



The role of international agencies in addressing critical priorities: the example of Born On Time

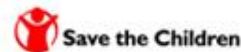


Overview



- Introduction to Born On Time
- Role of international agencies in:
 - Partnership-driven
 - Community-owned
 - Gender responsive

Maternal and newborn health initiatives



Born On Time – An introduction



HEALTHY BABIES ARE
Born On Time

Each year...

- More than **1 in 10** babies are born preterm (<37 weeks of pregnancy). That's **15 million** babies worldwide.¹
- Preterm birth is the number one cause of mortality for children under 5 worldwide. It can also lead to disability, adult heart disease, and diabetes.²

Babies born preterm each year in the Born On Time program countries:³

Country	Percentage	Annual Births
Bangladesh	14%	3,134,000
Ethiopia	10%	3,176,000
Mali	12%	758,000

More than 60% of preterm births take place in Sub-Saharan Africa and South Asia.⁴

Journey to Full Term Birth Includes Everyone



Pre-pregnancy

- Healthy timing & spacing of pregnancy
- Education & empowerment
- Nutrition & hygiene

During pregnancy

- 4+ antenatal care visits
- Screening/treating infections & pre-existing conditions
- Reducing workloads
- Adequate nutrition

At birth

- Skilled birth attendants
- Care for preterm babies & mothers

Preterm birth is linked to:⁵

- Unhealthy Lifestyle
- Maternal Infection
- Inadequate Nutrition
- Lack of Contraception

75% of deaths related to preterm birth could be prevented with practical, cost-effective solutions.⁶
FOCUS ON PREVENTION TO HELP ENSURE MORE BABIES ARE BORN ON TIME.

- An initiative of World Vision, Plan International, Save the Children, the Government of Canada and Johnson & Johnson
- Focus on Bangladesh, Ethiopia and Mali – combined, 847,000 preterm births a year
- Addressing LINC through improved service delivery and care, mobilizing communities and supporting better data collection and use



¹ March of Dimes, PMNCH, Save the Children, WHO. Born too soon: the global action report on preterm birth. 2012.

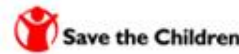
² Lawn et al. Every newborn: progress, priorities, and potential beyond survival. The Lancet. 2014.

³ Every Preemie-SCALE. Country profiles. 2015. <http://www.everypreemie.org/country-profiles/>

⁴ Bhanoo et al. National, regional, and worldwide estimates of preterm birth rates in the year 2010 with time trends since 1990 for selected countries: a systematic analysis and implications. The Lancet. 2012.

⁵ Harrison and Goldenberg. Global burden of prematurity. Seminars in Fetal and Neonatal Mortality. 2015.

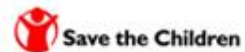
⁶ March of Dimes, PMNCH, Save the Children, WHO. Born too soon: the global action report on preterm birth. 2012.



Global Strategy – 12 Guiding Principles



Country-led	Gender responsive	Accountable
Universal	Evidence-informed	Aligned with development effectiveness and humanitarian norms
Sustainable	Partnership driven	
Human-rights based	People-centred	
Equity-driven	Community-owned	



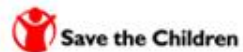
Partnership-driven



- Partnering with Ministries of Health
 - Working within MoH policy frameworks
 - Adapting interventions to fit within MoH guidelines
 - Avoiding duplication
 - Building long-term capacity

Snapshot: Born On Time

- Working with regional and sub-regional health departments
- Supplementing in-service training with topics related to prevention and care
- Strengthening supportive supervision
- Building gender responsiveness and adolescent friendliness of services



Partnership-driven

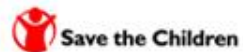


- Building partnerships between Ministries of Health, health professionals and communities



- Reducing barriers to health-seeking behaviours
- Reinforcing the importance of timely antenatal care
- Supporting community-based referral mechanisms

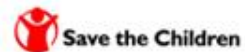
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Partnership-driven



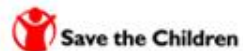
- Building partnerships between sectors
 - Indoor air pollution
 - Water, sanitation and hygiene
 - Gender-based violence
 - Empowerment of women and girls



Community Ownership



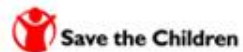
- Centrality of community in:
 - Forming knowledge, attitudes and practices related to health and care-seeking
 - Facilitating access to services
 - Holding departments of health and health care providers to account



Community Ownership



- The role of community health groups
 - Providing a support system for CHWs
 - Assessing and tracking the community health situation
 - Mobilizing the community for improved health
 - Responding to barriers to health-related behavior change
 - Assisting with communication to and from the health system
 - Advocating around issues leading to improved health systems



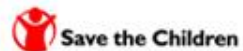
Community Ownership



- Community role in accountability

Snapshot: Citizen Voice and Action

- Communities learn about basic human rights
- Communities work collaboratively with government and service providers using a social audit tool
- Communities rate performance against a community score card
- Communities work with other stakeholders to improve services



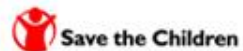
Community Ownership



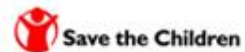
- Translating global innovations to community contexts
– the potential of implementation research

Implementers generate feedback from the front lines, while researchers provide expertise in research methods needed for trustworthy studies.

Implementation Research in Health, WHO, 2013



Gender Responsiveness

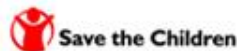


Gender responsive



- Born On Time's gender analysis points to role of:
 - Widespread child, early and forced marriage;
 - Women's and girls' limited autonomy and decision-making power;
 - High prevalence of violence against women and girls;
 - Women's and girls' low literacy levels;
 - Cultural and religious taboos, myths and beliefs

In contributing to poor health of women and adolescent girls



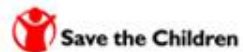
Gender Responsive



- The importance of data:
 - Sex and age disaggregated
 - Qualitative and quantitative

Snapshot: Born On Time's Baseline Assessment

- Household survey including married women of reproductive age and their male partners
- Health facility assessment including questions related to gender responsiveness and adolescent-friendliness
- Focus Group Discussions and Key Informant Interviews with:
 - Married and unmarried adolescent girls, unmarried adolescent boys, elder women, married women with children, health workers, traditional and religious leaders, local government officials



A final thought



Enabled by the financial resources, expertise and relationships of the Government of Canada and Johnson & Johnson

