

How to improve newborn health program quality: Results of verbal autopsy studies in Chad and Tanzania

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On behalf of UNHCR and CDC


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Overview

- Background
- Methods
- Results
- Recommendations
- Questions

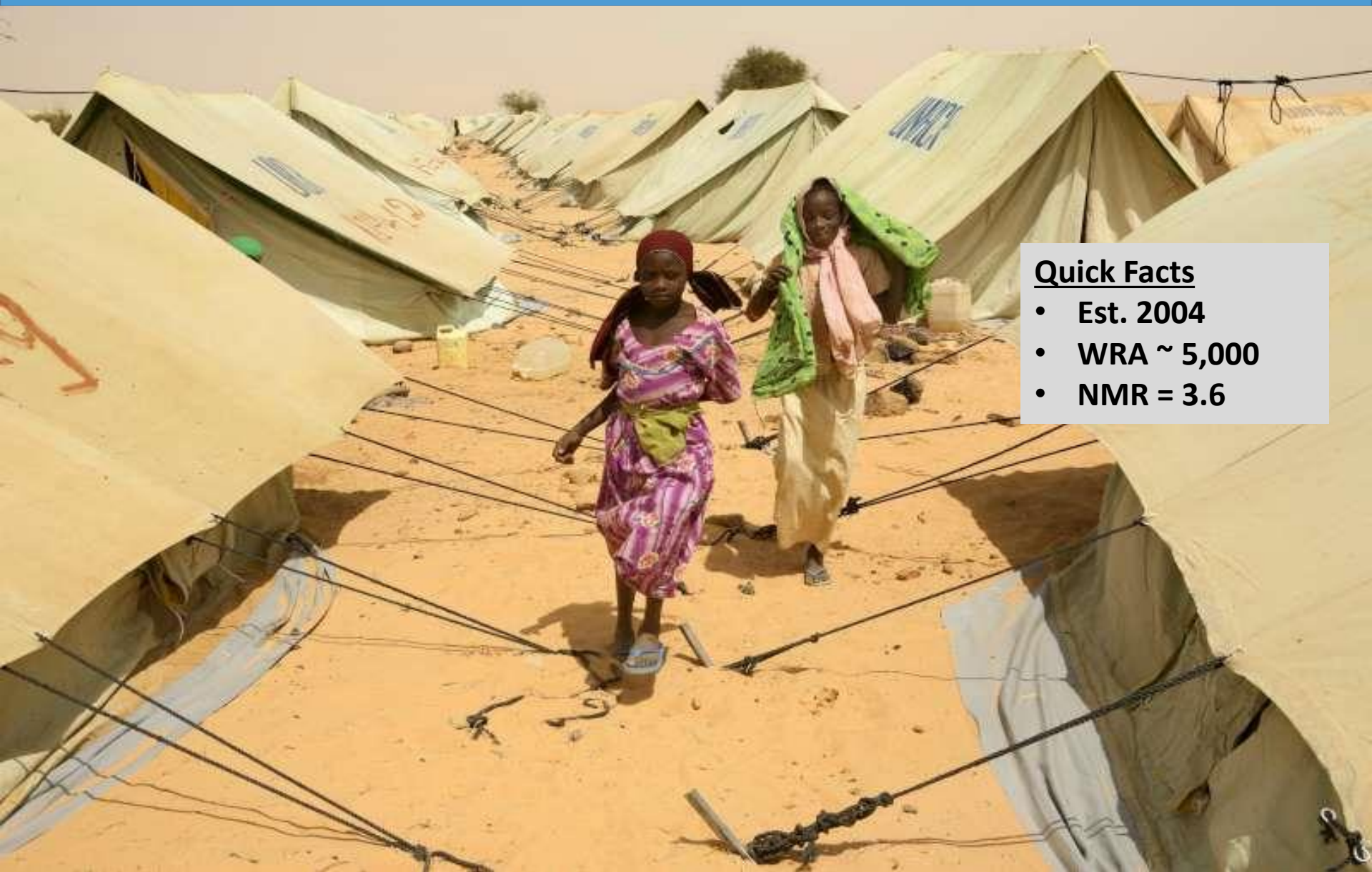
Background

- Identification of research priorities for newborn health in crisis settings
- Partnership between UNHCR and US Centers for Disease Control
- Study design and site selection



