Perinatal Health Strategy 2021-2024

A safe birth for every baby and mother

Terre des hommes Health Programme

December 2020

Terre des hommes
Aide à l'enfance.

Executive summary

Investing in perinatal health is an opportunity to meet the Sustainable Development Goal targets but above all, it is an opportunity to save millions of lives. Today, deaths in the neonatal period accounts for nearly half of all deaths of children under 5 years old with 2.5 million neonatal deaths and 1.9 million stillbirths per year[1]. Around 300,000 mothers lose their life at childbirth every year. In addition to that, more than 1.5 million newborns survive each year with long-term neurodevelopmental impairment. The perinatal period represents the most critical phase in everyone's life though it has been traditionally neglected in global health. Almost all neonatal deaths and maternal deaths occur in low- and middle-income countries due to the lack of quality and affordable health care. The shortage of qualified birth attendants and effective training combined with the lack of supervision, monitoring and the poor state of health facilities infrastructures are the main causes.

By focusing on perinatal health, Terre des hommes wants to contribute to a significant decrease in maternal and child health. The 2021-2024 strategic cycle will put perinatal health at the center of the institutional priorities, guided by the inspirational goal of a *Safe birth for Every Mother and Baby*. Tdh is committed to ensure that every pregnant women, mother and newborn have the opportunity to survive and thrive. Ensuring high-quality care and well-being for every mother and child is the cornerstone of Tdh perinatal health strategy.

To this end, Tdh will build on the successful innovative perinatal projects developed in the last years such as SIMESON (an onsite mobile ongoing training for birth attendants) and IeDA (a digital decision support tool) in West Africa and South-East Asia. Tdh will continue to leverage strategic partnerships with top-notch medical institutes and engineering schools in Switzerland and around the world and to collaborate with international and local partners.

To maximize impact, Tdh will pursue the following strategic interventions: 1) increase the skills of healthcare workers attending pregnant women and their newborns in a sustainable way, 2) exploit digital health to increase the quality of perinatal care services, 3) ensure respectful and contextualized care aiming for individual and community satisfaction, 4) improve WASH, adequate equipment and infrastructure of delivery rooms, 5) strengthen the continuum of care around birth and 6) build local partnerships to promote community mobilization and promote institutional delivery. Both at international and national level, Tdh will be an advocate to increase the attention and the dedicated financial resources for perinatal health.

[1] https://apps.who.int/iris/bitstream/handle/10665/336677/9789240015227-eng.pdf?sequence=1&isAllowed=y

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List of abbreviations

ANC: Ante Natal Care Consultation

BEmONC: Basic Emergency Obstetric and Newborn Care

CEmONC: Comprehensive Emergency Obstetric and Neonatal Care

ComHC: Community Health Centre

EONC: Essential Obstetric and Newborn Care

EPFL : Ecole Polytechnique Fédérale de Lausanne

FEDEVACO: Federation Vaudoise de Cooperation

HCW: Health Care Workers

HEdS: Haute Ecole de Santé

HESAV : Haute Ecole de Santé de Vaud

IMCI: Integrated Management of Children Illness

IPC: Infection Prevention and Control

JHPIEGO: John Hopkins Program of International Education in Gynecology and Obstetrics

HCF: Health Care Facilities

HUG: Geneva Hospital University

KMC: Kangaroo Mother Care

LBW: Low Birth Weight

LMICs: Lower Middle-Income Countries

MNCH: Mother Newborn and Child Health

NMR: Newborn Mortality Rate

NGO's: Non-Governmental Organization

NMR: Newborn mortality Rate

PPH: Postpartum Hemorrhage

PMNCH: Partnership for Mothers, Newborn, Child Health

REC: Registre Electronique des Consultations

SIMESON: Simulation of Essential Skills in Obstetrical and Neonatal care

SDC: Swiss agency for Development and Cooperation

SDG: Sustainable Development Goals

SRHR: Sexual and Reproductive Health and Rights

Tdh: Terre des hommes foundation

TOC: Theory of Change

WASH: Water, sanitation and hygiene

WHO: World Health Organization

1. Context

1.1. Health programme

In line with the Vision 2030, Tdh strives to contribute to a significant and sustainable decrease in the levels of maternal, newborn and child mortality, and the prevalence of child malnutrition. Tdh's health programme targets girls and boys under 5 years old and their mothers with a focus on high impact interventions on the three specific pathways outlined in its theory of change.

Please refer to Table 1: Health priorities and SDC contribution in Annexes

1.2. Reference documents

This perinatal health strategy document was developed taking into consideration the internal organizational reference documents listed here:

- Tdh Strategy 2016-2020:
- The Theory of Change of the Health Programme:
- The Health Programme Monitoring and Evaluation Framework
- SDC Programme Contribution 2021-2024

All these documents are available on demand.

1.3. Current Tdh Perinatal Health activities

To respond to the current public health challenges for mothers, newborns and children in low income countries, Tdh Health Programme has chosen to place perinatal health at the heart of its global strategy. Tdh has been implementing perinatal health activities with vulnerable population in remote settings in Afghanistan since 1970. Since 2014, the SIMESON flagship project has been implemented in Mali and started in Bangladesh and Nepal. At the same time, new innovative initiatives have emerged: The Maternity module for IeDA in Burkina Faso and a digital decision aid tool for healthcare workers to assist Indian pregnant women.

Please refer to Table 2: Current Tdh perinatal health projects in Annexes

1.4. Process of elaboration

This perinatal health strategy has been elaborated following on a participative approach. Two regional meetings with the African and Asian Regions, and Afghanistan were conducted to collect feedback from the needs in countries identified by the teams.

Health experts and officers in the region and at Headquarters have been interviewed individually to identify strategic positioning. An expert consultant was engaged for a deep analysis of existing literature, international guidance, articles and websites (please see list of references at the end of the document).

1.5. Audience

The current 2020-2024 perinatal health strategy aims at guiding and orienting delegations in building their national perinatal health programs and projects. The main audience of this document are country delegates, the health program coordinators, the health regional coordinators and the health projects officers. Note that this guidance aims at orienting national perinatal health programs and projects, but the interventions should be adapted to country needs and context.

