



Save the Children

Newborn Health in Humanitarian Settings

CORE Group Webinar
16 February 2017
Elaine Scudder





Newborn Health in Humanitarian Settings: Background

An uncomfortable truth is that the much vaunted Global Strategy for Women's, Children's, and Adolescents' Health is failing (and will continue to fail) unless the humanitarian predicament faced by women and children is made an over-riding priority...Most programmes that address women's and children's health barely even touch countries in the grip of conflict...

But now is the moment for all those in health leadership positions to give their political and material support to women, children, and adolescents in settings of humanitarian crisis. The biggest (and growing) inequality today is between those living in stable political settings and those enduring conflict and violence. So far, our international health institutions have failed to confront these realities.

It's time they did so.

Richard Horton
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Leave no one behind: Women, children and adolescent health in emergencies

By Flavia Bustreo, Princess Sarah Zeid | 10 May 2016

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and newborns?



Families displaced by Boko Haram militants wait at a clinic in Yola, one of the primary health care centers in Adamawa State, Nigeria. Photo by: Isaac Nwagwu. BY-NC-ND

PRESS RELEASE

Essential Health Needs of Women Often Neglected in Assistance after Natural Disasters, Conflicts

3 December 2015



UNFPA's *State of World Population 2015* sets new agenda for humanitarian response to step up support for millions left behind

UNITED NATIONS, New York, 3 December 2015 -- The health needs of women and adolescents are too often neglected in humanitarian response to natural disasters and conflicts around the world, even though whether women and girls live or die in a crisis often depends on access to basic sexual and reproductive health services like midwives and HIV prevention, says a new report released today by UNFPA, the United Nations Population Fund.

The State of World Population 2015, "Shelter from the Storm," shows that of the 100 million people in need of humanitarian assistance around the world today, about 26 million are women and adolescent girls in their childbearing years.

Why is this important?

- Despite improvements globally in newborn health, relatively poor outcomes persist in areas plagued by conflict or political instability
- Of the 15 countries with the highest neonatal mortality rates in the world, 14 are characterized by chronic conflict or political instability.
- International standards define emergency obstetric care and essential newborn care, yet these interventions remain poorly funded and poorly provided in humanitarian responses
- Women and newborns are particularly sensitive, and responses do not match the burden of morbidity and mortality
- **Response assessments, supply kits, intervention packages, and indicators are largely missing newborn**



Increasing attention

2016

RESEARCH Open Access

Neonatal survival in complex humanitarian emergencies: setting an evidence-based research agenda

Diane F. Morrell¹, Kate Norber^{2,3}, Barbara Tomczak⁴, Jay L. Lee⁵, Carla Stanton⁶, Sarina Sam⁷ and Rikke Amadi⁸



Strategic governance: Addressing neonatal mortality in situations of political instability and weak governance

Paul H. Wan, MD, MPH^{1,2,3,4}, and Gary L. Darmstadt, MD, MSP⁵



For Every Woman Every Child Everywhere
 Upholding health and wellbeing for women, newborns, children and adolescents in humanitarian and fragile settings

The Abu Dhabi Declaration

SickKids | Centre for Global Child Health

**Neonatal Health in Humanitarian Settings:
 Expert Meeting, July 16 & 17, 2012**

RESEARCH Open Access

Neonatal survival interventions in humanitarian emergencies: a survey of current practices and programs

Jennifer Q. Lee¹, Rikke Amadi², Kate Norber³, Jay L. Lee⁴, Barbara Tomczak⁵, Nadine Corns⁶, Anna Adet⁷, Anne Collier⁸ and William J. Moss⁹



Impatient Optimists
 — Bill & Melinda Gates Foundation —

Survival of Women and Newborns in Crisis

KATE NORBER, PRIMA AHMADU
 May 20, 2011



PLOS CURRENTS

Services for Mothers and Newborns During the Ebola Outbreak in Liberia: The Need for Improvement in Emergencies

