

# Progress Report



July 2010 – June 2016

*survive & thrive*

professional associations, private sector and global health scholars  
saving mothers, newborns and children

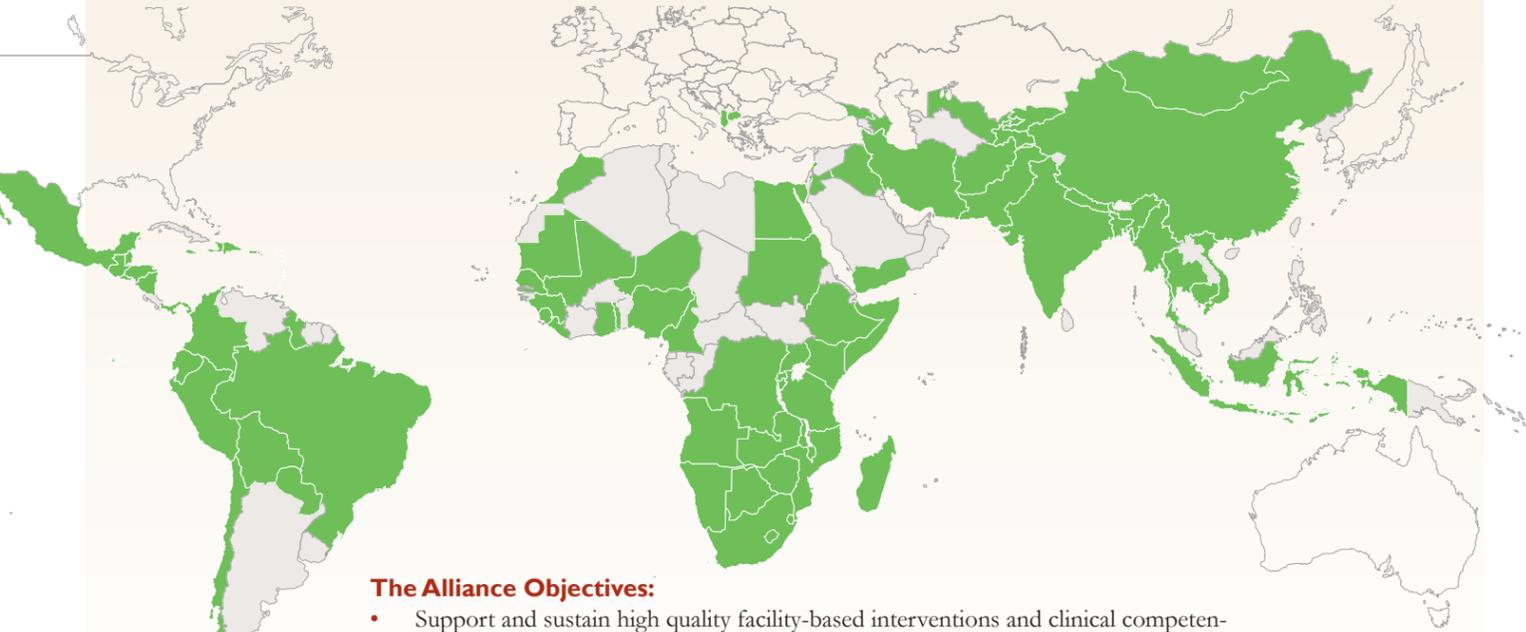


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The Survive & Thrive Global Development Alliance (GDA) is a public-private partnership established by the US Agency for International Development with pediatric, obstetric, and midwifery professional associations, the private sector and civil society to improve the quality of facility-based maternal, newborn, and child health (MNCH) services in focus countries. The alliance mobilizes and equips volunteers from US, international

and national professional associations and champions of MNCH programs to strengthen clinical competencies through training, quality improvement approaches, and the application of effective technologies and innovations. The Survive & Thrive GDA was launched at the 2012 Acting on the Call meeting in Washington DC. In 2014, Survive & Thrive merged with the Helping Babies Breathe GDA that had been established in 2010.



### The Alliance Objectives:

- Support and sustain high quality facility-based interventions and clinical competencies through training and quality-improvement approaches and effective technologies and innovations
- Mobilize and equip members of professional associations to improve the quality of high-impact MNCH interventions in health facilities and to be champions in MNCH

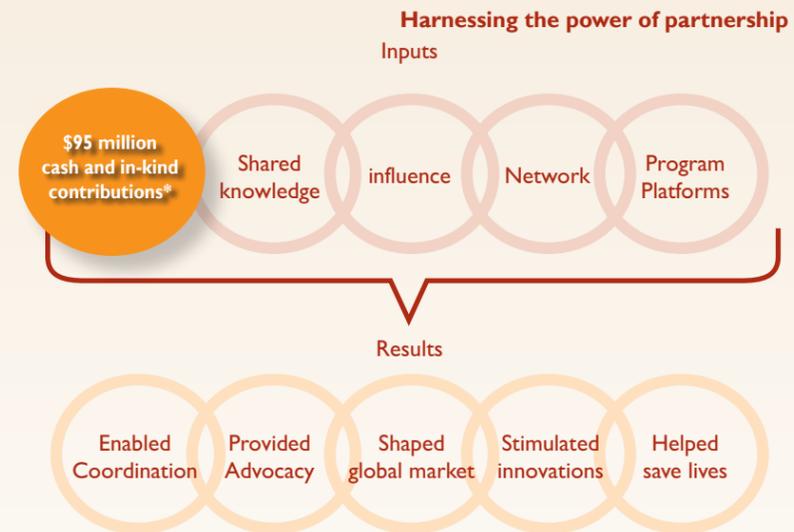


Photo: Jhpiego

## How We Work

The principles that bind the Survive and Thrive partners together include responsiveness to national priorities that are country-led and country-owned; being inclusive and collaborative; sharing goals, results and recognition among all partners; and respecting

a non-exclusive relationship with all its partners to provide a menu of maternal, neonatal and child health interventions and associated technologies that governments may choose to include in their programs.