2. Analysis of the current newborn and maternal health global situation in low income countries.

2.1. The burden of neonatal and maternal morbidity and mortality

In 2018; 5.3 million of children aged under 5 years old died. Almost half of them where newborns. Indeed, global neonatal mortality remains very high, with 2.5 million children dying every year worldwide in their first month of life. This represents 7,000 deaths per day. Nearly one million of these children die **on their first and only day of life, and another million die within 6 days**.[2] A child's risk of death is at its highest level during the first 28 days of life, named the neonatal period. Please refer to Graph 1: Number of deaths by day in the first 28 days of life in Annexes. Complications of preterm birth, birth asphyxia: a baby that does not breathe spontaneously, infections and neonatal malformations account for most of these deaths.

Newborn health can be considered as a neglected topic in low income countries since interventions targeting this population are very poor. In the area where Tdh intervene, perinatal health is not considered as a priority, an important gap in neonatal mortality remains between low income countries and high-income countries. Please refer to Graph 2: Neonatal deaths disparities among regions in Annexes. Regionally, neonatal mortality is highest in sub-Saharan Africa and South Asia, with each estimated at 28 and 26 deaths per 1,000 live births in 2018. A child born in sub-Saharan Africa or in South Asia is ten times and nine times more likely to die in the first month than a child born in a high-income country.[3] The share of neonatal mortality on infant mortality remains very important. Please refer to Graph 3: Annual rate of change in neonatal mortality and mortality among children 1-59 month, 1990-2018 in Annexes. Therefore, addressing newborn mortality must be a priority to reach impact in reducing child mortality.

In addition to the high burden of neonatal mortality, 2.6 million stillbirths occur worldwide each year[4]. More than half of these lives are lost while the mother is in labor and are due to preventable or treatable complications at birth. Most of these deaths could be avoided with targeted interventions. On the other hand, in 2018 nearly 830 mothers die every day from complications related to pregnancy or childbirth[5]. Most of these deaths are preventable if the necessary medical interventions are

[2] https://www.who.int/gho/child_health/mortality/mortality_under_five_text/en/
[3] https://data.unicef.org/topic/child-survival/neonatal-mortality/
[4] https://www.who.int/gho/child_health/mortality/mortality_under_five_text/en/
[5] https://www.who.int/gho/child_health/mortality/mortality_under_five_text/en/

available. The main causes of maternal mortality are hemorrhage, hypertension, infections and indirect causes, most of which are related to interactions between pre-existing medical conditions and pregnancy. These complications can occur unexpectedly, but mortality could be prevented with prompt access to adequate health care.

The lack of access to quality care before, during and after birth is the most important factor that influence newborn and maternal mortality.

2.2. Identifying the challenges of perinatal health in low income countries.

In some countries, maternal mortality rates have stagnated despite an increase in the proportion of institutional births. This raises the question of the quality of care available at the health care center. It is therefore legitimate to assume that although more pregnant women attend health centers, they receive inadequate care during pregnancy, labor and delivery. This suggests that the increase in institutional deliveries is important but insufficient to reduce maternal mortality.

Quality of care is essential to improve maternal and newborn health and depends on regular training and supervision of healthcare workers to maintain their skills and knowledge. Thus, investing in health systems strengthening, particularly by training health workers who attend deliveries and by making emergency obstetric and neonatal care accessible, is the key to reduce stillbirths as well as maternal and neonatal mortality. Providing decision support tool to guide heath care workers and strengthen the technical skills is key to improve quality care provision.

Furthermore, good quality health care also depends on other important elements such as the availability of essential pharmaceutical and medical supplies, and functional access to clean water and sanitation at the delivery room.

Addressing barriers to care access remain a challenge in many countries. Recent studies on the burden of obstetrical violence [6] in perinatal health care provision has raised the importance of respectful care as a major factor that influence demand to care utilization. On the other hand, creating enabling environment at home and in the communities that supports women in seeking appropriate care is also crucial.

3. The Global response in perinatal health

3.1. The 2030 Sustainable Development Goals

Ensuring alignment and compliance of our focused strategy with the Sustainable Development Goals (SDGs) is essential to maximizing impact for beneficiaries and work for a better world. SDGs provide a good framework of the global challenges to address**,** including those related to poverty, inequality,

[6] *How women are treated during facility-based childbirth in four countries: a cross-sectional study with labour observations and community-based surveys*

climate change, environmental degradation, peace and justice. SDGs are built into the core of Tdh' health programme strategy. Indeed, perinatal health is at the heart of the SDGs and more specifically SDGs 3: Ensure healthy lives and promote wellbeing for all ages.[7]

The detailed contribution of Tdh perinatal health strategy to the different SDGs is articulated in the Annexes - Table 3: SDGs indicators related to perinatal health.

3.2. Key global actors

Several key actors in perinatal health have been identified as potential important Tdh's partners in this field. The list is not exhaustive but has been elaborated considering potential synergies and correlation in terms of objectives and priorities, countries of intervention, scope of interventions, and area of expertise.

The list of key actors identified are: UNFPA, Bill and Melinda Gates Foundation, USAID, The world Bank, JHPIEGO, Medicor, Maternity Foundation, OAK Foundation, Laerdal Global Health.

In annexes, the Table 4 : Key actors in perinatal health provide details on scope of work, strategies and area of intervention of those key actors.

4. Tdh perinatal health strategy

4.1. Our vision

Since 2015, Tdh is guided by its Vision 2030 of increasing impact on children, their families and communities. The core element of our vision 2030 has been prioritizing its focus on programme research and innovation complemented by working to improve the quality of services provided, directly or through skills development (Please refer to Chapter 1, section 1.2 of this document)

In accordance to the Vision 2030, and in compliance with Tdh Health Programme priorities, the vision for our perinatal health strategy is: ***A safe birth for every baby and mother.***

4.2. Our goal

Every newborn and mother receive high quality care: safe, effective, individualized, timely, efficient, equitable, and respectful, during pregnancy, at birth and in the following 7-day postnatal period.

The babies and the mothers are the first targets of Tdh perinatal health strategy. Birth attendants, families and communities are also the beneficiaries of Tdh intervention in perinatal health.

4.3. Strategic objectives

[7] https://sdgs.un.org/goals

The first two objectives of the perinatal health intervention mainly focus on Health system Strengthening to impact quality care provision at primary health care facilities. The third objective is to increase the demand of health care facility services by improving health seeking behaviors at community level:

1. To strengthen primary health systems for improved perinatal care services through sustained capacity building of health workers.
2. To promote the use of digital tools in health care facilities to ensure adherence to clinical protocols and improve data and facility management.
3. To improve community awareness and participation to increase access to perinatal quality care.

4.4. Strategic interventions

Our strategic positioning in perinatal health has been defined considering Tdh added value and capacities to provide adequate response. Tdh is recognized for its ability to identify unaddressed need: the perinatal period and more particularly birth; its capacity to innovate e.g. IeDA, SIMESON, REC Maternity, and to build alliances with local's health authorities and key partners to maintain partnerships for sustainability.

