



Influencing Policy and Programs to Increase Newborn Survival: Program Results of the Saving Newborn Lives Initiative

Anne Tinker - Save the Children/USA

Objectives

- To present results from the six focus countries of Save the Children's Saving Newborn Lives (SNL) initiative (Bangladesh, Bolivia, Malawi, Mali, Nepal, and Pakistan)
- To demonstrate a multi-faceted approach to achieve change in national policies and programs, and community and household practices, resulting in improved newborn health and survival

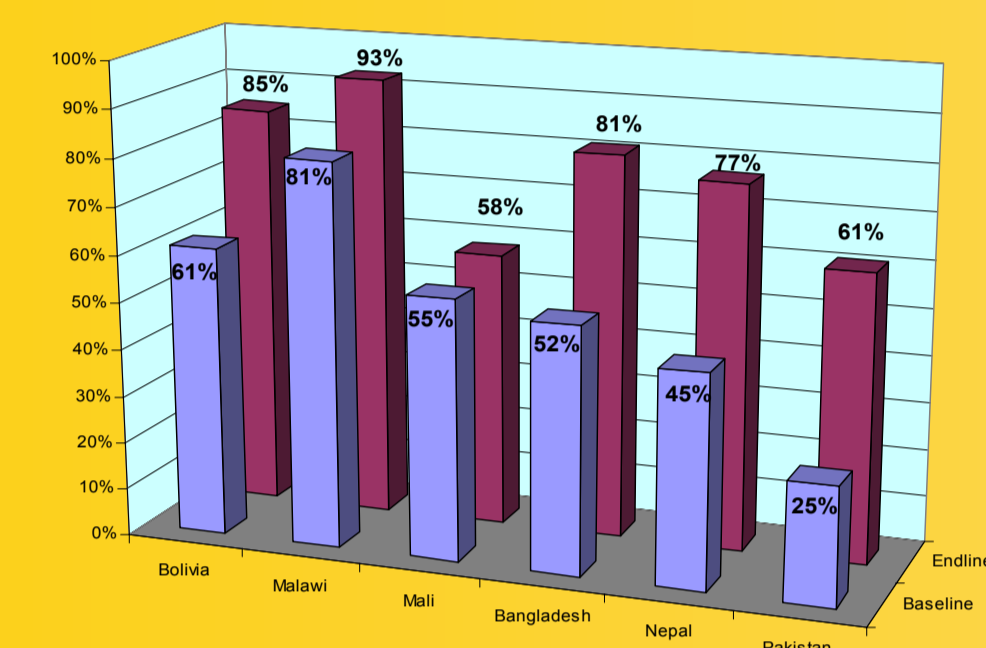
Background

- Newborn deaths total 4 million annually and a comparable number are stillborn¹
- Newborn deaths constitute approximately 40 percent of all deaths in children under 5 years of age²
- Most newborn deaths occur in developing countries, at home within the first week of life, and in the absence of skilled care
- Policies, program interventions, and resources have generally neglected newborn health