April 16, 2015 · Research Article

PLOS CURRENTS OUTBREAKS

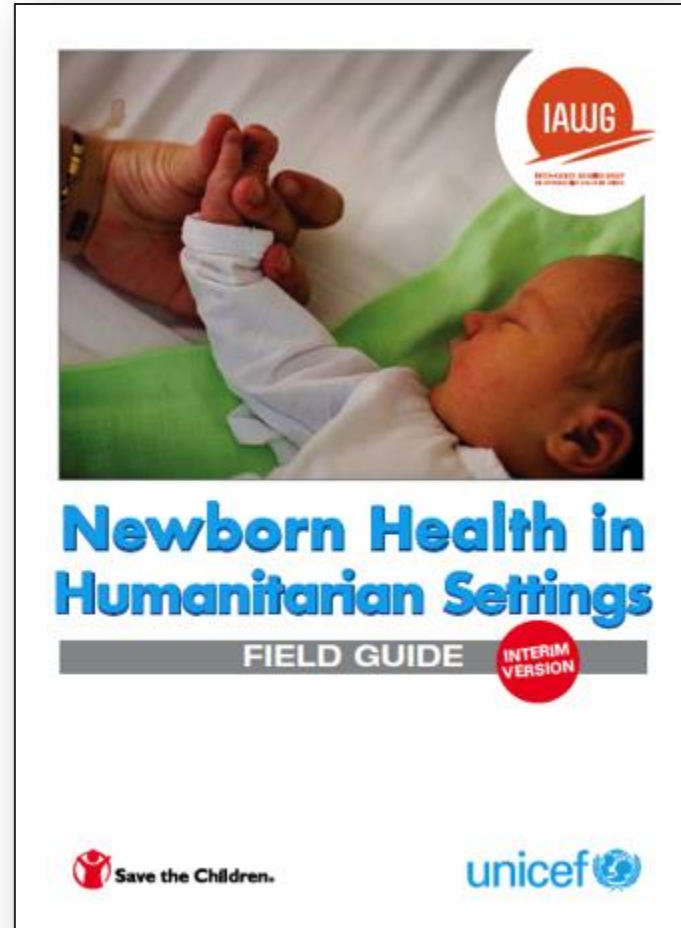
Services for Mothers and Newborns During the Ebola Outbreak in Liberia: The Need for Improvement in Emergencies

April 16, 2015 · Research Article

2011

The Field Guide

- Inter-agency collaboration
- Companion to the *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* (IAFM) and *Minimum Initial Service Package* (MISP)
- Prioritizes critical health services and supplies to prevent and manage the three main causes of newborn death at each level of care
- Includes:
 - Background, epidemiology, evidence summary
 - Guidance for implementing interventions
 - Supervision, monitoring and evaluation
 - Contents of newborn kits, including essential medicines and supplies by level
- Tested in South Sudan and Somalia with INGO implementing partners

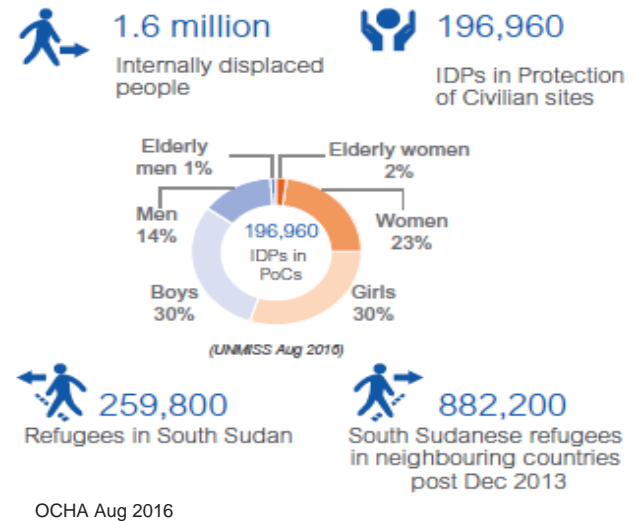


Testing the Field Guide



South Sudan

- World's newest country in 2011; peace agreement in August 2015
- Routine health system constraints:
 - 80% of health services provided by INGOs
 - Limited health workforce and training institutions
 - Poor medical supply chain and infrastructure
- NMR of 39; 30,000 stillbirths and newborn deaths
- Only 19% of deliveries occur in facilities



Research aims, methods & timeline

Key learning questions: the HOW?