Tdh as a Swiss Organization also benefits from a strategic geographical positioning that create enabling environment and a range of opportunities to build partnerships with international and nationally recognized institution such as the EPFL, HUG, FEDEVACO, ESTHER Switzerland, HeDS, HESAV, CHU. This Swiss Ecosystem is an added value to develop innovative, strong and strategic initiatives in perinatal health.

1. **Strengthening and maintaining the skills of healthcare workers attending pregnant women and their newborns.**

- Deployment of in-service continuous training for birth attendants with SIMESON as an intervention model
- Emphasize training on essential care for newborn and mother, infection prevention and control, complication management.
- Advocate for the inclusion of SIMESON training model to national curricula: continuous training, supervision activities, simulation training methods.

2. **Strengthening digital health to improve quality of perinatal care delivery**

- Guide the implementation and appropriate use of digital health tools to improve quality care through e-learning and help decision making tools.
- Support Health information systems in the production and use of good quality and reliable data.

3. **Ensure respectful and contextualized care aiming for individual and community satisfaction**

- Training modules developed in compliance with the recommendations on respectful care. Different dimensions of respectful care are considered: layout of the delivery room, choice of equipment position at childbirth, presence of a caregiver, caring communication and supply of health centers.

- Ensuring that women's and community perspectives are integrated to improve the quality of care via efficient feedback and complaints mechanism

4. Improving WASH and infrastructure of delivery rooms

- Upgrading of health structures in partnership with local authorities to ensure adequate equipment for safe birth.
  Bringing delivery rooms up to standard as part of Tdh's WASH in Health Care facilities activities.

5. Strengthening the continuum of care around birth

- Strengthen links between the different levels of care, including transport for referrals.
- Support communities on the identification of danger signs of pregnancies at risk to improve access to perinatal health services.

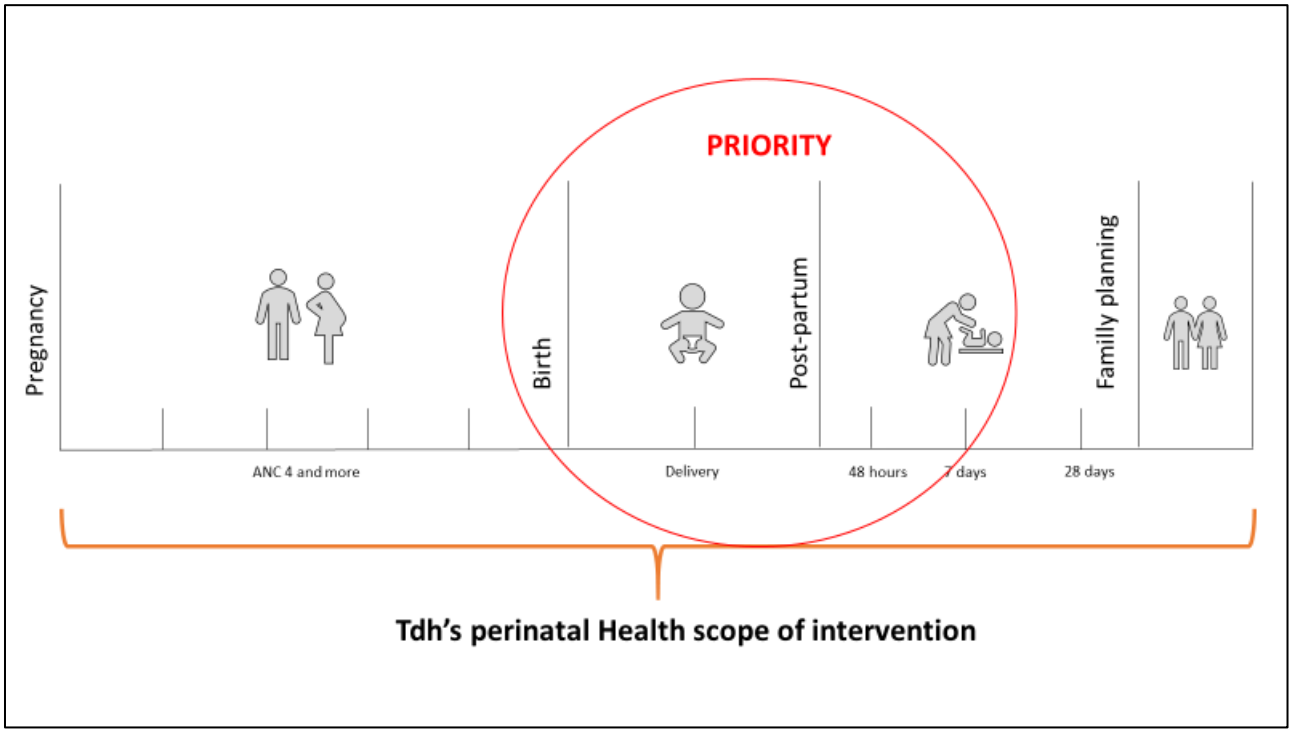
6. Build partnerships to promote community mobilization.

- Working with community health workers and the communities on behavior change interventions: ANC and PNC consultations, increase on institutional births, men's involvement on perinatal health.
- Participation of community groups on management of perinatal healthcare services.

4.5. The scope

The scope of Tdh interventions for perinatal health covers the period from the 1st Antenatal Care Consultation until the baby's post-natal consultation at 28 days. We recommend prioritizing activities focusing on improving quality care provision during birth and the 7 days after birth when the highest number of deaths occur.

Figure 1: Tdh scope of intervention in perinatal health



The current geographical scope of intervention for Tdh in perinatal health is Western and Eastern Africa, Asia region and Afghanistan. We will continue our activities in our current country of interventions and remain open to start in new countries according to local needs and opportunities and organizational decisions. More specifically, at the country level we recommend focusing our activities in rural and semi-rural areas.

Access to quality health services is essential for women and newborns and this is often compromised in emergency settings. In times of conflict, displacement, or humanitarian emergency, Tdh works to ensure access of affected populations to good quality neonatal and maternal health.

5. Tdh perinatal Health response

5.1. Recommended perinatal health essential activity package

Quality skilled care during pregnancy and childbirth are key for the health of the baby and the mother'[8]. Women who receive birth attendant-led continuity of care provided by professional midwives, educated and regulated to internationals standards, are 16% less likely to lose their babies and 24% less likely to experience pre-term birth'[9].

