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Achieving Results in Newborn Health: Shaping Policy and Programs to Save Newborn Lives

- Nearly 4 million babies die in the first month of life, and a similar number are stillborn.
- A child's risk of death is nearly 15 times greater in the first month, and three-quarters of neonatal deaths happen in the week following birth.
- Almost 99% of these deaths occur in developing countries, the majority of which are in South Asia and sub-Saharan Africa.

While the overall health of children has improved around the world, the death rate of newborns has hardly changed. Millennium Development Goal 4—to reduce child mortality by two-thirds between 1990 and 2015—cannot be met without substantial reductions in neonatal mortality. Over the past four years, the ACCESS Program has worked globally, regionally and in 25 countries to improve newborn health and survival. ACCESS programs address the three leading causes of newborn death—severe infections, birth asphyxia, and complications of prematurity/low birth weight (LBW)—and promote ways to overcome the barriers to implementing these interventions at scale.

ACCESS Approach to Improving Newborn Health

- Implement proven maternal and newborn health interventions along the continuum of antenatal care (through childbirth to the postnatal period) at scale
- Integrate interventions into existing safe motherhood and child health programs
- Improve household practices and use of community-based health services
- Expand newborn health care into communities and homes—where most newborn deaths occur—through partnerships with other organizations, international agencies, research institutions and governments

Advocacy and Global Learning

Through collaboration with partners, ACCESS is improving access to knowledge with the development and dissemination of tools and materials. ACCESS worked with global partners to launch the *Lancet Neonatal Survival Series* in Nepal and Indonesia and the *Lancet Maternal Survival Series* in Washington, D.C. With partners, ACCESS staff co-authored several chapters in *Opportunities for Newborns in Africa*, a regional review of newborn health in Africa, and supported the dissemination of the report. The Program is also providing technical input to the revision of the resource manual *Managing Newborn Complications* in collaboration with WHO.

To advance the knowledge of newborn health and the commitment to newborn survival, ACCESS and WHO SEARO conducted a workshop on continuum of care for maternal and newborn health in Thailand in 2005, which was attended by participants from 11 countries. A regional training course followed in Bangladesh for participants from Bangladesh, Nepal and India. In 2005 and 2006, ACCESS provided technical leadership for the regional community-based maternal and newborn health care network, MotherNewBorNet. More recently, in August 2007, ACCESS organized the newborn health technical sessions for USAID's "Scaling Up Best Practices in FP/MNCH" Asia NearEast regional conference in Bangkok.

In Latin America and the Caribbean, ACCESS is collaborating with PAHO, USAID, BASICS, the CORE Group and ministries of health to prepare the Regional Strategy and Action Plan on Neonatal Health within the continuum of maternal, newborn and child care. ACCESS is a member of the Latin American and Caribbean Newborn Health Alliance, an interagency group that promotes newborn health within a reproductive, maternal and child health continuum, with a specific focus on the most vulnerable and marginalized population groups.

ACCESS also works at the country level—in Nepal, Bangladesh, Cambodia, India, Nigeria, Ethiopia, Rwanda and Malawi—to ensure that essential elements of newborn care are included in national newborn strategies and guidelines.

