



EVERY NEWBORN TOOLKIT

AVAILABLE TOOLS FOR NEWBORN HEALTH

HOW TO USE THIS DOCUMENT

Listed below are analytical tools country and regional teams can use to sharpen existing reproductive, maternal, newborn and child health (RMNCH) policies and plans to ensure use of evidence and data to inform the newborn component. For the purposes of the *Every Newborn* action plan, country and regional teams are encouraged to review these tools and assess their country's current status. These tools may also feed into the country consultation process but are not required to be completed before such consultations.

Tools highlighted in this document include:

1. The Landscape Analysis of Life-Saving Reproductive, Maternal, Newborn and Child Health Interventions and Commodities, Rapid Assessment of Life-saving Interventions and Commodities (RAIC) tool
2. The Lives Saved Tool (LiST)
3. The maternal-newborn bottleneck analysis tool
4. OneHealth Tool
5. Managing programmes to improve child health
6. Saving Newborn Lives Tools for Newborn Health: Qualitative research to improve newborn care packages
7. Benchmarks for readiness to scale up newborn interventions
8. Newborn Health Planning in the Context of MNCH Situation Analysis Guide

If you require more information about these tools or would like access to them, please contact Dr. Aline Simen Kapeu at askapeu@unicef.org or Mary Kinney at mkinney@savechildren.org



AVAILABLE TOOLS FOR NEWBORN HEALTH ASSESSMENT

1. THE LANDSCAPE ANALYSIS OF LIFE-SAVING REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH INTERVENTIONS AND COMMODITIES - RAPID ASSESSMENT OF LIFE-SAVING INTERVENTIONS AND COMMODITIES (RAIC) TOOL

UNICEF with support from partners is leading an effort to assist countries in the rapid assessment of RMNCH programmes and commodities. This analysis will guide national efforts towards improving health outcomes for women and children and accelerating progress towards reaching MDGs 4 and 5. The process for rapid landscape analysis addresses the goals of "A Promised Renewed" and the UN Commission on Life-Saving Commodities for Women and Children (UNCoLSC) in support of the *Global Strategy for Women's and Children's Health*. The three priority actions are (1) sharpening the national RMNCH plan, (2) strengthening accountability and monitoring mechanisms and (3) developing/strengthening partnerships for social mobilization, funding and technical assistance. The tools to conduct this analysis include: the LiST Tool, the Checklist for RMNCH programmes, the Rapid Assessment of Interventions and Commodities Tool (RAIC), the Bottleneck Analysis approach and the OneHealth Tool.

The RAIC tool is a rapid review of programmes and related commodities. It helps collect information on the country and health system profiles and consists of 8 different modules: four modules (2-5) are programme-specific and two modules (7-8) are commodity-specific.

The tool is designed as follows:

- Country Profile
- Health Systems Profile
- Module 1: Checklist for Review of National RMNCH Plan (IHP+/ JANS approach)
- Module 2: RAIC for Reproductive Health Programme Analysis
- Module 3: RAIC for Maternal Health Programme Analysis
- Module 4: RAIC for Newborn Health Programme Analysis
- Module 5: RAIC for Child Health Programme Analysis
- Module 6: Indicators for the bottleneck analysis
- Module 7: Procurement Agency Assessment (7a - General, 7b - RMNCH commodities)
- Module 8: Regulation Agency Assessment (8a - General, 8b - RMNCH commodities)

The RAIC tool has been designed to guide national efforts related to RMNCH and provide an overview of the current national landscape related to RMNCH programmes and commodities. The newborn health module addresses questions related to the following three main causes of neonatal mortality and the four linked preventative and therapeutic interventions using four commodities.

2. THE LIVES SAVED TOOL (LIST)

LiST is an evidence-based tool used to assess the burden of disease and identify high-impact packages of interventions for maternal, neonatal and child health based on changes to the coverage levels of interventions. LiST projects the amount of mortality reduction that could be achieved if the coverage levels of specific interventions were increased based on the initial coverage, demographic characteristics and planned coverage targets.

