

Every Premie—SCALE

Scaling, Catalyzing, Advocating, Learning, Evidence-Driven



Every Premie—SCALE (Scaling, Catalyzing, Advocating, Learning, Evidence-Driven) is a five-year \$9 million **United States Agency for International Development (USAID)** Cooperative Agreement designed to support practical, catalytic, and scalable approaches to expand the uptake of preterm birth (PTB) and low birth weight (LBW) interventions in 23

Every year about 15 million babies are born prematurely and more than one million babies die due to complications of preterm birth. Prematurity is the leading cause of newborn deaths in the first four weeks of life and the leading cause of death among children under five around the world. At the same time, low birth weight—or babies born too small—is a major contributor of newborn deaths globally.

USAID priority countries in Asia and Africa.¹ Every Premie is implemented by a consortium of partners comprised of **Project Concern International (PCI)**, the **Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)**, and the **American College of Nurse-Midwives (ACNM)**. PCI leads community capacity building and mobilization activities, GAPPS leads evidence and knowledge sharing, program learning, and implementation research activities, and ACNM leads health provider capacity building and performance improvement activities.

In each of the 23 USAID priority countries, Every Premie will provide one or more levels of support to advance dialogue and programming for PTB/LBW.

1. Every Premie will create and distribute the following documents and information to all 23 USAID countries:
 - A. **Country Profiles on the Status of PTB/LBW:** These profiles present population-based data that highlight a number of risk factors relevant to PTB and LBW as well as the coverage of important care for women and newborns from pregnancy, labor and delivery, and the postnatal period. Additional information provides insights into the health workforce, health policies, the health management information system and community mobilization relevant to PTB/LBW. Data can be used to identify risk factors and gaps in responding to this critical issue and to identify priority interventions for improved outcomes.
 - B. **Continuum of Care Matrix:** This matrix outlines key interventions for the prevention of PTB, the management of preterm labor, and care for the preterm or small newborn across two continuums—from the household/community to the health center and hospital, and from pre-pregnancy and pregnancy through labor, delivery and care of the preterm newborn. The matrix provides an organized framework for the large number of evidence-based interventions along the pathway to care for non-pregnant and pregnant women, mothers and preterm or LBW newborns. It is aligned with the *2015 WHO Recommendations on Interventions to Improve Preterm Birth Outcomes*.

¹ Afghanistan, Bangladesh, DR Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Zambia.

- C. **PTB/LBW Clinical Practice Toolkit:** This toolkit will be comprised of priority products designed to support the roll-out of the *2015 WHO Recommendations on Interventions to Improve Preterm Birth Outcomes*. Proposed tools for the Clinical Practice Toolkit include technical briefs on specific recommendations, job-aids, preformed presentations, country program implementation guidance for the recommended interventions, and more. Every Premie will work with partners to create and disseminate priority products to facilitate the uptake of the new WHO recommendations.

Each of these products can be used to initiate dialogue and coordination among stakeholders supporting maternal, newborn and reproductive health programs at the country level; identify gaps on the pathway to care; and guide the prioritization of services and interventions in response to preterm birth and low birth weight.

2. Every Premie will support implementation learning and research in four **demonstration countries**: Bangladesh, Ethiopia, India, and Malawi. The Implementation Research projects are:
- A. **Bangladesh:** test a simple method of gestational age estimation during pregnancy using a tape measure and weight scale;
 - B. **Ethiopia:** evaluate the strength of implementation of a multi-partner maternal and newborn health service delivery model from the community to the district hospital level in three districts (settled, semi-settled and urban);
 - C. **India:** assess the use of antenatal corticosteroids (ACS) among women in imminent preterm labor, including pre-referral first dose of ACS by auxiliary nurse midwives (ANMs); and
 - D. **Malawi:** test the effectiveness of a community mobilization model designed to better link communities to health services from the household to the facility level with particular focus on improving post-discharge home-based care of small/early babies.

Support to these countries will include: a) extensive stakeholder engagement; and b) grants of up to \$100,000 to local or international organizations to support and build Implementation Research capacity, including monitoring and evaluation of process and outcomes. Support may also include small grants of up to \$10,000 to local organizations to catalyze commitment and engagement among local organizations and/or professional associations. Evidence-based learning from each of these four countries will be used to catalyze national and global dialogue and to expand the uptake of successful approaches for improved PTB/LBW outcomes at the country level and beyond.

3. Where additional resources become available, Every Premie can provide **technical support** to other USAID priority countries. Examples of country specific technical support include the revision of policy, standards and protocols, curricula development, health provider training and support, essential evidence/implementation research, and/or support for health management information systems. For example, in Malawi, Every Premie will provide technical support for the implementation of a community-based model that integrates PTB/LBW newborn care into community networks, referral systems and health services, extending Malawi's Every Newborn Action Plan strategy from the facility to the community and household level.

Every Premie is also convening a **Global Technical Working Group (TWG) on PTB and LBW Implementation Challenges and Solutions** to promote timely sharing of emerging and new evidence and learning across the community of global PTB/LBW thought leaders, expand reach of and refine the priorities for future implementation research investments, and to provide focus and technical insight into the development of PTB and LBW interventions and implementation approaches.

In addition, the project will engage current positions on key global working groups and collaborate with leading global professional organizations. Program learning, knowledge, and collective experience will be shared through established global dissemination networks and through regional and global learning events.

To learn more about our project, please see www.everypreemie.org.