

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

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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 joint 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 first-level facilities, scale-up of essential newborn care (i.e., immediate care at birth and resuscitation, thermal care, initiation of breastfeeding, prevention of infection, and recognition of danger signs), and scale up of quality intrapartum care. However, in many countries, critical gaps remain in the provision of quality inpatient care for SSNBs. The Model includes guidance on the content of care that should be provided within Level 2 health facilities to all SSNBs and outlines ten core components necessary to support scale-up of care for SSNBs. Level 2 care is part of a broader continuum of care including household, primary health care, and tertiary levels; the World Health Organization (WHO) has developed and disseminated standards for improving the quality of care at each level.

REFERENCES

1. WHO-UNICEF Expert and Country Consultation on Small and/or Sick Newborn Care Group. A comprehensive model for scaling up care for small and/or sick newborns at district level—based on country experiences presented at a WHO-UNICEF expert consultation. *J Glob Health.* 2023 Apr 21;13:03023. doi: 10.7189/jogh.13.03023. PMID: 37083313; PMCID: PMC10120390

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 experience 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 stable and fragile contexts and involving both public and private health sectors. Documentation from these four diverse, early implementer countries yielded important learning on opportunities and challenges of various strategic/engagement approaches, as well as specific technical actions important to the provision of SSNC. Further, coordinated learning across MOMENTUM provides the projects, global stakeholders, and countries with rich, contextualized information that can help identify common opportunities and challenges and input into a more comprehensive global learning agenda on the model of care.

COLLABORATION & LEARNING UNDER USAID MOMENTUM



The USAID flagship multi-project MOMENTUM program is a suite of six projects that work with national and local partners in more than 35 countries to scale up effective health interventions and improve health and wellbeing of mothers, children, and communities. Three of the global projects—Country and Global Leadership, Private Healthcare Delivery, and Integrated Health Resilience—partnered in priority countries with governments and MNH public and private health sector stakeholders to implement models of care for SSNBs in stable and fragile contexts. MOMENTUM Knowledge Accelerator, which supports the systematic collection, analysis, translation, and dissemination of data and learning from across the entire suite, led the common learning agenda on implementing a model of care for SSNBs.

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 27 benchmarks to measure readiness to integrate and 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 for

SSNC IMPLEMENTATION OUTCOME MEASURES



ACCEPTABILITY
The perception among stakeholders that an intervention is agreeable



APPROPRIATENESS
The perceived fit or relevance of the intervention in a particular setting or for a particular audience or issue



FEASIBILITY
The extent to which an intervention can be carried out in a particular setting

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 SSNB 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 SSNB 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 the pilots, 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 SSNB model could be adopted in other countries with similar healthcare challenges.



FOR MORE INFORMATION

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