Engaging Community Health Workers in Maternal and Newborn Care in Eastern Uganda

KEY MESSAGE
Working with communities in preventing newborn deaths is a promising strategy to achieve further progress in child survival, according to the Uganda Newborn Study (UNEST) which was conducted within the Iganga-Mayuge Demographic Surveillance Site. Home visits from community health workers are associated with improved essential newborn care practices, regardless of place of delivery.

INTRODUCTION
Community Health Workers (CHWs) or VHTs (Village Health Teams in Uganda) have been engaged as part of primary health care strategies, but less is known about their work in maternal and newborn health. We examined the perceptions of community members and experiences of CHWs around promoting maternal and newborn care practices, and the self-identified factors that influence the performance of CHWs so as to inform future programme implementation.

APPROACHES AND RESULTS
Design
We generated data using in-depth interviews with six local council leaders, ten health workers/CHW supervisors, and eight mothers. We conducted four focus group discussions with CHWs. Respondents included 14 urban and 18 rural CHWs. Key themes explored included the experience of CHWs according to their various roles, and the facilitators and barriers they encounter in their work particular to provision of maternal and newborn care.
Results

- CHWs were highly appreciated in the community and seen as important contributors to maternal and newborn health at grassroots level.
- Once trust was established, pregnant women and their families were willing to listen and report their pregnancies to the CHWs and to respond to referral
- Factors that positively influenced CHWs performance included being selected by and trained in the community; being trained in problem-solving skills; being deployed immediately after training with participation of local leaders; frequent supervision; and having a strengthened and responsive supply of services to which families can be referred.
- CHWs made use of social networks to identify pregnant and newly delivered women, and were able to target men and the wider family during health education activities.
- Fundamental motivators (e.g. community appreciation and the prestige of being called ‘a doctor’), monetary (such as a small transport allowance), and material incentives (e.g. bicycles, bags) were also important to varying degrees.
- CHWs indicated that at the beginning they were received with mixed feelings by local leaders, who felt threatened.
- Some of the CHWs saw volunteering as a temporary alternative to unemployment. It offered them an opportunity to put their skills to use in an area where they are needed.

Conclusion

CHWs play an important role in improving maternal and newborn care and linking families with health services. However, whether districts have the capacity to integrate CHWs remains a major benchmark for scale up of the intervention.

Implications for Policy and Practice

- Selection of community health workers is a sensitive process that requires a tailored approach for urban compared to rural areas and community involvement in order to foster trust, support, and acceptability.
- It is essential that CHW training includes problem-solving skills and guidance on integrating technical knowledge with cultural sensitivities, so that service delivery is context-specific.
- Strengthening links between facility-based health workers and CHWs as well as improving quality of facility care cannot be overlooked.
- Districts should be given additional funding and decision space to effectively support, scale-up, and sustain this kind of initiative.
- Future programmes should explore innovative mechanisms to achieve this, including ensuring that all activities are planned and budgeted for in annual district plans.