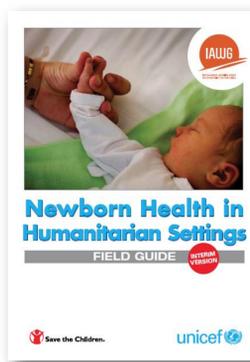


# Newborn Health in Humanitarian Settings: Field Guide

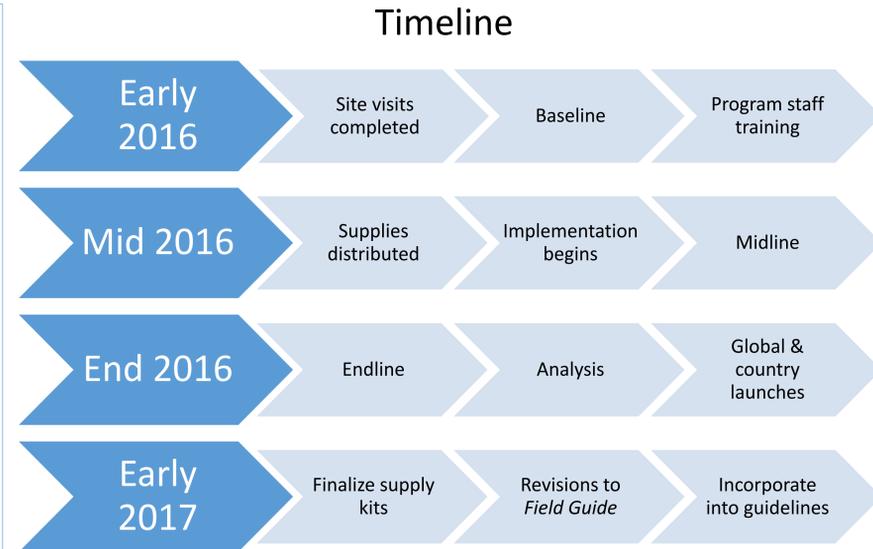
## Addressing gaps in routine systems and during emergencies



### The Need and the Response

- Emergencies have a disproportionate burden on women and children
- 80% of high-mortality countries have experienced a recent conflict, recurring natural disaster, or both
- Women and children are up to 14 times more likely than men to die in a disaster
- There is a gap in understanding factors to support the successful translation of evidence-based guidelines into practice in a humanitarian context
- While standardized supply kits exist, there has not been a validated kit for newborn care
- **There is a lack of feasibility studies and evidence-based guidance for routine systems and international agencies through all phases of an emergency**

- The *Field Guide* was developed through an inter-agency collaboration to address the gap in newborn health programming in humanitarian settings
- A companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (IAFM) and Minimum Initial Service Package (MISP)
- Prioritizes the most critical health services and supplies to prevent and manage the three main causes of newborn death at each level of care:
  - Background, epidemiology, and evidence
  - Guidance for implementing interventions
  - Supervision, monitoring and evaluation
  - Contents of newborn kits, including essential medicines and supplies by level
- A pilot test of the *Field Guide* began in Somalia and South Sudan in 2016



### Testing the *Field Guide*

#### South Sudan

- World's newest country in 2011; peace agreement in August 2015; renewed violence July 2016
- Routine health system:
  - 80% of health services by non-governmental organizations
  - Limited health workforce and training institutions
  - Poor medical supply chain and infrastructure
- NMR of 39 with 17,000 newborn deaths per year
- Only 19% of deliveries occur in facilities

1.6 million Internally displaced people  
196,960 IDPs in Protection of Civilians sites  
259,800 Refugees in South Sudan  
882,200 South Sudanese refugees in neighbouring countries post Dec 2013  
196,960 IDPs in PoCs: Men 14%, Women 23%, Boys 30%, Girls 30%, Elderly men 1%, Elderly women 2%

- #### Study objectives
- Explore *factors that influence the implementation of the Field Guide* among IMC health workers and program staff at the community and facility level
  - Understand *health worker attitudes* toward the adoption of newborn practices
  - Determine the *association between the intervention and changes in newborn care practices* at baseline and five months post intervention

#### Barriers at Baseline

	• Severe health service delivery challenges, including staffing shortages, looting of supplies, and insufficient space
	• Midwives saw most newborn practices as highly important but also reported difficulties in caring for small and sick newborns
	• Community Health Workers had positive attitudes towards newborn care but they were not reaching women and babies in the first week after delivery
	• Critical newborn medicine and equipment were unavailable and clear protocols were lacking

#### Assessment methods and intervention

- Clinical observations
- Qualitative interviews
- Health facility assessments
- Routine records review
- Supervisor checklists
- Cost analysis
- Intervention includes procuring supplies, clinical training, and program support

Short intervention period reflects reality of setting up services in the first 3 months of an acute crisis.

#### Adapting to Uncertainty

- July 2016 conflict included shelling of the maternity ward in Juba, resulting in:
  - Majority of births shifted from hospital to primary health center in adjacent Protection of Civilians site
  - Supplies had to be moved, as the primary health center did not receive a kit meant to serve a hospital-sized population
  - Women delivered in inpatient department, no designated postnatal space
- Extreme instability following intervention roll-out:
  - Shifts in service: security issues meant hours had to be shortened for skilled staff; many deliveries with 'midwife assistants' and no opportunity for referral outside camp
  - Frequent staff changes: ethnic instability increased, many national staff left, expats were forced or chose to relocate
  - Transportation: movements within the country and within sites were extremely limited
- Insecurity led to very mobile and extremely high camp populations, and the need for services drastically increased

### Turning Learning into Action

'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 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.'

- Preliminary findings strongly highlight need for flexibility and adaptability, and for extra support for staff
- UNHCR complementary guidelines are being tested in South Sudan, Kenya, and Jordan; *Field Guide* testing also in Somalia
- *Field Guide* to be finalized, reflecting results and lessons learned:
  - More guidance on initial set up; training; supervision and monitoring; adapting to uncertainty; task-shifting
  - Supply kits: Finalize types and quantities of commodities, guidelines for use and monitoring, integration in other kits
- Health system capacity influences providers' ability and willingness to care for newborns. To improve compliance:
  - Needs to be integrated with IAFM and MISP, so as to better coordinate efforts among international agencies
  - Community and facility health workers need basic newborn care training, including danger signs, referrals, counseling
  - Quality of data and use, particularly on stillbirths, needs to be improved
- Greater dialogue/cross-sharing between development and humanitarian work
  - 60% of refugees and 80% of IDPs now live in urban areas – linkages with urban health work is needed
  - Education and nutrition messaging is most prominent – advocacy needed to highlight importance of health
  - Implementation through NGO partner has limits; important to engage government officials and communicate results