Using current coverage levels of interventions, and a country's existing disease burden, the LiST module can be used as a stand-alone piece to evaluate the impact of scaling-up all of the interventions it is able to model, a subset of them (such as WASH interventions), or a single one. LiST estimates the number of neonatal, under-five and/or maternal lives saved under various scenarios. Within the Spectrum software, the LiST module works by:

- Specifying the current population estimates (either reading directly from the demographic projections of the United Nations Population Division or from national or provincial demographic projections).
- Analysing the cause of death information for children under five and maternal mortality, either WHO standard estimates or based on local data (latter is always preferred).
- Taking into account the current coverage levels for health interventions that impact child and maternal mortality.
- Estimating the effectiveness of increased coverage of interventions on cause-specific neonatal, child and maternal mortality.

All training resources on LiST, including the manual, are available free of charge online:

<http://www.jhsph.edu/departments/international-health/IIP/list/index.html>

3. BOTTLENECK ANALYSIS TO SCALE-UP NEWBORN CARE

The objectives of the maternal-newborn bottleneck analysis tool are:

1. Analyse the health systems bottlenecks and challenges preventing the scale up of high-impact, cost-effective interventions/packages for newborns
2. Identify potential solutions, including innovative strategies to overcome the barriers, bottlenecks and challenges identified

The tool is organized to facilitate the identification of bottlenecks across the 7 the health system building blocks:

1. Leadership and governance (*enabling environment*)
2. Health financing (*enabling environment*)
3. Health work force (*supply*)
4. Essential medical products and technologies (*supply*)
5. Health services (*supply, quality*)
6. Health information systems (*quality*)
7. Community ownership and partnership (*demand*)

The tool identifies selected interventions as critical to provide basic care for all newborns and mothers, prevent and treat the 3 main causes of neonatal mortality: complications from prematurity, intrapartum-related including asphyxia, and newborn infections. These are considered as "tracer interventions" and most likely appropriate to be used as "proxy" to get an understanding of common challenges related to key newborn interventions delivered through a similar platform. Although interventions along the whole continuum of care are important, the focus is around the 24 hours of birth; labour, child birth and immediate postnatal care.

Selected interventions are:

1. Management of preterm birth (focus on antenatal corticosteroids)
2. Skilled care at birth (focus on the use of the partograph)
3. Basic Emergency Obstetric Care (focus on assisted vaginal delivery)
4. Comprehensive Emergency Obstetric Care (focus on caesarean section)
5. Basic Newborn Care (focus on cleanliness including cord care, warmth, and feeding)
6. Neonatal resuscitation
7. Kangaroo mother care (focus on skin to skin, breastfeeding and feeding support for premature and small babies)
8. Treatment of severe infections (focus on using injectable antibiotics)
9. Inpatient supportive care for sick and small newborns (focus on IV fluids/feeding support and safe oxygen)

The tool is divided into 3 sections:

Section I includes questions related to newborn health programmes in general.

Section II is sub-divided into 9 sections representing critical newborn interventions listed below. Bottlenecks specific to each essential intervention are also assessed according to the 7 health system building blocks. Section III facilitates the identification of Potential and successful strategies and solutions for priority bottlenecks identified under each health system building block.

This tool and a guiding PowerPoint are available online at <http://www.globalnewbornaction.org/every-newborn-toolkit/>



4. ONEHEALTH TOOL

The **OneHealth** Tool is a software tool designed to strengthen health system analysis and costing and to develop financing scenarios at the country level. The primary purpose of the tool is to assess health investment needs in low- and middle-income countries. For the first time, planners have a single framework for planning, costing, impact analysis, budgeting and financing of strategies for all major diseases and health system components.

It represents a modular instrument for programme – specific and sector-wide applications. It facilitates scenario generation, priority setting processes and assessment of costs related to the areas of reproductive health, maternal, newborn and child health as well as malaria, HIV/AIDS, tuberculosis, nutrition, water, sanitation and hygiene to inform progress towards the Millennium Development Goals, including achievable health impact.

The programme planners (e.g. MNCH) can use the specific programme planning modules to develop plans addressing their particular needs with reference to health systems as appropriate. Similarly, health systems planners can use the systems modules to make medium and long-term plans for human resources, infrastructure, logistics etc.