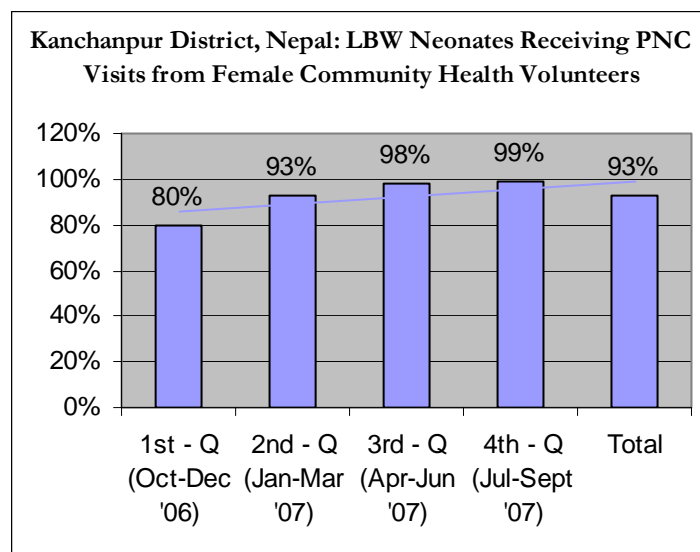
Research to Practice

A basic package of newborn interventions, including home-based essential newborn care, can reduce neonatal mortality rates by up to 50%¹. In Bangladesh, ACCESS modeled its program on Projahnmo I, a community-based neonatal health program funded by USAID and Save the Children's Saving Newborn Lives (SNL) Initiative (October 2003 - January 2006). Projahnmo I demonstrated that early postnatal care can lower neonatal mortality and home-based management of newborn sepsis is feasible and effective. These lessons learned are now shaping ACCESS newborn programming in Nigeria, Rwanda and Malawi.

Another major killer of newborns is prematurity and LBW. ACCESS improves the survival of premature/LBW newborns through the promotion of a proven cost-effective intervention, Kangaroo Mother Care



(KMC). This method assists babies to better maintain their body temperature, breastfeed and improve mother-baby bonding with stimulation and love—essential functions that improve neonatal survival. ACCESS is collaborating with SNL, USAID and others to examine findings related to community KMC from Shivgarh, India², Bangladesh³ and Nepal, and supported a consultative meeting with principal investigators and experts. A draft generic community KMC training manual has been developed by ACCESS and SNL and is being field-tested by the ACCESS program in Bangladesh.



¹ September 2007 ANE conference.

² Darmstadt GL, Kumar V, Singh P, Yadav R, Mohanty S, Gharti N, Gupta S, Mishra RP, Baqui AH, Gupta A, Awasthi S, Singh JV, Ahuja RC, Winch PJ, Santosham M. Community mobilization and behavior change communication promotes adoption of evidence-based essential newborn care practices and reduces neonatal mortality in Uttar Pradesh, India. 2005. London Conference. Poster Presentation.

³ Quasem I, Sloan N, Chowdhury A, Ahmed S, Winikoff B, Chowdhury AMR. Adaptation of Kangaroo Mother Care for Community-Based Application. *Journal of Perinatology* 2003; 23: 646-651. Sloan NL, Ahmed S, Mitra SN, Choudhury N, Chowdhury M, Rob U, Winikoff B. Community-Based Kangaroo Mother Care to Prevent Neonatal and Infant Mortality: A Randomized, Controlled Cluster Trial. *Pediatrics* 2008;121:e1047-e1059.

In Nepal, ACCESS is working with the Ministry of Health and the USAID-funded Nepal Family Health Project (NFHP) to train female community health volunteers to promote KMC and manage LBW infants in the community. The program has demonstrated that female community health volunteers can play a critical role in newborn health and can teach mothers KMC—more than 60% of mothers and families of LBW neonates in the project area practice full or partial KMC. Using lessons learned from this demonstration program, ACCESS assisted the Ministry of Health and the National Neonatal Technical Advisory Group to integrate the management of LBW babies and the promotion of KMC into the National Neonatal Health Strategy.

Scale up of Evidence-based Best Practices at the Country Level

Data shows that three causes—infections, birth asphyxia, and pre-term/LBW—account for 86% of neonatal deaths. While much is known about what to do to address these causes, we are still learning how best to deliver life-saving interventions in low-resource settings, particularly in the poorest communities where most of these deaths occur.



Communities play a critical role in improving neonatal health. In **Bangladesh** and **Malawi**, ACCESS is using a community mobilization approach to strengthen community capacity to identify their maternal, newborn and reproductive health priorities. ACCESS is also engaging the community in exploring issues related to these priorities—such as traditional and cultural practices, household decision-making, care-seeking, service availability, and the status of women—and taking action to address obstacles to improve health care for mothers and newborns.