Facility based deliveries should be encouraged, with good referral and transport links to the nearest appropriate referral center that offers Comprehensive Emergency Obstetric and Newborn Care (CEmONC).

Improving women's nutritional status reduces low birth weight, small for gestational age, and pre-term births, through interventions such as supplementation with multiple micronutrients, intermittent preventive therapy for malaria and calcium supplementation[10].

To answer those evidence proven and strategic interventions and in line with the objectives of the perinatal health strategy, an essential activity package has been elaborated and is available in Table 5: Recommended Tdh essential activity package for perinatal Health in Annexes. The first part is dedicated to MNCH care and complies with WHO essential recommended package. The second part, the cross-cutting topics, are suggested activities complying with Tdh vision, strategy and expertise.

5.2. Encouraged mode of actions

We encourage to integrate the following modes of action as much as possible when building the interventions.

[8] WHO web page - https://www.who.int/maternal_child_adolescent/en/
[9] http://www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality
[10] Effects of nutrition interventions on low birth weight: an overview of systematic reviews, BMJ Global Health 2017

5.2.1. An integrated approach

Examining the time at which maternal and neonatal deaths occur clarifies at what time in the continuum of care and across the health system, care needs to be strengthened and improved. A little less than half of the total number of pregnancy-related deaths, stillbirths, and neonatal deaths occur during labor, delivery, and the subsequent 24 hours, making it a key time to deliver interventions to improve survival.

Current recommendation for the reduction of perinatal and maternal mortality and morbidity is that interventions should be delivered as packages and through common pathways: facility or clinical care, outreach and community or family pathways, rather than single interventions delivered vertically. The packages are determined by the target populations, the time of delivery of intervention, and by the mode of delivery of intervention. [11]

Tdh will ensure an integrated approach by partnering with organizations, including local NGOs, that has a track records in areas that are complementary to our core expertise.

5.2.2. Systemic change & scaling-up.

It is critical that interventions are implemented at scale, in order to be cost effective and to achieve significant impact. Cost effective interventions to reduce neonatal mortality are currently present in Low- and Middle-Income countries but the coverage of many of these interventions is low especially in countries with weak health systems, leading to low impact and poor cost effectiveness.

Estimates of the effectiveness in reducing Newborn Mortality Rate through the recommended packages of interventions, showed that at 99% coverage, the Newborn Mortality Rate could be reduced by 41% to 72%. If the coverage was at 90% a reduction of 35% to 66% could be achieved. Packages of intrapartum and postnatal care implemented at 90% coverage have a two-fold or three-fold higher effect than that of the antenatal care (ANC) package.

5.2.3. Partnership and advocacy

A crucial aspect of Tdh's approach is working in partnership with and empowering all key local stakeholders for continuous situational analysis and ensure that the most effective and efficient programming is developed and delivered in a sustainable way.

Tdh establishes relationships and partnerships with independent, highly skilled and respected local and international NGOs and civil society actors whose values and priorities are aligned with those of the organization. Tdh recognizes the fundamental importance of local knowledge and working with stakeholders already embedded within communities. Not only does this contribute towards sustainability but also improves the quality, innovation and uptake of projects.

[11] Perinatal health assessment report - Pana Erasmus – Tdh December 2018

Close collaboration with Ministries to ensure the good appropriation and to prepare for the sustainability and consolidation of the achievements of the project and activities that have been implemented is recommended since the beginning of the project.

Another objective is conduct advocacy activities aiming at improving quality care for perinatal health care: Advocate to Ministry of Health to increase budget allocation for perinatal heath; through the reinforcement of in-service and pre-service training for Skilled Birth Attendants as well as including the SIMESON training model (especially the simulation method) to the national curriculum for the continuous training of health workers.

Tdh also wishes to develop the capacity of local partners in nationally based programmes to ensure quality, efficiency, effectiveness and ultimately sustainability. It is highly encouraged to select partners that can demonstrate commitment to good governance and strong leadership.

Tdh has a wealth of worldwide partnerships with international NGOs, universities and research organizations, governments and large businesses in recognition that leveraging complementary skills and expertise is key to understanding and overcoming the biggest challenges children face.

6. Tdh key cross-cutting approaches

6.1. Gender and diversity integration

In line with SDG 5 and responsibility 3 of the Agenda for Humanity, Tdh's is committed to proactively mainstreaming diversity transformative approaches, with a focus on gender and age, disability or other forms of diversity as most relevant in the different contexts (ethnic or religious groups, casts for instance). In alignment with our core values, we seek to advance gender and diversity guided by the following principles and to translate into action with regards to perinatal health projects. Please refer to Tdh Policy on Gender and Diversity: https://tdhch.sharepoint.com/sites/KCQuality/SitePages/Gender-%26-Diversity.aspx.

Inclusive Work Environment: Tdh works with a wide range of actors including children, families, communities and local/national authorities. As Tdh's stakeholders and beneficiaries represent a highly diverse group, it is vital that this diversity is reflected within the employees of the foundation. More especially for perinatal health project, we promote best practices ensuring men and boys are involved in MNCH projects and encouraging men's participation in MNCH service provision.

A Human Rights-Based Approach is at the core of all Tdh's work. Human rights determine the relationship between duty bearers and individuals or groups according to international human rights law. With regards to perinatal health project, we promote respectful care for women at delivery caring for their confidentiality and cultural and religious practices.

Inclusion and Participation: Tdh's perinatal health interventions encourage the participation of women, their husbands, family in-law, and relevant community groups, on the analysis of their situation and the formulation of potential solutions. Tdh contributes to women and community's empowerment, enhance their knowledge and resources, and strengthen their capacities.

Do No Harm and Safeguarding: The protection of target populations, particularly those most vulnerable to abuses of power, is at the core of Tdh's mission. Tdh strives to protect pregnant women and newborns from any kind of physical or psychological harm as well as protecting them from potential environmental harm that could affect them (i.e. economic, social, political, climate, etc.).

6.2. Interprogrammatic approach

We highly encourage collaboration with the Migration and Protection Program to develop perinatal health activities. Current perinatal actions already respond to many migration contexts (e.g. Displaced people in Afghanistan and refugees in Cox's Bazar).

With the Migration Program, we encourage to develop initiatives to improve the accessibility of quality care services with respect to perinatal health for pregnant women in migration.