A study of neonatal mortality in post-emergency refugee camps: measuring the causes and risk factors of mortality

Farchana Camp, Chad



Quick Facts

- Est. 2004
- WRA ~ 5,000
- NMR = 3.6

Nyarugusu Camp, Tanzania



Quick Facts

- Est. 1996
- WRA. ~17,000
- NMR = 2.2

Research Questions

- ❑ What proportion of neonatal deaths are captured by the UNHCR Health Information System?
- ❑ What are the main contributing factors related to neonatal deaths?
- ❑ What can UNHCR and partners do to improve neonatal health programming?

Methods

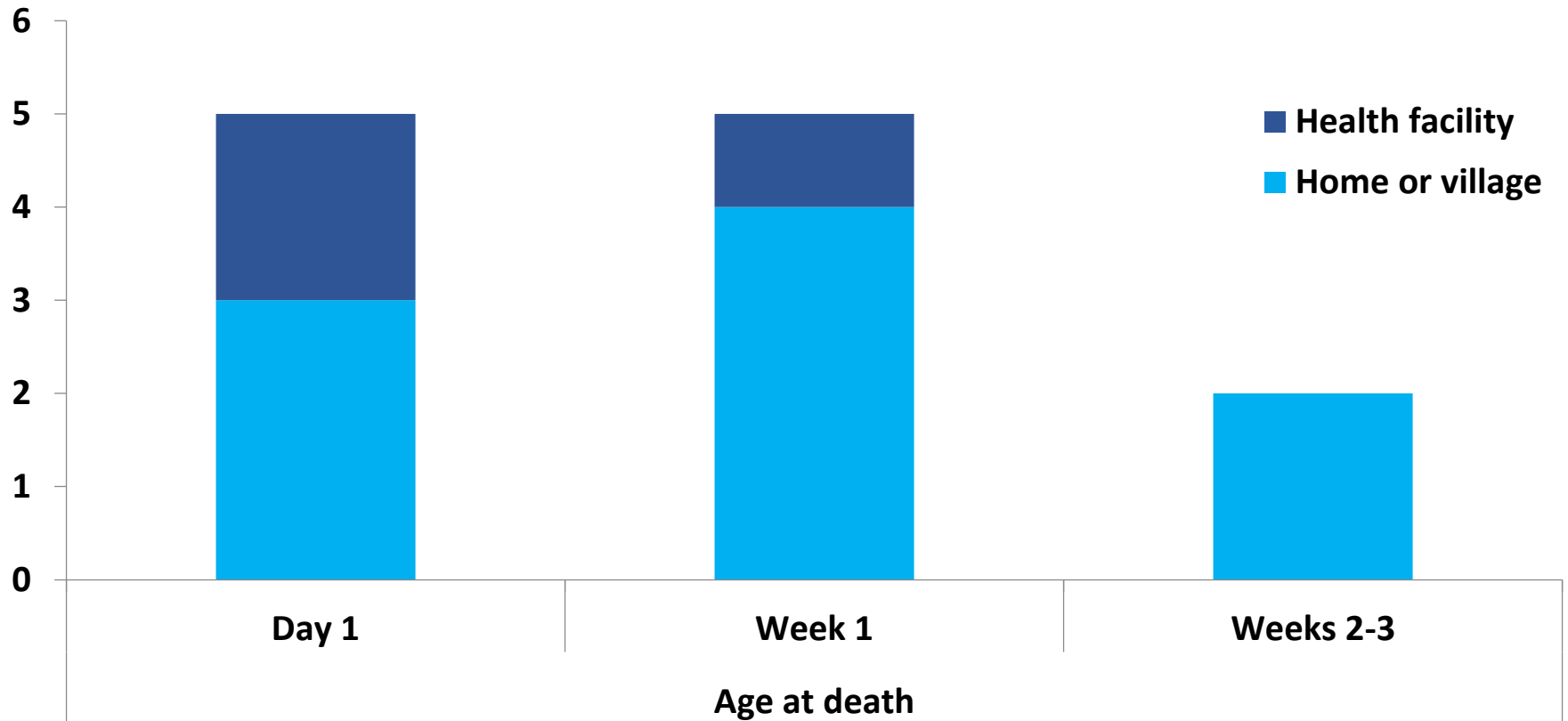
- Identification of births and deaths using capture-recapture methods
- List of all “probable or highly suspect” neonatal deaths
- Verbal autopsy conducted by trained clinicians using WHO verbal autopsy tool
- Review and coding of verbal autopsies using ICD-10 codes (CDC)

