Implementing Small and Sick Newborn Care: Learning Framework and Early Findings from Nepal

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A COMMON LEARNING AGENDA FOR DOCUMENTING IMPLEMENTATION OF SMALL AND SICK NEWBORN CARE

Using an IS approach, MOMENTUM Knowledge Accelerator designed learning tools to support country implementation analyses for the common learning agenda on SSNC, based on the Peters et al. 2013 implementation outcomes framework. This framework outlines implementation outcome variables that have relevance based on the implementation experience underway: Feasibility, Adoption, Appropriateness, Acceptability, Fidelity, Cost, Coverage and Sustainability.

MOMENTUM Knowledge Accelerator also developed mechanisms to facilitate cross-country sharing across diverse settings in Indonesia, Mali, Nepal and Nigeria, and to document program learning to inform future implementation efforts. This included initiating a series of Team-to-Team virtual meetings as well as creating opportunities for cross-country sharing and learning during in-person meetings regarding the status of implementation, processes undertaken, and key challenges and opportunities.

The development of country-contextualized models of small and/or sick newborn care (SSNC) offer an early opportunity to learn about this model of care in settings that remain in the provision of quality inpatient care for SSNBs. The Model recognizes that many countries have already achieved mortality reductions over time through scale-up of basic specialized care. The Model of Care for Small and/or Sick Newborns (SSNBs) enables systematic analysis and tailored exploration of implementation outcomes framework. This framework outlines implementation outcome variables that have relevance based on the implementation experience underway: Feasibility, Adoption, Appropriateness, Acceptability, Fidelity, Cost, Coverage and Sustainability.

A CASE STUDY: ADOPTING THE SMALL AND SICK NEWBORN CARE MODEL IN NEPAL

Nepal is a leader in newborn health, having been the first low-income country to develop a national newborn-specific strategy in 2004 and one of the first countries to pioneer and scale up the use of chlorhexidine to prevent neonatal deaths due to cord stump infection. By 2010, Nepal had achieved 22 of the 25 indicators of progress to measure readiness to integrate scale up newborn survival interventions. Nepal’s SSNC work, which preceded the release of the WHO Model, has focused on a comprehensive situation assessment with subsequent planning to test a tailored model of care.

Nepal’s work is being led by the Ministry of Health and Population (MoHP) and the Family Welfare Division (FWD) with support from MOMENTUM Country and Global Leadership. Determining the extent to which the WHO Model of Care for SSNBs is appropriate, acceptable, and feasible, Nepal began with partner mapping and a desk review of existing national guidelines. This ensured existing efforts to improve quality of care were recognized, compared against the WHO Standards of Care to identify gaps, opportunities, and challenges. This work was followed by a series of consultations led by FWD with in-country experts at national and sub-national levels to draft interventions for components of the Nepal specific SSNC Model of Care. FWD, supported by MOMENTUM, worked to assess acceptability of proposed interventions by engaging a wide range of technical stakeholders in small expert group meetings for each component of the Nepal SSNC Model of Care. Following this, a draft Nepal Model of Care was shared with subnational, national, and international experts and partners during a national-level consultation workshop in September 2022. The FWD and its lead partners have since introduced a preparatory phase to identify implementation pilot sites, conduct site visits, and meet with provincial leadership to ensure agreement on the way forward. Based on the results of these meetings as well as simultaneous learning and documentation, Nepal’s Model of Care will undergo adaptation as needed to inform further implementation and scale-up.

Nepal’s experiences underscore the importance of a multi-pronged approach to newborn care, including engagement of national and sub-national stakeholders to co-design interventions and investments in healthcare facilities and training for healthcare providers. The MOMENTUM SSNC learning framework supported understanding the learnings from the approach used in Nepal as well as how the SSNC model could be adopted in other countries with similar healthcare challenges.

REFERENCES
1Population Reference Bureau, 2Save the Children International, Nepal, 3Princeton University

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KEY TAKEAWAY

Applying an implementation science (IS) framework across countries enables systematic analysis and tailored exploration of implementation outcomes. It also facilitates cross-country learning and identification of key enablers of—and barriers to—success at each stage of implementation. In this initiative, applying dissemination science principles highlighted that ongoing learning across countries needs to be flexible and adaptive to the realities of implementers and the specific setting in which activities are occurring.

A GLOBAL MODEL FOR SMALL AND SICK NEWBORN CARE

The Model of Care for Small and/or Sick Newborns (SSNBs)1 was developed to support countries as they seek to reduce neonatal mortality and meet the needs of vulnerable newborns who require specialized care. The Model recognizes that many countries have already achieved mortality reductions over time through scale-up of basic preventive and promotive newborn care and services at community and household levels. Scale-up of essential newborn care (i.e., immediate preventive and promotive newborn care and services at community and household levels) and dissemination standards for improving the quality of care at each level are important to the provision of SSNC. Further, coordinated learning across MOMENTUM provides the opportunity to be flexible and adaptive to the realities of implementers and the specific setting in which activities are occurring.

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