Engaging communities in preventing newborn deaths is a promising strategy to achieve further progress in child survival, findings from the Uganda Newborn Study (UNEST) suggest. Home visits from CHWs are associated with improved essential newborn care practices, regardless of place of delivery.

INTRODUCTION

Care for women and babies before, during, and after the time of birth is a sensitive measure of the functionality of any health system. It was because of this that UNEST sought to assess the effect of a home visit strategy combined with health facility strengthening on uptake of newborn care-seeking, practices and services, and to link the results to national policy and scale-up in Uganda. The findings were remarkable.

THE INTERVENTION

The study is based on the World Health Organisation recommendations for home visits to women during pregnancy and after delivery. In intervention villages volunteer Community Health Workers (CHWs) also known as VHTs (Village Health Teams) were trained to identify pregnant women and make five home visits (two during pregnancy and three in the first week after birth) to offer preventive and promotive care and counselling. Extra visits to assess and refer sick and small newborns were conducted. Health facility strengthening was done in all facilities to improve quality of care. The primary outcomes assessed were coverage of key essential newborn care behaviours (breastfeeding, thermal care, and cord care). UNEST utilised district structures to select, train, and supervise CHWs. Analyses were by intention to treat.

Summary of Results

- The use of VHTs linked to health facilities led to important and significant improvements in warm care for babies (skin-to-skin contact and delayed bathing), umbilical cord care, and breast feeding. VHTs also improved care seeking and facility birth, although these were non-significant. The CHWs visits were mostly to the poorest households.

Detailed Results

- Immediate breastfeeding after birth and exclusive breastfeeding were significantly higher in the intervention arm compared to the control arm (72.6% vs. 66.0%; and 81.8% vs. 75.9%, respectively).
- Skin-to-skin care immediately after birth and cord cutting with a clean instrument were marginally higher in the intervention arm versus the control arm (80.7% vs. 72.2%; and 88.1% vs. 84.4%; respectively).
- Half (49.6%) of the mothers in the intervention arm waited more than 24 hours to bathe the baby, compared to 35.5% in the control arm.
- Dry umbilical cord care was also significantly higher in intervention areas (63.9% vs. 53.1%
- There was no difference in care-seeking for newborn illness, which was high (around 95%) in both arms.
- Skilled attendance at delivery increased in both the intervention (by 21%) and control arms (by 19%) between baseline and endline, but there was no significant difference in coverage across arms at endline (79.6% vs. 78.9%).
- Home visits were pro-poor, with more women in the poorest quintile visited by a CHW compared to families in the least poor quintile, and more women who delivered at home visited by a CHW after birth (73.6%) compared to those who delivered in a hospital or health facility (59.7%).
- CHWs visited 62.8% of women and newborns in the first week after birth, with 40.2% receiving a visit on the critical first day of life
- The cost per mother visited (all visits) stood at US $25 and per home visit at US $8.30

Conclusion

Consistent with results from other community newborn care studies, volunteer CHWs or VHTs can be effective in changing long-standing practices around newborn care. The home visit strategy may provide greater benefit to poorer families. And given that both CHWs and their supervisors did not receive designated salaries, but travel refunds and stipends at a more scalable cost, this makes the cost of CHWs affordable.

Implications for Policy and Practice

None-the-less, there is need for:

- Additional efforts to prevent the three main causes of neonatal deaths (infections, birth asphyxia, preterm), particularly complications of preterm birth. This can be achieved by linking community efforts to facility quality of care improvement in both the public and private sector
- Closing the policy practice gap at district level is needed to improve maternal and newborn survival and health.

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