

Every Premie—SCALE

Scaling, Catalyzing, Advocating, Learning, Evidence-Driven



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 to newborn deaths globally.

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 25 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 overall project management, global and partner engagement, and supports research and learning; GAPPS leads evidence, research and learning activities; and ACNM leads health provider capacity building and performance improvement activities.

Every Premie prioritizes collaboration, responsiveness to emerging needs, and adaptation to achieve the project's strategic objective of *"Increased global utilization of prioritized, evidence-based, and underutilized of PTB/LBW interventions"*. With a focus on moving evidence to action, Every Premie works across three main areas:

1) Implementation research

Every Premie is working with local partners in four countries to conduct implementation research on topics relevant to and selected in partnership with local ministries of health. Research topics in each country include:

Bangladesh: Test a simple method of gestational age estimation during pregnancy using a tape measure and weight scale (this research project concluded in 2017).

Ethiopia: Assess the implementation of PTB/LBW services in different contexts (agrarian, agro-pastoral, and urban) to inform national preterm/LBW program recommendations.

India: Assess current use of antenatal corticosteroids (ACS) in selected sites in Haryana, and identify critical pre-conditions needed to safely administer ACS by all health care providers at delivery points in the Indian health system to inform revision of national policy/guidelines.

Malawi: Assess implementation of the Family-Led Care model in Balaka district against its expected outcomes: improved quality of facility-based care for preterm/LBW babies; families empowered to successfully care for preterm/LBW babies at the facility and household level; and pathways between communities and facilities strengthened for follow up care of preterm/LBW babies.

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

Support to Ethiopia, India and Malawi includes extensive stakeholder engagement, technical assistance throughout study design, implementation, and analysis, and grants to local organizations to support and build implementation research capacity. 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.

2) Technical support to USAID priority countries

Every Premie's technical support has been primarily focused on Malawi due to the availability of additional resources in-country. The project worked closely with the Malawi Ministry of Health, USAID, and the Balaka District Health Office and stakeholders to develop and implement a new model to improve care for preterm and LBW babies: Family-Led Care. The Family-Led Care model is designed to improve the quality of kangaroo mother care (KMC) provided to preterm and LBW newborns in facilities, strengthen post-discharge follow-up care, and extend care of the preterm/LBW newborn to the community and household levels. The Family-Led Care model has garnered interest from the Ministry of Health, who has requested scale-up to eleven districts in Malawi. At the same time, Every Premie's implementation research in Malawi is assessing the effectiveness of the model. Based on findings, scale-up will continue in Malawi and technical support will be provided to other countries interested in adopting and adapting Family-Led Care to their local context.

3) Global engagement and collaboration with partners and stakeholders

Every Premie works at the global level to develop technical resources for country use aligned with the *2015 WHO Recommendations on Interventions to Improve Preterm Birth Outcomes*, engage in global working groups and forums to shine a spotlight on the issue of preterm birth, and work with partners and stakeholders to share evidence and collaborate for improved action.

Every Premie convenes the **PTB/LBW Global Technical Working Group on Implementation Challenges and Solutions** to further knowledge sharing and collaboration among technical experts. The group meets periodically 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. Every Premie also participates on various working groups focused on maternal and newborn health, including the ENAP Country Implementation Group and the KMC Acceleration Partnership Community of Practice.

Global materials developed by Every Premie include:

- **Country Profiles of Preterm/LBW Prevention and Care:** present population-based data related to PTB/LBW in USAID priority countries, including risk factors relevant to PTB and LBW, coverage of important care for pregnant women and newborns, and insights into the health workforce and relevant health policies.
- **Continuum of Care 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.
- **Do No Harm Technical Brief Series:** focuses on safe and effective inpatient newborn care using the guiding principle of “Do No Harm”, intended for use by policy makers and program managers at the country level. Technical briefs include thermal management, safe oxygen use, human milk feeding, infection prevention, and the prevention and screening of retinopathy of prematurity.

Other collaborative global activities currently underway include the implementation of a **multi-country situation analysis of inpatient care of newborns and young infants** to assess service readiness and quality of inpatient care of small and sick newborns in a range of countries; and development of the multi-partner global document *Survive and Thrive: Transforming Care for Every Small and Sick Newborn*, a call to action regarding the importance of strengthening inpatient newborn care for both small and sick newborns.

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 PTB and LBW.