

NEONATAL HEALTH IN HUMANITARIAN EMERGENCIES: A SURVEY OF PROVIDERS

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Outline

- ❑ **Background**
- ❑ **Objectives**
- ❑ **Methods**
- ❑ **Findings**
- ❑ **Limitations**
- ❑ **Conclusions**
- ❑ **Recommendations**

Background

- ❑ Neonatal deaths account for 41% of under five years of age
- ❑ Six out of ten countries with highest neonatal mortality rates are conflict affected
- ❑ Lack of information on current practices in humanitarian settings

Objectives

- ❑ **To assess the continuum of services**
- ❑ **To identify barriers to program implementation**
- ❑ **To better understand policies and practices for newborn care**

Methods

- ❑ Survey with open and closed ended questions (n=53)
- ❑ Key organizations /participants working in MNCH
- ❑ Non-random snowball technique
- ❑ Pilot tested and modified
- ❑ English

Findings

- **Demographics:**
 - **29 organizations**
 - **56 respondents**
 - **26 countries**

Findings (cont'd)

□ Antenatal care:

- 82.1% provide ANC
- 80.4% maternal nutrition counseling
- 76.8% tetanus toxoid vaccination
- 76.8% iron and folic acid supplementation
- 67.9% management of hypertension

Findings (cont'd)

□ **Childbirth services:**

- **80.4% skilled birth attendants**
- **76.8% provided clean delivery kits**
- **69.6% provided EmOC**
- **67.9% used partograph to monitor labor**

Findings (cont'd)

□ Preventive newborn care:

- 80.4% provided thermal care to infant
- 73.2% provided skin-to-skin contact within 1-2 hours after birth
- 87.5% promoted breast feeding
- 48.2% promoted disinfectants for cord care
- 39.3% provided newborn kits

Findings (cont'd)

□ Therapeutic newborn care:

- 71.4% weighed infant within 48 hours of birth**
- 64.3% provided support for feeding small and preterm infants**
- 46.2% provided oxygen if needed**
- 66.1% provided injectable antibiotics**

Findings (cont'd)

□ Health information systems:

- 72.9% collected routine MNH information**
- 47.9% conducted population based household surveys**

Findings (cont'd)

- **Barriers to maternal and newborn care:**
 - **63.3% lack of funding**
 - **51.0% lack of trained personnel**
 - **44.9% personnel shortages**

Limitations

- ❑ Not population based
- ❑ Small sample size
- ❑ Assessed provision of services not quality
- ❑ Accessibility of services not measured
- ❑ Selection bias

Conclusions

- ❑ **Examining the breadth of newborn care services can help identify areas for improvement**
- ❑ **Interventions can be provided in context of humanitarian emergencies**
- ❑ **Inverse relationship with type of services**
- ❑ **The major barriers are lack of funds, trained staff and staff shortages**

Recommendations

- ❑ **Improve and enhance training**
- ❑ **Improve monitoring of newborn health data**
- ❑ **Increase the use of task shifting**
- ❑ **Reach out to donors to improve funding**

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Thank you

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