In collaboration with the Protection Program; the development of guidance's and pilot projects to tackle Sexual and Gender Based violence's are encouraged,

7. Monitoring and evaluation

7.1. Project indicators and evaluation.

Being able to measure the results and impact of our perinatal health project is key for the organization: for the accountability towards donors and beneficiaries as well as for the learning of the organization. To this end, evaluation and compliance with the Theory of Change is central. Since the writing of the project, outcome, output and quality indicators must be considered with respect the Theory of Change of the Health Programme. Relevant indicators must be identified and incorporated to the logframe in order to be measured and analyzed at the end of the project. The list of suggested outcome indicators for perinatal health projects are available on Table 6: Perinatal health strategy outcome indicators in Annexes.

The outcome indicators have been selected from the global Monitoring and Evaluation indicator framework of the Health program considering the objectives and strategic intervention of the perinatal health strategy. For more details regarding calculation methods, please refer to Tdh health compendium indicators (available on demand).

Baseline and endline studies must be conducted for each project implemented. The objective is to collect data and evidences at the beginning of the project (baseline) and measure progresses made by compare the data at the end of the project (endline). Indicators data are according to the periodicity mentioned in the matrix; and are shared with health centers but also with local authorities and Tdh's teams at national, regional and central level. The data collected allow a deep analysis of the progresses made and points for improvement. The aim of this analysis is to redefine or modify the nature of the intervention if necessary.

An external evaluation must be carried out at the end of the project either by a national consultant, or by an external international organization or an international consultant. An evaluation report must be elaborated highlighting best practices and main achievements as well as identifying uncovered needs and perspectives.

7.2. Implementation research

Tdh's perinatal health intervention will be accompanied by operational research. The main objective of operational research is to evaluate project performance and thus obtain evidence-based information. Operational research guides the adaptation of activities to reduce costs while maintaining the same result with greater efficiency. This is very useful for the sustainability of the project as well as to support fundraising.

8. Roles and responsibilities

8.1. Delegation and country teams

At the delegation level, the perinatal health strategy would be used as a reference when designing country program or projects proposal. Projects teams (Project Managers, Health coordinators, M&E focal point) are highly encouraged to consult this document and identify where strategic priorities and country needs can be met. Delegations are asked to analyse their context and design a tailored intervention and map potential local/international partners. The proposed package of activities and recommended mode of intervention should be integrated to the operational programming plans. Finally, when designing the project logical frameworks and M&E plans for a perinatal health project or component of a project, the perinatal health indicators table is to be used as a reference.

8.2. The regional level

In the regions, this strategy aims at guiding the work of the Health coordinators in a regional perspective. First, the priorities for perinatal health would help identify and developing strategic partnerships; as well as positioning Tdh as an actor for perinatal health in the region. Second, this strategy offers a framework and a direction for regional coordinators to provide technical advice and quality supervision to country teams.

8.3. Headquarters.

At headquarters level, this document is to be used as a reference to guide and advice on the strategic positioning of Tdh in perinatal health within the organization but also with external partners. First, the Health Programme needs to diffuse and ensure appropriation by the regions to secure implementation of the strategy. Second, this strategy is an opportunity to present Tdh's position in perinatal health to external partners.

9. References and sources

9.1. Articles and guidance

Table 7: Reference articles and guidance organized by topic.

9.2. Websites and Apps

The following websites have been consulted in a regular basis to elaborate this document:

- https://www.who.int/pmnch/en/
- www.unfpa.org
- www.gatesfoundation.org
- www.usaid.gov
- www.globalfinancingfacility.org
- https://www.washinhcf.org
- hwww.jhpiego.org
- www.medicor.li
- www.maternity.dk
- www.oakfnd.org
- www.laerdalfoundation.org
- www.fondation-sanofi-espoir.com
- https://www.everywomaneverychild.org
- www.mariestops. org

Annexes

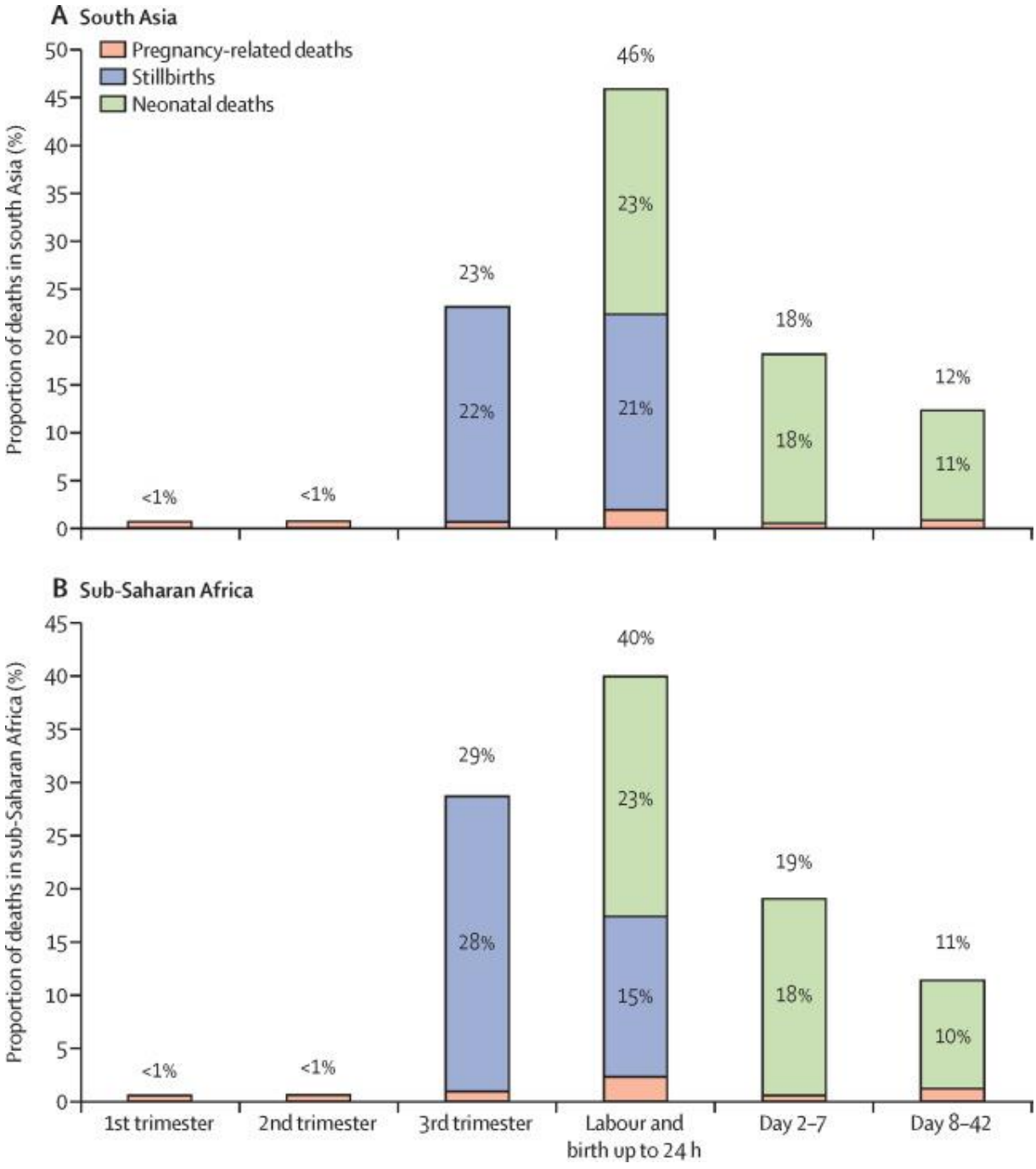
Table 1: Health Programme priorities 2021-2024– SDC contribution