1. What factors influence the implementation of the *Field Guide* among IMC health workers and program staff at the community and facility level?
2. What are health worker attitudes toward the adoption of newborn practices?
3. What is the association between the intervention and changes in newborn care practices at baseline and **five months** post intervention?



Assessment methods

- Clinical observations
- Qualitative interviews
- Health facility assessments
- Routine records review
- Supervisor checklists
- Cost analysis

Intervention package

Supplies

Procure and track newborn care supply kits based on a standard population

- Community: women-held and CHW supplies
- PHCC: essential newborn care
- Hospital level: advanced supplies and equipment

Clinical training

Train community and facility health workers on Field Guide

- Short and focused: 2 days for CHWs, 2 days for facility
- Helping Babies Survive materials procured
- Essential newborn care: thermal care, hygiene, breastfeeding
- Extra care for small babies, infections and intrapartum

Program support

Build capacity and interest in newborn care amongst IMC program staff





- Workshop to prioritize key activities to improve newborn service delivery
- Communication and advocacy materials
- Data quality for birth outcomes including stillbirths and neonatal deaths

**Operating at Community, PHCC and hospital, primarily addressing service delivery, supplies and supervision
...but cannot be done without a behavior change component**

Adapting to uncertainty

- July 2016 fighting included the shelling of the maternity ward in Juba POC hospital
- December 2016 fighting in Maban halted the intervention & data collection
- Extreme instability following intervention roll-out
 - Hours shortened for skilled staff; many deliveries with 'midwife assistants
 - No opportunity for referral outside camp
 - Frequent national and expat staff changes: ethnic instability increased
 - Transportation: movements within the country and between sites were extremely limited
 - Increasing camp populations
 - Frustration with limited scope of INGO health services resulted in backlash against staff

Barriers at Baseline

| | |
|---|---|
|  | <ul style="list-style-type: none">• Severe health service delivery challenges, including staffing shortages, looting of supplies, insufficient space, little maintenance of existing supplies |
|  | <ul style="list-style-type: none">• Midwives saw most newborn practices as highly important but also reported difficulties in caring for small and sick newborns |
|  | <ul style="list-style-type: none">• Community Health Workers had positive attitudes towards newborn care but they were not reaching women and babies in the first week after delivery |
|  | <ul style="list-style-type: none">• Critical newborn medicine and equipment were unavailable and clear protocols were lacking |



Testing the Field Guide: Summary

South Sudan

Before-and-after study with 3-prong intervention:

- Facility & community training
- Supply kits at three levels
- Program staff training

IMC implementing in 3 camp settings

Instability immediately following intervention implementation: 'real life' scenario

Somalia

Two arm, stratified non-randomized control trial with similar intervention to South Sudan, but more facility-based