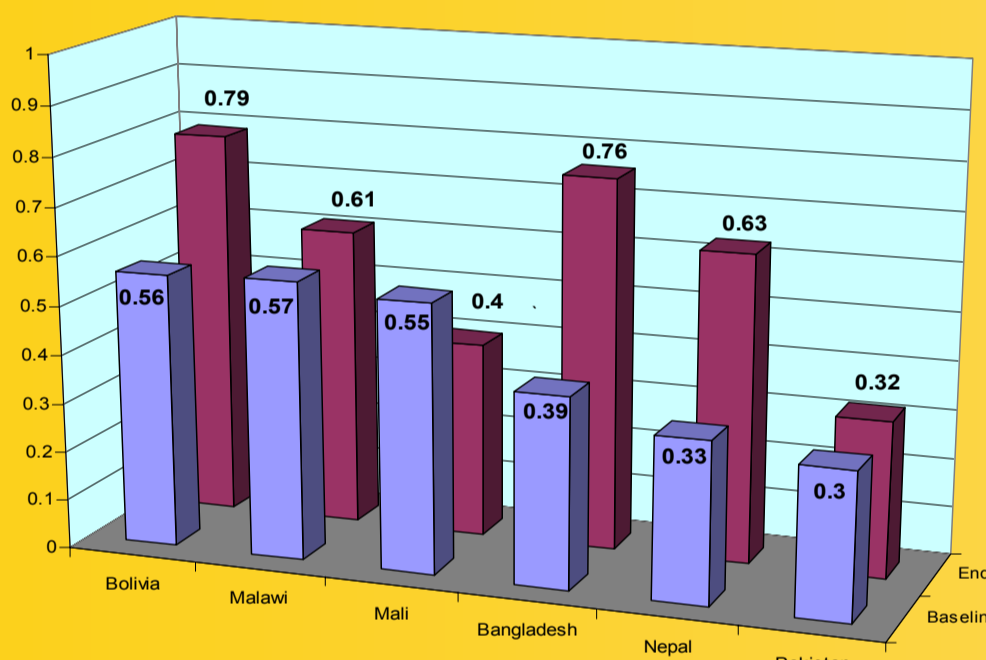
Methodology

- In its six focus countries, SNL combined formative and interventions research, evidence-based advocacy, health care provider training, and behavior change strategies in order to:
 - Expand the evidence base to answer critical what and how questions related to newborn health and survival
 - Mobilize national and global commitment and resources for the newborn
 - Influence national policies and programs
 - Increase coverage of and access to proven interventions
 - Improve household health care practices, and promote availability and use of newborn health services.
- SNL focused its work on a continuum of care principle linking the newborn with maternal and child health intervening during four key periods – the antenatal period, during childbirth, immediately after birth, and the postnatal period
- SNL identified priority areas for interventions research and developed country-specific packages of essential newborn care interventions (see Figure 1)
- Baseline and endline data were collected on a core set of indicators (see Box 1).

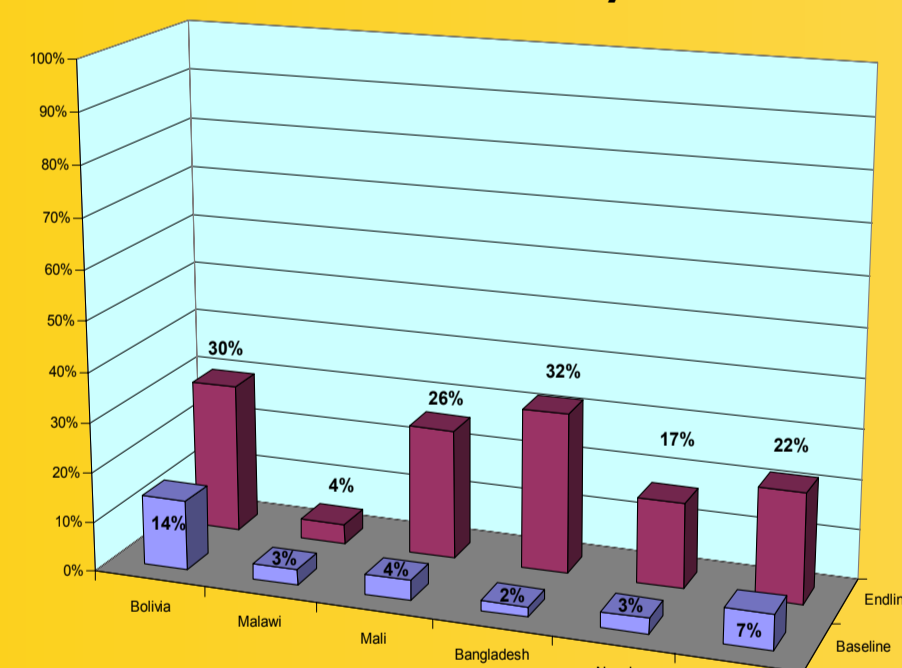
Graph 1: Percentage of mothers seeking antenatal care two or more times by a trained provider



Graph 2: Percentage of infants breastfed within one hour of birth



Graph 3: Percentage of infants born at home who received care within 3 days



Tools

- SNL developed practical tools and materials for country and global dissemination. These include:
- State of the World's Newborns*, Global and country situation analyses
 - Care of the Newborn: Reference Manual*
 - Every Newborn's Health: Recommendations for Care for all Newborns*
 - Qualitative Research to Improve Newborn Care Practices*
 - Policy Perspectives on Newborn Health*, a series of policy briefs produced in conjunction with Population Reference Bureau
 - Newborn Health Policy and Planning Framework* produced with the WHO and the Healthy Newborn Partnership and support from DFID/UK
 - Essential Newborn Care: at a glance*, published jointly with the World Bank