The OneHealth includes the Lives Saved Tool as well as modules for budgeting and costing

This tool is available freely online at <http://www.futuresinstitute.org/onehealth.aspx>

5. MANAGING PROGRAMMES TO IMPROVE CHILD HEALTH

Child health interventions are treatments, technologies, and key family practices that prevent or treat newborn and childhood illness and reduce deaths in children under five years of age. At the national level, child health programme management and partners should select the most important child health interventions to implement in the country, based on the primary causes of morbidity and mortality and the feasibility of implementing different interventions. Child health programme managers at the other administrative levels, such as the region, sub-region, and district, must understand the child survival problems in their area and the framework specified in the country's strategic plan for child health. They must then plan to implement the selected interventions for child health in a way that will be effective in their administrative areas, manage that implementation on an ongoing basis, and periodically evaluate what has been achieved.

Managing Programmes to Improve Child Health is designed to give managers essential knowledge and skills that they can use to improve programme management. Many child health managers have backgrounds in medicine or nursing, and have never received training in programme management. It is assumed that they will pick up necessary skills, although this is often not the case. For this reason, training in key management concepts and skills is essential.

Better planning and management of child health programmes is urgently needed. Although simple and effective interventions to reduce child deaths are available, these interventions are often not reaching the children who most need them. Programmes that are well planned and managed are more likely to improve intervention coverage, reduce newborn and child deaths, and help achieve MDG4.

The tool is available online at http://www.who.int/maternal_child_adolescent/documents/9789241598729/en/index.html

6. SAVING NEWBORN LIVES TOOLS FOR NEWBORN HEALTH: QUALITATIVE RESEARCH TO IMPROVE NEWBORN CARE PACKAGES

The purpose of this guide is to provide a ready reference tool for conducting qualitative research and planning a behavior change communications strategy to improve newborn care practices. In this guide, we label this research 'qualitative,' but it is important to note that the term 'formative' can be used to describe it as well. The guide has been designed with the understanding that the qualitative research and analysis could be carried out by subcontracted technical agencies or individuals who would supply the information to program managers. The program manager will not design, develop, or execute field studies, but rather will provide terms of reference and informed technical supervision and management.

This tool is available online at <http://www.healthynewbornnetwork.org/resource/saving-newborn-lives-tools-newborn-health-qualitative-research-improve-newborn-care-package>

7. BENCHMARKS FOR READINESS TO SCALE UP NEWBORN INTERVENTIONS

Save the Children's Saving Newborn Lives developed a set of benchmarks to assess the degree to which health systems are prepared to deliver interventions for newborn survival. These benchmarks are an innovative method to track early progress towards scale-up. The benchmarks comprise 27 elements that measure the preconditions to delivering newborn interventions at scale in most settings. Benchmarks are scored as 'Yes' (achieved), 'Partial' (partially achieved), and 'No' (not achieved), and can be collected at different time points to track progress. They include measures of: availability of evidence, consensus building, financing, standards and guidelines, and implementation. A guide on how to collect and use the benchmarks is currently under development. A paper was published on the process of selecting the benchmarks and applying them in 9 countries. http://heapol.oxfordjournals.org/content/27/suppl_3/iii29.full

8. NEWBORN HEALTH PLANNING IN THE CONTEXT OF MNCH - SITUATION ANALYSIS GUIDE

This guide provides a structure and process for developing a national situation analysis for newborn health. A previous guidance tool developed in 2005 assisted many countries in producing national newborn situation analyses. Examples of previous country newborn situation analyses can be accessed at [Healthy Newborn Network](#).

This tool has been adapted and advanced to assist country teams in "problem and solution definition" as a basis for determining where they need to be focusing to achieve impact at scale for newborn health. We start with where we want to get to, and then define what actions it will take to get there and who need to do them. The tool is simply a guide to an approach that may help countries develop long term plan for scale and impact.

Such a situation analysis may require:

- Desk review of existing information
- Consultations with key informants
- Discussions with key strategic partners
- Review of data at health facilities or other points of service delivery

While this may be useful for a one-time effort to inform a specific plan, it can also be a useful guide to an iterative reflective process that country partners can regularly be engaged in, assessing what is working, what barriers need addressing, and how best to move forward.