



Save the Children



Saving Newborn Lives in Ethiopia

The Journey: Saving Newborn Lives 1

2005 - 2006

- Neonatal Tetanus Elimination
- Kangaroo Mother Care

Neonatal Tetanus:

- Small scale
- With Regional Health Bureaus in Somali and SNNPR
- Community mobilization and logistics support to sub-national level

KMC:

- Selected hospitals in the country
- Capacity building to set up KMC units (training, equipment)



The Journey: Saving Newborn Lives 2

2006

Situation analysis

- HEP focus on disease prevention and health promotion
- Under five treatment at health centers and above
- Key documents lacked newborn content

2007 - 2008

Stakeholder identification and engagement

- Consultations and research planning workshops
- Agreement on the need for strongest evidence to influence policy
- RCT designed to define effective packages of interventions within the health system

COMBINE (RCT) Objectives

- 1. To strengthen and evaluate implementation of the HEP according to existing policy:**

A before-after comparison

- 2. To implement and evaluate the effect of community based management of possible serious bacterial infection (PSBI):**

A two-arm randomized control trial



COMBINE Intervention Approach – The 4 C's

Contact



Capture



Care



Completion



Involves:

- Pregnancy identification, registration and follow up
- Immediate notification of labor and birth
- Early contact with newborns and home visits
- Management of newborns with danger signs as per the protocol



Positioning Ourselves as Technical Leader

2008 - 2010

Established networking and alliance with likeminded actors

- Senior authorities in newborn and child health
- Professional associations and universities
- UNICEF
- WHO

Strong and proactive engagement in government led national and sub-national technical working groups to push the newborn agenda

- Strengthening the HEP to implement existing package
 - Preparation for the RCT

From Evidence to Scale

2011 - 2013

- RCT implementation and evaluation
- Pushing the newborn health agenda at all levels
- Evidence generation and sharing

Requested by the Ministry of Health to come up with scalable newborn health intervention package when EDHS 2011 results showed no change in newborn mortality

Development of the CBNC Package

2012 – 2013

- Convened key champions and technical experts to synthesize global and national evidence to inform the development of a national package
- Policy makers and partners benchmarking visit to Nepal
- Strong delegation participated in the first Global Newborn Health Conference
- The CBNC Package and Implementation Plan developed and launched

The CBNC Program

Goal: Reduction of newborn and child mortality

Result areas:

- Increased **availability and accessibility** of community-based newborn care
- Improved **quality** of facility- and community-based newborn care
- **Knowledge and acceptance** of key maternal newborn health and nutrition services and behaviors increased
- Improved **social and policy environment** on CBNC



Key components of CBNC

- Early identification of pregnancy
- Focused antenatal care
- Promotion of institutional delivery
- Safe and clean delivery by HEWs in case of home deliveries or deliveries at health post level
- Provision of immediate newborn care and chlorhexidine cord care
- Recognition and management of asphyxia, initial stimulation and resuscitation in newborns
- Prevention and management of hypothermia
- Management of pre-term and low birth weight neonates (KMC)
- Management of neonatal sepsis at the community level