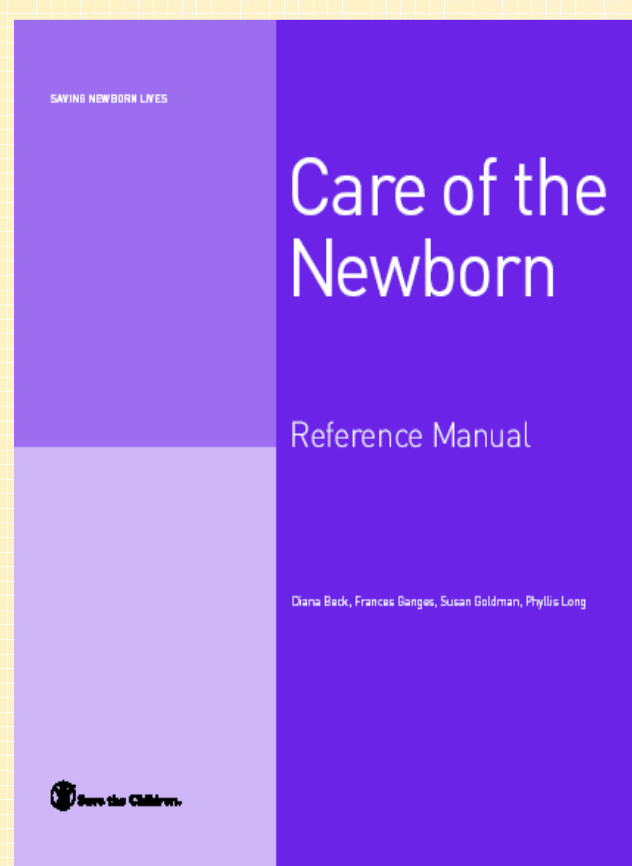
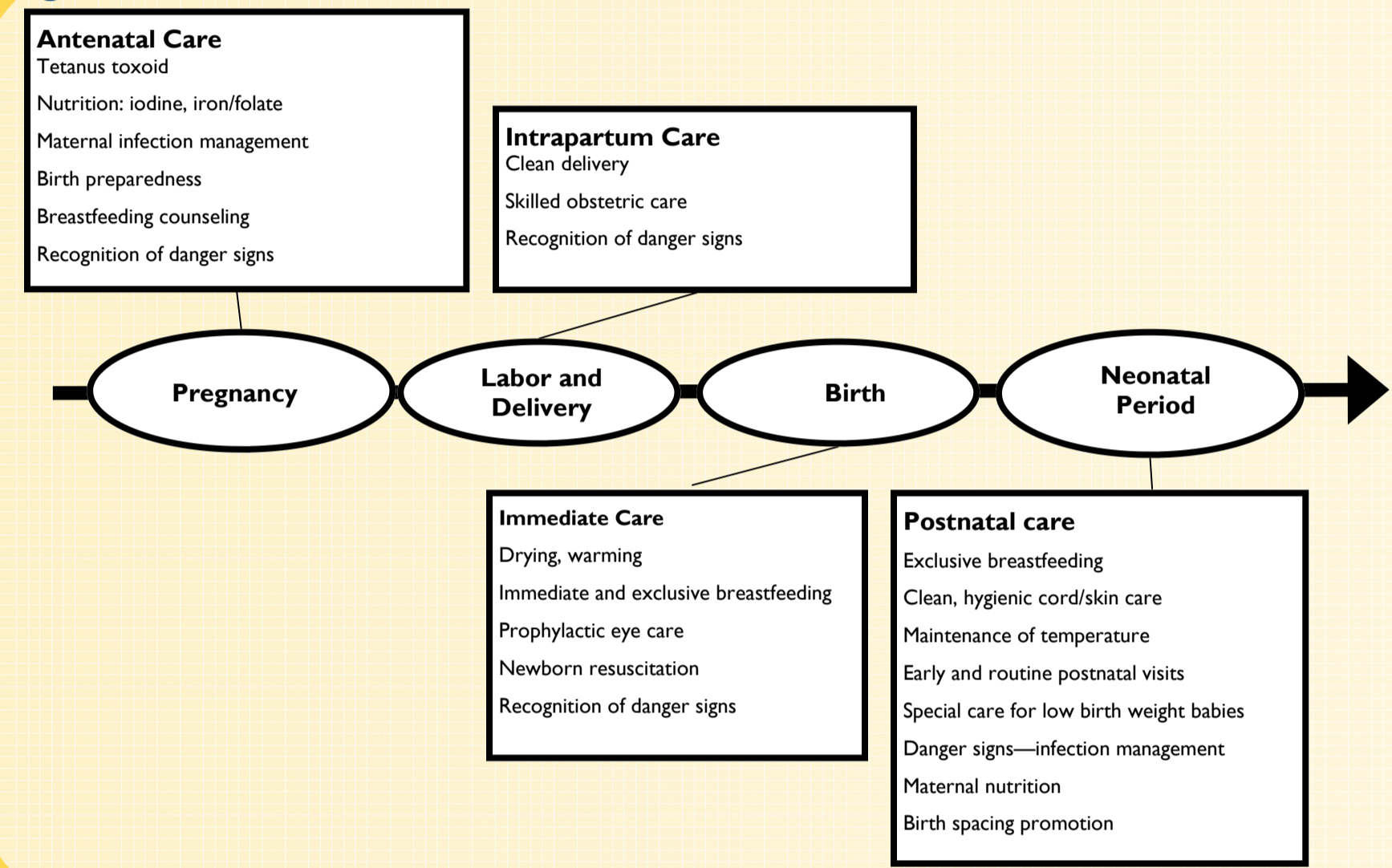