Overall goal: Newborns, girls and boys, youth and their families, among the most marginalized, access opportunities to survive and thrive to become healthy and active members of their communities, and are supported by inclusive and accountable governance	
Outcome 1 – Health	**Indicators (outcome and output level)**
Newborns, children, and mothers have increased access to better quality essential health and WASH services, through innovation, participatory approaches and digital health.	Percentage of births assisted by skilled birth attendants
	Percentage of health care facilities with increased adherence to clinical protocols and/or data management supported by digital tools
	Number of persons who access improved basic water, sanitation and/or hygiene services, through participatory WASH management in institutions (health care facilities, schools, other institutions) or at community level

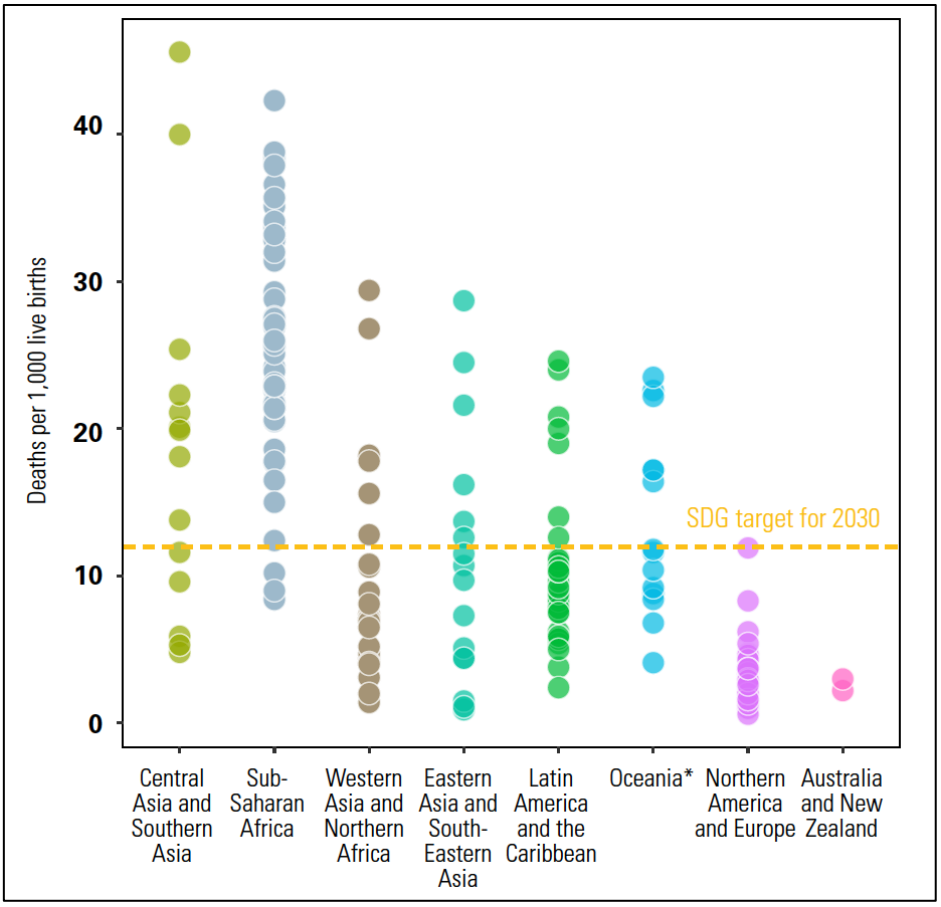
Table 2: Current Tdh perinatal health projects

Projects	Scope of work	Core activities	Countries
SIMSONE	Training of HCW	Simulation training method used to strengthen the skill of Health care workers, with of focus on birth and new-born care	Mali, Bangladesh, Nepal
REC Maternity	Digital Health	Help decision tool for Health Care workers providing ANC, Birth, PNC, family planning services	Burkina Faso
IeDA	Digital Health	Help decision tool for Health Care workers covering curative post-natal consultation for newborn aged under 28 days	Burkina Faso
NAME	Training of HCW	INFO	Afghanistan

Graph 1: Number of deaths by day in the first 28 days of life.



Graph 2: Neonatal deaths disparities among regions



Graph 3: Annual rate of change in neonatal mortality and mortality among children 1-59 month, 1990-2018

