



SAVING MATERNAL AND NEWBORN LIVES IN REFUGEE SITUATIONS: EVALUATION SUMMARY

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Every year, about 295,000 women die during and following pregnancy and childbirth and 2.4 million children die in the first month of life^{1,2}. Recent analyses have indicated that roughly 60 per cent of maternal deaths and 45 per cent of newborn deaths occur in countries affected by a humanitarian crisis or fragile conditions³.

With the support of the Bill and Melinda Gates Foundation, UNHCR implemented a three-year project aiming to address neonatal and maternal morbidity and mortality in refugee situations, as well as to enhance availability and quality of voluntary contraception services. The project was implemented in Cameroon, Chad and Niger and focused on low-cost, high-impact interventions.

An end of project evaluation demonstrated improvements in the quality of maternal and newborn care and family planning, and increased access to maternal and neonatal health services, training materials, medication and medical supplies in all three countries. Neonatal mortality rates dropped by more than 25 per cent and the case fatality rate for neonatal complications decreased in all countries.

Background

The project targeted 772,000 refugees and surrounding host communities in Cameroon, Chad and Niger. It was the second project focusing on low cost, high impact interventions for mothers and newborns, drawing on tools and experience from the initial project in Jordan, Kenya and South Sudan and incorporating lessons learned¹. At the start, a mixed-method assessment of the targeted health facilities was conducted to identify context-specific needs and priorities. Action plans were developed, and a monitoring and supportive supervision tool designed to track progress. Clinical training packages on leading causes of neonatal and maternal mortality were adapted and rolled-out using a low-dose, high-frequency approach. Health facilities were rehabilitated, equipped and supported with regular supply of medicines and commodities. Job aids were developed to enhance quality of care. Clinical activities were linked with a strong outreach component focusing on home visits by training community health workers on home care during pregnancy and throughout the first week following delivery.

Design

The design was found to be very pertinent, including the use of a comprehensive baseline assessment allowing for appropriate alignment to population needs and contextual realities. The low-cost, high-impact interventions throughout the continuum of care and the Low Dose High Frequency (LDHF) training approach were highly relevant to the contexts. The overall design was comprehensive, well developed and adaptable to changing needs and constraints. The inclusion of community health workers (CHW) to aid with community sensitization and follow-up with mothers and babies was also an important element of the design. Additional emphasis on Comprehensive Emergency Obstetric Care at referral facilities would have further strengthened the project.



Staff capacity development in remote locations:

The project used an approach to train more than 90 health staff from the supported health facility and district hospitals as “Master Trainers”. Training sessions focused on improving health worker knowledge and skills, including essential newborn care, care for the small and sick newborn, emergency neonatal and obstetrical care and maternal health care. Master Trainers then conducted frequent short training sessions with staff in the facilities, using a low-dose, high frequency approach. To enable effective training, each facility received training simulators and mannequins. The approach proved effective and ensured continuous and case specific mentoring for staff at health centres and contributed to sustainability of activities beyond the project period.

Implementation

Overall, the implementation was found to be effective due to strong collaboration and coordination with national ministries of health and NGO partners, and the high degree of adaptability of the project. Training approaches were catalytic for the implementation of quality service delivery and demand generation.

Improvements to health facility infrastructure, including solarisation of the facilities, reliable procurement and supply of materials and drugs, and supportive training and supervision collectively contributed to improved service delivery. In all three countries, the maternal and neonatal service delivery package was comprehensive, and introducing the Kangaroo Mother Care (KMC) was innovative. Some

constraints to implementation included the turnover of newly trained staff and the persistent low acceptance of, and demand for, contraception at the community level, especially in Cameroon and Chad. The project made adjustments for COVID-19 to physical distancing, restructured group activities and personal protective equipment early on. As a result, COVID-19 had a relatively minor impact with an initial slowdown of activities.