The alliance has trained **355,000** health providers in over **80** countries and has impacted over **5,000** health facilities through trained health providers and equipment

### Objective 1: Support and sustain high-quality facility-based MNCH interventions

Survive and Thrive educational programs use low-cost, evidence-based, purpose-driven innovations that are integrated with learning materials and quality improvement measures.



- Distributed 233,780 resuscitators, 126,818 simulators (NeoNatalies, MamaNatalies, PremieNatalies, MamaBreasts), 30,099 training materials (Helping Babies Breathe, Helping Mothers Survive, Essential Care for Every Baby, Essential Care for Small Babies).
- Developed six training modules: Essential Care for Every Baby, Essential Care for Small Babies, Threatened Preterm Birth Care, Improving Care of Mothers and Babies (QI workbook), Bleeding After Birth, Professional Association Strengthening Manual.
- Developed innovative training tools and life-saving devices: PremieNatalie, Upright Resuscitator, MamaNatalie, Nifty Cup.
- Helping Babies Breathe, a simplified newborn resuscitation program, was introduced in 80 countries between 2010

and 2014 and is changing the global landscape for newborn resuscitation by mainstreaming it as part of national newborn programs; raising political commitment for tackling asphyxia related newborn mortality; influencing evidence based policy recommendations on newborn resuscitation; and increasing global demand, supply, and use of resuscitation equipment

- In seven countries (Bangladesh, Cambodia, Colombia, Ethiopia, Malawi, Tanzania, and Uganda), governments and partners equipped up to 88% of facilities with resuscitation devices and trained up to 75% of health providers in neonatal resuscitation. Studies that evaluated Helping Babies Breathe programs in Tanzania and Nepal showed reduction in early neonatal deaths within 24 hours by 50% and reduction in fresh stillbirth by 25%.

An important lesson learned by the partners is that training does not necessarily translate into improvements in clinical performance. Promising approaches to address this problem include low-dose, high frequency practice drills, mentoring, and quality improvement processes integrated with monitoring and supervision systems. In Uganda, USAID's Saving Lives at Birth initiative supported Jhpiego and the American Academy of Pediatrics to scale-up an integrated management program of two main causes of mortality for mothers and newborns – postpartum hemorrhage and asphyxia - in 125 health facilities with 80,000 births. The program used short, targeted in-service simulation-based learning activities, spaced over time and reinforced with structured, ongoing practice sessions on the jobsite. This study showed a 34% reduction in the fresh stillbirth and a 62% reduction in newborn mortality within 24 hours across facilities.



### Objective 2: Strengthening Professional Associations

Survive and Thrive strengthens professional associations through training in leadership and organizational development, supportive supervision, and ongoing mentorship

- The Alliance reached 13 professional associations in seven countries (Afghanistan, Ethiopia, India, Malawi, Myanmar, Nigeria and Zambia).
- In Malawi, the Alliance worked with the Association of Malawian Midwives (AMAMI), which resulted in the establishment of the Malawi Ob/Gyn Society and its subsequent membership in the International Federation of Gynecologists and Obstetrics. This collaboration and involvement also led to the introduction of an official policy on prophylaxis for Group B Strep infection among pregnant women.
- “Helping 100,000 Babies Survive and Thrive” is a partnership between US professional associations, and the pediatric midwifery and obstetric associations of Ethiopia, India, and Nigeria. This partnership is working to integrate the Helping Babies Survive training program into their respective national newborn care programs to improve uptake and reach national scale.

Bangladesh rolled out the Helping Babies Breathe training program nationally, reaching a total of 25,460 skilled birth attendants (SBAs) in all 64 districts of the country, including 3,000 private sector SBAs. Post-training reviews and follow-up meetings were completed in all 64 districts with the involvement of district/sub-district level managers and supervisors. Review finding shows that 83% of skilled birth attendants had resuscitation devices, 81% of them were cleaned appropriately and 66% of the provider used the device in the previous week. The Ministry of Health and Family Welfare expanded this effort and adapted the Helping Babies Survive suite of modules to develop a Comprehensive Newborn Care Package that includes capacity-building and skill retention for service providers and supervisors, ensuring availability of supplies, establishing routine monitoring and reporting systems, strengthening supervision and mentoring support for quality improvement, social and behavior change communication, and incorporating indicators into the national health management information systems.



Formed in 2012, the S&T Alliance was recently extended through 2017 and merged with the previously formed Helping Babies Breathe Global Development Alliance. The new Alliance now includes USAID, the American Academy of Pediatrics, the American College of Nurse-Midwives, the American College of Obstetricians and Gynecologists, Johnson & Johnson, Laerdal Global Health, Jhpiego, Save the Children, LDS Charities, Global Health Media, SIT International, Project C.U.R.E., Millennium Villages, IPA and the American Heart Association.