Figure 1: Essential Newborn Care Interventions



“4 million neonatal deaths occur every year. Reducing these deaths is a moral imperative and essential for achievement of MDG-4.”³

Results

- In less than two years of program implementation:
- Newborn health priorities have been introduced into national health policies and operational plans in all six SNL focus countries.
 - Significant changes occurred in many care seeking and household behaviors. At the community level, increases were measured in the following key newborn health indicators:
 - Antenatal period**
 - % of mothers seeking antenatal care two or more times by a trained provider increased significantly in 5 of 6 country program areas (See Graph 1);
 - During childbirth**
 - % of mothers whose birth was attended by a skilled provider increased significantly in 3 of the 6 focus country program areas;
 - Immediately after birth**
 - % of mothers whose newborn's cord was cut with a clean/new instrument or a clean birth kit was used for home births increased significantly in 4 of 6 countries (Bangladesh, Bolivia, Malawi, Nepal);
 - % of mothers who breastfed their infants with 1 hour of birth increased significantly in 3 of 6 country program areas. (See Graph 2);
 - % of mothers who gave colostrum increased significantly in 4 of 6 focus country program areas;
 - Postnatal period**
 - % of mothers who did not give anything other than breastmilk in the first 3 days (no prelacteal feeds) increased significantly in 4 of 6 countries; and
 - % of mothers who infant was born at home who received newborn care within three days of birth increased significantly in 2 of 6 focus country program areas. (See Graph 3)
 - SNL advanced the evidence base for newborn health knowledge and interventions:
 - SNL, in collaboration with the World Health Organization, supported a review of community-based newborn health interventions, published as a supplement to Pediatrics in March 2005.
 - SNL conducted research on community-based interventions to improve newborn health and survival in Bangladesh, Malawi, Mali, Nepal, and Pakistan (trials are ongoing or in pre-publication).

Conclusions

- Newborn health can be incorporated into national strategies and programs through rigorous research, advocacy, evaluation, and technical support.
- Traditional household practices can be influenced and changed within a short timeframe through raising awareness, partnering with and mobilizing communities, and targeting culturally appropriate ENC messages at both households and healthcare providers.
- Research and successful program experiences need to inform advocacy efforts – both nationally and globally – in order to promote and leverage support for newborn health.

Box 1:

- List of Priority Core Indicators measured across program countries:
- % of infants breastfed within 1 hour of birth
 - % of women 15-49 who received at least two doses of tetanus toxoid during last pregnancy or at least 3 doses in her lifetime
 - % of new mothers who received prenatal care at least twice by a trained provider during last pregnancy
 - % of new mothers whose birth was attended by a skilled provider
 - % of newborns who received a checkup by a trained or skilled provider within 3 days after delivery



Lessons Learned

- Sustainable success depends on:
 - Integrating into existing institutions and approaches
 - Using a participatory approach, including identifying and engaging key stakeholders and local champions
 - Planning from the start towards national-level scale up
 - Focusing program design on results and rigorously measuring processes and outcomes
- Changes in policy can be made in a short timeframe by:
 - Prioritizing advocacy from the beginning
 - Linking evidence to program outcomes
 - Working through partner coalitions
 - Disseminating information regularly, through multimedia
- Changes in household behaviors can be achieved in a short timeframe through:
 - Targeted formative research and monitoring
 - Limited set of priority messages
 - Broad base of partnership support and communication channels
 - Negotiation processes with audiences
 - Country-specific BCC strategies

Policy Implications

- To improve newborn health in developing countries, the newborn has to be considered a priority in national policies and programs
- As demonstrated in *The Lancet*, basic, low-cost interventions could prevent up to 72% of deaths during the first month and these interventions need to be incorporated into child survival and safe motherhood programs.
- Achieving the Millennium Development Goal to reduce under-5 child mortality by two-thirds by 2015 depends on reducing neonatal mortality by one-half.⁴

For additional information and resources:
www.savethechildren.org/newborns/index.asp
www.healthynewborns.org

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¹ Saving Newborn Lives/Save the Children. State of the World's Newborns. Washington, DC: Save the Children. 2001.
² Lawn JE, Cousens S, Zupan J. 4 million neonatal deaths: when? Where? Why? *Lancet* 2005; 365:891-900.
³ Darmstadt GL, Bhutta ZA, Cousens S, Adam T, Walker N, de Bernis L. Evidence-based, cost-effective interventions: how many newborn babies can we save? *Lancet*. 2005; 365:977-988.
⁴ Healthy Newborn Partnership. Addis Ababa Declaration for Global Newborn Health. February 2004.