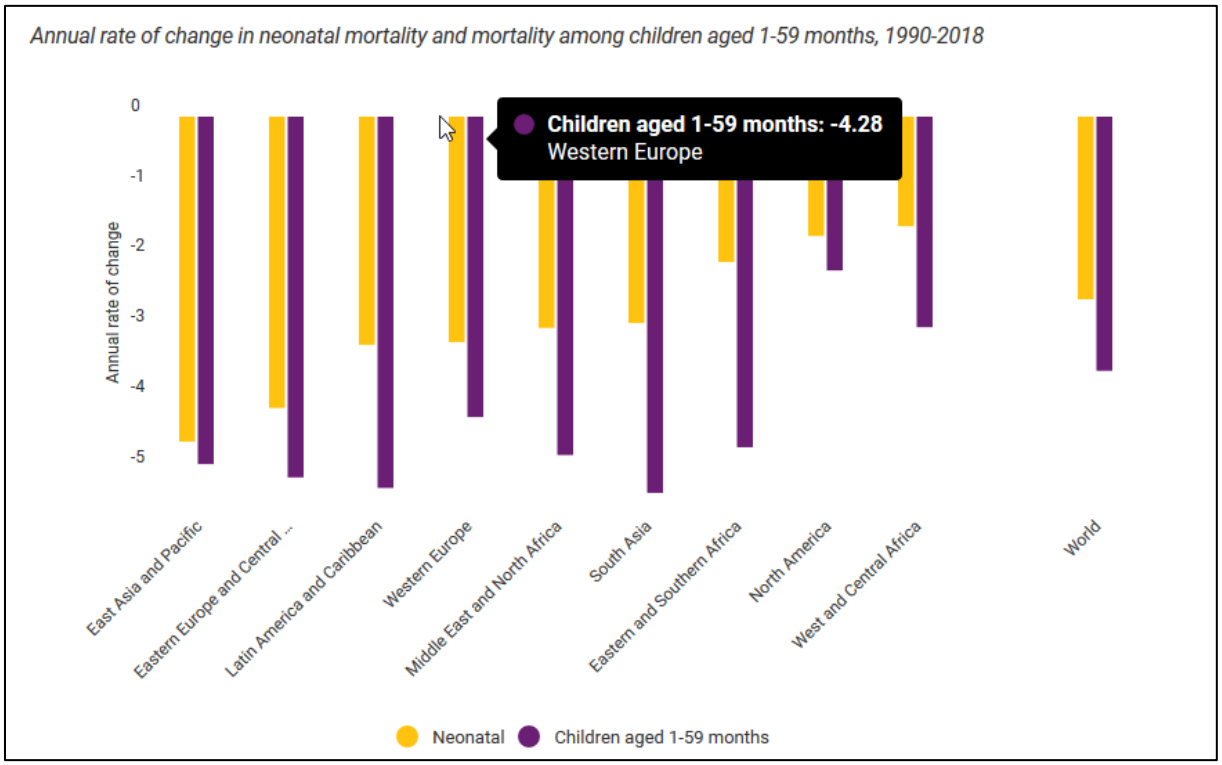


Table 3: SDGs indicators related to perinatal health

Child Health
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
In 2018 an estimated 6.2 million children and adolescents under the age of 15 years died, mostly from preventable causes. Of these deaths, 5.3 million occurred in the first 5 years, with almost half of these in the first month of life.
Despite determined global progress, an increasing proportion of child deaths are in Sub-Saharan Africa and Southern Asia. Four out of every five deaths of children under age five occur in these regions.
Children in sub-Saharan Africa are more than 15 times more likely to die before the age of 5 than children in high income countries.
Maternal Health
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
Every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth.
94 per cent of all maternal deaths occur in low and lower middle-income countries.
Maternal mortality ratio (the proportion of mothers that do not survive childbirth compared to those who do) in developing regions is still 14 times higher than in the developed regions.

Table 4: Key Global actors in perinatal health

Organization	Zone	Scope related to perinatal health
UNFPA www.unfpa.org	Worldwide	➔ UNFPA partners with governments and others to strengthen health systems, train health workers, educate midwives and improve access to the full range of reproductive health.
Bill and Melinda Gates Foundation www.gatesfoundation.org	Worldwide	➔ Ensure that women and newborns survive and remain healthy before, during, and after childbirth by identifying and addressing underlying biological vulnerabilities.
USAID www.usaid.gov	Worldwide	➔ Through efforts in family planning, maternal and child health, malaria, and nutrition, USAID works to prevent child and maternal deaths by

		helping women and children access essential, and often lifesaving, health services.
The World Bank Global Financing Opportunity www.globalfinancingfacility.org	Worldwide	➔ The Global Financing Facility (GFF) is a multi-stakeholder partnership that is helping countries tackle the greatest health and nutrition issues affecting women, children and adolescents.
JHPIEGO https://www.jhpiego.org	Africa Asia Latin america	➔ Since 1979, when JHPIEGO initiated in-country training programs in Tunisia, Brazil, Kenya, Nigeria, Thailand and the Philippines, we have worked with more than 150 countries throughout Africa, Asia, the Caribbean, Europe, Latin America and the Middle East to improve the health of mothers and their babies. A global leader in maternal and newborn health, with more than 4 decades of experience and countless lives saved across the world.
Medicor www.medicor.li	Africa Latin America Europe	➔ Healthy nutrition and clean drinking water, access to basic primary health care and sanitation are important preconditions for social and economic development and poverty reduction. However, the lack of these is most evident in the least developed countries. Medicor Foundation provides funding for preventive and curative interventions which should be focused on where those affected live. Emphasis is placed on health education for the community, and the training of health personnel, as well as the development and maintenance of health infrastructure.
Maternity Foundation www.maternity.dk	Not specified	➔ Strengthening competencies and training of health workers is key to maternal and newborn health and survival in low-and-middle-income countries. Maternity Foundation conducts clinical trainings of health care providers both pre-service and in-service with the aim of increasing the quantity and quality of skilled birth attendants. Maternity Foundation also advocates to ensure that health facilities are supplied with drugs and medical equipment essential to a safe birthing environment.
OAK Foundation https://oakfnd.org	Not specified	➔ The Special Interest Programme reflects the Trustees' interests in making dynamic, diverse, large, innovative and challenging grants. They are committed to remaining flexible and to seizing opportunities as they arise. Special Interest grants cover a wide range of fields,

		including health, humanitarian relief, education and the arts.
Laerdal Foundation https://laerdalglobalhealth.com	Focus countries; Tanzania, Ethiopia, Malawi, Bangladesh, India, Nepal	➔ The Board has earmarked 50% of the annual appropriations through 2020 for projects related to Saving Lives at Birth. The support will be focused on practically: Innovative approaches to more efficient education and implementation and Collaborative initiatives, such as the *Helping Babies Survive* and *Helping Mothers Survive* and *Survive & Thrive* Global Development Alliances

