

# Saving Newborn Lives and Improving Maternal Health among Refugees in West Africa

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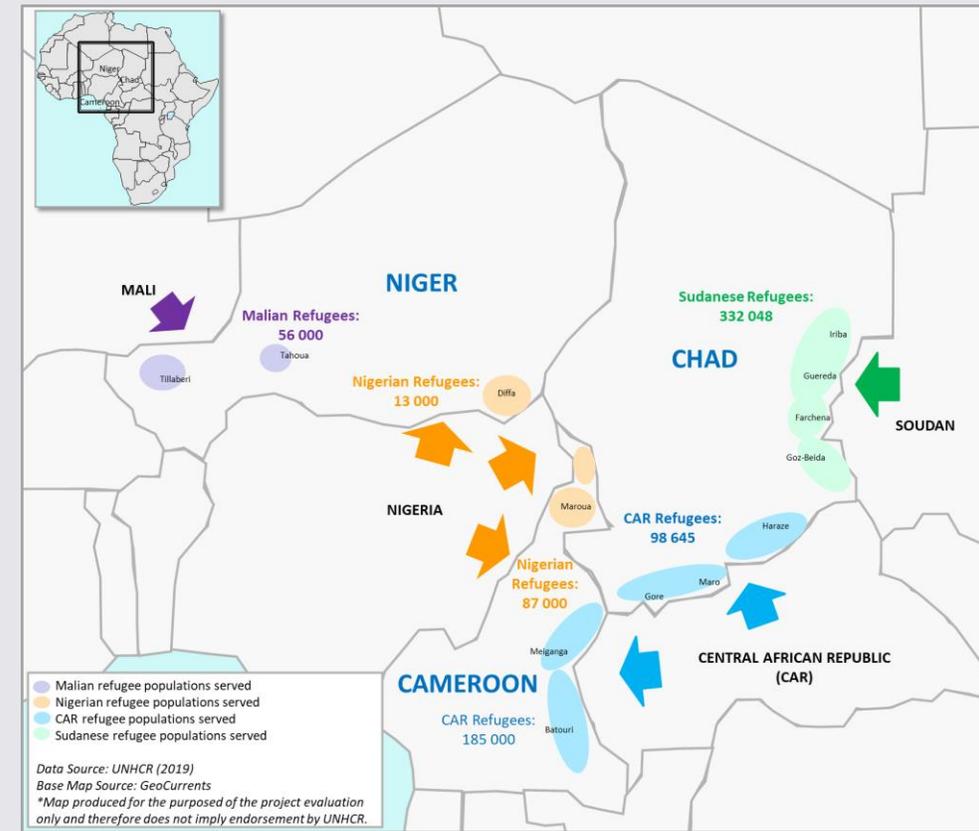
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Ethics statement: this study represents routine analysis of programmatic data, it therefore is not subject to ethical review



# Background

- Poor maternal and newborn health indicators in Cameroon, Chad and Niger
- Resource poor setting, prolonged refugee displacement
- 3 years project (funding: Bill and Melinda Gates foundation)
- 720,000 refugees and surrounding host communities





# Interventions - health facility

- Mixed-method needs assessment, tailored action plans
- Master trainer approach, low-dose high-frequency trainings in facilities (e.g. HBS, HMS, family planning, respectful maternity care)
- Kangaroo mother care (KMC)
- Health infrastructure rehabilitation, equipment and supplies, job aids

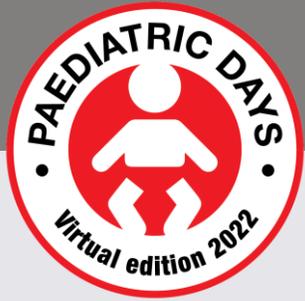




# Interventions - community

- Training of community health workers and former traditional birth attendants, adapted WHO curriculum “Caring for the Newborn at Home” (essential newborn care, danger signs, behavior change communication etc)
- IEC materials, equipment
- Structured home visits during pregnancy and follow up during 1<sup>st</sup> week of life