Implementation Modality

Phased approach to scale up

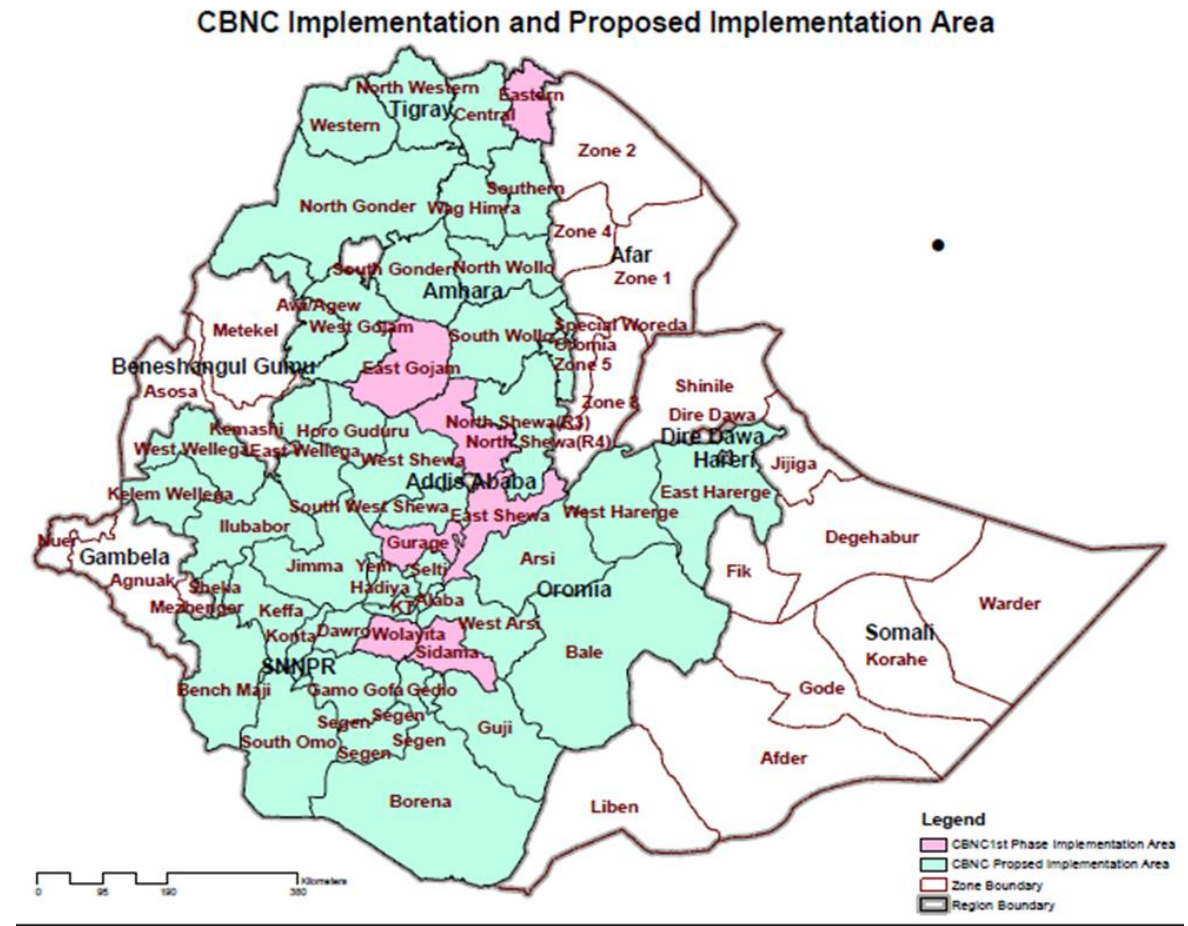
- Phase I started in September 2013
- Phase II: started in July, 2014 in staggered manner

Implementing partners

- Save the children
- JSI
- MOH

Funding

- UNICEF (multiple donors)
- USAID
- CIFF
- BMGF



The Journey: Saving Newborn Lives 3

2014 – 2017

- Developing and testing MNCH demand creation /community empowerment strategy
- Documenting CBNC lessons from Phase I zones
- Evidence generation through operations research and sharing
- Technical leadership and support (TA embedded within FMOH)
- Strategizing on and working with key partners in the development of 'transition' plan



Research outputs - published

Degefe et al. *BMC International Health and Human Rights* 2014, **14**:17
<http://www.biomedcentral.com/1472-698X/14/17>



International Health & Human Rights

RESEARCH ARTICLE

Open Access

Local understandings of care during delivery and postnatal period to inform home based package of newborn care interventions in rural Ethiopia: a qualitative study

Tedbabe Degefe^{1*}, Yared Amare² and Brian Mulligan³



GLOBAL HEALTH: SCIENCE AND PRACTICE
Dedicated to what works in global health programs



ORIGINAL ARTICLE

Effect on Neonatal Mortality of Newborn Infection Management at Health Posts When Referral Is Not Possible: A Cluster-Randomized Trial in Rural Ethiopia

Tedbabe Degefe Hailegebriel,^a Brian Mulligan,^b Simon Cousens,^c Bereket Mathewos,^d Steve Wall,^e Abeba Bekele,^d Jeanne Russell,^e Deborah Sitrin,^e Biruk Tensou,^d Joy Lawn,^c Joseph de Graft Johnson,^e Hailemariam Legesse,^f Sirak Hailu,^g Assaye Nigussie,^h Bogale Worku,ⁱ Abdullah Baquiⁱ

Health Extension Workers (HEWs), in general, properly provided antibiotic treatment of possible severe bacterial infections in newborns at the health post level. But only about half of newborns estimated to have infections in the intervention area received treatment by HEWs, and home visits and referrals declined in the final months of the study. Cluster-level analysis suggests a mortality reduction consistent with this level of treatment coverage, although the finding did not reach statistical significance.