SC implementing in health facilities in Puntland, amongst high IDP population

Will document feasibility of implementation and quality of care

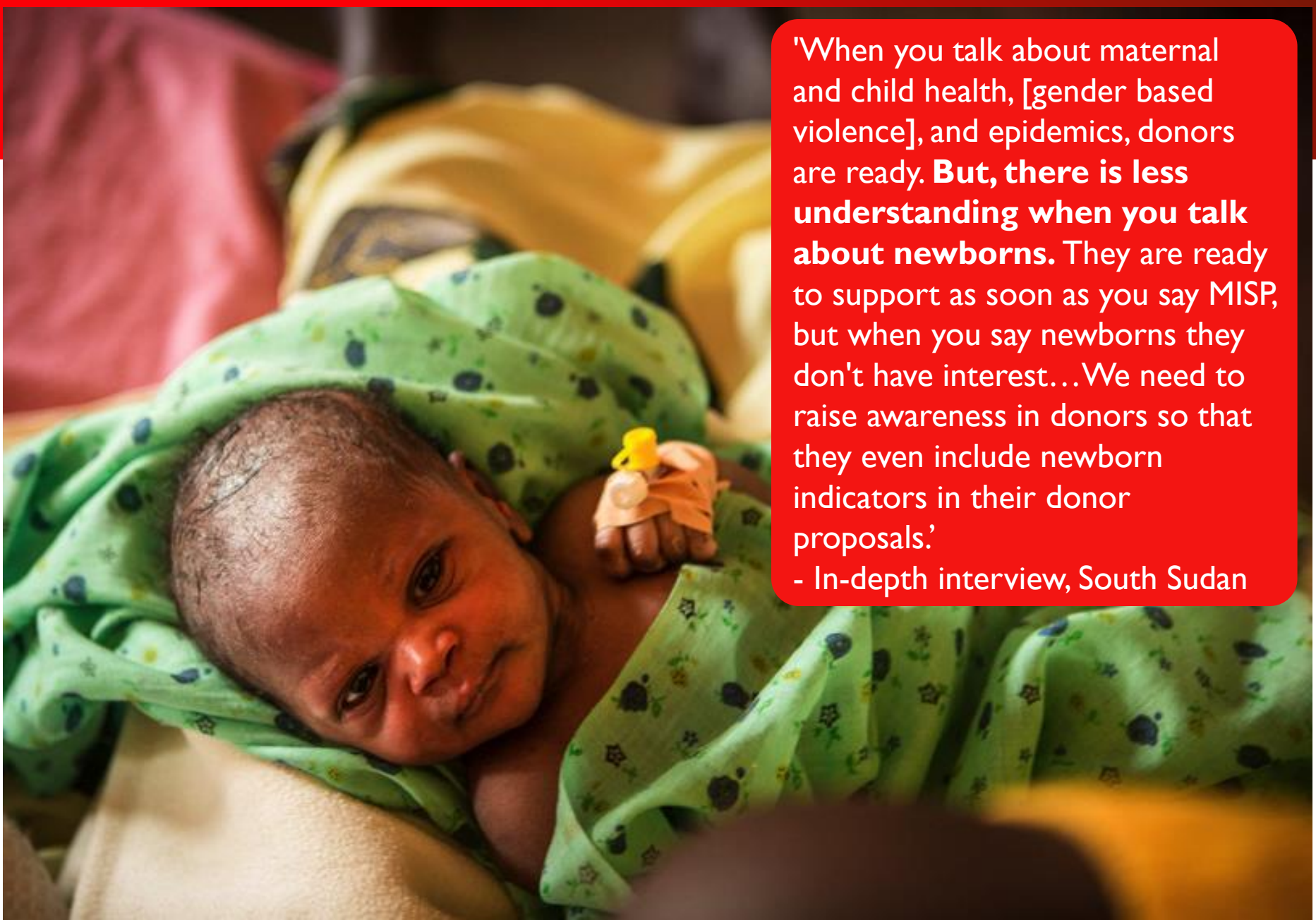
Future agenda



Advancing the Agenda

- Field Guide & implementation toolkit to be revised to reflect new learning:
 - More needed on initial set up of services; on where there is no referral, adapting to uncertainty; task shifting; realign indicators to current best practice
 - Translation so as to allow for use in expanded settings
- Supply kits to be developed by UNICEF Supply Division
 - Types and quantities of commodities by level
 - Opportunities for integration with other kits
- Institutionalize efforts under IAWG; incorporate more newborn care into global standards
- Develop operational guidance for multiple settings (e.g., sudden onset, extreme weather events)
- UNHCR: newborn care activities within refugee camps in South Sudan, Kenya, and Jordan
- Bridge the nexus between development and humanitarian agencies in RMNCAH&N
 - Linkages with urban health work is needed
 - Connecting with IYCF-E activities
 - Preterm birth agenda





'When you talk about maternal and child health, [gender based violence], and epidemics, donors are ready. **But, there is less understanding when you talk about newborns.** They are ready to support as soon as you say MISP, but when you say newborns they don't have interest...We need to raise awareness in donors so that they even include newborn indicators in their donor proposals.'

- In-depth interview, South Sudan





Together we need to design emergency interventions with a longer term view and the **specific needs of mothers and newborns in mind**. This includes making reproductive health care a priority in emergency response alongside programs that include attention to the specialized needs of pregnant women and newborns to protect their health and survival, especially by providing quality care around the time of birth and special care for small and sick newborns.

- State of the World's Mothers Report, 2014

THANK YOU



Save the Children