Figure 1 : Health Programme Theory of Change

Table 5: Essential activity package for Perinatal Health

ESSENTIAL CARE PROVISION
Antenatal Care
• Nutritional advices and interventions • Daily oral iron and folic acid supplementation • Advice and support: Gestational diabetes, Smoking, Consumption of substances • Testing and management: HIV, syphilis, tuberculosis; • Prevention of Mother to Child Transmission • Malaria prevention: intermittent preventive treatment during pregnancy (IPT) and insecticide-treated mosquito net • Antibiotics against asymptomatic bacterium antiparasitic treatment • Tetanus toxoid vaccination • Management of common physiological symptoms • Pregnancy diary • Birth preparedness and complication readiness, including timely detection and reference of warning signs • Antenatal Corticoid for women with potential preterm birth • Family Planning Tips and contraceptives
Delivery and Childbirth
• Promote respectful and women-centered maternity care where women are treated with kindness, dignity and respect: including the presence of an attendant at birth and the free choice of position at birth • Safe delivery • Infection prevention: washing hands, gloves, kits delivery • WHO Checklist and partograph • Active management of the Third phase of Labor (AMTL) in prevention of Post-Partum Hemorrhage: Uterine massage, Oxytocin, Controlled pull of cord • Management of complications PE/E-HPP-sepsis • Prevention of Mother to Child Transmission • Newborn care: immediate assessment at birth with late/appropriate clamping of umbilical cord, Neonatal resuscitation with mask and balloon if necessary, skin to skin and early initiation of breastfeeding a full clinical examination about one hour after birth with Weight, Preventive treatments: disinfection of the cord with chlorhexidine + care eyepieces + Vit. K another examination before discharge with Immunization • Additional aid for feeding premature and small weights of birth and including kangaroo mother care • Awareness of the signs of danger to the mother and the newborn • Family Planning Tips and contraceptives
Women postnatal care
• Provide home visits by well-trained and supervised midwives, other qualified health professionals or community health workers. • Explore mobile health strategies to communicate with mothers with whom it may be difficult to be physically in contact. • Nutritional advice

- Awareness of signs of danger for the mother
- Treatment of maternal infection
- Identification of problems and guidance

Newborn care

- Disinfection of the cord with chlorhexidine during the first 7 days
- Recommend exclusive breastfeeding and no water for first six months
- Monitor signs of danger: poor nutrition, seizures, respiratory distress, thermoregulation disorders, hypotonia, jaundice and rapid referral
- Extra care for small and sick babies
- Prevention and management of newborn sepsis
- Immunization
- Awareness of signs of danger for the newborn

CROSS CUTTING TOPICS

Digital Health transformation

- Development of help decision tool for health care workers to improve diagnostic
- E-learning tools
- Strengthen national health information system
- Increase access to data

WASH and IPC

- IPC training for Health care workers
- WASH in HCF and Delivery Room assessment
- Advocacy for upgrading of infrastructure
- Developing innovative approach to secure WASH service provision

Community empowerment

- Community funds for emergency transport for patients
- Participation of community groups in the management of primary health care facilities
- Creation of community committee actively engaged in the management of MNCH services

Health seeking behavior

- Antenatal care attendance
- Home visits for post-partum women and newborn
- Training of SBA's (according to national politics) to detect signs of danger for pregnant women
- Promotion of birth at health care facility
- Recommendation for exclusive breastfeeding for first six months
- Implication of men and family in-law in promoting access maternal and newborn care services

Table 6: Outcome Indicators related to perinatal health:

GOAL : By 2024, there has been a significant and sustained reduction in maternal newborn and child morbi-mortality in Tdh intervention areas: • Maternal mortality ratio • Neonatal mortality rate • Stillbirth Rate	
Health System strenghtening	
Quality and essential MNCH services are available and accessible to mothers and babies	Proportion of births assisted by skilled birth attendant during a specified time period
	Percentage of mothers who received postnatal care within 48 hours of childbirth by skilled provider
	Percentage of newborns who received postnatal care within 48 hours of birth by skilled provider
	Proportion of women with a life birth who attended at least four antenatal visits during pregnancy by skilled personnel
	Number and distribution of health care facilities offering specific services per 10000 population: - Emergency Obstetric and Newborn Care (EmONC)*
Healthcare workers are skilled, supervised and motivated	Proportion of consultation done in adherence to recommended clinical protocole* (ANC-PNC,)
Healthcare workers deliver quality health care	Proportion of newborn receiving immediate essential newborn care* according to national standards
	Proportion of women who deliver in Tdh supported area and receiving prophylactic uterotonic
Health facilities are upgraded, equipped and functional	Proportion of health care facilities prepared to provide the specific services: - Integrated management of Chidhood Illnesses (IMCI), - Emergency Obstetric and neonatal Care (EmONC), - Community based Management of Acute Malnutrition (CMAM)
Health information system is strengthened	Proportion of health care facilities systematically using information to monitor performance
	Proportion of primary health care facilities that makes use of modern communication and digital technology to collect and report statistics to district and national levels.
Empowering Communities	
Community and support groups operate to identify key problems and find solutions	Proportion of communities* in Tdh program areas that have an emergency transport plan in place.

Trust and accountability between community and health system are strengthened	Proportion of health care users satisfied with health care services in Tdh's supported health care facilities
	Number of specific outpatient service consultations per person per year in Tdh's intervention area - Antenatal Care/Postnatal Care (ANC/PNC)
Mothers, children and families	
Families adopt healthy behaviors	Proportion of births in health facilities in Tdh's program area
Mothers adopt appropriate health care seeking behaviors	Proportion of pregnant women in Tdh supported area who intend to use a SBA AND have a plan for getting to the facility (birth plan)

Table 7 : Reference articles and guidance organized by topic.

Topic	Link
Malaria	· https://healthpolicy-watch.org/malaria-in-pregnancy-mmv-makes-renewed-efforts/
WASH	· https://washfit.org/#/
Nutrition	· https://globalnutritionreport.org/reports/2020-global-nutrition-report/ · https://apps.who.int/iris/bitstream/handle/10665/95584/9789241506328_eng.pdf ·
Compassionate care	· *How women are treated during facility-based childbirth in four countries: a cross-sectional study with labour observations and community-based surveys*
Digital Health	· https://gh.bmj.com/content/5/2/e002067#xref-ref-16-1 · https://spark.adobe.com/page/WQuQ39UErdFof/
Martenal and newborn Health	· https://www.who.int/bulletin/volumes/93/6/14-146571/en/ · http://www.healthynewbornnetwork.org/hnn-content/uploads/Every_Newborn_Action_Plan-ENGLISH_updated_July2014.pdf · https://www.who.int/publications/m/item/who-s-role-mandate-and-activities-to-counter-the-world-drug-problem · https://www.who.int/maternal_child_adolescent/documents/imca-essential-practice-guide/en/ https://apps.who.int/iris/bitstream/handle/10665/336677/9789240015227-eng.pdf?sequence=1&isAllowed=y
Emergencies	· https://www.healthynewbornnetwork.org/hnn-content/uploads/Expansion-of-the-Saving-Maternal-and-Newborn-Lives-in-Refugee-Settings-Project-Cameroon-Niger-Chad-Summary-of-Baseline-Assessment.pdf