Key Findings from Chad

- 25 “probable or highly suspect deaths”
- 19 interviews conducted
- 15 confirmed neonatal deaths
- 12 confirmed neonatal deaths within study period

Key Findings from Chad

Neonatal Refugee Deaths in Farchana Camp Mar 2012 – Feb 2013 (n=12)

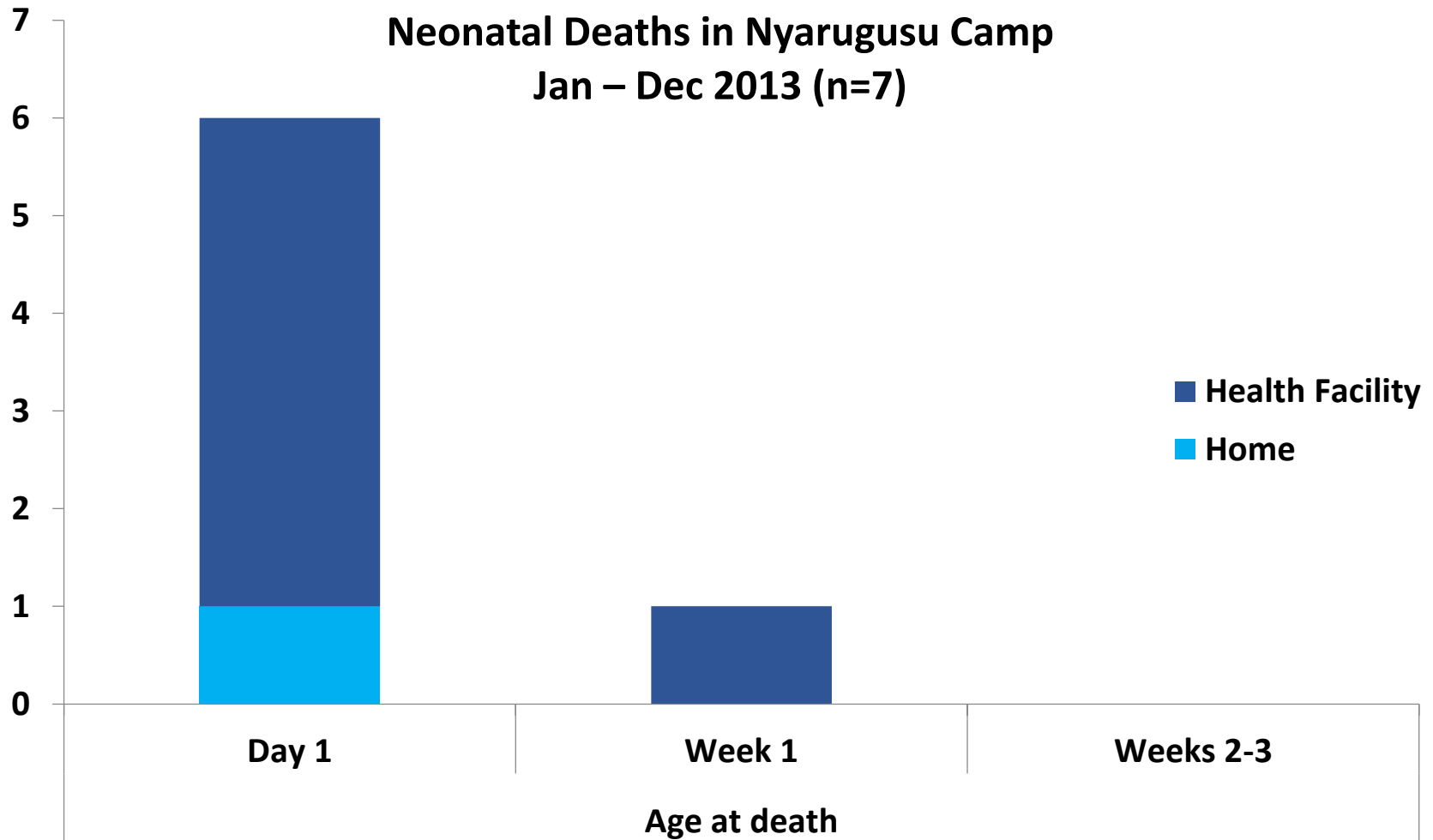


Causes of death: prematurity, infection, congenital anomaly

Key Findings from Tanzania

- 20 “probable or highly suspect deaths”
- 8 interviews conducted (1 set twins, 1 triplets)
- 8 neonatal deaths, 3 stillbirths
- 7 confirmed neonatal deaths within camp

Key Findings from Tanzania



Causes of death: prematurity, intrapartum-related causes, infection

New Resource for UNHCR staff and partners

Operational Guidelines for

- Prioritizing low-cost, high-impact interventions
- Ensuring essential supplies and equipment are available
- Expanding complementary initiatives to strengthen community-facility linkages
- Monitoring service coverage and impact



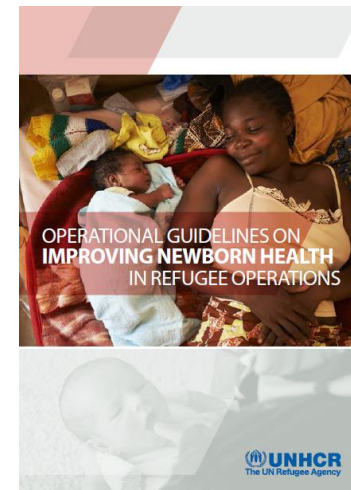
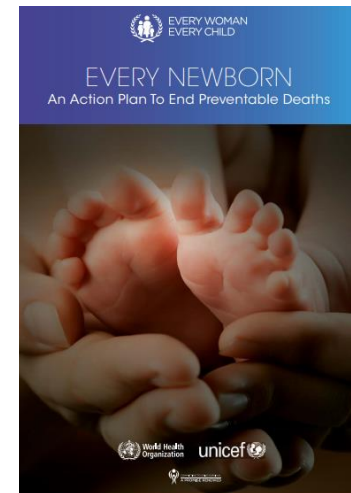
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Acronyms

ANC	antenatal care
ART	antiretroviral therapy
ARVs	antiretroviral drugs
AZT	zidovudine
BEiOC	basic emergency obstetric care
CEiOC	comprehensive emergency obstetric care
EmOC	emergency obstetric care
EPI	expanded programme on immunization
HIS	health information system
HIV	human immunodeficiency virus
ICU	intensive care unit
IPTp	intermittent preventative treatment of malaria in pregnancy
MCH	ministries of health
NVP	nevirapine
PPROM	pre-term pre-labour rupture of membranes
Rh	rhesus
SP	sulfadoxine-pyrimethamine
UNHCR	Office of the United Nations High Commissioner for Refugees
WHO	World Health Organization

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Questions

- We know “what works”. We have clinical guidelines, operational guidelines, field manuals, and tools.
What do we need to put these guides into practice?
- 2015 is “The Year of the Newborn”.
What can IAWG do to reach help accelerate reduction of preventable newborn deaths?

Thank you!

- Sathya Doriaswamy
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