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Improving care for low birthweight newborns:

Kangaroo mother care (KMC), an underused practice in the project countries, was implemented early in the project and was very well received by both staff and mothers. The capacity building activities to increase knowledge and competencies of the staff to take care of low-birth-weight babies using KMC were accompanied by sensitization activities to increase uptake and the provision of material. To enhance sustainability, local production of KMC kits was successfully fostered in each country. In Cameroon, a special KMC unit was established in a district hospital, responding to the need for additional services to take care of the high number of LBW babies identified during the baseline assessment. The project exceeded expectations for the use of Kangaroo Mother Care (KMC), all facilities provided KMC and nearly all newborns weighing less than 2 000g were placed in KMC with their mother or another caretaker.

Impact

Overall, the project improved the quality of maternal and newborn care and family planning, and increased access to maternal and neonatal

health services. The project reach extended beyond refugee populations, improving host populations' access to quality services.

The provision and the quality of comprehensive neonatal care, from neonatal resuscitation to caring for small and sick babies, improved in all countries. Neonatal mortality rates reduced by more than 25 per cent and case fatality rate for neonatal complications decreased. Stakeholders vouched for the critical role played by CHWs, for home-based follow-up, referrals in case of complication, and sensitisation to Maternal and Newborn Health.

Reaching families in their homes: In every location, community health workers (CHW) were trained to provide health promotion advice and raise awareness of the key services. CHWs visited mothers and their newborn at least three times during the first week of life and supported hygienic umbilical cord care, increasing acceptance of early and exclusive breastfeeding and referring those with danger signs to health facilities. The strengthening of CHWs' capacity helped ensure a continuum of care. The engagement of CHWs trained in maternal and newborn health helped address some of the cultural factors encountered during awareness-raising activities and home visits.



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Sustainability

The project's prospects for sustainability are promising at multiple levels. First, within the existing project, improvements in infrastructure, material, equipment, training materials, medication, and the knowledge gained by health personnel are valuable midterm sustained results.

Secondly, the involvement of ministries of health including district directors was key to beginning the process of integrating knowledge and practice at the national level. LDHF trainings continued in two countries beyond the project period and core health indicators continued to show positive trends. Thirdly, at the global level, UNHCR made significant and successful efforts towards institutionalization and dissemination of project learnings.

Challenges to long-term sustainability of project activities and impact remain due to limited availability of resources in district hospitals and gaps in national government systems' capacity to sustain results beyond the life cycle of the project. Given the significant local needs and limited resources, continuity and expansion of funding and ongoing institutional strengthening and subsequent systemization were noted to be the main influencers in providing durable positive trends in maternal and newborn health outcomes.

Key recommendations

1. Consider expanding the project for continued improvements in MNC and in FP for refugee populations in similar low-resource settings within the West and Central Africa region. This has cost implications particularly at the country, regional bureau and global levels.
2. Integrate maternal and neonatal health into wider UNHCR public health programming and greater support to national health systems in these areas to further consolidate sustainability and systemization of project activities in line with the Global Compact for Refugees.
3. Strengthen the support provided to partners in monitoring and evaluation (M&E) to enhance the quality of health data collected. Based on the existing HIS and taking into consideration national data collection, further assistance to partner NGOs would align well with the roll-out of UNHCR's Results Based Management processes.
4. Future interventions among refugee populations in similar settings should factor in the importance of addressing the persisting socio-cultural factors that affect behaviours in MNC and FP. Issues and norms to consider addressing, include community resistance to acceptability and utilization of FP, as well as respect for gender and maternal rights.

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¹ WHO Maternal mortality factsheet September 2019. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>; UNICEF Neonatal mortality December 2021. <https://data.unicef.org/topic/child-survival/neonatal-mortality/>

² Health and Wellbeing of Women, Children and Adolescents on the Move. PMNCH Knowledge brief 1. <https://www.who.int/pmnch/media/news/2019/PMNCH-knowledge-brief-1.pdf?ua=1>

³ Saving Newborn Lives in Refugee Settings: Evaluation Summary. UNHCR 2018 <https://www.unhcr.org/5e1897084.pdf>