Mangham-Jefferies et al. *Human Resources for Health* 2014, **12**:61
<http://www.human-resources-health.com/content/12/1/61>



HUMAN RESOURCES FOR HEALTH

RESEARCH

Open Access

How do health extension workers in Ethiopia allocate their time?

Lindsay Mangham-Jefferies^{1*}, Bereket Mathewos², Jeanne Russell³ and Abeba Bekele²

Health Policy and Planning, 32, 2017, i21–i32
doi: 10.1093/heapol/czx054
Advance Access Publication Date: 3 August 2017
Original Article

OXFORD

Community-Based Interventions for Newborns in Ethiopia (COMBINE): Cost-effectiveness analysis

Bereket Mathewos,¹ Helen Owen,² Deborah Sitrin,³ Simon Cousens,² Tedbabe Degefe,³ Stephen Wall,³ Abeba Bekele,¹ Joy E Lawn² and Emmanuelle Daviaud^{4,*}

¹Save the Children, Addis Ababa, Ethiopia, ²MARCH (Maternal Adolescent Reproductive & Child Health) Centre, London School of Hygiene & Tropical Medicine, London, UK, ³Save the Children, Washington, DC, USA and ⁴Health System Research Unit, South African Medical Research Council, Cape Town, South Africa

*Corresponding author. Health System Research Unit, SAMRC, P.O. Box 19070, Tygerberg 7505, Cape Town, South Africa.
E-mail: edaviaud@mrc.ac.za

Accepted on 28 April 2017

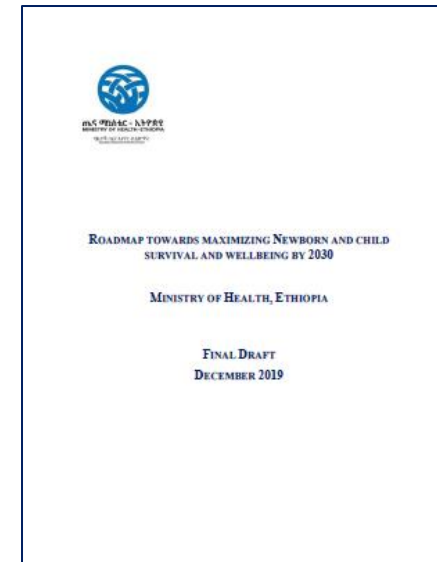


Save the Children

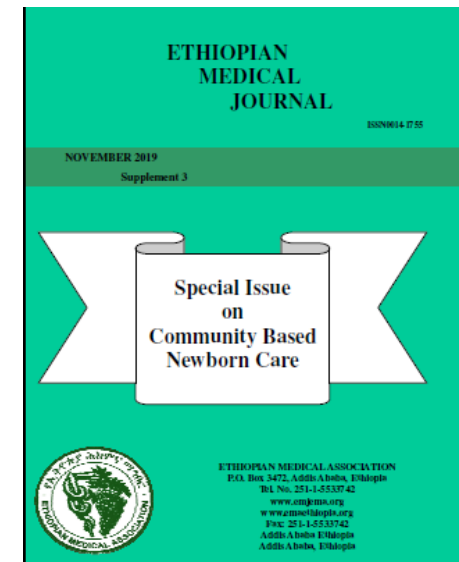
The Journey: Saving Newborn Lives 4

2018 - 2019

- Proactively working with the national level technical working group to adapt CBNC program to pastoralist/semi-pastoralist context
- Ideation and supporting FMOH in the development of long term newborn and child health Roadmap
- Convening and supporting newborn health partners to publish the CBNC experience for sharing



Implementation of Integrated Community Case Management of Childhood and Newborn Illnesses in Pastoralist Regions of Ethiopia



Save the Children's Role

- Implementation
- Technical assistance
- Continuous quality improvement: Packaging of implementation lessons for ongoing course adjustment
- Innovation: Demand Creation
- Advocacy: through engaging in working groups and task forces
- Research: ongoing operations research, evidence generation and sharing

What is next? 'Unfinished Agenda'

Facility based care for newborns (and mothers)

- Quality Improvement, focusing on the day of birth
- Care for small babies
- Postnatal care beyond facility
- Content of antenatal care

Data use with better information system and accountability mechanisms

- Cultural transformation [health workers] on data generation, management and use

THANK YOU



Save the Children