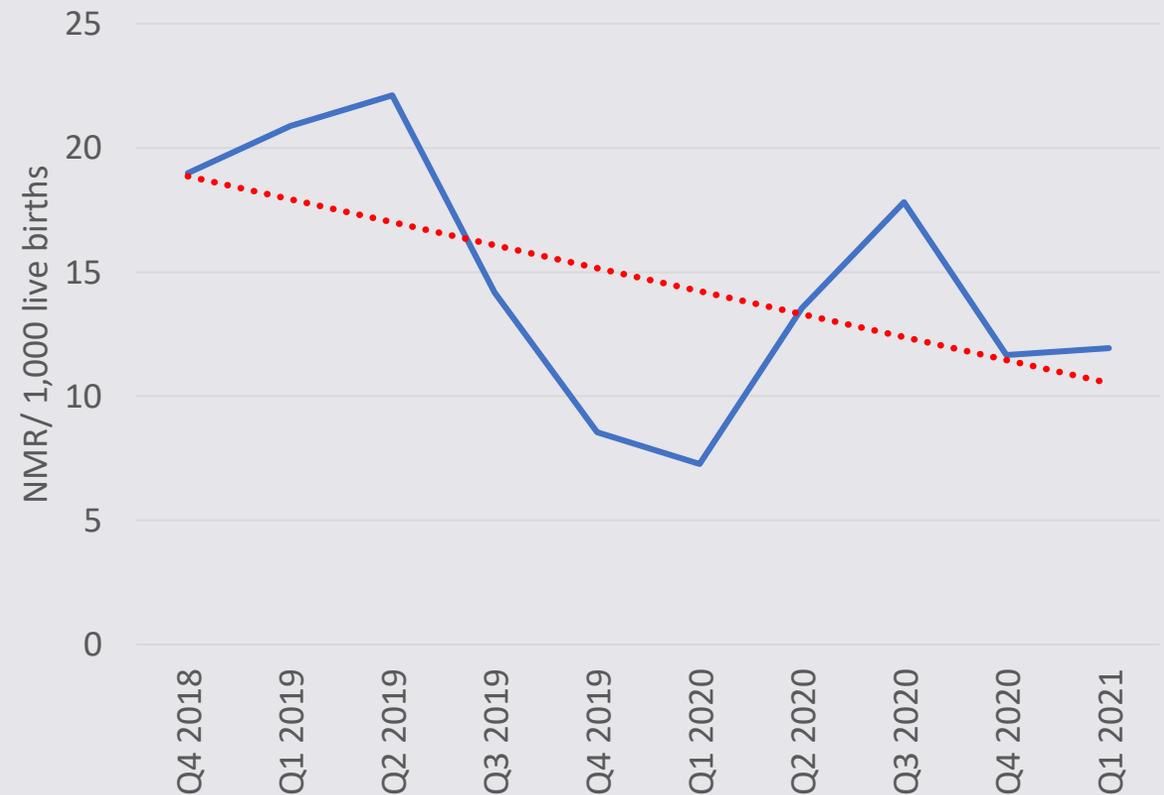


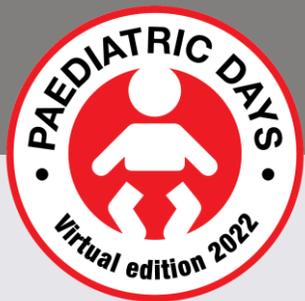


# Outcomes

- 33,530 deliveries supported
- Improved clinical skills and availability of essential medicines and supplies
- Near 100% KMC for birth weight <2,000g (baseline: 0)
- Significant reduction in neonatal mortality rate from 19/ 1000 live birth (baseline Q4/2018) to 12 (Q1/2021) (p=0.02)

Neonatal mortality rate Cameroon, Chad, Niger

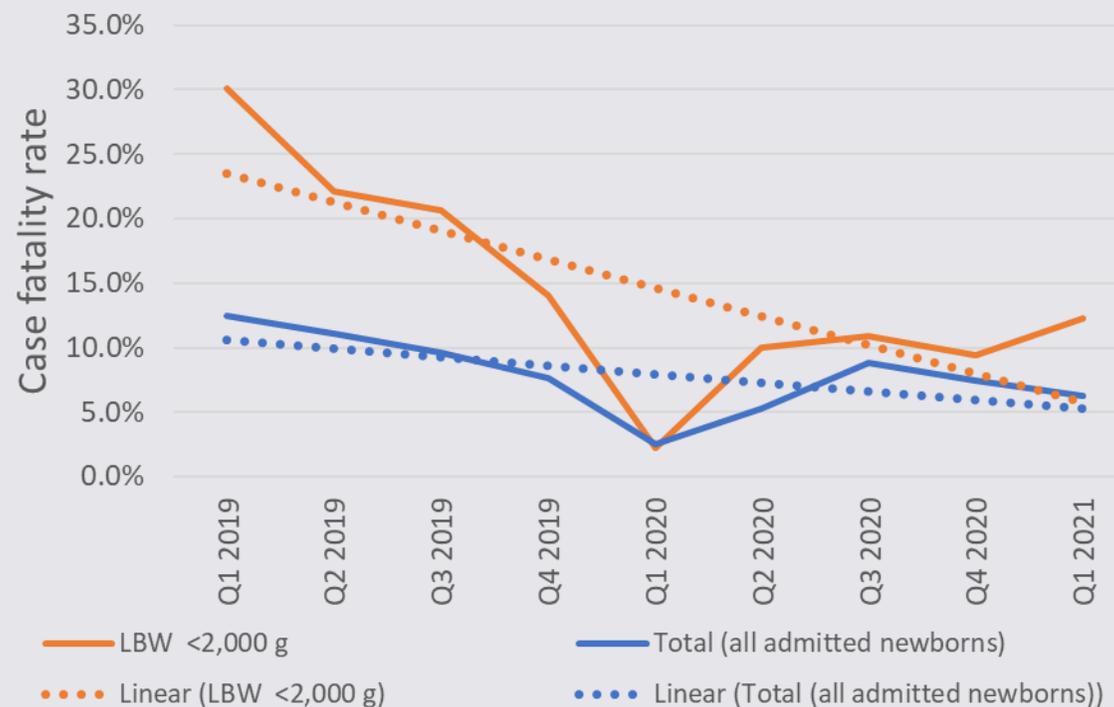




# Outcomes

- Av. case fatality rate (all newborns admitted with complication) decreased from 11.8% in quarter 1 of 2019 to 6.3% in quarter 1 of 2021
- Av. case fatality rate (low birthweight <2,000g) decreased from 31.5% in quarter 1 of 2019 to 12.3% in quarter 1 of 2021

Case fatality rate newborns admitted with complications





# Conclusion

- Combination of low-dose high-frequency trainings, health facility strengthening and community outreach improved neonatal outcomes
- Partial sustainability for e.g. trainings, further data required to monitor long-term sustainability of health outcomes
- Impact on maternal mortality not demonstrated (population too small)