In **Bangladesh**, ACCESS is facilitating the work of community counselors with a community mobilization initiative that promotes appropriate home care practices and preparation of a birth and newborn care plan, and assists communities to advocate for maternal and newborn health services, and establish emergency transport and financial resources for appropriate care-seeking. ACCESS counselors have conducted tens of thousands of home counseling visits and hundreds of community action committees have been established. Ultimately, the

Bangladesh program will expand sustainable behavior change and community mobilization practices through local nongovernmental organizations in the Sylhet District, covering a population of 1.5 million.

In **Malawi** and **Nigeria**, ACCESS is implementing an integrated approach to community- and facility-based maternal and newborn care. These programs use a community mobilization strategy to link women with community counselors who are equipped to coach mothers and their families on birth preparation, clean and safe delivery, postnatal care, and to counsel on appropriate care seeking. Health providers in peripheral and district facilities are also trained and equipped to provide basic essential obstetric and newborn care services. These interventions cover three States in Nigeria; in Malawi, ACCESS covers three districts and will expand the community mobilization for MNH nationwide through its partners.

In **Afghanistan**, ACCESS is providing technical assistance to the Ministry of Health and its partners to improve the quality, implementation and monitoring of the Basic Package of Health Services and the

Essential Package of Hospital Services. ACCESS provides grants to community and hospital midwifery pre-service education programs. Within four years, 300 community midwives with the skills to save maternal and newborn lives will be added to the human resource base in 13 provinces.

ACCESS is expanding essential maternal and newborn care in **Rwanda** through health facilities and communities in four districts. In addition, the Africa Regional Midwifery Pre-service initiative includes essential newborn care and is implemented in collaboration with WHO/AFRO in **Ethiopia, Ghana, Malawi** and **Tanzania**.

ACCESS is working with governments and other partners in **Rwanda, Nigeria, Malawi, Nepal** and **Ethiopia** to expand facility-based KMC. In all of these countries, ACCESS has supported the establishment of KMC learning centers and a core group of national trainers at selected facilities, laying the foundation for establishing national “champions” for KMC who will promote scale-up through the Ministry of Health and other partners.

Table 1. Facility-based KMC

Indicator	Nepal	Nigeria	Rwanda	Malawi *	Ethiopia*
Number of Facilities with KMC Introduced	7	2	9***	9	5**
Number of People Trained in KMC	667	41	36	60	14

*Planned for FY 08/09

**Two health facilities are funded by SNL, Save the Children

***Two of the health facilities are supported by UNICEF

The postnatal period—defined as the first six weeks after birth—is especially critical for newborns. Postnatal care (PNC) for all newborns should include essential routine PNC, including immediate and exclusive breastfeeding, warming of the infant, hygienic care, and timely identification of danger signs with referral and treatment. ACCESS programs in **Nepal** and **Bangladesh** have demonstrated that a community health worker can provide early PNC visits to newborns and mothers. In **Cambodia**, ACCESS is collaborating with the government, UNICEF and CARE to field test an integrated PNC package that trains both midwives and community volunteers to conduct PNC visits during the first week postpartum. Six other organizations and a bilateral program will also use the standard package for PNC in their program areas. The aim is to develop this package as the national standard and incorporate it into key Safe Motherhood training programs, protocols and midwifery pre-service education.



About ACCESS

The ACCESS Program is the U.S. Agency for International Development’s global program to improve maternal and newborn health. The ACCESS Program works to expand coverage, access and use of key maternal and newborn health services across a continuum of care from the household to the hospital—with the aim of making quality health service accessible for women and newborns. JHPIEGO implements the program in partnership with Save the Children, Constella Futures, the Academy for Educational Development, the American College of Nurse-Midwives and IMA World Health.